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Book Review

Perhaps Discomfort is the Answer: Refusing Liberal Feminism and Imperial Cartographies of Thinking/Feeling¹⁴

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Editorial Note:

Following Tobe Levin von Gleichen's review of Saida Hodžić's *The Twilight of Cutting: African Activism and Life after NGOs*, the Editorial Board of *Wagadu* extended an invitation to Saida Hodžić for a response. Below is Hodžić's response to Tobe Levin von Gleichen's review.

I. About The Twilight of Cutting

The Twilight of Cutting: African Activism and Life after NGOs is an unsettling feminist ethnography that traces the movements of three objects: the endings of female genital cutting in Ghana, their relationship to anti-cutting campaigns and the forms of governance they instantiate, and the role anthropology and feminism have played in this governance since colonial rule. It makes the case that the three objects must be studied together: namely, that we need to understand the practice of female genital cutting alongside its endings; that cutting does not exist outside of anti-cutting campaigns; and that anti-cutting campaigns are entangled with both feminism and anthropology and do not exist outside them. It invites the reader to encounter the life worlds of Ghanaian women who have experienced female genital cutting and invested themselves in ending it, as well as Ghanaian activists and civil servants who worked to bring about this change and, in so doing, reckoned with their own complicity with injurious forms of governance.

Twilight is a crash course in ongoing feminist entanglements with racism, (neo)imperialism, patriarchy, neoliberal humanitarianism, and the carceral state. Parsing out how the resulting hierarchies work in practice and what they mean for NGO workers and cut women is one of the major foci of the book. I trace how Ghanaians involved in and subject to anti-cutting projects contend with civilizational racism¹⁵,

¹⁴ I borrow the phrase "Perhaps Discomfort Is the Answer" from Bettina Judd's discussion of her poem *on empathy*. <https://poets.org/poem/empathy>

¹⁵ Civilizational racism is an afterlife of colonialism and an organizing principle of NGO, state, and development projects. It depicts Ghanaians and other non-Westerners as irrational, backwards, and barbaric; as belonging to "ignorant" families, "primitive" culture, and "backward" religion. Civilizational racism hurts cut women who are victim-blamed, but it also hurts NGO workers, civil servants, and nurses who do the blaming, as well as other Ghanaians who define themselves as modern and civilized by opposing those are not. People who carve out a

struggle with the punitive approaches to ending FGM, and how they confront their harms. I offer a new way of understanding how Ghanaian embodied experiences intersect with world-historical forces, telling the story of how cut women and activists live in the wake of anti-cutting campaigns' gaze and criminalizing practices.

Twilight's insights, lenses, and analytics matter because we got so much wrong about anti-cutting campaigns and the endings of female genital cutting. (By "we," I mean the public cultures across the global North and South, including Ghana and other countries where cutting is or was practiced by groups that are demographic and political minorities.) The main reason we got it wrong is because the dominant approaches to African, Muslim, and migrant girls' and women's empowerment are epistemologically and geopolitically centered in the global North. Although these approaches are misguided, and at times, willfully ignorant, they are enormously consequential.

Most significant anti-cutting campaigners in Africa are not Western/white "saviors," but African women's groups and NGOs. Challenging the romanticizing myth of pure grassroots activism, Twilight shows that these NGOs do not work autonomously but are inextricably linked with the global North. Their collaborations are nested within a world order defined by imperial afterlives and racialized global hierarchies (as illustrated on the book's cover featuring Wangechi Mutu's work "Misguided Little Unforgivable Hierarchies"). As an object of knowledge and concern, female genital cutting mediates Africa and Islam's relationship to the global North, motivating transnational humanitarian attention that replicates violent geopolitical inequalities as much as it ameliorates them. An important question is how Africans who have experienced cutting and worked on ending it for well over a century navigate these power relations is an important question. Twilight explores it, revealing the durable tissue connecting the past and the present. Ghanaian NGO campaigns often rely on colonial tropes, logic, and ways of knowing. Indeed, anti-cutting projects compel Ghanaian activists to identify with colonial values, thus undermining solidarity with cut women.

