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Elisabetta Grande

Hegemonic Human Rights: the Case of Female Circumcision.

*A call for taking multiculturalism seriously**

1. Introduction

The issue of female circumcision immediately makes us to plunge into the questions of cultural differences and the challenges that a multicultural world is daily confronted with.

Female circumcision is usually discussed in the framework of extreme human rights violations victimizing non western women. Yet, many contend that the very notion of human rights is a western concept¹ and that the U.N. Declaration of human rights is the expression of its predominantly western constituency². These and similar approaches see the human rights discourse as part of a Western discourse or even a Western hegemonic discourse, affected by what Edward Said called “positional superiority”³.

The issue of female circumcision (hereinafter F.C.) shows in action the robustness of Said’s critique. It is a powerful example of the double standard that affects much of the internationally dominant human rights discourse, whose proponents advocate the eradication of these practices. It also suggests the importance of conducting any work related to human rights from both the perspectives of “we” and the “others”, “insiders” and “outsiders”, “Westerners” and “non-Westerners”, “helpers” and “helped”, in a word from a broad comparative law perspective, in order to avoid ethnocentrism and cherish respect for difference⁴. A genuinely universal approach to human rights work requires a communication among cultures that can only be achieved following the lesson taught by both anthropologists and comparative law scholars: “participant observation”⁵ or “cultural immersion”⁶ are the keys for understanding and communicating. In this paper I claim that the international approach against F.C. has not engaged

in a «dialogical dialogue»⁷, i.e. a dialogue among cultures that gives “them” and “us” a third eye, making possible a critical understanding of each one’s attitudes, beliefs and practices; a dialogue that requires us to “look in the mirror from the start”⁸. Only a serious and comprehensive approach towards all modifications of sexual organs, African and Western, “theirs” as well as “ours”, using a single, not a double, standard to evaluate all body modifications related to human sexual apparatus, will make the human rights discourse on sexual organs’ modifications or mutilations (whatever we want to call them) less imperialistic, more effective and less assimilating. A more inclusive notion of human rights, a notion that includes “us” – the Westerners – as well as “them” – the “Others” –, serves, indeed, to reduce hypocrisy and gives credibility to the human rights spirit⁹.

Because of the current ethnocentric nature of human rights discourse, Western observers generally use a double standard in the evaluation of the various practices that modify the sexual apparatus. In this paper, I use the legal attitude of Italy and the United States towards these kinds of sexual “cutting” to show the importance of a more inclusive and self-mirroring perspective to sexual modifications. I will expose the double standard used in three different sexual organ modification practices, not only F.C. but also male circumcision (M.C.) and breast augmentation (B.A.). Similar legal reactions based on double standards are found everywhere in the western world.

This comparative work should offer the opportunity to reflect on the grounds we use to justify the different treatment reserved to F.C. when compared to other modifying practices concerning sexual organs. What makes F.C. a human rights’

violation while M.C. and B.A. are considered acceptable and even respectable cultural practices? Trying to find the reason for singling-out F.C. as a human rights' violation, I will briefly address a number of issues, including health concerns, patient's consent (choice), sexual fulfillment limitation, and beauty-femininity requirements in different cultures. Comparing the different practices from these points of view, will allow me to argue for the abandonment of the positional superiority that affects Westerners in their approach to sexual organ modifications and advocate the adoption of a single standard in the ethical and legal evaluation of "cutting" practices.

Only an integrative approach towards the plurality of cultures and practices, it is suggested, will allow us to take multiculturalism seriously.

2. *Some comparative data*

In describing the reactions that the Italian and the U.S. legal systems have to three different practices that in various ways end up in modifying human sexual organs, let me consider the following three cases:

1. In Italy and the U.S., M.C. is performed, for no therapeutic reason, in public or private hospitals right after the baby is born (in the second mentioned country to the extent of at least 60% of the newborn male population)¹⁰ and it is a practice that the law fully accepts. M.C., as everyone knows, consists of removing the foreskin or prepuce, the natural sheath of skin that covers the penis. In the same two countries, however, F.C., even the less extreme of its forms, the so called *Sunnah* circumcision, is outlawed and criminally sanctioned¹¹. *Sunnah* circumcision, as very few would know, in its mildest expression is a largely symbolic circumcision that entails a small cut in the prepuce (the hood above a girl's clitoris). It removes no tissue and leaves only a small scar. It is far less invasive than M.C. Nevertheless, proposals by doctors at medical centers in both countries that sought to perform this light form of F.C. at parents' request (or even with the girl's informed consent) have produced a major uproar of the anti-F.C. movements and have been deemed unacceptable by the law itself¹².
2. In Italy and in the U.S., B.A. surgery is a sexual organ modifying practice generously allowed by the legal system even on minors,

who by giving consent can have their breasts augmented as long as they give consent together with but one of their parents. In the same two countries F.C., no matter how mild, performed on a minor is punished as a serious crime. Minors' and their parents' consent is no excuse, nor is their belief that the operation is required as a matter of custom, ritual, or religion. In Italy, the minor age of the recipient of F.C., no matter how strongly she consents, is an aggravating factor that increases the sentence to be imposed on perpetrators and their accomplices.

3. Finally, in Italy and in some U.S. States, but not at the Federal level (thanks to African immigrant women activists that strongly opposed a situation in which adult immigrant women would have been treated as legal minors), an adult woman, i.e. a woman over 18, cannot validly consent to F.C. surgery although she can consent to have her breast augmented.

A similar legal framework is nowadays found everywhere in the Western world, and it already started its spreading march, as a token paid to civilization, in African legal systems as well. F.C. in fact, became the object of a massive attack at the international level since 1979, when the WHO (World Health Organization) sponsored the first Seminar on Harmful Traditional Practices Affecting the Health of Women and Children, in Khartoum, Sudan. The efforts in eliminating F.C. ("eradication" is the term employed) earned the support of the international community and F.C. was later framed as a human rights violation and addressed as such in many international settings. As a result many countries, Western as well as African, passed criminal laws specifically addressing F.C. within the mentioned framework¹³.

Yet, despite this "common core of civilized nations" the question remains: why is F.C. treated differently than other "cutting" practices? What makes only F.C. a human rights violation? On what grounds (other than cultural bias) can we justify the singling-out of F.C. among the different sexual organ modifying procedures practiced in the world?

3. *Health concerns and the double standard*

The first answer that comes to the mind of an unbiased observer relates to health concerns.

Does F.C. raises more serious health concerns than M.C. or B.A. procedures? It is difficult to answer this question without paying attention to the large variety of practices that the term F.C. involves. According to the WHO's classification, F.C. ranges from the very mild form of *Sunnah*, to the most radical practice of infibulation (also known as Pharaonic circumcision). According to the same source, however, the latter practice – which involves the complete removal of the clitoris, labia minora, and part or all of the labia majora, then suturing to narrow the vaginal introitus – accounts for only 15% of all F.C.. *Sunnah* circumcision, in its various forms (total or partial removal of the prepuce), excision (that involves excision of the prepuce with excision of part or all of the clitoris) – and clitoridectomy (excision of the prepuce and clitoris together with partial or total excision of the labia minora) account for the rest of the female circumcisions that are practiced in Africa (in 28 countries), as well as in some Middle East countries (including the Oman, Yemen, the United Arab Emirates) and some Asian countries (including Indonesia, Malaysia, Sri Lanka, and India – where a small Muslim sect, the Daudi Bohra, practice clitoridectomy).

Acknowledging that it is with a great approximation that we can address F.C. as a unitary category, it seems that many forms of F.C., with the exception of infibulation, if performed in the same non-septic, safe and hygienic setting of a good hospital, would not entail greater health risks in terms of short-term and long-term complications than M.C. or B.A.¹⁴. Surgery routinely performed in our countries in case of congenital adrenal hyperplasia, i.e. clitoridectomy for those newborns who have been labeled “intersex babies” – while incidentally raising the question regarding why we can blamelessly satisfy our social sexual taxonomy by a genital organ removal –, can prove at least the medical point¹⁵.

