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“Cultural Relativism At Home and Abroad:
An American Anthropologist Confronts the Genital Modification of Children”
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As a cultural anthropologist I am, in the broadest terms, a social scientist who studies human behavior. As a medical anthropologist I am specifically concerned with human behavior related to concepts and systems of health and healing and also with medical systems. Concepts of health and medical systems are commonly related, but they also operate independently of one another in some cases. All such systems manifest in ways that involve some form of bodily manipulation, as most broadly conceived. If we consider the broad collective category of human genital modification, a good deal of behavior around the world included in that category falls within the purview of medical anthropology. My doctoral research, which is currently underway (as of Autumn 2006), focuses on how different sources of information influence parental decision making for or against neonatal male circumcision in the United States, and because I am an anthropologist, my research methodology is grounded in a strategy called cultural relativism. It is important at the outset that I make clear that I am personally opposed to the practice of neonatal male circumcision. I grew up with a cultural bias against circumcision (my mother and my father's father both came to the United States from Greece, where circumcision is not generally practiced, and I remember when I was a little boy my father used the word “barbaric” to characterize the American practice of circumcision when explaining to me the difference between my penis and those of my

playmates. I am fascinated by the apparent persistence of Hellenic values from the ancient past represented by his use of that particular word, descended into English from the Greek word for foreign; see Hodges (2001) for more on Hellenic genital aesthetics), and as an adult I find the bioethical arguments against elective surgery on infants by proxy consent to be very compelling. But my personal opposition to the practice is not the basis from which I approach research into the practice, and I am very careful to not challenge the choices for or against circumcision made by the parents with whom I conduct my research.

In this paper I discuss the influence of the anthropological approach to female genital modification, which is characterized by cultural relativism, on my approach to research on male circumcision in the United States. These issues are fundamentally different: not because of anything to do with male genital modifications versus female genital modifications, but because African nations and the United States present fundamentally different social, cultural, and political contexts. This is addressed in further depth below, but first I consider what cultural relativism is and what it is not. I then touch on the anthropological approach to female genital modification, and then I explain how all of this informs my own approach to studying circumcision in the United States. Being a paper on cultural relativism, this is really a paper about methodology. This is my narrative on how I reconcile my personal beliefs with the methodological protocols that have been developed to help effect quality social science research.

Cultural relativists frequently find themselves doing what I am about to do now, which is immediately set out to explain how cultural relativism is not the same as moral relativism or ethical relativism. Moral and ethical relativism are names for ideologies

that hold that because there are no moral absolutes, everyone should be free to observe their own individual moral or ethical standards. Moral relativism is kind of a political-philosophical strawman; many people declaim the threat of moral relativism but, according to the Stanford Encyclopedia of Philosophy, very few people actually promote it in a serious way (Gowans 2004). Cultural relativism is a perspective that recognizes the fact that people behave in ways that are meaningful to them based on their own cultural values and beliefs. This does not mean their own individual values and beliefs, this means values and beliefs shared within particular societies. Each society has a moral and ethical code: a system for determining right and wrong that is institutionalized and enforced to some greater or lesser extent. I am aware of no society on record in which what is moral or ethical behavior is determined at the individual level. Cultural relativists do not make the claim that because different moral and ethical standards exist across different societies that there should be no such thing as a moral standard. Cultural relativism is really not a claim to that kind of absolute philosophical knowledge of the moral order of the universe; what cultural relativism is really is a perspective: a way of looking at human behavior, a strategy for thinking about human behavior. The essence of cultural relativism is the idea that when we encounter human behavior that strikes us as strange, unusual, inappropriate, or even morally or ethically repugnant, we have to look at it in terms of the local standards of conduct. How does such behavior measure up to the standards of the society whose members are practicing it? In every society, moral and ethical standards are continually changing through time, so you may not find consensus on what is right and wrong, but you will always find some system of determining right and wrong behavior in every society.

So cultural relativism is absolutely not making the claim that there is no right and wrong, or that there shouldn't be moral or ethical standards. Instead, cultural relativism is an attempt to account for and deal with the fact that there are multiple systems of right and wrong operating in the world, each with different standards that apply in their own particular contexts. Anthropologists developed cultural relativism out of their experience that effective social scientific inquiry into one society cannot be based on the belief system of another society. An approach that uses a single set of moral and ethical positions as a standard against which to measure the acceptability of other such sets of ideas is problematic in part because most groups of people in the world tend to hold their own system of right and wrong as a standard against which to measure others. Ironically, this tendency is displayed by the moral absolutists who build the strawman of moral relativism and promote the idea of conflict between those philosophies which promote a universal moral standard in the world and those which recognize a diversity of moral standards in the world (e.g., allaboutphilosophy.org 2006; moralrelativism.info 2006).