One of Twilight's main points is that anti-cutting projects have not cared well for cut women and girls. Instead, they have conflated care for people with concern about FGM, giving FGM the status of an object with a life of its own. Considering FGM a main object of concern has led to managerial, top-down approaches that govern people rather than work with them. Twilight shows that there is a world of difference between the dominant activism against FGM that takes FGM as the main focus, and support for cut girls, women, and their communities that negotiate the endings of cutting.¹⁶

Examining how cut women live in the wake of anti-cutting campaigns, Twilight foregrounds their perspectives on care and harm. Rather than resisting anti-cutting campaigns, cut women question how they are governed by them, challenging NGO and state dehumanizing ideologies and disempowering practices. They agree that cutting needs to end, but the reasons they articulate contest the campaigners' civilizational racism. They also critique governmental wrongs: projects that extract their labor but treat them as disposable, substitute concern for care, and punish rather than persuade.

The book is based on one and half years of ethnographic field research in Ghana—in the Upper East region and in Accra—and two decades of research on transnational anti-cutting activism and governance.

seemingly more protected place for themselves within this injurious system do so by making a costly bargain (see also Holsey, 2008).

¹⁶ Foregrounding relationships between mothers and daughters rather than pitting girls against their parents leads to more insightful and productive research agendas (see Koukoui, Hassan, & Guzder, 2017).

My empirical and theoretical orientation, “from Ghana outwards,” matters epistemologically and politically. Rather than treating Ghana as an empirical ground for questions and theories fashioned elsewhere, *Twilight* develops its questions and theorizations from the ground up, analyzing what the global anti-FGM movement looks like from the postcolonial South.

II. Unsettling Paradigms

Twilight refuses the dominant frameworks for discussions of female genital cutting and its endings: anthropological relativism and liberal (and radical) feminism’s Eurocentric gaze. Both fashion themselves as self-standing analytical lenses but both, *Twilight* shows, are deeply embedded in anti-cutting projects. Cultural relativism highlights how cutting is culturally meaningful at the expense of understanding those for whom it is not. In turn, liberal feminism focuses on saving cut girls or enabling them to resist cutting, presupposing that cutting is forced upon them by their families and that girls and women need to resist a strong external force. Neither framework sufficiently accounts for the dynamics of historical change, global power relations, and cut women’s experiences with the endings of cutting.

Although *Twilight* unsettles entrenched paradigms, Levin attempts to slot it into the loathed but familiar camp of anthropological relativists she considers apologists for cutting. She has trouble fitting it there, but finds it guilty by association since I too am an anthropologist. *Twilight* cannot be assimilated into relativism because it challenges its parameters. It also contests the battle between relativism and feminism that pits cultural rights against women’s rights. Feminists and relativists have been attacking each other for a long time and are quite comfortable in the trenches. But whose war is this and whom does the warfare serve? And what is the upshot of treating female genital cutting as a battlefield?

The *Twilight of Cutting* steps away from this battle and its terms (see the Introduction and Chapter 1). It carves out a new space where we can devote our full attention to how Ghanaians think, feel, and act with respect to cutting and its endings, reconceptualizing the grounds for discussing questions of self-determination, agency, and power. This world is more complex than feminists and relativists can see, and *Twilight* attempts to recreate a piece of it on its pages. It is a world of people who embrace the ending of cutting for their own reasons and of activists who wrestle with their own imbrications in the afterlives of imperial power. Ghanaians’ main struggles related to cutting and its endings are not battles with external opponents (women vs. men, girls vs. family members, rural women vs. NGOs), but internal reckonings that contest dominant visions of empowerment and reclaim the values of care, mutual responsibility, and ethical relations.

