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“When Engagement is Not Activism: Dilemmas of Public Anthropology on Infant Circumcision in the United States”

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Student Activism as Public Anthropology Panel

Abstract:

Engaged anthropologists who advocate for the people with whom they work often find activism to be an integral part of their engagement. However, anthropology that is engaged with an issue does not necessarily find itself in intellectual or political agreement with that issue’s activists. In some situations, alignment or association with activism can limit or even preclude the possibility of effective engagement, especially when dealing with intensely polarized issues. For example, the debate over routine infant male circumcision in the United States has intensified over the last two decades, largely due to the work of genital integrity activists, or “intactivists.” My ethnographic research on routine infant male circumcision in the United States has given me a series of insights into the effectiveness, ineffectiveness, and even counter-productiveness of intactivism. My sensibility is closely aligned with that of most intactivists (I unequivocally maintain that routine infant circumcision is a violation of human rights and medical ethics), however, positioning myself as an activist would preclude much the effectiveness in engaged anthropology at creating positive social change. Adopting these strategies as an anthropologist would complicate and potentially limit my interactions with my informants. This is important for engaged anthropology, because activism is not always the most appropriate or effective strategy for change. Anthropology must engage to aid in the promotion of social justice, but engaged anthropology is not necessarily activism; anthropology should always maintain its own set of techniques and perspectives even when it is mobilized towards goals shared with an activist community.

Anthropologists who advocate for the people with whom they work often find activism to be an integral part of their engagement, especially when their informants are members of groups involved in contested or political controversial practices. In some situations, however, activism on the part of the anthropologist can limit or even preclude the possibility of effective engagement, especially when dealing with intensely polarized issues. I believe that engaged anthropology should have a social justice goal. And I recognize activism as an important strategy for achieving social justice goals, but in certain situations it is incompatible with anthropological efforts towards those same goals. My own experience has been that activism precludes effective anthropological engagement while doing ethnographic research on American infant male circumcision. In the case of my work, the social justice goal is bodily integrity for all children and bodily self-determination for all adults. While activism to this end is important, it has significant limitations across contexts. I suggest that, in the case of culturally motivated genital surgeries on children, activism is not an appropriate strategy for engaged anthropology.

My dissertation research is a critical medical anthropological investigation of authoritative knowledge in the pediatric clinical encounter. Neonatal circumcision is my case study, because it presents a case of shifting medical knowledge over time, and is currently a highly contested practice. Medicalized circumcision was introduced by physicians in the nineteenth century as a treatment for a variety of nervous and sexual disorders, including paralysis and masturbation (Gollaher 1994; Remondino 1891). Over the subsequent decades the procedure has enjoyed a series of different justifications, from preventing masturbation to preventing cancer and, most recently, protecting against HIV

infection (Darby 2003; Hill and Denniston 2003). Currently, professional medical associations in the United States do not recommend routine circumcision, but consider it appropriate for physicians to perform upon parental request. The statement of the American Academy of Pediatrics acknowledges that circumcision is performed for cultural purposes apart from religion in the United States (Lannon et al 1999).

I personally believe culturally motivated surgeries performed on children too young to give their own consent to be problematic from a human rights perspective, regardless of the procedure or the particular cultural motivation of the parent. As such, I find American neonatal male circumcision to be problematic and I am personally opposed to the practice. Female childhood genital surgeries have received significant attention from several quarters, including anthropology, and I find the human rights and bioethical arguments applied to the one gender to be equally applicable to any other, because gender is not a legitimate basis on which to accord differential rights. Gender, and the anatomical differences associated with it should not determine the extent of an individual's right to bodily self-determination. While my work is with a social group that only circumcises male children, I do not see any utility to building separate conceptual frameworks for dealing with male and female genital modifications (differentiating the issue of circumcision along gender lines). As such, I draw much inspiration and direction from the ethnographers who treat female circumcision in their work, especially the cultural relativist approach promoted by Boddy (1989,1991), Gruenbaum (2001), and Shell-Duncan and Hernlund (2000).