This apparent conflict plays out when people who hold universal moral standards encounter other people whose behavior is unacceptable to that standard. The world has been globalized for hundreds of years; what happens when people from one society with its own moral code, encounters another society that practices some strange and terrible custom that offends said moral code? Well, conflict results, and these kinds of conflicts are not easily resolved. The issues associated with them are not necessarily difficult to understand, but they can be extremely challenging to engage.

A widely cited example of cultural relativism is the anthropological response to female genital modification, or female circumcision. Since the 1970's female genital

modification, or FGM, has been a topic of heated debate in the fields of international public health and human rights. Just the debate over what to call these practices, and whether the “M” in FGM should stand for the value-neutral term “modification” or the value-negative term “mutilation,” has been contentious (Gruenbaum 2001:3-4; Shell-Duncan and Hernlund 2000:3,6-7).

In the context of the FGM debates, cultural relativism is a frequent target of criticism from scholars, activists, and policymakers; for example, medical anthropologist Melvin Konner used a review of Hanny Lightfoot-Klein’s book *Prisoners of Ritual* as an opportunity to criticize relativist ethnographers as “soft” on female circumcision, dismissing Lightfoot-Klein’s attempt to account for the insider’s perspective “because she has come to sympathize so well with the folk view” (Konner 1990:5). Konner goes on to opine that “cultural relativism has limits, and this [female circumcision] is one place where we ought to draw the line” (Konner 1990:5). Konner’s “draw the line” comment was cited by Daniel Gordon (1991) in a prominent anthropology journal, who was in turn met with scathing rejoinders about his role in the “Western civilizational project” undertaken as part of the neo-colonial endeavor of “authoritative Western humanism” (Morsy 1991:19,22). These debates are ongoing: recently Gerrie Mackie (2003) published a mildly combative critique of Carla Makhlouf Obermeyer (1999), who then replied with a reaffirmation of her earlier positions (2003).

Nevertheless, anthropologists who work with groups of people who practice female genital modification tend to be reticent about issuing blanket condemnations of the practice, even when they are careful to point out that they do not support the practice (e.g., Boddy 1991:16; Sargent 1991:25; Gruenbaum 2001:20-24;198-202). So why not

“draw the line” on cultural relativism when it comes to female circumcision? There are philosophical and ideological reasons, and there are also practical, technical reasons. Putting aside the philosophical debate for a moment, and simply looking at conditions on the ground, so to speak, isolating female circumcision as an issue unto itself is a very poor way to address the overall quality of life for the people whose genitals the foreigners want to protect. A Somali immigrant in Italy remarked to an Italian health care worker that Europeans seemed to care more about the clitorises of African women than they cared about the women themselves (Noel Gazzano, personal communication). There is a pragmatic dimension to the role of cultural relativism in anthropological practice; according to medical anthropologists George M. Foster and Barbara Gallatin Anderson, the anthropologist’s emphasis on cultural relativism is not simply a broad minded plea for tolerance of the ways of others; it is an essential foundation for successful technical aid, in health and in all other fields. The operational rule underlying the principle of cultural relativism is that before attempting to implement change, one must learn the reasons why the traits under attack are present, the roles they fulfill, and their meanings to the people (Foster and Anderson 1978:212-213).

From an operational perspective, applied social scientists see that interventions aimed at health related behaviors are ineffective otherwise, and making claims to absolute moral and ethical knowledge in the face of practices that are acceptable in their own social contexts is not the best strategy for engagement with the people whose practices are perceived to be problematic by outsiders.

Data from a recent World Health Report indicates that communicable diseases are the primary health concern facing Africans (Ssemakula 2002:1). Poverty is the primary underlying condition contributing to early mortality in Africa, and more children suffer the consequences of being underweight and lacking access to clean water and adequate sanitation than suffer complications from culturally motivated surgeries. If all female

genital operations in Africa were to stop today, thousands of children would still die tomorrow from diarrhea brought on by communicable diseases that result from lack of access to sanitation and clean water, conditions which are in turn directly related to poverty. In the populations that practice female circumcision, the overall public health risk from circumcision is lower than it is from malaria or tuberculosis (Ssemakula 2002:1-3). Limited access to clean water and adequate sewage, insufficient access to health care systems that are inadequate even when they are accessible, and in some cases even armed conflict (Ahmadu 2000:310), all present greater threats to public health in Africa than does circumcision.