To be sure, health concerns today are serious in Africa in connection with F.C. (even if we don't know exactly how serious they are, due to the lack of data on the incidence of medical complications)¹⁶. Yet this is so because they are performed in unsafe, septic settings, with no appropriate instruments and techniques. Lack of hospitals in Africa and lack of medicalization of African practices, are indeed accountable for the discrepancies in terms of health risks among the different cutting practices. The big cleavage

therefore, insofar as health risks are concerned, is not between F.C. on one side and M.C. and B.A. on the other, but between the South and the North of the World, i.e. between F.C. and M.C. on one side and B.A. on the other¹⁷.

If this is so, then why has the WHO and the international community tenaciously resisted any attempt to medicalize even the milder forms of F.C., in light of the obvious consequence of enhancing the adverse effects of F.C. on African girls' and women's health¹⁸? A total ban on the performance of F.C. in public hospitals coupled with criminalization, results only in driving the practice underground, to the unsafe and unhygienic conditions of the traditional procedures. It moreover prevents parents from bringing their damaged daughters to a medical installation when things go wrong after a badly managed circumcision for fear of criminal sanctions.

Justifications for the desire to eradicate rather than medicalize F.C. practices seem therefore to go beyond, and at times even to disregard, health concerns. Other and more politically compelling reasons for banning F.C. than health worries need then to be detected, in order to explain why just F.C. and not also M.C. or B.A. is framed as a human rights violation.

4. *Sexual pleasure and control*

Anika Rahman and Nahid Toubia's words in their work on female genital mutilation, are extremely illuminating:

Because the complications associated with FC/FGM can have devastating effects upon a woman's physical and emotional health, this procedure can be viewed as an infringement of the right to health. *But even in the absence of such complications*, FC compromises the right to health. Where FC/FGM results in the removal of bodily tissue necessary for the enjoyment of a satisfying and safe sex life, a woman's right to the 'highest attainable standard of physical and mental health' has been compromised (Rahman, Toubia 2000: 27) (emphasis mine).

Health concerns are here of a different nature than the one related to death, pain, physical suffering, discomfort and so forth. They relate to a specific issue: that of the sexual fulfillment limitation, purported to be entailed by F.C. practices. Through the book the concept is clarified.

According to the two authors, «FGM is ‘intended’ to reduce women’s sexual desire, thus promoting women’s virginity and protecting marital fidelity, in the interest of male sexuality» (*Ibidem*: 6) (emphasis mine). A few pages earlier they express the same idea by saying that various forms of F.C. are «cultural practices that discriminate against women and that are ‘meant to control their sexuality’» (*Ibidem*: Preface, XIV) (emphasis mine). Similar reasons to single out F.C. as a human rights violation are almost everywhere given in the human rights literature and clearly emerge from the WHO’s perspective, according to which F.C. can be viewed not only as a health risk but also as a violation of women’s rights¹⁹.

What makes F.C., addressed as a unified concept, a human rights violation seems therefore to be its understanding as a patriarchal practice meant to limit women’s sexual fulfillment for the men’s sake of controlling women’s sexuality. This is why, according to the usual perspective in the international community, F.C. violates women’s rights and why, even in the absence of health complications, the human rights community calls for its eradication.

5. *A Western Selective Explanation of the Circumcision Rite*

In an essay on F.C., Obioma Nnaemeka wrote: «Ultimately, the circumcision debate is about the construction of the African woman as the ‘Other’» (Nnaemeka 2001: 179).

Invention and construction of the “Other” play, indeed, a very important role here. Studying the “Other” has been for more than a century the task of both comparative law scholars and anthropologists. In so doing, they learned how crucial it is for the seriousness of the endeavor to understand the “Other” from the inside. To abandon, as much as possible, your own theoretical lenses, your own mental categories, in order to gain the point of view of the “Other”, has proven to be indispensable to prevent the distortion of the image you get and ultimately to prevent the construction of the “Other” for your own sake. “Cultural immersion” is the name that comparativist Vivian Curran gives to this working method today; half a century before anthropologist Malinowski referred to it as “participant observation”²⁰.

In its address of the issue of F.C., however, the international human rights community doesn’t seem to have profited from this lesson. The result is a highly distorted image of African peoples lives and attitudes, together with the banalization and decontextualization of their practices, that ultimately determine a lack of critical understanding of our practices as well. A more holistic approach is thus required.

F.C. as well as M.C. need to be understood in connection with a group-centered socio-legal structure as opposed to the state-centered one. One needs to consider, in fact, that in Africa the modern state, both colonial and post-colonial, has been unable to defeat the social organization based on groups as well as their normative systems. The strong vitality of traditional group-based rules and the need for each group’s legal system, constantly competing with other normative systems (other groups or the state), to assert itself as an autonomous ruling power, explain the existence of cultural group-imposed rules that tend to define who belongs to the group and who does not. By enforcing these rules upon its members, the group gains acceptance and legitimacy as an autonomous center in front of the state or others group systems.

F.C. and M.C. thus exist and find a rationale in the cultural group-based rules that define gender identity. Who can be considered a man or a woman in a given group, hence who belongs to it, and ultimately, in the absence of a principle of territoriality governing the application of the law, to whom will the rules of the group be applied, are the issues addressed through male and female circumcision in Africa. Gender in fact is not a given, is a socially constructed concept: this is so everywhere and very much so in all African traditional societies. There, as a common trait, circumcision, both male and female, serves the purpose of marking the divergence of sexes: by removing the clitoris (sometimes the labia too, sometimes only its hood) – viewed as the male part of a woman’s body – or the prepuce – viewed as the female part of a man’s body – circumcision removes the original and natural hermaphroditism of the human being, thus marking the passage to gender identity²¹. Women and men cannot be such but for the circumcision rite, that of course takes different forms and different expressions in each different group. Moreover, to add robustness to explanations based on a common function one should

give appropriate weight to the fact that all societies performing female circumcision also perform male circumcision²².

In traditional societies, structured on groups and sub-groups, circumcision also plays a very important role in the sub-group formation and in the development of all the generational bonds (both vertical and horizontal), that are at the root of the social organization. Age groups of boys, who share the same circumcision experience, internalize a strong sense of solidarity; as a group, they perform a variety of social and even legal functions²³. Similarly, F.C. strengthens in various ways the bonds among women of the same or of different generations and becomes an important source of group solidarity, mutual aid, exchange and companionship, that in turn is the primary and most important form of resistance against male dominance²⁴. The social bonds among women are intragenerationally strengthened, when same age women share – as a sub-group – the same emotional and educational experience of F.C. This bond is especially strong when girls of the same age experience a period of seclusion from the rest of the group, as part of the circumcision ritual ceremony. Bonds are intergenerationally strengthened between mother and daughter, grand-ma and grand-daughter, through their common emotional participation in the circumcision ritual. A ritual, too often forgotten in the outsider's view, that is strictly controlled and performed by women. What goes on during a circumcision ritual is in fact much more than female circumcision: it is the expression and neutralization of intergenerational conflicts and antagonisms, but also the dissemination of women's culture from one generation to another²⁵.

Female as well as male circumcision practices in Africa are therefore strictly related to a gender construction enterprise, they are imposed by a gender-identity cultural rule, that defines the standard for femininity and masculinity and that in turn is rooted in the legitimization and organizational needs of the group as a socio-legal structure.

