

# Yael Tamir Replies

According to Martha Nussbaum, my argument in "Hands Off Clitoridectomy" commits me to (one or more of) three theses. I will not discuss the first, which she concedes to be true, or the second, which, as she acknowledges, I am not committed to. The third thesis Nussbaum attributes to me is that "female genital mutilation is morally on a par with practices of dieting and body shaping in American culture." I obviously take this thesis to be misguided.

Let me begin, then, by stating my position. Clitoridectomy, I argue, "is obviously a deplorable practice. It is, among other things, an extremely painful, traumatizing mutilation of young girls that leaves them permanently disfigured and deprived of sexual enjoyment. We should express no sympathy toward those who practice it, and support those who struggle to end it." My opening statement thus asserts all the objections Nussbaum labors to establish. Moreover, it makes clear that I do not advocate a hands-off approach to violations of human rights against women. Instead, I object to the way a particular kind of argument has been used in recent debates on multiculturalism.

My concern, then, was *not* whether clitoridectomy is defensible—it is not. Nor whether those who object to it should enjoy our support—they surely should. Nor whether (as Jessica Neuwirth suggests) it is wise to make reference to it in a political context in order to shock the conscience and help build understanding and commitment to change—perhaps it is. I concentrate instead on the role references to clitoridectomy play in current political discourse. Unfortunately, it is easy to ignore this meta-theoretical dimension and shift the debate back to more concrete and less controversial questions.

Focusing on this meta-theoretical point, I try to understand which of the many troubling aspects of clitoridectomy—pain, risks for the girl's physical and psychological health, mutilation of the body, prevention of sexual

enjoyment, coercion, or social implications—makes it such a popular example. One may of course claim that this is the wrong question to ask, that it is precisely the multi-layered nature of the harm caused by clitoridectomy that accounts for the frequent reference made to it. There are other examples of abuse and harm to women but, as Frances Kamm argues, a practice encompassing a cluster of harmful aspects is far worse than one containing any one of these aspects and therefore is a powerful example. This inference from the evil of a practice to

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its power and usefulness as an example is, I think, shaky. Though extreme examples can be clarifying, they also tend to artificially break the continuity between our own faults and those exhibited by the examples. And that discontinuity seems to free us from the need to reflect on and amend our own vices.

My argument, then, invites us to examine the troubling elements of clitoridectomy one by one, knowing as we proceed that its injurious nature will not be fully revealed by such examination. The point of such analysis

is not to claim that each aspect is as harmful as the whole, nor that a practice that contains several harmful aspects is no worse than a practice that contains only one. Rather, the aim is to emphasize continuities between local and "alien" practices. This method is imperative in cross-cultural comparisons, in which one must compare practices that seem, at least at first sight, rather dissimilar.

Moreover, a piecemeal analysis of a practice may allow for a far more nuanced and sophisticated kind of social criticism. Let me give two examples. The first is offered by Kamm's evaluation of the relative severity of physical and psychological damage. She writes, "[M]y sense is that, if a culture limits the mobility of women by binding their feet, this is worse than if it limits their mobility by house arrest or severe psychological pressure to stay home." There is, she concludes, something special about physical intrusions. We may debate this issue: Is the uniqueness of physical harm grounded in the severity of the harm inflicted or in its easily noticeable effects? Should we measure harm in terms of restraint on autonomy, devaluation of self-esteem, pain, the kind of life it allows a person to live? Can Kamm say with assurance that a woman who is placed under house arrest or is so intimidated that she never dares to leave her house has a better life than one who has been forced to undergo clitoridectomy?<sup>1</sup> I cannot address these questions here. But notice that they would not even have arisen if we were looking in shocked horror at the phenomenon of clitoridectomy as a whole, not separating its psychological, personal, and communal harms.

