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FGM/C: FROM MEDICINE TO CRITICAL ANTHROPOLOGY

Edited by
Michela Fusaschi *and* ***Giovanna Cavatorta***

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Michela Fusaschi and Giovanna Cavatorta
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FGM/C: From Medicine to Critical Anthropology

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Michela Fusaschi and Giovanna Cavatorta (edited by)
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Introduction

FGM/C: which spaces for a critical anthropology? Dialogues, resistances and new opportunities

Michela Fusaschi and *Giovanna Cavatorta*[1]
Roma Tre University

Premise

The subject/problem of the so-called Female Genital Mutilation (FGM) became a public issue in Italy only at the end of the 1990's, for the following reasons: an historical one, due to the silence on a colonial past which was different from that of other European countries; a situational one, that is a structural and cultural delay in facing social diversity and, in particular, the social transformations produced by migrations; a third reason, that we call opportunity/opportunism, ascribable to the political instrumentalization of the patterns of social citizenship for migrants, namely forms of subaltern inclusion.

At the time the discourse indicated a poor knowledge, the same that nowadays promotes an image of diversity full of stereotypes, the ones that reappear when immigration, Islam and Africa, are generically addressed. This is an approach which is often characterised by a high poignancy and/or paternalism, sometimes maternalism, which produces that effect of emotive participation which critical anthropology would define as "moral economy" (Fassin, 2009), that participates in producing, through indignation, forms of refusal and identification which orient judgments and acts, distinguishing among what is done, by what is not done and, mostly, what must not be done anymore, with a specific focus on female gender. In this way a distancing has been consolidated from a world, "their" world, represented by an always poor, ignorant and violent Africa, to exalt another one, "our" world, that of the human rights defenders, as the best possible world, despite the social complexity and the subjective situatedness of women with regard to FGM. Italy, furthermore, emphasised the question by firstly perceiving it as a health problem, and then, secondarily, as a legal one, *de facto* anticipating what in the European context would be handled with the three Ps: Prevention, Protection and Prosecution, that is the principles underlying the main global and national treaties.

Following these considerations in our seminar, held in Rome on the 24 and 25 No-

[1] Michela Fusaschi wrote the first two paragraphs and the conclusion, Giovanna Cavatorta wrote the third and fourth paragraphs.

vember 2017[2], we pursued several aims, in particular: re-introducing the FGM issue inside a scientific and public anthropological discourse, seeking to widen the theme to body modifiability, not only women's bodies, and proceeding from historicization and the acknowledgment of subjectivities; criticising the approaches exclusively grounded on medicine, as with other forms of criminalization, in order to highlight their risks and limits; examining the connection with the other disciplines and their knowledge potential; finally, opening the issue to uncommon geographical fields, both in Africa and Asia. Our main objective has been establishing the conditions for building a socio-ethno-anthropological gaze on the social gender constructions and on the biopolitics on/of the bodies, in order to make emerge the strengths but, most of all, the weaknesses, of the medical and regulatory gazes, which, on their part, call into question an anthropological vocabulary which does not pertain to them.

Almost two decades ago, when I personally started my fieldwork on this subject, I proposed a change of perspective with the purpose of establishing the conditions for a dialogue with the women concerned and their subjectivities, through chat, mostly informal, in which several wider arguments were addressed, such as sexuality, kinship, asymmetries of power between genders and generations (Fusaschi, 2003). I then substituted the term "mutilation" with "modification" and this allowed me to build a neutral space on the ground with social actors, quite free from prejudices. The expression *Female Genital Modification*, FGMo, permitted me to refuse any generalization and simplification with regards to people with whom I have been in relationships in an egalitarian situation; talking *with* women and *on* women. This methodological cultural relativism, certainly not a form of justificationism, led me to acknowledge that reversible or permanent body modifications are a universal fact: body-ness is socially determined and responds to models and anti-models that societies, and, always more, individuals, elaborate. The social construction of body and gender passes through operations that can result in the unacceptable but that have to be analysed in their social-historical becoming, always dialoguing with the people concerned, because individuals, women and men, are always sexualised and situated subjects; I will return to this point at the end of this text.