However, ex post representations of this function, i.e. narratives about F.C. and M.C. that justify them, are various and different from place to place. For female circumcision they go from the belief that the clitoris is poisonous, and will kill a man if it comes in contact with his penis during intercourse, like among the Bambara of Mali²⁶, or that it is an aggressive organ and that,

should the baby's head touch it during delivery, such a baby will die or develop a hydrocephalic head, like among some Nigerian people²⁷. The Mandingo, like many other populations, believe that circumcision enhances fertility²⁸; in rural areas of Western Sudan female circumcision is believed to cure a "worm disease"²⁹; the Tagouana of the Ivory Coast believe that a non-excised woman cannot conceive. It is often argued that female circumcision maintains good health in women³⁰ and it is widely believed by women «that these genital alterations improve their bodies and make them more beautiful, more feminine, more civilized, more honorable» and the removal of the clitoris is positively associated with the «attainment of full female identity» (Shweder 2000: par. 30). Female genitalia, in its natural state, is seen as ugly (as much of course as male genitalia before circumcision) and the clitoris, revolting. Cleanliness and hygiene feature consistently as justification for F.C., because the clitoris is seen as the source of bad odors and secretions. In many societies, an important reason given for F.C. is the belief that it reduces a woman's desire for sex, therefore reducing the chance of sex outside marriage.

Why, among all these various ex post explanations given for F.C., do we, Westerners, in order to describe, explain and attack it, pick just the last one? It obviously seems to us a more plausible explanation compared to the others; it also matches with the reason that made us clitoridectomize our women until as late as the first half of last century, when erotomania was supposedly cured by it. Yet, we never seriously addressed the following questions: isn't this nothing but a mere narrative, an ex post explanation, no more and no less realistic than all the others? Does clitoris removal really impair a woman's sexual fulfillment? Does it really reduce her sexual desire? Clinical studies on women's enjoyment of sex suggest that: WE DON'T KNOW. To be sure, the importance of the clitoris in experiencing sexual pleasure has been conclusively demonstrated. What we don't know, however, is to what extent the clitoris is necessary to sexual fulfillment and to what extent compensatory processes, of physiological and psychological origin, take place when the clitoris is removed. What we do know is that human sexuality is very complex, that anatomically there are many erotically sensitive parts in the woman's body, and that anatomy is only but one part of the human sexuality, because

psychological and sociological aspects also play a very important role. While the correlation between female circumcision and 'lack' of sexual satisfaction has been seriously put under attack by numerous studies proving that circumcised women do experience orgasms (and according to some studies even with greater frequency than the uncircumcised)³¹, some of them – working on circumcised woman – show that brain phenomena appear to be more important in producing or preventing orgasm, than such mechanical questions as exactly what anatomical structures are stimulated or how they are stimulated³². Other studies reach the conclusion that while the clitoris tends to be reported as the most erotically sensitive organ in uncircumcised females, other sensitive parts of the body, such as the labia minora, the breasts, and the lips, are found to take over this erotic function in clitoridectomized females³³. It is worth noticing moreover that it has been recently pointed out that in all the various forms of female circumcision, when an external part of the clitoris is excised, an internal and more conspicuous portion of it (approximately 4/5 of the entire clitoris) remains undamaged, leaving room for sensitivity³⁴. It seems therefore far from established that (external) clitoris removal necessarily reduces a woman's desire for sex³⁵ or entails a sexual fulfillment limitation, since sexual satisfaction seems always to be the result of physiological, psychological and sociological determinants³⁶. Experiencing the feeling of being socially integrated, of being beautiful according to the standards of the living community, or of having met the femininity requirements of your own society seems very important, often even more important, for sexual fulfillment than having the anatomical structure intact³⁷.

Nor – apart from the most radical practice of infibulation, through which pre-marital virginity actually appears insured – in the majority of the cases, can women's pre-marital purity and marital fidelity really be controlled through circumcision per se³⁸. In an openly patriarchal society where women are expected to be faithful, this seems part of the narrative too.

Yet, focusing on the narrative of F.C., more than on its deep roots, shifting the focus from its archeology to its possible – purported as necessary – consequences, from causes to simply possible by products, serves a very important purpose: that of firmly distinguishing their cutting practices from ours.

6. *Savage and civilized cutting*

In these countries [that practice excision] men do not deprive themselves of opportunities to satisfy their sexual appetites, and in order to find satisfaction, claim that they require the erotic services of more than one woman. Excision is a destruction of erotic function. Mutilated women can never experience the beauties of this world in all its dimensions or realize all their corporeal abilities. This is precisely the goal of these societies: to transform these women into enslaved beings (Zwang 1997: 71).

Statements like this and like those discussed above are not rare in the literature. However, in over-emphasizing the connection between F.C. and the limitation or even the suppression of women's sexuality in the interest of male sexuality, they appear to arbitrarily reduce the meaning of F.C. to a cruel barbarian ritual, carried out against half of the population in the (short-sighted) interests of the other half (that would end up sexually dealing with frigid women, which in turn means carrying out a biological suicidal policy). They also clearly mark the contrast with M.C. and B.A., producing a feeling of "positional superiority" that distinguishes civilized from barbaric cutting practices.

In this narrow light, M.C. appears to be a substantially different practice than F.C.. And it is so, not because it entails lower health risks than many forms of F.C., but because it doesn't amount to a «castration» as F.C., but to the contrary, it «enhances man's masculinity» (Fainzang 1985: 124) (and the argument is universally and objectively valid for distinguishing any M.C. – Westerner, African or anywhere practiced in the world – from F.C.). Nor does M.C. carry the social message of subordination that is generally associated with F.C.³⁹, but on the contrary, «it affirms manhood with its superior social status and associations to virility» (Rahman, Toubia 2000: 5). Interestingly enough these arguments never face the medical fact that male circumcision also entails an anatomical reduction of sexual pleasure.

Moreover, framed as women's rights' violations, i.e. as practices designed to subjugate women, African F.C. also appears ontologically different from Western B.A. To be sure, the difference here does not relate to the sexual fulfillment reduction in anatomical terms: no one would in fact question that B.A. modifies or

often even eliminates breast and breast nipples' sensitivity in women, breasts being an intrinsic part of her sexual organs – indeed a very important one for many women⁴⁰. Nor does the difference between many forms of F.C. and B.A. relate to health concerns. In comparable medical settings, B.A. – which is indeed a quite invasive form of surgery – would probably appear even more dangerous to women's health than most F.C. practices⁴¹.

The difference here holds in the illusion of “free choice” that we get from comparing by contrast “our” practice with “theirs”. The image of African women as subjugated by men and as oppressed in their sexuality, contrasts so much with the idealized emancipation of Western woman that we immediately perceive our practices as profoundly different from theirs. “Our” consent to our cutting practices is a good one (even if given by a minor dreaming about having big breasts like her favorite actress, or having been told that she has “micromastia”, i.e. the serious illness of having small breasts)⁴², because it is not forced upon us, yet it is given because B.A. would “improve the individual's self-image”⁴³ or increase “women' self-esteem”⁴⁴. “Their” consent to their cutting practices, on the contrary, cannot possibly be meaningful, because «refusing to undergo FC/FGM may jeopardize a woman's family relations, her social life or her ability to find a spouse» (Rahman, Toubia 2000: 25).

7. *The Advantages of Integrative Comparisons*

By putting F.C. seriously in context, we would have reached different comparative conclusions. By avoiding the confusion between F.C. narratives and F.C. function in its political and social context, we could have been able to recognize that all African cutting practices, F.C. as well as M.C., find their purpose in a gender identity rule, deeply rooted in the survival needs of the group as a socio-legal entity⁴⁵. It is this identity rule that sets up femininity and masculinity standards and that imposes itself on every member of the community and controls them all, males and females alike. Narratives about gender identity rules change according to the cultural context in which the rule is going to be applied. The more the context is openly patriarchal the more the rule is narrated in male chauvinist terms.

Patriarchy however is not responsible for the existence of female cutting practices, only for making a rhetorical use of them. To stress the inseparability between patriarchy and F.C. therefore, prevents us from seeing that F.C. implies more than patriarchy and that its profound reasons, rooted in “gender identity”, are not different from those of our own practices.