The point of this is to say that when it comes to identifying public health issues, populations are best served by both a holistic approach and what can be thought of as a sort of public health triage. I personally find it difficult to justify a focus on anything without also committing resources to address the lack of clean water and sanitation. When faced with these other issues, the singling out of genital modification, and the disregard for its local significance, has created confusion and hostility in many African communities (Gruenbaum 2001:203-205).

But what about human rights? By the 1990's arguments against FGM based on health risks and the negative medical consequences were being replaced with challenges to the practice on the basis of universal human rights (Shell-Duncan and Hernlund 2000:25). The discourse of universal human rights is itself an historical artifact that emerged at a particular time in history and that enshrines the normative values of certain European and European descendant societies as rights for all people. The mobilization of rights-based arguments against FGM has resulted in a different sort of backlash, one in

which opponents of the practice are characterized as neo-colonial and paternalistic (e.g., Morsy 1991). Importantly, under a rights based approach it becomes impossible to justify an exemption for male genital modifications, no matter where they are performed (Androus 2004).

This is precisely the point that led me to my dissertation research on parental decision making about neonatal male circumcision in the United States. Female circumcision has received a disproportionate amount of scholarly attention relative to male circumcision. Scholarly research commonly focuses exclusively on female circumcision in societies where both are practiced (Bell 2005:127-128). I believe that this situation reflects the relative normalization of male circumcision in European and European descendant societies. When I say relative normalization, I mean that the practice is not questioned or prohibited even if it is primarily restricted to religious groups, as is the case in several European countries. Gender based differential treatment is untenable if the issue is treated as one of human rights, and American cultural practices should not be exempt from critical and scientific inquiry.

Certainly, the case of male circumcision in the United States is not beset with the same kinds of political issues as the international campaign targeting female circumcision in African nations. The circumcision debate in the United States is an intra-cultural debate free from the colonial baggage of the intercultural conflict that arises in various African contexts targeted by international organizations. In regards to this problem of cultural imperialism, what could be more appropriate than applying the human rights concept to the society responsible in large part for developing it? Despite their relationship in principle, the settings and contexts of childhood genital modification

procedures in the United States and in African nations are so dramatically different that they are generally not comparable. I want to be clear that I see a whole series of fundamental differences between doing research in an African context and in a U.S. context, and I am not presuming to equate the two. But if we take the practices of socially motivated genital modification out of context for a moment and look at the discourse arising around them, certain broad general characteristics appear which are common to both male and female circumcision, and it is these common characteristics that have led me to conduct my own research with a cultural relativist approach. Some of the broad trends that are apparent are a social expectation for genital modification, perpetuation of the practice by older generations who manifest it for their offspring, and the acceptability of the behavior within the community of practice. This last feature is of course the basis for a relativist approach, and to an extent explains the backlash against interventionist responses to FGM mentioned above. The intactivist movement in the Anglophone world is not without its own backlash, but before I comment on that I want to explain how I conduct my research into parental decision making on neonatal circumcision in the United States.

Making a scientific inquiry into human behavior is a challenge to say the least. Human behavior is incredibly complex, and trying to account for all of the various factors that go into any given individual's experience is daunting to say the least. As an ethnographic social scientist, the methods I use for collecting this kind of information go well beyond simple surveys and questionnaires. For my doctoral research I conduct in-depth interviews with parents about how they made the decision about circumcision, what kinds of information they relied on, their sources of that information, their

interactions with various health care providers, and so on. Getting strangers to talk openly and honestly with me about these things can itself be a challenge, and doing this successfully requires the establishment of a rapport between me the researcher and they the subjects.

In this case ‘rapport’ refers to the dynamic between an ethnographer and their informants. Building rapport is really about building relationships; in whatever context an ethnographer is working, they are always an outsider, and they are asking people to let them in. Before people will let you in, they have to trust you. Developing this kind of trust requires honesty, of course, but in my experience it also relies heavily on a kind of intellectual humility. If I already know the answers, why am I bothering to ask people the questions? If I already know the truth about circumcision, why would I bother to ask them what they think? This brings us back to the notion of efficacy. My goal as an anthropologist is to understand people’s behavior. If I want accurate information from people about their ideas, beliefs, and motivations for their behavior, then I have to make sure that they trust me enough and feel comfortable enough with me to share their true feelings and beliefs with me. Building good rapport is about developing good relationships with the people that you are asking to divulge their inner feelings. Challenging people’s beliefs or claiming to know better than they do what is appropriate for their children are not effective strategies for establishing rapport. In my professional capacity as an anthropologist, it’s quite simply not my job to tell people what they should or shouldn’t do; but rather to try and understand why they do what they do.