III. Refusing Imperial Cartographies of Thinking/Feeling

Twilight unsettles imperial cartographies of knowledge and affect. A book that unsettles common grammar is itself disconcerting. We come to books with expectations about what they might say and how they might say it. When these expectations are thwarted, we may find it refreshing or disturbing. Writing otherwise about female genital cutting and the violence of feminist humanitarianism and carceral feminism¹⁷ may be embraced or deemed unthinkable, unacceptable.

One detail is telling: the copy-editor hired by the press, a Southern US woman, wrote to tell me that the book was “impressive, fascinating, and has stretched [her] brain in ways that it hasn’t been stretched

¹⁷ Carceral feminism is a particular kind of liberal feminism that justifies policing and punishment in the name of women’s rights and protection of the vulnerable.

for a while,” but then challenged and rewrote my arguments. Her excessive overreach, it seemed to me, manifested her being unsettled but unwilling to be moved.

Levin’s response is similar. She resolves her discomfort with *Twilight* by trying to discredit my arguments and distract from the book’s ethnographic substance. Reading her response, it would be difficult to know what the book actually focuses on. She shows little interest in women’s experiences, their perspectives on cutting and its endings, and their protests against structural violence. She ignores cut women’s stories of pain and waves off Ghanaian reckonings with carceral feminism. At the crux of her response is a disavowal of feminist entanglements with the afterlives of empire and the violent effects of carceral projects. Rather than seriously engaging with the book’s ethnographic analysis, she flattens my conclusions and treats them as if they were developed out of thin air.

Levin also grants her own political epistemologies a normative status and characterizes mine not in terms of difference but lack – of expertise, data, and knowledge. She fails to treat me as a colleague, instead condescending to me as a poorly informed graduate student in need of “expert faculty advisors.” To that end, she diminishes and devalues my methodology, attempting to undermine the credibility of my arguments.¹⁸ She claims that they rely on my feelings, “backed up of course by [my interlocutors’] words,” revealing here and elsewhere that she distrusts my interlocutors’ words and does not consider them or me credible. Meanwhile, *Twilight* relies on multiple kinds of triangulated data at the same time as I use science and technology studies (STS) methodologies to examine how knowledge claims are made and how configurations of power-knowledge give certain claims more traction than others.

I have been presumed incompetent since I became a refugee at the age of fourteen.¹⁹ Since then, people of a certain background and generation, in and outside the academy, have regularly reminded me that I am allowed in only conditionally, at someone’s discretion, someone who elevates themselves to the position of gatekeeper. When Levin writes that she embarked on reading *Twilight* anticipating omissions, she did more than presume my incompetence and distrust my interlocutors; she searched for proof in the form of “gaps and mistakes.”

Yet, the errors and omissions Levin aims to correct point at Levin herself. Had Levin not mistakenly constructed me as a novice, she might have considered that things I do not write about in *Twilight* I have written about elsewhere.²⁰ More importantly, what Levin calls omissions reveal her misguided expectations rooted in her imperial cartographies of knowledge. These cartographies take the global North as the center and then encyclopedically survey Ghana, Africa, and the global South. Northern Ghanaians repeatedly recounted a proverb: “A stranger has eyes, but cannot see.” They offered this saying as an injunction to be humble and remember that my insights will be circumscribed. I do not know what proverb they would

¹⁸ For the record, I never wrote that I interned with GAWW. I conducted research with GAWW and other Ghanaian, domestic NGOs, offering to assist with their research, writing, and office work as it suited them.

¹⁹ The right to be heard and seen as credible is distributed unequally, which has everything to do geopolitics and the dominant world order that accords the status of legitimate political subjects based on graduated hierarchies of citizenship and belonging. I benefit from these hierarchies at times, and am placed among the suspicious at others, as arbitrated by global North’s normative citizens.