To be sure, at the origins of all modifying procedures of our sexual organs, we can detect a gender identity culture rule that sets up standards for femininity or masculinity. No matter if they find their roots in the organizational and legitimization's needs of the group (as in Africa) or in the economic needs of the market (as in Europe and America)⁴⁶ or in the social needs of a modernizing society (as was the case for M.C. in early nineteenth century America)⁴⁷, in the empowerment needs of the medical profession, or in the identification needs of a religious group, everywhere gender identity cultural rules control people's desires and attitudes towards cutting practices. The reasons why African people go through F.C. or M.C. are not very different from those that push Western women to have their breasts augmented, or make Western men have their penis circumcised. In all these cases, it is the urgency to meet masculinity or femininity requirements, determined outside the individual by the gender identity rule that accounts for his or her (or his / her parents') “choice”. From this perspective, African women's consent to their cutting practices is motivated by the same desire to enhance their self-confidence, personal well-being and social worth that motivates Western women to have their breasts augmented. It is the feeling of belonging that any-one any-where derives from having met the beauty and femininity (or masculinity) standards of their own society. In both cases, the price for refusing the cutting practice can be high in terms of social exclusion, either self-inflicted or produced by others. And, of course, the greater the social pressure is for undertaking the procedure (as when a medical concept like micromastia is invented in order to convince women to undertake the practice), the higher will be the price of social exclusion in case of refusal⁴⁸.

An observation of African cutting practices profiting from the concept of cultural immersion and requiring “us” to look in the mirror from the start, would allow us to find points of convergence and commonalities more than differ-

ences between “them” and “us”. The opportunity to look at ourselves through “their” eyes, would have permitted “us” to gain a critical understanding about “our” practices as well. It would have therefore allowed us to seriously question such concepts as “free choice” when we deal with culture-imposed rules, and also forced us to challenge narratives about our own practices that exclude any control of men over women. «Very few women do it to please a male figure in their lives. When we say that, we are undervaluing a woman’s concerns» contends one of the most popular American doctors⁴⁹. To Africans, on the contrary, B.A. would probably appear as «a form of patriarchal colonization of the female mind and body, an unnatural phenomenon» (Nader 1999: 20), just as their practices appear to us. To be sure, every gender identity rule, although rooted in more fundamental social needs, when plunged into a patriarchal system (even if less openly so, as the Western one) gets exploited for oppression!

Moreover, a “cultural immersed” observation of African F.C. practices would have led us to differentiate among their large variety, thus preventing us from essentializing them into the most radical of its forms, thus constructing once again the “savage”.

An “integrative comparison” (as R. Schlesinger, one of the fathers of the legal comparison, would call it)⁵⁰, as opposed to a comparison by contrast, finally can lead us to observe strong similarities among the three practices addressed in this paper. In this light M.C., B.A. and many forms of F.C. do not seem very different from each other. They do not seem different from the point of view of the health concerns they pose. All of them carry similar health risks when they are performed in similar settings.

Also, they do not seem very different from the point of view of the sexual fulfillment limitation they produce. All of them involve some reduction of sexual pleasure from an anatomical perspective, even M.C. that, contrary to common belief, entails a loss of the sensory input from the specialized erogenous tissue of the prepuce and a thickness of the surface of the gland that consequently loses sensitivity⁵¹. How much one procedure as opposed to the other is comparatively more limiting is very difficult to assess. Human sexuality to a great extent has yet to be explored. All what we can safely state is that anatomy is only one part of human

sexuality, because psychological and sociological aspects play a very important role too. Sexual pleasure, moreover, is a very subjective issue and generalization on this matter seems quite improper⁵².

Finally M.C., B.A., and F.C. do not seem very different from each other with regard to the concept of “free choice”. In all social settings, gender identity rules do not leave much room for “choice”, whatever the dominant narrative says of the West.

8. Conclusions.

The call for taking multiculturalism seriously

Comparison requires comparative consciousness which steers away from comparisons that are only of a dichotomous nature, comparisons that draw on the differences between us and them as evidenced in the Eastern as well as Western discourses. We must also compare to find points of convergence and commonality. Dichotomies tend to stress the unique features of each in which the West not only appears to possess the highest standards of technological apparatus but it also is made to seem as morally and spiritually superior

warns Laura Nader (Nader 1989: 28).

We should keep in mind her lesson. A perspective of the other that dehumanizes it, exaggerating single aspects of its culture to make it appear in the worst possible light, in short an *orientalist* perspective, while preventing us from gaining a critical perspective on ourselves, breeds resistance in African people and idealization of the inside culture in both parts. Both *orientalism* and its by-product, i.e. *occidentalism*, in this sense operate as controlling processes over people since the image of the other serves the purpose of sheltering domestic culture from internal critique.

African women are subjugated, American and European are emancipated; F.C. serves the purpose of sexually enslaving African women, B.A. gives Westerners the opportunity to please themselves by becoming more feminine; F.C. eliminates sexual desire, B.A. enhances self-confidence and self-esteem... Formalistic human rights discourses tend to impart that lesson, a lesson much resisted by comparativists and anthropologists whose domain is context. Until that lesson has been imparted there is little hope for cross-cultural understanding, for a non-hegemonic

approach to the other, and ultimately for the effectiveness of any policy aiming at the liberation from gender-identity culture and politics-imposed rules that make people “mutilate” their sexual organs⁵³.

How we, the Westerners, perceive others’ treatment of their women-folk has always been a tool in ranking the level of civilization and development of foreign countries in order to decide whether or not to admit them into the family of civilized nations. A low ranking operated in the past as a justification for colonization, looting, and plunder. Is history repeating itself?

Notes

* This is a slightly different version of E. Grande 2004, *Hegemonic Human Rights and Africa Resistance: Female Circumcision in a Broader Comparative Perspective*, published in «Global Jurist Frontiers», vol. 4 [2004], Iss. 2, Art. 3.

¹ See, among others, Panikkar 1982.

² See, among others, Nader 1999, particularly par. 3: «Unresolved Issues»; Gambino 2001; Yacoub 2004.

³ Said 1978.

⁴ For a powerful argument in favor of a better understanding of F. C. «by constructing a synoptic account of the inside point of view, from the perspective of those many African women for whom such practices seem both normal and desirable», see Shweder 2000: par. 22. The argument is further expanded in Shweder, Minow, Markus 2002.

⁵ As Malinowski 1926 and other anthropologists would say: see for instance Bohannan 1992: 37.

⁶ As Vivian Curran (1998) would say.

⁷ In the words of Panikkar 1982 and of the school of the “Laboratoire d’Anthropologie Juridique de Paris” (for everybody see: Eberhard 2002. See, moreover, Todorov 1993 and Tamar Pitch 1995: 177ff.

⁸ As Nader (1999: 2), would put it.

⁹ See Nader 1999: 23.

¹⁰ Warren 1997: 92; Aldeeb Abu-Sahlieh 2001.

¹¹ In January 2006, a new article (art. 583 bis), specifically targeting female circumcision, was included in the Italian criminal code punishing whoever commits it with a 4 to 12 years imprisonment sentence. The United States passed a law in 1996 – which went into effect in April 1997 – that made performing F.C. on a girl under age 18 a felony punishable by fines or up to a 5-year prison term.

¹² For details about the bitter debate that this kind of proposal entailed in both countries and for the tenacious support against the proposals given by the human rights international movement, see, for Italy, the discussion on the Jura Gentium Forum: <http://www.juragentium.unifi.it/it/forum/mg/sunna/index.htm>; for U.S.A., see: Ostrom 1996a, 1996b, 1996c; see also Rahman, Toubia 2000: 80 ff.

¹³ For details on criminal legislation passed world-wide up to year 2000, see Rahman, Toubia 2000: 61ff. and part II: «References». Criminal laws addressing F.C. have generally not recognized circumstances in which a woman is deemed to have capacity to consent to undergoing the procedure. Only Canada, Tanzania and the United States have limited their prohibitions of F.C. to procedures performed upon a person under the age of 18.