If we remain in the Italian context, during the seminar, the contributions of Lucre-

[2] Titled as this book, the seminar was one of the fourth organized by the co-funded EU Daphne Project «Multisectoral Academic Programme to Prevent and Combat Female Genital Mutilation/Cutting». Implemented in 2016 and 2017, it involved fourth universities (Universidad Rey Juan Carlos, Roma Tre University, University Institute of Lisbon, Brussels Vrije Universiteit) and two foundations (Angelo Celli Foundation for a culture of health and Wassu Foundation of the Autonomous University of Barcelona). Socio-cultural anthropologists have composed Roma Tre University's team: Michela Fusaschi (the director), Giovanna Cavatorta, Cecilia Gallotti, Francesco Pompeo, Valentina Vitale. The editors would like to thank the several participants, the speakers (whose papers are here published) and the discussants (Clara Carvalho, Francesco Pompeo and Gianfranco Rebucini). Francesco Pompeo and Valentina Vitale have also been members of the scientific committee of this event and we want to thank for their valuable and insightful comments.

zia Catania and Omar Abdulcadir, gynaecologists, and of Franca Bimbi, sociologist and ex-parliamentarian, intersected in a history that made FGMo one of the main axes of the policies on gender-based violence and on victims' protection. In her paper, Bimbi reminded us that Italy chose the way of an *ad hoc* penal norm for migrants, by approving the Law n. 7, 9 January 2006 (Dispositions on prevention of and ban on Genital Mutilation practices)[3] which is based on a neo-colonial vision marked by a «sanctional rigour» (Brunelli, 2007) that has no precedents in the history of the country. This does not consider any male practices, a key pivot that is conversely accounted for in the papers of Johnsdotter and Coene (*infra*), but, above all, is based on a potentially risky ghettoizing and victimizing approach (Fusaschi, 2011). By reaffirming the defective efficacy of the law, both in the health system and in its applicability, Bimbi calls attention to the fact that the law was required by the sure cultural-political hegemony of a discourse which was at the time emergent in the country, on the dangers of so-called cultural crimes, mostly linked to a precise vision of the African continent. In our opinion, the law is creating a double subordination, that is the juridical aspect of the "duplication of the bad": on one side women and families, due to the interpretations of their origins as primitive and "culturally" dangerous, are symbolically condemned; on the other, the penal way, instead of being a persuasion tool, produces a forced acculturation in a repressive manner that could increase the clandestine practices.

In this direction, in 2004, the proposal of "reduction of the harm" under the form of an alternative symbolic rite entered the debate; Omar H. Abdulcadir and Lucrezia Catania, the two proponents, gynaecologists, reconstructed in the seminar its history, acknowledging that they assumed a humanistic-anthropological posture, but without really knowing its categories and just presuming them while they were applying them to the medical field. The real problem of the so-called "little pricking" lay in the wish to make a medical practice look like a symbolic one. The proposal had soon be relegated, primarily for political and ideological reasons that, conversely, were pursuing criminalization, and then because this alternative was a medical intervention prohibited by the WHO and the other international organizations, among which the CEDAW as well.

The posture of this latter has been reconstructed by Bianca Pomeranzi in a kind of back-trip starting from the 1950s. Thanks to her experience as 'gender advisor' in CEDAW, Pomeranzi elaborated a difficult critical and open-to-dialogue-with-anthropology point of view, also on the basis of her experience as a feminist activist, and highlighted how the formal rules can work only if they can interact with the informal ones (unwritten), social and political norms, such as informal practices (traditional and religious norms) and with all those norms that are so hidden that people could overlook the effects on their attitudes, such as the case of FGM. This contribution

[3] For an anthropological criticism of the norm, see Fusaschi 2003; 2011; 2015; 2016.