²⁰ My publications on Ghanaian feminism, anti-cutting activism, and global governance are freely available, and describe, among many other things, Dorkenoo’s impact on WHO research directions (Hodžić, 2013) and the distribution of Nimako’s novel *Mutilated* (Hodžić, 2009). I am now writing a book about asylum and have served as an asylum expert witness for over a decade (Hodžić, 2019).

offer to scholars like Levin, who has unwavering certainty in an epistemology that ignores regional contexts, historicized analysis, and global power relations.

It is only from this standpoint that she can insist on an analysis of the novel *Mutilated*. *Mutilated* is a male-centered novel (Adams, 2009); it is also unmoored from actual experiences of cutting and had little local impact.²¹ Levin's presumption that a book, and this novel in particular, is an effective means of advocacy, is telling of her epistemology and the missed opportunity to learn from *Twilight* why the afterlives of colonialism have made literacy an exception for people who are the targets of NGO campaigns. Ghanaian NGOs know better than to imagine literate subjects as their target audience or to envision literature as an adequate means of outreach. They use radio clips, jingles, and dramas; projector-enabled film screenings; games, interactive workshops, and conversations. Their encounters with groups that historically practiced cutting are hierarchical and difficult, but they are also groundbreaking and full of potential. I invite you to learn about them.

I also invite you to listen to Ghanaian women's accounts of pain. Theorizing from the cut Ghanaian women's lifeworlds and perspectives is only possible if we listen well to what they say. Levin chooses not to hear this pain because she is listening for something specific: she demands attention to the "shrieks" of survivors. Why do certain audiences crave shrieks? This expectation must be interrogated; it should not be our guide. Cut women I got to know did not scream when they were cut and do not scream remembering it (Chapter 5). Strategizing around the shrieks of survivors is not how cutting ended. NGOs such as Rural Help Integrated used refined rhetorical repertoires combining sound and silence, speech and visuality, and sustained physical presence to help persuade people to end cutting. These NGOs made it a point not to shock but to convince (Chapter 4).

When Levin calls for shrieking, she is not simply demanding attention to a particular sound of pain or the pitch or volume of its expression. Instead, she invokes an affective representational genre that ties the expression of pain to portrayals of female genital cutting as shocking, horrifying, and torturous. Shrieking is stimulated by strong affects and feeds sensationalist notions of cutting and cut women's bodies. It sustains the horrified gaze that inhibits treating cut women with dignity and respectful care.

As a genre, shrieking features women's experiences, desires, and perspectives only if they can be slotted into the confined role of an FGM victim/survivor. Such women are heard only on the condition that they affirm Western discourses that often diminish their families, histories, and cultures. In other words, shrieking honors women's pain on two conditions: that the pain be sensationalized and that the women denounce their families and cultures by depicting them as violent, cruel, and resistant to change and modernity. This is why shrieking invites empathy at the expense of dignity, understanding, and mutual recognition. The feelings it produces locate the people who caused the pain as morally inferior. Empathy for people that is predicated on them denouncing their families is injurious. That this genre relies on African and/or Muslim immigrant women's voices for authentication and legitimization does not make it less so.

²¹ The author Nimako, who served on GAWW's board for some years, organizes the novel around NGO discourses, social stereotypes, and projections at the expense of attending to the thoughts, feelings, and perspectives of people who practiced cutting. The novel was brought to the Upper East region by Gladys Asmah, the controversial, anti-feminist Minister of Women's and Children's Affairs who delivered several boxes to Bolgatanga schools, but it did not get much local traction (Hodžić, 2009).

Books that try to shift how we think and act are not comforting, but discomfort is generative if we allow it to move us, to shift our thinking and feeling. If we listen well and take *Twilight* seriously, here is what we see that Levin does not.

IV. Unexpected and Untold Pain

Twilight recounts stories of unexpected and often untold pain. One way to read this book is to follow these lesser-known mappings of pain that shift our understanding of what hurts cut women and their communities. *Twilight* expands and redefines how we think of pain and harm in the context of cutting. It focuses not on how women suffer from cutting, but on how they live and struggle in the ongoing aftermath of cutting and its endings. Cut women, their families, and anti-cutting activists often struggle to describe their pain. And although they talk about pain, their lives are marked by more than pain and bodily suffering; their aspirations, reflections, and critiques address the conditions of their lives, drawing on shared narratives that connect the personal and the structural/political.