¹⁴ Hemorrhage, pain, swelling, inflammation, infection, urinary retention, sepsis, gangrene, shock and death are immediate health risks connected with F.C. as well as M.C.: «In the United States, it is estimated that 229 babies die each year as a result of the complications of the sexual mutilation of routine foreskin amputation. Additionally, 1 in 500 suffer serious complications requiring emergency medical attention» tell us Denniston, Milos 1997, in the preface of their book. The safer and more technologically advanced is the environment in which the practices are performed the lesser is their occurrence. For B.A. short term complications involve hemorrhage, infection, hematoma and all those risks associated with surgery. Long-term complications, i.e. complications that can occur after a successful surgery, seem to be averagely more serious for F.C. (where they include dermoid cysts; keloids, an overgrowth of collagenous scar tissue at the site of the wound; neuromas, benign tumors found in the scarred vulvar tissue that can cause severe pain during intercourse. Serious long-term complications, which incidence is however still unknown, are on the contrary related to the most extreme forms of circumcision, i.e. infibulation and those practices that require extensive suturing of the urethral and vaginal areas. Possible retention of vaginal fluid and blood and possible obstruction of urethral flow put in this case women at risk for chronic infections of the urinary tract and of the reproductive

tract. Infertility can be a result of that. Pain during first intercourse experiences can also be very severe and women who have undergone infibulation are more at risk for childbirth complications during vaginal delivery than women who have not) than for M.C. (where they include possible formation of a bridge of skin between the circumcision scar and the surface of the glans, that may cause pain and deformity on erection; loss of the protection for the glans and the meatus; possible laceration, bleeding, and pain during intercourse due to the tight, foreshortened often sclerotic skin of the circumcised penis; pain during intercourse due to the partner's lack or minimal vaginal lubrication), but averagely (if we exclude the most radical forms of F.C.) less serious than long-term complications of B.A. For long-term complications of B.A. see *infra*, note 41.

¹⁵ On "intersex babies" and on the routine alteration of their genitalia until very recently performed, see Navarro 2004 and Weil 2006.

¹⁶ In reviewing the existing medical literature on female genital circumcision in Africa, Carla M. Obermeyer, a medical anthropologist and epidemiologist in the department of population and international health at Harvard University, concludes that the claims of the anti-F.C. movement concerning frequency and risk of medical complications following genital surgery in Africa are highly exaggerated and may not match reality. Obermeyer suggests that most of the published literature on the subject does not match minimum scientific standards and that widely publicized medical complications of African genital circumcisions are the exception, not the rule. See Obermeyer 1999 and 2003. Another study (Morison et al. 2001), widely cited as the most systematic, comprehensive and controlled investigation of the health consequences of female circumcision yet to be conducted, found that the supposed morbidities often cited as common problems associated with excision (such as infertility, painful sex, vulval tumors, menstrual problems, incontinence and most endogenous infections) did not distinguish women who had the surgery from those who did not. «The anti-‘FGM’ advocacy literature typically features long lists of short-term and long-term medical complications of circumcision, including blood loss, shock, acute infection, menstrual problems, childbearing difficulties, incontinence, sterility, and death. These lists read like the warning pamphlets that accompany many prescription drugs, which enumerate every claimed negative side effect of the medicine that has ever been reported (no matter how infrequently). They are very scary to read, and they are very misleading», is – on this point – the comment of Shweder 2000: par. 44.

¹⁷ «The number of children who die as a direct result of traditional sexual mutilations is high. The number of children who almost die is higher. In one study of the penile mutilation practice (foreskin amputation in this instance) of the Xhosa tribe of Southern Africa, 9% of the mutilated boys died; 52% lost all or most of their penile shaft skin; 14% developed severe infectious lesions; 10% lost their glans penis; and 5% lost their entire penis. This represents only those boys who made it to the hospital», tell us Denniston and Milos 1997: Preface.

¹⁸ WHO opposed resistance against all kind of medicalization of the practice since the Karthoum Seminar of 1979, striking down a suggestion from the medical participants for a milder form of the practice to be performed under hygienic conditions. NGOs and human rights activists successfully protested against medicalization of the practice to be performed just at a symbolic level not only in Seattle, Washington, and in Italy, but also in the Netherlands: see Rahman, Toubia 2000: 81. In Egypt, feminists and human rights activists protested a 1994 decree issued by the then Minister of Health, Dr Ali Abdel Fattah, that banned the practice of female circumcision outside of public hospitals, required physicians to discourage parents from having their daughters undergo F. C., and allowed the physicians to perform F. C. (that in Egypt do not take the form of infibulation) in hospitals if the parents insisted. The level of international pressure was so high that Egypt, through a complicated institutional dynamic, ultimately ended up yielding to it and criminalized F.C. On this point see: Rahman, Toubia 2000: 142. On the interaction of the international, the national and the local levels in this case, see: Heger Boyle 2002: 2ff and chapter 6, exploring the connections between international pressure and national standing in the international system.

¹⁹ World Health Organization 1998: 37.

²⁰ See *supra* notes 5 and 6.

²¹ See, among others: Pasquinelli 2000a, 2000b; Fusaschi 2003.

²² «Surveying the world, one finds very few cultures, if any, in which genital surgeries are performed on girls and not on boys, although there are many cultures in which they are performed only on boys or on both sexes», says Shweder 2000: par. 40; see also FGM vs. MGM in www.circumstitions.com/FGMvsMGM.html: «FGM is practiced only where MGM is practiced, with one exception (an African tribe that has recently abandoned MGM)».

²³ The Karis (i.e. all the boys circumcised at the same time) of Bancoumana (a little village 60 kilometers south of Bamako, Mali), for instance, not only have very special duty of solidarity among them (so that they have to take care of all the family or economical problems of each of them) but perform as a group the role of tontigui, i.e. a role similar of that of the prosecutor in our society. See A. Keita, *Au detour des pratiques foncières à Bancoumana: quelques observations sur le droit malien*, unpublished manuscript. For special legal and social duty performed by the age groups see, among others, Gluckman 1954 or Kenyatta 1938. «The third principle factor in unifying the Gikuyu society is the system of age-grading (*riika*). As we have seen, the *mbari* (i.e. the family group) and the *moherega* (i.e. the clan) system help to form several groups of kinsfolk within the tribe, acting independently; but the system of the age-grading unites and solidifies the whole tribe in all its activities. Almost every year, thousands of Gikuyu boys and girls go through the initiation or circumcision ceremony, and automatically become members of one age-grade (*riika rimwe*), irrespective of *mbari*, *moherega*, or district to which individuals belong. They act as one body in all tribal matters and have a very strong bond of brotherhood and sisterhood among themselves. Thus, in every generation the Gikuyu tribal organisation is stabilised by the activities of the various age-grades, of old and young people who act harmoniously, in the political, social, religious and economic life of the Gikuyus»: Kenyatta 1938: 2. For the many social and legal roles performed by the age-grade groups in the Gikuyu society go through the all book.

²⁴ On the dramatic importance of women's group solidarity in the struggle for resistance against male dominance, see Nader 1989.

²⁵ See Nnaemeka 2001: 180.

²⁶ Epelboin and Epelboin 1979: 28.

²⁷ Oduntan and Onadeko 1984: 98

²⁸ Worsley 1938: 690.

²⁹ El Dareer 1982.

³⁰ Koso-Thomas 1987: 9.

³¹ See the literature reported in Lightfoot-Klein 1989: 82, 91. See also the results of a study conducted in Italy by a team of doctors and psychologists on 137 circumcised women (among whom 84 went through infibulation), confirming the high sexual satisfaction among circumcised

women (90.51% of them claimed indeed to enjoy their sexual life, describing the effects of orgasm as involuntary pleasurable rhythmic contractions of the vagina, pulsations of internal genitals, and the feeling of warmth all over the face and the body): Catania, Baldaro-Verde, Sirigatti, Casale, Abdulcadir 2004. Catania's findings are also interesting in that, in comparison with her Italian group control, infibulated Somali women reported greater frequency of orgasms, as well as higher scores in desire, arousal and sexual satisfaction: Catania et al. 2007 and Catania, Abdulcadir 2005: 174 ff.. Among others, do also argue for the compatibility of F. C. with the enjoyment of sexual relations, Obermeyer 1999; Edgerton 1989: 40 and Ahmadu 2000 and 2007.