The piecemeal comparison offered in my paper also encourages a second kind of debate concerning the different ways social norms and institutions mold women's expectations of themselves and their bodies. It was in this context that I used the example of dieting and body shaping. It is not uncommon, I argued, to find American women who suffer from misconceptions about their bodies. I still hold this claim to be true, and am somewhat puzzled by Nussbaum's response, which reflects satisfaction with her own society. She notes, with a certain pride, the popularity of *The Beauty Myth*. But that popularity reflects the severity of the problems it described, and it would be naive to think that its success has dramatically changed the nature of things.

Where does such social criticism lead? Certainly not to refraining from criticizing other societies as long as our own society is imperfect. Americans shouldn't have avoided criticizing either Apartheid or the extermination of the Jews because their own society exhibits a measure of racial discrimination or anti-Semitism; but their criticism should be of a particular kind.

If criticizing others makes us more aware of our own defects, then, as Kamm argues, we should certainly not stop it. "If this opens the way for others to criticize our own defects, that would also be a good thing."<sup>2</sup> I wholeheartedly agree; my criticism of the way the example of clitoridectomy is used in recent debates proceeds precisely along these lines. The standard rhetoric leads us

<sup>1</sup>I doubt whether such a claim is justified. A woman who undergoes clitoridectomy can have a full and satisfying life, even if sexually defective, of a kind that a woman kept under house arrest is unlikely to experience.

to condemn other societies while minimizing the deficiencies of our own. Hence it obstructs fruitful cross-cultural criticism, and fosters social hypocrisy, perhaps even moral obtuseness and parochialism.

Not all self-reflective criticism leads to the same conclusion. George's judgment of what is defective in our own society differs radically from my own: I certainly do not think that women's equality should be tied to the status of the institution of marriage or to sexual chastity. Still, I appreciate his readiness to engage in such a reflective process. Nor does agreement on conclusions always rest on the same type of analysis: While I share Nussbaum's feminist social vision, I think her mode of argument reflects some of the trends I am warning against. It demonstrates how candid dedication to the needs of others may blind us to the flaws of our own society, partly as a way of magnifying the evil we are determined to fight. But the evil of clitoridectomy is evident and needs no strengthening, and the struggle against it is only hampered by adopting a posture of cultural superiority.

Nussbaum surely knows that the social and political powerlessness of women is not restricted to Third World countries or immigrant communities. But, as she rightly remarks, the position of women in American society is far better than in societies in which clitoridectomy is performed. She then points to the basic explanation of that difference—the high level of female illiteracy—but her conclusion that this "suggests limits to the notion of consent" is dangerously misleading.

I find the theoretical discussion of consent extremely challenging, as I am hesitant to determine when consent is freely expressed. Politically, however, we should be very careful not to disqualify the reflective powers of individuals who find themselves under social, economic, and political stress. Nussbaum surely would not want women to be deprived, on the basis of her arguments, of their right to vote or sign contracts.

Nussbaum tends to read my argument as a justification for ignoring the plight of others. Kamm accuses me of believing that Third World societies are not as well positioned to solve their problems as we are to solve ours. They are both wrong: I am neither an isolationist nor an elitist. My argument was meant to allow for more fruitful theoretical discussion and more pointed political action: to detect the problems of which clitoridectomy is but a painful illustration, and direct our efforts against them. If illiteracy is one of the causes, why are we not fighting it? Why not dedicate time, money, and political influence to struggling against such a devastating feature of women's lives whose harmful effects range far beyond clitoridectomy? Why is this issue not discussed as enthusiastically as clitoridectomy?

The answer, as I suggested in my article, has to do with the extremity of the example and its sexually sensational nature, which is magnified when we dwell on its details. Another factor, which I failed to stress in my original piece, is no less important. Fighting illiteracy demands a generous investment of money and effort in the afflicted countries, something Western societies are extremely reluctant to offer. Costless moralizing is easy. It is far more difficult to start collecting the means needed to educate women, thus empowering them to defend their stand. ■

<sup>2</sup>See Frances Kamm's reply.

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