Women and girls who spoke to me about their suffering from cutting do not equate the pain of cutting with either violence (a cruel, malicious infliction of suffering) or long-lasting trauma. Nor do they claim the subject position of survivors, which would depend on the notion of cutting as marked by trauma and violence. It is rather a liberalism that ascribes violence and trauma to the pain of the Other (Asad, 2003; Bornstein & Redfield, 2011). *Twilight* illuminates other temporalities, etiologies, and embodiments of pain (Chapter 5).

Cut women I knew did not cry in the moment of cutting – they sang. Not because they felt no pain, but because they were entering a new stage of their lives by demonstrating fortitude and showing they could withstand suffering. Decades later, they nod affirmatively when I ask them if cutting hurts, but this is not the pain that haunts them. Rather, they regret having thought there was a greater value to being cut and that cutting would aid in their childbearing. Their lives have taught them otherwise.

These women still do not shriek. Those who speak of their physical pain from cutting – and some do – do so quietly and intently, looking straight into my eyes. Overall, rather than isolating cutting as an exceptional event, they locate it in broader histories of extractive governance that have materialized their bodies. Cut women name specific historical and material conditions that have compelled them to abandon the practice. They have come to consider cutting untenable because of their chronic shortage of blood (more than the bodily fluid, blood encompasses vitality and health). Cutting took a toll on them and needed to end, they say, because their bodies are continually deprived of nourishment, rest, and care. They are made to labor in patriarchal households without rest and adequate sustenance, they complain, but rather than defining patriarchy as local, they link it to labor regimes and the ongoing devaluation of their lives. Their bodies hurt from scarcity, malnutrition, and lack of healthcare, exacerbated by climate change, environmental degradation, and their marginal position within the Ghanaian state. The causes of pain cut women identify are structural.

They also tell of pain far greater than cutting. Many wrinkle their eyebrows as they discuss their stillborn infants and children who died young – living in Ghana's poorest districts means that the survival of all one's children is an exception. They worry about their daughters who quit school at 12 or 14 to try their luck as hawkers in the markets of Accra and Kumasi. For girls, the transition into the proletariat is the new coming-of-age ritual. The lack of schools and lack of jobs in the region reproduce its people as migrant laborers – a particular form of extractive governance born out of colonialism.

Consider Agnes, a woman who poured all her life energies into ensuring that her daughters would become educated and remain uncut, but could not interrupt their transition into labor migrants. Agnes mourns for a future that never came, narrating the pain of watching her children become jobless and having to migrate to southern Ghana for menial work.

Cut women focus on the politics of extraction that has rendered them vulnerable to harm. They attribute responsibility for their weakened bodies to the bloodthirsty state that exploits them and fails to care for them. The persistent structural violence of institutional neglect and labor exploitation explains why their feelings about the ending of cutting are positive but tempered. Why celebrate the end of cutting when this ending was made necessary by their weakened, depleted bodies? When the ritual that replaced it renders their daughters vulnerable to harm and exploitation, far away from home?

Next to this experience that resonates across the region are people with unique stories of untold pain. Among them is a young woman with downcast eyes who was one of the last from her village to get cut; she does not suffer from cutting itself but from the stigma now attached to it. Since remaining uncut has become the norm, the last generation of cut women find themselves unmoored and, at times, shamed. Others narrate the pain of being unable to stop their family members from cutting: a brother aches for having been unable to convince his sister not to get cut; a circumciser's son tried to refuse the inheritance of this vocation by becoming a labor migrant, but was unable to escape it.