³² See Lightfoot-Klein 1989: 90 ff. and literature herein reported.

³³ Megafu 1983. Different strategies can be, moreover, responsible for a satisfactory sexual intercourse: «According to the women I interviewed, sexual foreplay is complex and requires more than immediate physical touch: emphasis is on learning erotic songs and sexually suggestive dance movements: cooking, feeding and feigned submission, as powerful aphrodisiacs, and the skills of *aural* sex (more than *oral* sex), are said to heighten sexual desire and anticipation» explains F. Ahmadou referring to her study on excision in Sierra Leone, and, she continues: «Orgasms experienced during vaginal intercourse, these female elders say, must be taught and trained, requiring both skill and experience on the part of both partners (male initiation ceremonies used to teach men sexual skills on how to 'hit the spot' in women – emphasizing body movement and rhythm in intercourse, and importantly, verbal innuendoes that titillate a woman's senses)»: Ahmadou 2009: 16.

³⁴ See Catania et al. 2004: 13 f.

³⁵ Karim and Ammar (1965) studied circumcised women in Egypt and found that female circumcision did not seem to decrease sexual desire. Megafu's 1983 study of the Nigerian Ibos, also concluded that the sexual urge is not necessarily impaired by removal of the clitoris. On these finding see also Lightfoot-Klein 1989: 41.

³⁶ In her study on infibulated women from Sudan, carried on with full attention to methodological issues, H. Lightfoot-Klein found that 90% of the 400 interviewed women claimed to regularly achieve or had at some time in their lives achieved orgasm. The majority of the women interviewed claimed to enjoy their sexual life. According to various Sudanese psychiatrist the author spoke to «since an orgasm entails both a cerebral response and physiological

responses involving muscle contractions, respiratory and vascular events, and so on, the physiological phenomenon is generally present but damaged or lessened in circumcised women. In compensation, [...] the cerebral component may be heightened»: Lightfoot-Klein 1989: 90.

³⁷ Interestingly enough, Lucrezia Catania's studies on sexual response and attitudes conducted on the new generation of women who had undergone various forms of female circumcisions reported presence of orgasm but with less frequency compared with the group of adults. «These young ladies were living in Italy but had been circumcised / infibulated in their country during childhood. As children in their own country, they experienced positive feelings about FGM/C and a sense of female completeness; they lived in a setting of social acceptance, felt family love and thought that FGM/C was 'something that testified beauty and courage'. Growing up in Western countries, their experience was transformed and given negative meanings: female mutilation, social stigma; they were depicted as victims of family violence and barbarity. Their sense of beauty changed into ugliness. The social stigmatization and the negative messages from the media regarding their 'permanent destroyed' sexuality provoke negative expectations on the possibility of experiencing sexual pleasure and provoke negative feelings about their own body image. The social criticism and the negative cultural meaning regarding their experience cause distortion of their cultural values and they undergo a sort of 'mental / psychological' infibulations which could result in iatrogenic sexual dysfunction. In FGM/C women, when their culture makes them live their 'alteration / modification / mutilation' as a positive condition, orgasm is experienced. When there is a cultural conflict, the frequency of the orgasm is reduced even if anatomical and physiological conditions make it possible. Sexologists should pay attention to sexual education when it is conditioned by cultural influence as it can change the perception of pleasure and can inhibit orgasm», says Lucrezia Catania, writing for the J. Tierney blog of the New York Times: <http://tierneylab.blogs.nytimes.com/2008/01/14/the-sexual-consequences-of-an-african-initiation-rite/?ex=1200978000&en=cb6bf3015d1e04c8&ei=5070&emc=eta1>.

³⁸ Megafu, for instance, finds that premarital coitus among the Nigerian Ibos was on the rise in almost equal proportions among circumcised as well as uncircumcised women: Megafu 1983.

³⁹ See Rahman, Toubia 2000: 21.

⁴⁰ Masters and Johnson's 1966 report observes orgasmic response subsequent to breast manipulation only.

«Physiologically, all female orgasms follow the same reflex response patterns, no matter what the source of sexual stimulation. An orgasm that comes from rubbing the clitoris cannot be distinguished physiologically from one that comes from intercourse or breast stimulation alone» they observe in the fourth edition of their *Human Sexuality textbook*, implying a strong functional analogy from the anatomical point of clitoris and breasts, see: Master, Johnson, Kolodny 1992: 81. Around 75% is the rate of nipple sensation change experienced by women (48% numb, 27.6% more sensitive) according to a survey conducted on women with implants less than three years old by R. L. Larue available on: <http://www.implantforum.com/stats.html>.

⁴¹ Silicon implants have been associated with autoimmune disorders and for this reason banned from the market by FDA in 1992. However, signing a consent saying that she will participate in a research project, a woman could get a silicon implant that would have given her breast a softer and more natural look. In November 2006, the FDA admitted silicon implants into the market again, provided that the manufacturers continue to sponsor long-term studies about the safety of silicon implants; FDA also recommended that all patients receive MRI screenings three years post-surgery and every two years afterwards. Complications for B.A. range from those connected with the operation itself (hemorrhaging, infections, hematoma, and so forth) to long-term complications, like the hampering of a cancer detection through mammogram (according to J. Reichman, M. D. «depending on the way the mammogram is performed, there is a 25 percent to 35 percent decrease in the visible areas of breast tissue. The view may be further limited by scarring around the implant and hardening of the implant» – see her discussion on B.A. at the Today Show, reported in http://www.allnaturalcurves.com/naturalcurves_news_today.html), increasing the risk of getting infections, formation of hypertrophic or keloid scars in the incision, and capsular contracture, that is the hardening of the breast due to the body defense mechanism against the implant of a foreign object. The incidence of capsular contracture, is very high: about 50% (according to Doctor Reichman, but a lower 30% according to Doctor Persoff, *infra*) of the women with implants have this problem, that in its most extreme form (grade IV) entails severe hardness, tenderness and painfulness of the breast. Implant's deflation and disruption, moreover, is a certainty, the question is when it will happen: so far we know that three percent of the women that underwent the procedure had implant leakage within 3 years and that averagely «there is a good chance that a woman has to change her implant once or twice or even more depending on how old she is», says Doctor Reichman. This means

more risks linked to the new necessary surgery (also because at that point the pectoralis muscle is «very atrophic and virtually destroyed», as M. D. M. Persoff of the Department of Plastic Surgery at the University of Miami says, commenting in his second article the most common B.A. procedure: the sub-muscular one – see http://www.medceu.com/index/index.php?page=get_course&courseID=2859&nocheck) and mental health problems connected with breast's deflation.

⁴² Micromastia is a recurring term in cosmetic surgery literature.

⁴³ See Doctor M. M. Persoff's statement in a four articles' course on B.A. for nurses and medical professionals http://www.medceu.com/index/index.php?page=get_course&courseID=2859&nocheck.

⁴⁴ See Doctor Reichman's interview. On the "free choice" issue concerning B.A. surgery in U.S., see the very instructive field work conducted by Coco 1994.

⁴⁵ This was pretty clear, yet, to the late Jomo Kenyatta, former President of Kenya, with a Ph. D. in anthropology under Malinowski. Arguing in favor of female circumcision among the Gikuyu, he expressed the concern that female circumcision's «abolition... will destroy the tribal» system. See Kenyatta 1938: 135.