Now, as I said before, I am personally opposed to neonatal circumcision. I find the rights based arguments about age and choice to be particularly compelling. So how

do I reconcile this with my role as a relativist anthropologist? Well, whether or not we can personally see something from an objective standpoint doesn't always interfere with our ability to formulate objective questions. And I have sufficient faith in the notion of intellectual humility that I don't automatically take my own perspective for granted as necessarily accurate or correct, although it certainly is the position I am most comfortable with. I see a fundamental and important difference between me having personal beliefs and me using my personal beliefs as a standard against which to evaluate other people's beliefs. This is what I call intellectual humility.

So even though the debate over male circumcision is an intra-cultural debate unfolding within a particular society, to be scientific about our approach we must step outside of the intra-cultural debate and treat people's beliefs and behaviors objectively, lest we fail to see past our own beliefs. This is a methodology; this is not a claim to real objectivity. I have my beliefs, but I am able to set them aside when it comes to investigating other people's beliefs. What would happen otherwise? Well, I mentioned a backlash against intactism and anti-circumcision positions in the United States. The negative response generated by the international anti-FGM campaign is of course rooted deeply in the postcolonial context, which the intra-cultural debate in the United States is free from. The dynamic of intervention and backlash appears to play out nevertheless, and this is where I see the most value of a cultural relativist approach for my own research.

What about this backlash? Well, I recognize a distinct anti-anti-circumcision theme in several internet resources on circumcision, and also in some of the scholarly literature. On the world wide web there are several sites that present themselves as direct

responses to the anti-circumcision campaign; for example The Gilgal Society, which “acts as the sponsor of...an online resource set up to provide correct information and to counter the lies, half-truths and distortions with which anti-circumcision activists have flooded the web” (The Gilgal Society 2002); Professor Brian Morris’ website circinfo.net states that “unfortunately, the topic of circumcision has been made unnecessarily controversial because of emotive propaganda and opinions placed on the internet by extremist anti-circumcision organizations” (Morris 2006); the website circumcisioninfo.com explains that “these people have also saturated the Internet with their own, many times, [sic] fanatical points of view containing much misinformation regarding medical, sexual and psychological aspects of circumcision” (circumcisioninfo.com 2006). On the publicly written and edited internet encyclopedia, wikipedia.org, an editor who is prominent on almost all pages related to circumcision states that “when I came to Wikipedia, I was horrified to see that anti-circumcision activists had authored pages on the subject of circumcision that read much like a crank website. The pages were incredibly biased and far from factual. I am working to resolve this problem, but it is far from easy” (Waskett 2006). Lastly, my personal favorite example of a backlash against the anti-circumcision movement, albeit one which may end up having a counter productive effect: the Circumcision Independent Reference and Commentary Service, which can be found at circs.org features a page which lists “notable circumcision opponents,” a list which in it’s entirety includes: three pediatricians, a nurse, a historian, and Adolf Hitler (circs.org 2005).

The point of these examples is to demonstrate that, regardless of the veracity of these sites’ claims about the benefits and desirability of circumcision, there is a

pronounced internet reaction to intactivism. It is clear to me that this trend is not simply pro-circumcision, but anti-anti-circumcision. And there is at least one anthropologist who has been observing and reporting on the anti-circumcision movement in the United States, although he is clear that he does not find their arguments to be “morally compelling” (Silverman 2004:436).

What about on an interpersonal level? I personally alienated at least one potential informant by wearing an anti-circumcision t-shirt. His wife and I know someone in common, and she had agreed to participate in an interview on how they made the decision to circumcise their son, but after seeing me at a cookout wearing the shirt, he declined to participate, fearing criticism of his preference for circumcision. Another parent who volunteered to participate in my research had elected circumcision for their newborn and was referred to a pediatric urologist for an unrelated condition, whereupon she was met with outspoken criticism of her choice from the urologist, which she felt was highly inappropriate. In these cases, parents encountered a challenge to their beliefs, and reacted negatively. The tactics and strategies inherent in an interventionist approach to the issue create conditions in which people who feel that they are behaving appropriately when they choose circumcision will respond negatively to their decision being challenged. I was interviewing a mother who was opposed to circumcision, and she used the phrase “circumcision Nazis” to describe the zealotry of the anti-circumcision material that she had found on the internet. So even though this person agrees in principle with the message, she clearly does not like the way in which the message is being presented.

So what are the implications for intactivism? That is for the intactivists to decide. My intention with this paper is to explain my approach as an anthropologist studying the practice of socially motivated genital modification. I am absolutely not claiming to know better than anyone else how to approach discussions with parents about their circumcision choices. I personally agree with a lot of what a lot intactivists believe, but I can't seem to get to a place of intellectual righteousness with it, and I wholeheartedly agree with Rock Brynner, who said "as soon as we start judging someone, we stop understanding them."

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