The pain of NGO workers and civil servants tasked with enforcing the law against female genital cutting sheds light on the full spectrum of violence of civilizational racism and carceral feminism. I invite you to listen to Angela's and Esther's pain of isolation and remorse for facilitating the arrest, imprisonment, and sentencing of an elderly circumciser, to learn about a grandmother who falsely confessed to cutting her granddaughter and niece to protect the circumciser and who then spent two years under hard labor in a woman's prison; and to notice the pain of NGO workers who facilitated this false confession. Their reckoning with this pain led them to refuse punitive, imperial reforms in favor of mutual recognition and care.

V. Suspicion Hurts

Carceral logics have far-reaching implications that shape what we know about cutting and its endings. One of the narratives *Twilight* challenges portrays cutting as an intractable tradition and a hidden crime. The story told globally and in Ghana that FGM rises stealthily, "underground," is as powerful as it is wrong. The claim that FGM is intractable is a ruse. The public discourse about FGM's "underground" proliferation has constructed cutting as a phantom menace – an ever-present threat, even if it cannot be seen or detected. This discourse mobilizes the racist suspicion about immigrant, Black, and Muslim duplicity and malfeasance; notions of the "untrustworthy native"; stereotypes about staunch African and Muslim patriarchies; and, in Ghana, accusations of northern Ghana's backwardness and refusals of modernity.

Many anti-cutting organizations tell this story to attract funding for their work. Many states use it to justify their ongoing criminalization and punitive surveillance and policing of internal others: ethnic minorities in countries like Ghana, and African and Muslim migrants in the EU, where girls are subjected to compulsory and non-consensual genital examinations and families are treated as suspicious until proven otherwise. One consequence is that cut women are deemed untrustworthy unless their narratives confirm the "single story" about FGM as something they have fought against and continue to fight. *Twilight* shows

that the narrative of intractable FGM is wrong but consequential in that it harms girls and their families and legitimizes top-down, punitive approaches to ending cutting.

VI. Placing Care in Healthcare

Twilight illuminates that even seemingly beneficial projects, such as public health campaigns, fail to care well for cut women and are entangled with carceral feminism. Neither Ghana nor other countries have comprehensive woman-centered healthcare and public health projects for cut women.²² Instead, healthcare is largely shaped by top-down approaches that seek to manage cut women's bodies, and is often reduced to concern, surveillance, and correction.

For instance, Twilight tells the story of how the NGO Ghana Association for Women's Welfare (GAWW) organized training workshops for nurses that did not educate them to provide better healthcare. Instead, GAWW nudged the nurses to feign care for purpose of performing non-consensual genital examinations. The nurses were encouraged to surreptitiously examine the cut women's and their babies' genitals to produce evidence that cutting was still practiced. GAWW's medical gaze was steeped in civilizational racism that stigmatized cut women as abject, sub-human, and in need of patronizing surveillance. GAWW encouraged the nurses to feel and express their horror, disgust, repugnance, indignation, and repulsion, and therefore to distance themselves from cut women and consider them threats to their children. In their materials for nurses' workshops, GAWW made heavy use of a fictional story written by Efua Dorkenoo and published by the WHO. The story constructs groups practicing FGC as irrational, unintelligent, and uniquely patriarchal, tapping into long-standing practices of using (ir)rationality and patriarchy as arbitrators of humanity and civilization. Considering others as sub-humans got in the way of seeing them as equals or caring for them well.

This is a global problem. Millions of cut women need and deserve structurally and culturally competent healthcare that serves their interests rather than objectifying, criminalizing, and treating them as perpetrators. Cut women are medically underserved at the same time as they are hypervisible and surveilled. In the UK, healthcare providers, teachers, and other civil servants are tasked with reporting knowledge of FGM in children or vulnerable adults to the police; the mere fact that a mother is cut is enough to consider the children "at risk" of being cut (Hodžić, 2019). Across the EU, healthcare and other professionals have the duty to report suspicion of FGM (Johnsdotter & Mestre i Mestre, 2015, p. 14). Globally, cut women face an ignorant, stigmatizing, and insensitive healthcare system that reacts to their bodies with shock, repugnance, indignation, and repulsion. In medical encounters, their bodies are made into a sensation and they are made "to feel abnormal" (Jacobson et al., 2018, p. 24). At times, they are disrobed and robbed of their dignity and made to relive the history of racist exhibitionism and sensationalization of African women's genitals (Johnson-Agbakwu & Manin, 2021).