⁴⁶ See Nader 1999: 20; see also Hodges 1997, chap. 6. titled: «Corporate institutionalization of circumcision in the cold war era»: «the lucrative circumcision industry [...] in 1986, was estimated to generate more than \$200 million annually» at 33; and chap. 6.8: «Since the 1980's, private hospitals have been involved in the business of supplying discarded foreskins to private bio-research laboratories and pharmaceutical companies who require human flesh as raw research material. They also supply foreskins to transnational corporations such as Advanced Tissue Sciences of San Diego, California, Organogenesis, and BioSurface, who have recently emerged to reap new corporate profits from the sale of marketable products made from harvested human foreskins. In 1996 alone, Advanced Tissue Sciences could boast of a healthy \$ 663.9 million market capitalization performance» at 35.

⁴⁷ Hodges 1997: 17.

⁴⁸ More than fifteen years ago, Masters, Johnson and Kolodny, already described the Euro-American social pressure for breasts augmentation and its world-wide spreading in the following terms: «In American society, the female breasts have a special erotic allure and symbolize

sexuality, femininity, and attractiveness. Prominent attention is devoted to the breasts in clothing styles, men's magazines, advertising, television, and cinema. This attitude is not universal by any means, and in some cultures little or no erotic importance is attached to the breasts. For example in Japan women traditionally bound their breasts to make them inconspicuous. Today, however, the westernization process has brought about changes in Japan and the breasts have become rather fully eroticized. As the big-breasted female has become an almost universal sex symbol – the image used to promote everything from car sales to X-rated films – men and women have been bombarded daily with the not very subtle suggestion that a woman with large breasts has a definite sexual advantage. This has led to a number of harmful misconceptions. For example, men and women alike have come to believe that the larger a woman's breasts are, the more sexually excitable she is or can become. Another fallacy, still firmly subscribed to by many men, holds that the relatively flat-chested woman is less able to respond sexually and actually has little, if any interest in sex»: Masters, Johnson, Kolodny 1992: 55. Since 1992, the year in which their textbook was published, there has been a 300 percent increase in the number of breast augmentation each year (see Dr. Reichman 's interview). Approximately 1,500 minors received implants in 2003 in America.

⁴⁹ See Doctor Reichman's interview. Doctor Judith Reichman is medical correspondent of the Today Show and author of many best sellers on women's health issues. «Be wary of the patient who wants the surgery to please her partner» says however a cosmetic surgeon, M. D. M. Persoff, author of a 4 articles course for medceu on breast augmentation, in his second article, addressing himself to other cosmetic surgeons).

⁵⁰ Schlesinger 1995. An integrative approach as opposed to an approach by contrast seems, also, to emerge from Minow's theory of difference: see, Minow 1990: part. 94 ff.

⁵¹ See on this subject Lander 1997: 77ff, part. 89ff. See also the results of a survey on male circumcision conducted in South Korea in 2000: Pang, Kim 2002.

⁵² Masters and Johnson (Masters, Johnson, Kolodny 1992) never get tired of repeating these concepts through their all textbook. «Bear in mind [...] that the physiological processes of sexual response are not simply mechanical movements detached from thoughts or feelings but are part of the sexual involvement and identity of the whole person», and also: «The degree to which one (sexual) experience is 'better' than the other depend on your per-

spective *and* on your personal satisfaction» they say at 71, or «Orgasms vary not only for one person at different times but also for each individual. Sometimes orgasm is an explosive, ecstatic avalanche of sensations, while at other times it is milder, less intense, and less dramatic. While ‘an orgasm is an orgasm’, one orgasm may differ from another just as a glass of ice water tastes better and it is more satisfying if you are hot and thirsty than if you are cool and not thirsty at all. Different intensity of orgasms arises from physical factors such as fatigue and the time since the last orgasm as well as from a wide range of psychosocial factors, including mood, relation to partner, activity, expectations, and feeling about the experience. *For all these reasons, trying to define or describe orgasm is a difficult task because each individual’s subjective experience includes a psychological as well as a physiological dimension* (emphasis added). Measuring intense muscular contractions during one orgasm does not mean that it is necessarily perceived as ‘better than’ another orgasm with less intense bodily changes. A milder physiological orgasm may be *experienced* as bigger, better, or more satisfying than a physiologically more intense one», they write at 79, or yet «[...] not [...] all female orgasms feel the same, have the same intensity, or are identical satisfying. As discussed earlier, feeling and intensity are matters of perceptions, and satisfaction is influenced by many factors respectively», they add at 81.

⁵³ A strong call for “listening to the other” and a serious critique of the Western feminists’ patronizing attitude towards their “African sisters” comes from Njiambi 2004.

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Abstracts

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Memoria e oblio dei campi di concentramento dei Repubblicani spagnoli nel sud ovest della Francia

Nel 1939, alla fine della Guerra Civile spagnola, migliaia di Repubblicani oppositori del Generale Franco finirono in esilio in Francia. Sin dal loro arrivo, essi furono internati nei campi e costretti a condizioni di vita molto dure. Sino agli anni Settanta del Novecento, questo inglorioso episodio della storia francese è rimasto praticamente nell'oblio. Oggi, almeno nel sud del Paese, non passa giorno in cui qualcuno non evochi la memoria dell'esilio e dell'internamento dei Repubblicani spagnoli in Francia. Questo contributo, basato sul caso del Campo di Le Vernet, mostra il processo che dall'oblio ha condotto alla memoria dei campi e ne analizza le caratteristiche.

Parole chiave: Memoria; Oblio; Campi di concentramento; Repubblicani spagnoli; Ebrei.

Memory and oblivion of the internment camps of the Spanish Republicans in South-West France

In 1939, at the end of the Spanish Civil War, which set Republicans against General Franco partisans, tens of thousands of them flowed into exile in France. Upon their arrival, they were interned in camps where living conditions were very hard. Until the 1970s, this inglorious episode in the history of France had practically fallen into oblivion. Today, in the south at least, never a day passes but somebody evokes the memory of exile and internment of Spanish Republicans in France. This paper - based on the Camp of Le Vernet case - shows the process that leads from oblivion to recovery of the memory of the camps and analyses what characterizes this memory.

Key words: Memory; Oblivion; Internment camps; Spanish Republicans; Jews.

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Sensible men and serious women: order, disorder, and morality in an Italian village

For over a decade, anthropologists engaged in a vigorous debate regarding the utility, meaning, and explanation of honor and shame in Mediterranean communities. There are competing interpretations regarding these cultural constructions, but no consensus. Partly, this is a result of examining honor and shame as discrete domains deriving from more fundamental conditions.

In this paper, I examine, in detail, the ethnography of honor and shame in a central (Tuscany) Italian village. I use these data to contend honor and shame are not encapsulated domains, but are part of a wider and fundamental cognitive framework and world view involving the nature of inter-personal relations, understandings regarding the attributes of human nature and an agonistic perception of the human condition.

Keywords: Italy (Tuscany); Honor; Shame; World View; Inter-Personal Relations.

Uomini responsabili e donne serie: ordine, disordine e moralità in una comunità italiana

Per più di un decennio gli antropologi si sono impegnati in un acceso dibattito sulla pertinenza, il significato e il senso dell'onore e della vergogna nell'area del Mediterraneo. Le interpretazioni fornite per queste costruzioni culturali sono state spesso contrastanti e non si è raggiunto un accordo. Ciò è dipeso, in parte, dal fatto che l'analisi ha riguardato l'onore e la vergogna intesi come ambiti separati derivanti da altre condizioni fondamentali.

In questo contributo, propongo, in particolare, un'etnografia dell'onore e della vergogna presso una comunità dell'Italia centrale (in Toscana). L'obiettivo è mostrare come queste due sfere, lungi dall'essere isolate, vadano invece inserite in un più ampio quadro cognitivo e in una visione del mondo che coinvolge le relazioni interpersonali, la comprensione degli aspetti della natura umana e del suo modo di percepire agonisticamente la propria condizione.

Parole-chiave: Italia (Toscana); Onore; Vergogna; Concezione del mondo; Relazioni interpersonali.