allows us to remind ourselves that the FGMo issue has a history that has built a discourse, a true discursive order, to quote Foucault. Thus also Sara Johnsdotter, one of the anthropologists most dedicated to this field over several years, in her paper suggests that it is worth enquiring into the historical changes in the discourse on the so-called circumcision, mostly on girls, in order to observe how a conceptual asymmetry, with regards to the male form, has been created through the claims of some activists, and which, since its introduction in the 1980s, has become nowadays hegemonic. The female phenomenon is labelled as "mutilation", while the other as "harmful", and the aim is to highlight how we are assisting a general trend of denouncing male/female asymmetries inside a perspective on children's rights whose effects are still to be assessed.

Politics, policies, subjectivities and instrumentalizations

The paper of Johnsdotter carries us to the core of the issue, that is FGM and political discourse, local and global, that can be interpreted by scholars in a divergent manner. Jean-Loup Amselle, in his research in Mali, shows how the struggle against excision and homosexuality are both politically branded as emblems of the occidental individual liberated from all constraints following a model that is supposed to be applied to the overall humanity (Fusaschi, 2008). With the aim of understanding the ways in which these two issues circulate in the Malian public space and how they are reappropriated by the diverse social groups, there has to be envisaged an analysis of these issues inside a discourse on Islam, considering them as political markers that can become weapons to gain or maintain power. Amselle's analysis discusses also the posture of the researcher who, rather than express moral condemnations, must understand these social phenomena, linking the anthropological approach with the political engagement by assuming on the issue and on Islams, specifically, in this case, the African ones, a de-essentializing standpoint.

The discourse of the jurist Esther Ayuk seems to express a different posture; by seeing internal African migrations as a risk of diffusion of the practices, she embraces the gender mainstreaming emancipatory approach. Leading for the authorities in Cameroon on the promulgation of the law against FGM, Ayuk adopts the penal approach and criticises what she perceives as a poor law implementation in the local context. Besides the respect for a situation, in Cameroon the phenomenon is quite marginal; when the jurist asks for an increased pressure from the North on Africa, she takes a position which is opposite to the one assumed by some feminist postcolonial African movements that, on this issue, read an occidental intrusion on "their" practices. This risks forcing the phenomenon to essentializations and criminalizations that could have effects opposed to the ones wished, that is a growth of social conflict that should be investigated in its development.

Besides, Cavatorta and Guedi also suggest that different postures can be assumed in dealing with different contexts and policies, particularly considering the social

demand for medicalization of FGMo, quite widespread in the field, and the beliefs and social imperatives about virginity. Thus, on one side we have elements that relate to the un-excised girls' daily experiences, but also to the roles that men assume in the decision process on the practices and in the persistence of the FGM practices; on the other side, we must add the socio-political matters of the "humanitarian government" (Fassin, 2010) imposed by the top which, indicating a univocal definition of FGM/C, loses all the shades of the local expressions, e.g. *sunna*, circumcision, etc.

Gender and generation social relationships, medicalization and biopolicies

The word circumcision (Shell-Duncan and Herlund, 2000) when qualified as feminine, declined in the local languages, is one of the terms used by social actors to name those procedures which, in an anthropological approach, symbolically "work" on the genitals of the future women and participate in socially instituting their gender (Bourdieu, 1982; Fusaschi, 2003). This verbal use links the female practice with the male circumcision, that is with the production of manhood, by asserting a complementarity that, as gender anthropology maintains (Rubin, 2011; Collier and Yanagisako, 1987; Mathieu, 1991), must be understood by holistically considering the social and symbolic local sex/gender systems.

Still, the very social fact that is the employment of this name is often ignored in the policy-making about FGM/C; by denying the analytic comparability between these practices, Eurocentric moral economies on the "other women's" patriarchies (Abu-Lughod, 2009; Boddy, 1991; Gosselin, 2000; Walley, 1997) hamper good interpretations. As Gily Coene suggests, some differentialist feminist postures, claiming a radical discontinuity between female and male genital cutting, have not only promoted worthless multicultural policies, but hindered the understanding of how societies inscribe gender on bodies, namely the violence in ascribing gender, that is particularly exerted on the people assigned as intersexual.

