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Equality Now in Genital Reshaping: Brian Earp's Search for Moral Consistency

For many adolescent Kenyan males genital reshaping is a self-defining experience of enormous positive significance. The same can be said for many Kenyan females. These adolescents, male and female, do not think their bodies have been “mutilated.” Quite the contrary, by their lights the surgical procedure removes a defect of nature and is the means by which a desired state of physical integrity and social maturity is achieved. By their lights the procedure gets rid of unseemly fleshy encumbrances and protrusions and helps them erase unwanted physical traces of childhood bisexuality, thereby making their genitals look smooth and clean and more gender appropriate. By their lights their appearance and self-esteem have been improved by the surgery. The surgery is understood to be a reshaping of one’s body in the service of local ideals for genital aesthetics and sexual identity. Alternatively stated, for many Kenyans having one’s genitals reshaped promotes a sense of well-being and is experienced as an enhancement, much the way body modifications of various sorts promote a similar sense of well-being among many youth and adults in North America and Europe.

I lived and taught in Kenya in the early 1970s. Decades later I happily found myself in an elevator in the Charles Hotel in Cambridge, Massachusetts, with a Kenyan guy from an ethnic group and region of the country with which I was familiar. As we descended towards the lobby I struck up a conversation. It turned out he was a professor at a university in the United States. When he learned that I was meeting some friends and that we were driving to a restaurant on the other side of Cambridge he asked for a lift. This was my good fortune because as we sat in the back seat of the car I had fifteen minutes to conduct an anthropological interview about his childhood in the Kenyan countryside.

“So tell me about your circumcision,” I asked, knowing that the practice was customary in his group and that this was a topic about which he would gladly converse and have much to say. And this is what he told me:

I was thirteen years old and physically mature and it was the season for circumcising an age set of boys and transforming them into men. My older cousins were going to be circumcised but the senior adults thought I was too young. So I threw a fit and demanded they let me be circumcised too, which they did.

I then asked him the innocent question: “Wasn’t it painful?” “Painful!” he exclaimed. “It was the most painful thing I have ever experienced in my life. It took a month to fully recover. But during that time they taught us so many things—about the history of my people, about what it means to be a man, about how to treat women, how to have sex, how to drink beer, how to own property, how to care for cattle, how to face up to painful ordeals in life and be fearless. And during that month we bonded with each other. I feel closer to those men who were circumcised with me—several of whom still live in rural homesteads—than anyone else in the world. When my son was born in a hospital in the United States the doctor asked me if I wanted my son to be circumcised. This really surprised me. I said to the doctor ‘Why would you do that to an infant? The pain will be meaningless to him. He will be too young to learn anything or appreciate the significance of the event. There will be no one sharing the experience with him with whom he can form life-long bonds.’”

Parallel stories, which these days might well conclude with the exclamation “I am not ‘mutilated!’”, are readily available from highly educated East and West Africa women, some of whom even live and teach in the United States and Europe, although to date their voices have been largely ignored or kept out of sight by the mainstream media.¹

Is genital reshaping of the sort just described morally acceptable? Brian Earp’s essay “Between Moral Relativism and Moral Hypocrisy” achieves near perfect pitch in trying to generate an informed critical debate about the moral acceptability of the surgical reshaping of the genitals, whether for males or females, whether for minors or adults, whether done in a rural Kenyan homestead or in a hospital operating room by an obstetrician or cosmetic surgeon in the United States. On the one hand his aim is to expose the many inconsistencies in our moral judgments about genital reshaping. On the other hand his aim is to distance himself from subjective relativism (the view that whatever is customary should be judged to be morally okay). Seeking to avoid moral hypocrisy without disabling moral judgment he proposes a universally binding moral principle called “enhancement.” He believes the enhancement principle can be applied as a global standard for making critical moral and legal judgments about the acceptability of

genital reshaping even where the practice is customary, whether for males or for females.

Earp raises his concerns about inconsistencies in our moral judgments because customary African female genital reshaping, invidiously labeled “genital mutilation,” has been singled out and targeted for eradication by global activists; while those same activists react with indifference or even give a nod of approval to customary male genital reshaping in Africa and (among activists in the USA for example) in their own backyards; while in those North American and European backyards various forms of aesthetic female genital reshaping promoted by cosmetic surgeons (clitoral unhooding, clitoral reduction, labia trimming, and other attractively labeled procedures—“vaginal rejuvenations” and “designer vaginas”) are permitted and increasingly popular.² He argues that those who insist that “female genital mutilation” is fundamentally different from “male circumcision” have got their facts wrong and engage in asymmetrical stereotyping.