The Well Clinics Levin writes about have been a drop in the bucket, at best. What is more, they have historically reduced care to correction and provided the illusion that comprehensive healthcare was available while only serving some cut women and not others. Until recently, Well Clinics focused on

²² For examples of exceptional woman-centered, anti-racist care and outreach campaigns that educate *both* doctors and cut women, see African Women's Health Center Services (<https://www.brighamandwomens.org/obgyn/african-womens-health-center/services>) founded by Nawal Nour, and Refugee Women's Health Clinic (<https://kjzz.org/content/409659/valley-refugee-womens-clinic-treats-women-who-have-undergone-female-genital-cutting>) founded by Crista Johnson-Agbakwu and Jeanne F. Nizigiyimana.

defibulation, which reverses infibulation (the excision of most external genitalia and a reduction of the vaginal opening). Defibulation is relevant only to a subgroup of cut women – those who are infibulated. Defibulation does not count as sufficient OBGYN care or healthcare. It reduces care to correction and normalization of the cut body. Defibulation medical standards often take agency away from infibulated women rather than seeing them as equal partners in the decision-making about whether or not they should be defibulated; recent proposals promise a new way forward (Johnsdotter & Essén, 2021). Existing standards also put pressure on doctors; indeed, British doctors are prohibited from reinfibulating a woman after delivery, and in one case, a physician was charged with a crime for suturing an infibulated woman for medical reasons.²³

It is not coincidental that the Well Clinics historically provided healthcare for women experiencing problems as a result of FGC, women who suffer from its consequences rather than offering all cut women OBGYN care and broader medical care. Care as a correction from FGC is premised on the idea that cutting is the main cause of women's pain and suffering and a lack of inquiry into how cut women describe their medical and other problems (see also Johnson-Agbakwu & Manin, 2021). In addition, treating infibulation as representative of cutting and presuming cutting to be pathological are prominent features of anti-FGM activism that portray cut women as victims/survivors suffering from bodily harm and psychological trauma whose bodies and attitudes need to be corrected. These presumptions undermine ethical healthcare for cut women (Koukou, 2019).

Well Clinics have been directly implicated in carceral politics. Levin's collaborator Comfort Momoh, a longstanding leader of the Well Clinic movement, has been found to have oversurveilled girls – which says a lot, given that suspicion-breeding surveillance is the legal norm in the UK.²⁴ Momoh examined children's genitals, despite being unqualified to do so, and served as an expert witness at a criminal trial where it was determined that the child was uncut, Momoh's evidence was shoddy and unreliable, and the family wrongly charged. Excessive suspicion and wrongful charges of FGM based on rumors have been a pattern from the UK and Europe to Washington state (Johnsdotter, 2009; Kirkland, 2017).²⁵

VII. The Ground Is Shifting

Critique of the policing and punitive regulation of FGM has recently come to the forefront of activist, public, and scholarly debates. Former anti-FGM campaigners, scholars, healthcare providers, and journalists working with African and African migrant communities challenge carceral feminism's approaches to regulating and ending cutting (Abdelshahid, Smith, & Habane, 2021; Berer, 2019; Hodžić, 2019; Johnsdotter, 2009, 2019; Karlsen, Carver, Mogilnicka, & Pantazis, 2019, 2020; Kirkland, 2017; Kisumbi, 2019; Zakaria, 2019). One of the first and most thorough parties to this debate, *Twilight* thickens and enriches the descriptive and analytical approaches, providing a detailed analysis of Ghanaian reckonings with and rejecting carceral feminism.