Moreover, the sociocultural complexity of the gender concept is neglected in the micro-politics of the fields of social and humanitarian interventions; furthermore, when this is grasped, its implications are often inappropriately evaluated. Clara Caldera, with the NGO Italian Association of Women and Development (AIDOS), discusses the role that cultural anthropology can assume in projects based on a feminist standpoint; she states that FGM is a form of gender-based violence while underlining «the transcultural dimension of the male dominance strategies».

Coping with the fact that the social actors adopt a term that apparently declares an equality between men and women in the sociocultural treatment of the gendered body clearly means deconstructing the local ideo-logics that hide the power asymmetries among genders and generations; but it also implies acknowledging that female oppression and its situated ways must be each time enquired into in the field, by respecting the multi-vocality of the subjectivies involved. Otherwise, we should state that women who have chosen and choose excision (Boddy, 1989; Shell-Duncan,

2015; Ahmadu, 2007) are always and only ceding; this would mean denying their subjectivity. Moreover, no less important, we would use very inadequate ethnicizing and essentializing notions about the societies in which we act, and this would hamper us in dialoguing with the dynamicity of local social relationships of gender and generation.

If it would not be repetitive, we could suggest that the so-called practices of FGM should be considered as a total social fact (Mauss, 1924), in which complex social dynamics are at stake and relate to: processes of institution of the gender identity with regards to body techniques; sex/gender relationships in heterosexual marriages; patterns of ethnicization of the societies, particularly if considering migration processes; body biopolitics and their moral economies. Of course, such an approach would need reiterated fieldwork and on-going reflexive exercise that, unfortunately, cannot match the neoliberal logics that have been subsumed in cooperation and development. But as AIDOS seems to prove, ways of building a relationship with anthropology that do not try to subject anthropology (Olivier de Sardan, 1995) to the «humanitarian reason» (Fassin, 2010) do exist.

Irwan Hidayana and his colleagues do not probe gender relationships and choose not to apply an interpretative filter to the local emic word; thus, they do explicitly discuss "female circumcision" in Indonesia and the different ways this is performed in the several regions considered in the enquiry. They can do so because this insular Asiatic state, in which excision was offered in the public health centres until three years ago and in which the government has ambiguous policies on FGC, is in a decentred and obfuscated position with regard to those media and political arenas of humanitarian and development aid which, conversely, have made and are making a risky reduction of FGM to "Africa" (this latter an invented monolith very close to colonial narrations).

From this peripheral perspective, Indonesian anthropologists finally offer a long-missed ethnography, by leaving aside the history of the "circumcision" controversy (Greunbaum, 2001; Abusharaf, 2006) as this has emerged in the debate on the vocabulary and categorization of these practices; a debate in which conflicts among women from the global Souths and Norths, due to the colonial situation (Balandier, 1951) in which we still find ourselves, have emerged, and were fully expressed in 1980 in Copenhagen, during the NGO Forum on the occasion of the Second UN Conference on Women. As some scholars (Gosselin, 2000; Boyle, 2002), but also Pomeranzi, indicate, this experience has been also an opportunity to construct new alliances, anticolonial, among different women; nowadays, in Europe, this could produce a common synergy in the fight against racism, particularly in media and welfare policies. Reconstructing the bottom-up history of the global debate on FGM allows the reappropriation of a history that has been made subaltern by the discursive order of the main international humanitarian organizations; this could enhance a greater and keener deconstruction of the imaginaries which spread victimization of people and societies and a refusal of their self-determination (Fusaschi, 2010 and 2011; Abu-

Lughod, 2002 and 2013).