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Pane al pane e vino al vino

È noto che il pane e il vino rappresentano due pilastri centrali delle basi alimentari dei popoli del Mediterraneo, essendo entrambi i frutti fecondi e millenari di due fondamentali piante di civiltà: il grano e la vite. In quanto segni eccellenti di riproduzione ciclica della terra e per ciò stesso di rifondazione del vivere e dell'esistere, pane e vino sono simboli paradigmatici dell'indissolubile simbiosi tra l'umano e il vegetale, tra l'umano e il sovraumano. Assicurando la transizione dalla natura alla cultura, il loro consumo ha contribuito a determinare status e gerarchie, a plasmare forme e pratiche rituali, a conferire identità e memoria, a dare ordine e significato al mondo. Per alcuni aspetti in opposizione dialettica, ponendosi il pane sul versante del cotto e il vino su quello del fermentato, l'uno e l'altro sono nella prassi e nella lingua popolare siciliana elementi complementari di un'endiadi formale e concettuale, di un binomio semantico irresistibile e inscindibile, significanti indiscutibilmente diversi ma – a livello delle strutture profonde – sostanzialmente riconducibili ad un comune orizzonte di senso.

Parole chiave: Relazioni pane-vino; Fermentazione; Simboli; Proverbi; Riti.

“Pane al pane e vino al vino”. *Symbolical meanings of bread and wine in Mediterranean cultures*

It is known that bread and wine are two fundamental pillars of the basic diet of the peoples of the Mediterranean, being both thousand-year old and fruitful products of two key plants of civilization: wheat and vine. As excellent signs of the cyclical reproduction of the earth and thereby of the re-foundation of life and existence, bread and wine are paradigmatic symbols of the indissoluble symbiosis between the human and the vegetable kingdom, between the human and the superhuman. By ensuring the transition from nature to culture, their consumption has contributed to determine status and hierarchy, shape ritual forms and practices, give identity and memory, give order and meaning to the world. Being in some respects in dialectical opposition, as bread is cooked and wine is fermented, they are both, in practice and in the Sicilian vernacular, complementary elements of a formal and conceptual hendiadys, of an irresistible and inseparable semantic pair, significant indisputably different, but – at the level of deep structures – essentially referable to a common horizon of meaning.

Key words: Bread-wine connection; Fermentation; Symbols; Proverbs; Rituals.

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Turisti a Sparta: il passato che non torna e l'invenzione della tradizione

Quando è nato il “turismo culturale”? Di solito il punto di partenza generalmente indicato e privilegiato è l'Europa del Settecento. Tuttavia è possibile esplorare altre culture, più distanti nel tempo, ma pur sempre strettamente collegati alla nostra, almeno nell'autorappresentazione dell'*identità* di cui si alimenta il nostro Occidente.

Si focalizzerà l'attenzione sul mondo greco, con alcune osservazioni generali sul viaggio culturale che è alla radice stessa della storiografia: destinato a divenire in seguito un *topos* obbligato nelle dichiarazioni proemiali degli storici, il viaggio, anzi i viaggi, del *pater historiae* Erodoto introducono ad un'esplorazione sottile e ambigua dell'identità greca. Tuttavia, è il “turismo” culturale a Sparta, divenuto rapidamente tappa obbligata della classe dirigente greco-romana, a fornire il caso più interessante.

Parole chiave: Turismo culturale; Memoria; Passato; Origini; Sparta.

Tourists in Sparta: the past that does not come back and the invention of tradition

When the “cultural Tourism” is born? The point of departure is generally identified in the European culture of XVIII century. Nevertheless it's possible to examine other cultures, which are historically more remote, but at the same time strictly connected with our, in accordance with the status of “identity” that characterizes Occidental world. The attention will be focalised on the ancient Greece. This paper will reserve some reflections to the cultural travel and his relevance among the Greeks. A meaningful example is the travel of the historians: since Herodotus, it has been considered an element necessary and topical, as we can observe in the proemial declarations. The travels of Herodotus, the pater historiae, enable a penetrating and ambiguous exploration of the Greek identity. In the second part of the paper the focus of attention will be on Sparta, a celebrate destination of the cultural travels of the Greek and Roman elite. This town, for many reasons, provides the most attractive case-study.

Key words: Cultural Tourism; Memory; Past; Origins; Sparta.

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Peasant and Others in Rural Spain. The Relevance of Models

Since the days of Eric Wolf, most social scientists have routinely depicted peasants as oppressed and exploited, as the bottom rung of society. But are peasants always down-trodden and despised? Can peasants enjoy a high status, be respected, even admired in their society? This paper offers a modest corrective to the prevalent Marxist view from Andalusia (southern Spain). There, peasants – even the poorest – so long as they had a piece of land, represented a solid middle class in local terms, enjoying a relatively prized status. I try to explain the structural context of this glaring exception to the generic paradigm of peasant subjugation by describing the status of peasants relative to other agrarian social classes.

Key words: Peasants; Stratification; Social class; Spain; Andalusia.

I contadini e gli Altri nella Spagna rurale. L'importanza dei modelli

Dai tempi di Eric Wolf, la maggior parte degli studiosi di scienze sociali ha rappresentato i contadini come oppressi, sfruttati e collocati al rango più basso della società. Ma i contadini sono davvero così disprezzati e oppressi? Possono invece apprezzare la loro condizione, essere rispettati e diventare persino oggetto di ammirazione? Questo articolo offre un modesto correttivo alla prevalente visione marxista dell'Andalusia (Sud della Spagna). In questa regione i contadini – anche i più poveri – in quanto proprietari di un terreno, rappresentavano un solido ceto medio locale, tenuto in una certa considerazione. Cerco di illustrare il contesto strutturale di questo caso di studio, che costituisce un'eccezione al generico paradigma del contadino assoggettato, descrivendo la sua condizione in rapporto alle altre classi sociali del mondo agrario.

Parole chiave: Contadini; Stratificazione; Classe sociale; Spagna; Andalusia.

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Diritti Umani egemoni: il caso della circoncisione femminile. Un appello a considerare seriamente il multiculturalismo

L'articolo si interroga sulle differenze che intercorrono fra la circoncisione femminile e le altre pratiche modificatrici degli organi sessuali, in particolare la circoncisione maschile e la mastoplastica additiva, e spezza una lancia a favore dell'applicazione di uno standard unico di valutazione delle diverse pratiche modificatrici. Solo un approccio inclusivo, che tratti "noi" al pari degli "altri", può infatti restituire credibilità all'idea di diritti umani "universali", che altrimenti rischiano di diventare meri strumenti di egemonia culturale. Per prendere sul serio il multiculturalismo occorre, insomma, secondo l'autrice, utilizzare un approccio integrativo, che metta davvero tutte le pratiche culturali sullo stesso piano.

Parole chiave: Multiculturalismo, Egemonia culturale; Diritti Umani; Circoncisione maschile e femminile; Mastoplastica additiva.

Hegemonic Human Rights: the Case of Female Circumcision. A call for taking multiculturalism seriously

In addressing the issue of female circumcision, the paper suggests that only a comprehensive approach towards all modifications of sexual organs, using a single, not a double, standard will make the human rights discourse on sexual organs' modifications less imperialistic, more effective and less assimilating. A more inclusive notion of human rights, a notion that includes "us" – the Westerners – as well as "them" – the "Others" – serves, it is argued, to give credibility to the "human rights spirit". What makes female circumcision a human rights' violation while male circumcision and breast augmentation are considered acceptable and even respectable cultural practices? Trying to find out the reason for singling-out female circumcision, the author will briefly address a number of issues, including health concerns, patient's consent (choice), sexual fulfillment limitation, and beauty requirements in different cultures. Taking multiculturalism seriously, it is argued, calls for an integrative approach towards the plurality of cultures and practices.

Key words: Multiculturalism; Cultural Hegemony; Human Rights; Female/Male Circumcision; Breast Augmentation.