When I was first approaching this research, I consciously applied the principles of cultural relativism articulated by these ethnographers involved in the debates around

female circumcision. There are several parallels between the two situations: both categories are generalized and reductive, including unrelated procedures that outsiders determine to be related on the basis of external criteria; parents are choosing genital surgery for their children based on cultural and social values, rather than to treat a particular condition; the practice is contested, and polarized debates are ongoing in both the scholarly literature and popular media; parents who choose these procedures feel that they are doing so with their children's best interests at heart; activists have targeted the practices for eradication, and activist strategies targeting parents are employed on an ongoing basis. Of course there are many differences between male and female circumcision; for one thing, there are not interventions against nor laws prohibiting male circumcision in the same way that there are for female circumcision. Another primary difference is that FGM is largely constructed as an African practice and problem, and this construction has historically been mobilized primarily by European and North American institutions and activists (Shell-Duncan and Hernlund 2000).

Nevertheless, I strongly believe that the similarities between these situations should invoke the same basic anthropological response in us: cultural relativism and multivocality when approaching contested or politically controversial practices. This is important on two levels; on the first, most basic level, cultural anthropology promotes respect for the diversity of cultural beliefs and practices. Secondly, and more importantly to my own research, I need accurate representations of people's beliefs and ideas if I am to accurately account for the operation of certain types of knowledge as authoritative in the clinical encounter. If people are concerned that I am going to challenge their beliefs and ideas, they are less likely to share them with me. My primary role is as a medical

anthropologist. My goal in talking to parents is not to influence their ideas about circumcision or the rights of children to genital integrity; my goal is to understand how they experience the authority of medical knowledge, in the interest of developing insights that will improve the overall operation of the medical system. Isolating circumcision from the contexts in which it occurs is a hallmark of anti-FGM activism and of the intactivists, as American anti-circumcision activists refer to themselves. It is not an anthropological strategy.

If I adopt an explicit anti-circumcision agenda, I risk alienating my primary informants. Opinions on the appropriateness of the practice are polarized, and the debate is characterized by serious conflict, both in the scholarly literature, and on the World Wide Web. Many parents who choose to circumcise respond negatively to some of the more pointed rhetoric of the intactivists, who maintain a strong internet presence. The anti-circumcision movement on the world wide web has been met with an anti-anti-circumcision movement. Proponents of circumcision have their own arsenal of internet propaganda (my personal favorite is a webpage (CIRCS.org 2005) listing “notable circumcision opponents” comprised of three MDs, a registered nurse, an Oxford historian, and Adolf Hitler). It doesn’t take much looking on the internet to find inflammatory rhetoric on both sides of the issue, ranging from child abuse (NOHARMM 2005) to anti-semitism (circumcisioninfo.com 2005) and pedophilia (circinfo.net 2005). Many of today’s parents, including my informants, use the internet as a source of information, and many of them have opinions on the quality of the information they encounter.

Some of my informant who have encountered anti-circumcision information on the internet have expressed skepticism or determined it to be unreliable. One of these informants referred to the anti-circumcision groups as “circumcision Nazis” in reference to what she perceived as their propagandistic zeal; interestingly, this was a mother who did not want her son circumcised, but deferred to her husband’s preference for the procedure. I have also had two sets of parents decline to participate specifically on the basis of sensitivity to criticism about their decision to circumcise. In one case, the referring informant offered to me that her brother and sister-in-law were not interested in participating because they were tired of being criticized for having circumcised their son. I am unaware of the source or nature of the criticism, but the consequence is nevertheless clear: when presented with the possibility of being interviewed about their decision, they associated discussion of their decision with criticism of their decision.