Moreover, each position assumed by dominant actors, such as WHO, must be historicised, that is considered as fields of struggle for the hegemony over the interpretation. It is often forgotten that in 1979, in Khartoum, during the WHO Conference on "traditional practices affecting the health of women and girls" the term "female circumcision" [4] was clearly employed for defining what would be later called FGM. Furthermore, in 1982, the document in which WHO stated a pertinence for these practices that were previously denied, is titled: «Female circumcision: statement of WHO position and activities».

On this issue, Gily Coene proposes to historicize the biomedical point of view and to read the medicalization of the "circumcision" as a biopolitical dispositive that, despite the fact that it is activated in the public space as an absolute and univocal principle, is far from being neutral. Coene focuses on how medical reasons for the opportunity of male circumcision are selectively recognised and are the subject of dispute. Male circumcision is promoted in Sub-Saharan Africa as a "health" method for preventing HIV while, in Europe, it is increasingly defined as an injury, a mutilation, and rejected by people who make claims for intact genitals. Besides asking us what this "intactiviness" is about, when a body is always socially worked on, and what could be meant by nature, while this is always yet manipulated by culture, we could ask ourselves, as Coene partially seems to suggest, if a new and paradoxical hierarchy among lives is being established. This latter would work by ethnicizing circumcision, male circumcision this time, and suggesting that this practice is a "barbaric" marker of the subalternised people, such as Muslim in/excluded migrants in Europe or African citizens targeted by humanitarian biopolitics. A new scale of civilization, in fact, could be an underlying consequence of an intactivist movement that, unquestioning in its assumptions, claims universality and human rights as good for everyone, neglecting that the history of these has also produced social suffering.

Gender distinctions and sexual politics

By participating in the institution of gender, the practices on the female genitals call into question the social relationships of gender between partners in a heterosexual union, both inside and outside marriage.

We remember that, in several contexts, division lines between "good" and "bad" women on the basis of the presence or absence of excision and/or infibulation are enunciated by men. This is a division between women to be married and women to

[4] You can see here the report of the meeting http://apps.who.int/iris/handle/10665/254379 (consulted 12 February 2018). Fran Hosken, who opens the session on «female circumcision», is the only one among the speakers who talks about "genital mutilation". We want to stress that on this occasion, the African speakers underlined the need for incorporation of sexual education into the education system and, furthermore, that the law of 1940 that prohibited circumcision failed to bring about its abandonment.

whom scarce symbolic capital is granted but with whom, at least discursively, a richer sexuality is experienced. Considering the dynamic activation of this distinction while assuring to fieldwork the possibility of recognising the inversion of qualities in such categorization, would allow Falcão a deeper assessment of the transformations of the practices and discourses on FGM/C and on heterosexuality in Senegal.

Falcão's paper, in fact, questions the operational logics of programs that promote FGM abandonment, highlighting some of their problems, and accounts for how local governments make FGM a political stake (*infra*), but it also proposes a discussion on how "misunderstandings" on gender are enacted by development actors and human-rights defenders. This misapprehension would lead to pivoting on notions of rights, gender and sexuality that are inadequate in dialoguing with the local social actors involved and their socio-cultural meanings. Even if this hypothesis is promising, it must be developed avoiding further forms of ahistorical essentialization of the gender cosmogonies and local moral norms that, conversely, ask for a keen ethnographic attention to the shifting among *doxa* and practices.

This attentiveness is what Fusaschi seems to ensure in offering a complex anthropological scrutiny of the social stakes of a permanent modification practice on female genitals. The different meanings this assumes for the women and men involved, and for colonial and post-independent Rwanda governments (see also Fusaschi, 2012), are deeply appraised. Appropriately understood, *gukuna* reveals and challenges the culturalist and victimizing presumptions of the hegemonic representations of both FGM and so-called "African women", highlighting the continuities between the moralization procedures of colonialism and of the contemporary humanitarian field. If on one side the dominant WHO categorization, and particularly the IV type, comes into question, the article permits us to understand the subjectivities of Rwandan women in their situated diversities and to acknowledge their social protagonist-ness, which is expressed in a fully satisfying sexual life as well. The gaze that Fusaschi turns on body, bodily and sexual techniques and, thus, on gendered incorporation processes, conveys the need for a real enquiry into the articulation between procedures on genital and sexual practices; as a real sphere of negotiation of social relationship between genders and inside genders, this embraces the possibilities for an equality that we have to be able to discern free from any emancipative projections.