The essay is also a partial antidote to a discourse that has been shaped almost entirely by partisan advocates. Partisans are not skeptics. Fact checking is not their strong suit. They are not motivated to draw to public attention research findings that are embarrassing to their cause. Matters get worse—truth is unlikely to prevail—when our journalists assume there is no other side to a story; or when the mainstream media take no interest in raising doubts about a popular story-line inviting readers to save young girls from “genital mutilation” at the hands of their brutal African parents; or when respected news outlets (perhaps due in part to limited investigative resources) permit themselves to remain utterly innocent of high quality studies (and relevant reviews of the scientific literature) that challenge the veracity of the received narrative. Facts for example such as these (of relevance to any judgment of gender discrimination): that there are no ethnic groups in Africa where genital reshaping is customary for females but not for males; that in those ethnic groups where genital reshaping is customary for both sexes women are among the strongest supporters of the custom and exclusively manage the female process. Or facts such as these (of relevance to any discussion of consequential harms): that (despite the impression created by the boilerplate litany of horrors standardly reproduced in the press) serious medical complications are the exception, not the rule; that customary genital reshaping does not typically impair the sexuality of either males or females. For example, in one highly relevant eye-opening study of East African women living in Florence, Italy

their sex lives (frequency of coitus, level of sexual desire, the experience of orgasm and erotic pleasures) were just as rich if not richer than the sex lives of non-African Italian women. The study was published in the *Journal of Sexual Medicine* yet never featured or even mentioned by the mainstream press.³

This is my understanding of Earp's enhancement principle: there should be a strong autonomy-based presumption against reshaping anyone's genitals without their voluntary (well-informed, duress free) consent. Nevertheless that autonomy-based moral default position can be overridden and exceptions are possible: nonvoluntary genital reshaping might be morally acceptable if in the judgment of an *impartial* observer the nonvoluntary genital reshaping is necessary for promoting a person's overall well-being and broadly construed best interests. Earp suggests this should be so because the ultimate moral aim of the enhancement principle in all instances (voluntary and nonvoluntary) is ". . . to promote the child's overall well-being, all things considered. . . . If something is instrumental in this way, then I propose that it should be called an enhancement (2016, 136)."

My main critical response is to ask Brian Earp how he would apply his enhancement principle in the following three cases.

1. The case of the thirteen-year-old Kenyan adolescent featured at the beginning of this commentary. He threw a fit and demanded that his elders allow him to be "circumcised" along with his older cousins. He did not want to be excluded from the age set of adolescent boys whose genitals were going to be reshaped that season in the Kenyan countryside. At the time he presumably had no idea that one day he would be a globe-trotting professor living in a foreign land. It is likely he gave no thought whatsoever to whether male genital reshaping would be in favor in that foreign land or whether women outside of Kenya would find his reshaped genitals appealing (as opposed to viewing them as "mutilated"). Was his demand a sufficiently informed voluntary choice undertaken without duress? If not, what conclusion should an impartial observer draw about whether the surgery and the subsequent month of parochial cultural education and physical recovery were necessary steps in the service of his overall well-being, all things considered? Who is that impartial observer anyway; for example, from what ethnic tradition or gender category is he or she to be selected? And for anyone selected to make such a judgment how is an impartial perspective on such a case to be achieved?

2. Imagine a 16-year-old female Kenyan adolescent living in Washington, DC who has viewed photographs on display on the website of an American cosmetic surgeon who specializes in “vaginal rejuvenations.” She finds the smooth and clean look of the genitals of his patients appealing and recognizes the aesthetic as similar to the appearance of some of the older female members of her family. She likes that look far better than she likes the current look of her own genitals. She wants to one day marry a man who is able to appreciate this form of body reshaping. Moreover she has become politically active in opposition to what she views as neo-colonial “anti-FGM” campaigns and wants to show her solidarity with other African women (in the United States and in Africa) who express their sense of beauty, civility, and feminine dignity in this way. She carefully reviews the medical literature and discovers that the surgery can be done safely, hygienically, and with no great effect on her capacity to enjoy sex. After consulting with her parents and achieving their support and the support of other members of her Kenyan network (in the US and in Kenya) she elects to carry on the tradition.

3. Finally, what does the principle of enhancement have to say about the following case, which must be close to the heart (and sense of identity) of the world-wide Jewish community? Imagine a pious Jewish family living as a minority group somewhere in Europe in the 19th century (in Germany or Italy or Russia for example). By their lights and sincerely held beliefs they wish (and feel duty-bound) to carry forward the ancient tradition of neonatal male circumcision commanded by their God as part of a covenant with the Jewish people as set forth in Genesis 17 of the Hebrew Bible. Yet they know that their ancient custom is much maligned by the non-Jewish majority population in the country where they live. The general attitude of that dominant cultural group is captured by the following remark by a non-Jewish Italian physician of that era: “I shout and shall continue to shout at the Hebrews, until my last breath: Cease mutilating yourselves: cease imprinting upon your flesh an odious brand to distinguish you from other men; until you do this you cannot pretend to be our equal. As it is, you, of your own accord, with the branding iron from the first days of your lives, proceed to proclaim yourselves a race apart, one that cannot, and does not care to, mix with ours.”⁴ Again what does an “impartial” viewpoint really amount to in such a case?