My interactions with intactivists and participant-observation during an action have also significantly influenced my approach. I attended the Eighth International Symposium on Circumcision and Human Rights, all of which have been sponsored by NOCIRC, the National Organization of Circumcision Information Resource Centers, which included a variety of scholarly and non-scholarly presenters. There was general consensus among the presenters that childhood genital modification is categorically problematic, but there was also notable, open conflict around issues including terminology and a proposal for an alternative rite. There were no presenters promoting circumcision or arguing for its benefits. I also attended one of the annual Marches for Genital Integrity in Washington DC, a multi-day demonstration on the lawn of the U.S. Capitol complete with banners, pamphleteers, and picket signs. I had the occasion to

witness several interactions between intactivists and passerby, who included people from many different parts of the country. I witnessed a variety of responses, and although not entirely scientific, I detected a definite pattern in people's responses. People who agreed with the intactivists were eager to engage them in discussion. People who appeared skeptical were much less likely to engage in meaningful conversation, by which I mean conversation about the information being presented, or answers to their questions, or responses with the intactivists. Many people politely accepted or declined literature without engaging in any conversational interaction. Some people made overt expressions of skepticism about the claims of the intactivists or their literature. I heard several parents with children of varying ages complain about signage referring to penises being displayed in public. A chaperone prohibited her high school aged students from approaching the demonstration, with limited success.

The primary organizer of the event told me a story of something that had happened during the demonstration; a woman had complained to the Capitol police about the demonstration and the Capitol police threatened to remove the woman if she interfered with the permitted demonstration. The organizer also explained that the officer involved expressed support for their position against circumcision, beyond his duty to protect their permitted demonstration from interference. The point is that intactivists, like many activists, frame their campaign in terms of a conflict with or struggle against a dominant ideology, and they are of ideological resistance to their ideas and strategies (at least when the strategy is to banner the National Mall). It is not unreasonable to consider that parents who elect circumcision may be sensitive to criticism, and sensitive to the suggestion that what they did violated their child in some way. If I want to work with

these people as an anthropologist, I have to put my own feelings about the practice aside so that I can even interact with them in a meaningful way.

Why is this such an issue to me? I feel strongly that it is very important to protect and cultivate those aspects of anthropology that make it a social science, rather than a humanity. Elsewhere in this meeting someone is proposing a perspective of cultural objectivism to avoid the confusion of cultural relativism with moral and ethical relativism (Johnson 2005) when approaching contested practices. Objectivity, of course, is a word with issues of its own, but the point is important: understanding cultural practices requires us to put aside our own standards and beliefs aside in an effort to understand the perspective of practitioners. If I, like many people, reached an opposite conclusion after surveying the extensive literature, and felt that circumcision should be mandated for all children, I would similarly have to set my own feelings on the matter aside to create an interactional environment in which my informants felt comfortable discussing how they made their decision to circumcise or not. For parents to feel comfortable enough to give me accurate information the interaction must be focused on their ideas, not mine. I use some basic strategies during interviews to deflect questions about my opinion; usually I refer people to discussion with their health care providers.

I see a connection to the theme of the panel in a methodological decision I made related to action I attended. I did my best to let the intactivists dominate the conversational interactions with the public. When directly questioned by public individuals I answered questions with the third person, referring to the beliefs, ideas, proposals, etc. of the intactivists, and concluded my answer (or initial utterance in the conversation) with a brief identification of myself as a medical anthropologist studying

circumcision. I was standing on the opposite side of a low stone wall that defined the lawn on which the demonstration was occurring so, in terms of space, I was absolutely in the position of the intactivists, but I differentiated myself from them in the social space created by talking to passerby. Over the course of the action I regularly had extensive conversations with the intactivists over the issues raised by my positionality.

Occasionally I had extensive conversations with passerby, members of “the public” (whatever that is) in which I exposed them to anthropological ways of thinking about controversial practices in the context of a direct action site. Activism is often a public endeavor, and activists who are also anthropologists are in a powerful position to voice anthropological knowledge to the public. My own experiences suggest to me that anthropologists belong where the action is, so to speak, regardless of how participant or observational they are. My research represents one anthropologist’s attempt to tread a delicate path between engagement, social justice, cultural relativism, and appropriate methodology, all in the context of an emotionally charged, politically controversial issue that very few other anthropologists consider worth studying. My heart is, in a sense, with the intactivists; I share many of their goals and I share their vision of bodily social justice. But those feelings are tempered by a sense that telling people how wrong they are is not an effective strategy for change.

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