Finally, Villani goes into the micro-politics on heterosexual intimacy linked to the excision thanks to a study she carried out on women who had emigrated to France and there received the clitoral reconstructive, or, better, re-exposition surgery. Coping with a French society that Villani connotes as structured by (hetero)sexual norms less constraining than the ones structuring the social worlds in which excision lies, these women are exposed to stigmatization of their bodies, defined and experienced as deprived of pleasure. The sociologist thus intends to investigate the reasons on which the demand for the operation rests, a demand that we could think of as a bodily re-adaption to norms (Fusaschi, 2008). The motivations gathered seem to indicate that, for the ones who "aspire to justice" for the outrage undergone, there is a conflict

with the societies of emigration; for the ones who express a need for belonging by enunciating a desire for a "normal" and "equal" body like those of their peers, a conflict with French society seems to emerge. This demand for social belonging, due to a kind of double absence (Sayad, 1999), thus permeates their intimate affective and sexual relationships with European partners. If for some women surgery becomes the solution, we wonder, as we have noticed in an early study in Senegal on this issue[5], what it is about the ones who do not perceive themselves as "repaired", neither in the recognition of their gender identity nor in their erotic subjectivity. Moreover, along with the medical anthropology insights (Kleinman et al., 1987; Quaranta, 2006), and also considering the purposes of intervention, we should question how a surgery that targets a disease, such as a diagnosis of sexual dysfunction, even if, as in the French health care system, this means a complex prescription that offers several kinds of therapeutic expertise, could be in its own terms efficacious for an illness with respect to which the social recognition of the disease is so deeply moralised and conflicting.

Conclusions

The seminars highlighted how, in the global domain, an abuse of some anthropological concepts, such as culture, tradition, women's and human rights, subjectivity, body modifications, gender, etc., occurs. From this point of view, and aspiring to a public anthropology that demands a wider non-hierarchical dialogue among disciplines, some considerations can be elaborated. The first, as Lila Abu-Lughod, prominent feminist anthropologist, maintained, is about the need to adopt a de-labelling posture, that is awaking to the risks that lie beneath a conceptualization of culture as static and reified, such as the one daily broadcast by the media but also, as shown in the chapters of this book, by discourses historically produced in the documents that address women's human rights, migrations, etc. This emerges in the simplistic trend issuing from a stereotypization based on several aspects, among which are the rhetorics about the Others, that, in the end, crystallize the historical-political dynamics to simplified cultural icons, such as Muslim women, African Women or, even, women *tout court*.

This anthropologist has discussed several times the assonances between the contemporary discourses on equality, freedom and rights and the old colonial and missionary rhetorics on women, in order to argue that it is always more crucial and necessary to develop a capacity for acknowledging the diversities, and subjectivities, among women. These latter, that is all of us, are not an object *of* the world (woman interpreted as an essence), rather we are situated and gendered subjects *in* the world: products of different histories, expressions of different conjunctures, expressions of desires that

[5] The research started on 2017 in Dakar with a sexologist, a doctor who provides in Senegal this kind of surgery and one of his patients.

have been differently structured. Accepting differences and diversities does not mean yielding to a cultural relativism which must be always and in any case respectful, such as "it's their culture", but it means being conscious that "their" cultures, exactly like "ours", are essential parts of a history and world which are interconnected. The challenge lies in working hard to acknowledge and accept diversities as products of histories and desire manifestations that have became differently structured.