I am not entirely certain how Earp would morally evaluate these three cases. I suspect he would be least sympathetic to those 19th century Jews living in a European Diaspora where the dominant population is hostile

to the insular identity-defining custom of this particular minority group.

I say this because Earp argues that the greater the controversy over the practice the more one should be opposed to any nonvoluntary surgery; and from the point of view of a Jewish infant neonatal genital reshaping is certainly nonvoluntary. Moreover, it is hard to imagine that the objective observer posited by Earp could ever achieve an impartial perspective from which he or she would be able to credit the validity of the biblical account of the divine command described in Genesis 17.

Finally, Earp's enhancement principle is grounded in an ethics of autonomy centered on the promotion of individual (rather than collective) well-being. Given that emphasis one imagines he will not be terribly concerned if Jewish in-group attachments associated with received marks of identity (the price paid for communal membership) became hard to sustain in a hostile Diaspora. One suspects that observant Jewish parents in 19th century Europe had reasons to worry about the survival of their community and would have worried even more if their children had been left entirely to their own voluntary devices to resist assimilation to the cultural beliefs and values of surrounding hegemonic groups. To the extent one privileges individual autonomy (and the liberation of individuals from ancestral groups) as a moral default position the prospect of cultural assimilation and the death of an ancient tradition is not likely to carry much negative weight in one's moral calculations.

I do not know if my suspicions are correct. Nor do I know what Earp would say about the other two cases. I myself would give permission to all three. The enhancement principle in and of itself seems quite promising: it means doing things to the body that improve the body and have a positive effect on a person's well-being, all things considered. In that regard a nose job, a breast implant, a face lift, a sex change operation, orthodontic work to achieve a socially pleasing smile, or even a surgery aimed at normalizing the facial appearance of a Down Syndrome 4-year-old might be viewed as an enhancement. So too might one view the range of types of genital reshaping in different cultural traditions. The result is typically an enhancement of gender identity, social functioning, and self-esteem; or at least that is how it is viewed and experienced by the lights of those who embrace those traditions.

The interests served in those examples are often broad and complex. Safety concerns are never irrelevant. Remorse or regret is always a possibility even for adults who make fully informed "voluntary" choices. Many Russian Jews who emigrated from the former Soviet Union as adults

were not circumcised by their fearful parents because of possible reprisals in a land where the practice of neonatal circumcision was prohibited. When they arrived in Israel or the United States many of these adults then got circumcised to enhance their sense of identity. They were not Kenyans. They were Russian Jews and it is not hard to imagine the sense of remorse that might have accompanied their adult circumcision (“if only my parents had just done this to me when I was an infant”).

Not anything goes of course. Subjective relativism is out. Nevertheless moral universalism does not require uniformity in cultural customs. To the extent the distribution of power is such that different peoples have a capacity to defend the way of life they value and protect themselves from cultural domination the world is likely to remain multicultural. When evaluating the range of morally permissible cultural customs it seems wise to consider that physical integrity is not something fully given at birth. In some instances physical integrity is something to be achieved. Nor is physical integrity something that can be satisfactorily and fully defined exclusively from an impartial point of view; this may be one reason the civilization of the Ancient Greeks and the civilization of the Ancient Jews went to war long ago (during the 176 BC Maccabee uprising), in part over a fundamental viewpoint based difference in their interpretations of the value and meaning of the male foreskin.

It is worth considering as well that while autonomy is surely a key moral value it is not the only foundation of genuine moral systems. In the type of case that disturbs Earp (childhood male circumcision, as practiced by Jews and Muslims for example) there are many moral values at play, including the value of religious freedom plus the value of allowing parents to raise their children as they see fit, with the option of raising them in accordance with the long-standing traditions of their ancestral group. This is one of the reasons we have many traditions of belief and value.

Finally, the idea of an impartial observer may be an inviting abstraction. Nevertheless there are limits to how far one can remove oneself from social context and history. One does not practice religion; one practices a religion. One does not inherit tradition; one inherits a tradition. This may be one reason that when it comes to the free exercise of religion “impartiality” might well be defined as the refusal to make judgments about the truth or falsity of the sincerely held beliefs of a people (for example, about whether there really is a God who commanded Abraham to circumcise all the male offspring of his family). Instead tolerance for Jewish and Muslim childhood circumcision grounded in religious belief amounts to respecting

the sincerity of the person who holds the belief and the centrality of the belief to that person's identity and way of life.