Moreover, culture, in the words of the Ugandan postcolonial feminist jurist Sylvia Tamale, is something that is «constantly changing and responding to shifting socio-economic and political conditions» (2008, p. 49); we have to acknowledge its potential rather than discredit it by thinking of it as an archaic form «essentially hostile to women», these latter always seen as «essentially» and for ever victims (Fusaschi, 2015). The focus on the so-called traditional cultural, as the FGM/C case emblematically shows, comes from the fact of identifying all practices as "traditional harmful", rooted in customs and tradition, and considering culture «as a problem rather than a resource» (Engle Merry, 2003, p. 947). FGM is a paradigmatic example of such a conceptualization that, from a practical point of view, allowed the mobilisation of public opinion, local and global, by using «the old and consolidated models of traditional cultural, such as the conception impressed in the shared imaginary on African barbarity or on the ideological misogyny of Islam» (Engle Merry, 2014, p. 58), and thus offered the opportunity to tickle the collective imaginary on the genitals of African women.

The "de-labelling" embraces also the interpretations that relate to gender identity and the body. Anthropological reflection has, long ago, abandoned the idea of identity as a concrete and static object, and concentrated its focus on the complex procedures through which belongings are built and principles of social differentiation are instituted also on bodies, considered as places of subjectivity. A shifting from the body-self to the body-other is necessary in order to offer an adequate representation of bodiliness in its extraordinary socio-anthropological relevance. We need, in fact, to concentrate on the idea that the Other woman's body is a body "made object", the negative cast, opposed to the total free body, that is Ours. In this sense bodiliness has become one of the main spaces in which biopolitics and biopower express themselves, that is the "regulatory control", in Foucaultian terms, that consists in the "disciplinization" of conduct, both in the individual and collective sense, that is also in the terms of "juridical regression".

Thus, gender, which in the health and humanitarian field is interpreted in an essentialist manner when it is reduced to female, connects with the types of relationships that are deployed, or that should be deployed, between men and women in terms of socio-cultural processes as asymmetries of power that, as such, are relative and linked to the context. It is always more necessary to confirm the epistemological potentialities of gender and giving back to the sender interpretations of FGMo as a problem of the patriarchy, and thus, of women's "emancipation". Patriarchy is not a simple system of rules imposed by men on women, in an ahistorical, universal and univocal

manner, but rather a much more complex system that involves genders and generations. In fact, it is historically testable as the dominance of old men over younger men, and not only over women. Moreover, different ethnographies have revealed other forms of oppression, such as that of women over children, older women over younger, older youth over younger youth, older sisters that impose their authority over younger sisters, and so on (Gruenbaum, 2001).

We have to exit from these vicious cycles in order to avoid reproducing dangerous stereotypes: one refers to the idea that those who exert violence are *the* men, thought of as *naturally* violent, subjugating *the* women, who, in their turn, as they are defined negatively only as victims, are not considered as subjects but only as objects of a double violence that silences their voices. Another refers to the emancipation through repression that, read in the lights of a neoliberal feminism, continues to promote an evolutionist process which has a colonial matrix, according to which there is only one part of the world (the North) able to elaborate projects for saving the Other women in the other part (the South).

In conclusion, we have to re-understand the FGMo issue inside the question, much more complex, of body modifiability, which includes the total demolition of the genitals (re-assignation of the gender identity, or, for instance, intersexuality) but also intimate aesthetic surgery; not to put them on the same level, but in order to analyse them with a wider and more free eye and respecting subjectivities (Fusaschi, 2011, 2015, 2016). In this sense, the projects aimed at "saving" the Other women have absolutely to abandon their sense of superiority, and the violence they entail, with the intention of primarily talking with the Other women, understanding how their bodies are constructed and, then, seeking to collaborate with "them" with the consciousness that social dynamics must be historicised and that subjects are the issue of these dynamics. Only then will we be able to recognise that it is us who, often, have been those responsible for the «global injustices that are powerful shapers of the worlds in which they find themselves» (Abu-Lughod, 2002, p. 788).

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