I admire Earp's essay, even if we should happen to differ in particular judgments of approbation. His essay makes it clear: facts matter and partisan depictions of reality should never be given a free ride through the court of critical reason. We do need to exercise more care in representing the customs of little known others. His arguments open up a space between moral relativism and moral hypocrisy; and he has stepped into that space and generated a real debate about the moral acceptability of the practice of genital reshaping, whether for girls or for boys.

NOTES

1. See for example Ahmadu (2000), Ahmadu and Shweder (2009), Njambi (2004, 2008). Many of the writings of Fuambai Ahmadu are available at her website: <http://www.fuambaisiaahmadu.com/>
2. For a history of female genital reshaping as a medical procedure in the United States and an analysis of its various aims, sexual and aesthetic, see Rodriguez (2014). One eye-opening feature of her book is the revelation that the surgery was sometimes designed and intended to amplify or facilitate the sexual experiences of a woman, which may be a feature of its current growing popularity in North America.
3. See Catania et al. 2007. Also see Abdulcadir et al. (2012), Morison et al. (2001) and Obermeyer (1999). These are just four examples of research studies, reviews of the medical and scientific literature and advisory statements by experts that contain eye-opening newsworthy evidence and messages of direct relevance to any objective assessment of widely publicized received claims about the horrors of female genital "mutilation." They were published in well-known journals such as *The Hastings Center Report*, the *Medical Anthropology Quarterly*, *Tropical Medicine*, and *International Health*. One might have expected them to be featured in the health section of major North American or European newspapers. The mainstream media has remained innocent of these publications. Interested readers might want to consult them to start a process of evaluating some of the factual claims I make in this commentary. Some of my own writings on male and female genital reshaping are listed in the reference section below.
4. The quote comes from Gilman (1999, 53).

REFERENCES

- Abdulcadir, J., F. S. Ahmadu, L. Catania, et al. 2012. "Seven Things to Know about Female Genital Surgeries in Africa." *The Hastings Center Report* 42 (6): 19–27.
- Ahmadu, Fuambai S. 2000. "Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision." In *Female "Circumcision" in Africa: Culture, Controversy, and Change*, edited by Bettina Shell-Duncan and Ylva Hernlund. 283–312. Lynne Rienner Publishers.
- Ahmadu, Fuambai S., and Richard A. Shweder. 2009. "Disputing the Myth of the Sexual Dysfunction of Circumcised Women: An Interview with Fuambai S. Ahmadu by Richard A. Shweder." *Anthropology Today* 25 (6): 14–17.
- Catania, L., O. Abdulcadir, V. Puppo, J. B. Verde, J. Abdulcadir, and D. Abdulcadir. 2007. "Pleasure and Orgasm in Women with Female Genital Mutilation/Cutting (FGM/C)." *The Journal of Sexual Medicine* 4 (6): 1666–78.
- Gilman, Sander L. 1999. "'Barbaric' Rituals." In *Is Multiculturalism Bad For Women?*, edited by S.M. Okin. Princeton, NJ: Princeton University Press.
- Morison, L.; C. Scherf; G. Ekpo; et al. 2001. "The Long-Term Reproductive Health Consequences of Female Genital Cutting in Rural Gambia: A Community-Based Survey." *Tropical Medicine and International Health* 6 (8): 643–53.
- Njambi, Wairimū Ngarūiya. 2004. "Dualisms and Female Bodies in Representations of African Female Circumcision: A Feminist Critique." *Feminist Theory* 5 (3): 281–303.
- . 2009. "One Vagina to Go: Eve Ensler's Universal Vagina and its Implications for African Women." *Australian Feminist Studies* 24 (60): 167–80.
- Obermeyer, Carla M. 1999. "Female Genital Surgeries: The Known, the Unknown, and the Unknowable." *Medical Anthropology Quarterly* 13 (1): 79–106.
- Rodriguez, Sarah B. 2014. "Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment." Rochester, NY: University of Rochester Press.
- Shweder, R. A. 2000. "What About Female Genital Mutilation? And Why Understanding Culture Matters in the First Place." In *Engaging Cultural Differences: The Multicultural Challenge in Liberal Democracies*, edited by R. A. Shweder, M. Minow, and H. R. Markus. New York: Russell Foundation Press. 216–51.
- . 2005. "When Cultures Collide: Which Rights? Whose Tradition of Values? A Critique of the Global Anti-FGM Campaign." In *Global Justice and the Bulwarks of Localism: Human Rights in Context*, edited by C. L. Eisgruber and A. Sajo. Brill Academic Publishers. 181–99.

- . 2009. “Shouting at the Hebrews: Imperial Liberalism v Liberal Pluralism and the Practice of Male Circumcision.” *Law, Culture and the Humanities* 5: 247–65.
- . 2013. “The Goose and the Gander: The Genital Wars.” *Global Discourse* 3 (2): 348–66. <http://www.tandfonline.com/doi/abs/10.1080/23269995.2013.811923>