Levin does not ask whether anti-cutting NGO and state projects may have harmed cut women and their families. For a long time, neither did FORWARD – the London-based NGO she affiliates with. The late Efua Dorkenoo, FORWARD's founder, successfully advocated for states and international

²³ <https://www.theguardian.com/society/2015/feb/04/doctor-not-guilty-fgm-dhanuson-dharmasena>

²⁴ <https://www.bbc.com/news/uk-41159096>

²⁵ <https://www.washingtonpost.com/national-security/2022/02/06/genital-mutilation-muslim-wrongly-accused/>

organizations to manage, regulate, and criminalize FGM.²⁶ Levin's hagiographic invocation of Dorkenoo's work and her demand that it be saluted and celebrated disavows the damaging effects of liberal feminist reliance on the carceral, xenophobic state. But years after Dorkenoo's departure, FORWARD has made an about shift, joining hands with researchers from the University of Huddersfield to examine the negative impact of the UK's "Safeguarding" policy. Their report reveals that "the safeguarding policies may have inadvertently done a great deal of harm to families, communities, and the young girls themselves... Their targeted and heavy-handed approach have increased the scrutiny, suspicion, and stigmatization experienced by parents in many areas of their lives, from school to healthcare, to overseas travel" (Abdelshahid et al., 2021, p. 5). Additional research with Somali communities in Bristol has also documented "a sense of abuse of a disempowered community" (Karlsen et al., 2019, p. 7) that feels traumatized by its encounters with teachers, health providers, and the police.

The ground underlying punitive responses to FGM has shifted and will continue to shift. That NGO workers, feminists, and civil servants enthusiastic about criminalization end up reckoning with its harms is precisely what *Twilight* brings into view. In the wake of the global movement for Black lives, more feminist African and diasporic NGOs are raising their voices against carceral and punitive approaches and against the xenophobic and racist assumptions that often guide their implementation (see also Kisumbi, 2019). *Twilight's* findings about how activists and civil servants shift from an embrace of punitive measures to a reckoning with their harms are significant not only for how we understand the limits of carceral feminism but also for how we understand decolonial feminism.

Twilight helps redefine anti-carceral feminism from the global South by showing what it takes for people to reject carcerality and civilizational racism. It explains why those who were initially compelled by punitive approaches to social transformation came to reject them and their underlying logics. *Twilight* details why Ghanaian feminists and civil servants initially embraced legal reforms and criminalization of FGC (Chapter 6), and illuminates how and why they challenged its wrongs (Chapter 7). The story of how enthusiasm for the penal system turned into a refusal of its violent effects is a story of how Ghanaians came to apprehend and reject the colonial logic that devalues people and renders them suitable to "harsh punishment." Opposing these logics required Ghanaian activists and civil servants to refuse their own minor privileges in a system of civilizational racism that grants them status and legitimacy when they conform to modernist values. It also required prioritizing relationships to the people being criminalized and understanding them not as lesser than ("citizens minus"), but as equal, valuable, and deserving of care.

²⁶ An impactful and, for liberal feminists, near saintly figure, Dorkenoo was a leading anti-FGM campaigner who, after, in addition to founding FORWARD, led the NYC-based global feminist NGO Equality NOW, and shaped WHO's research on FGM. I heard much praise of Dorkenoo at the WHO, where she is credited with spearheading the study on obstetric consequences of FGM, but while I acknowledge her contributions (Hodžić, 2013), I do not approach her work uncritically. Dorkenoo's legacy is deeply ambiguous: she created a space for African diasporic activism, but also privileged top-down bureaucratic approaches, including state-level and internationally coordinated research, policies, and laws criminalizing FGC. Dorkenoo's anti-FGM epistemology and politics were postimperial, and deeply steeped in modernist civilizational racism and liberal feminism. Although she was born in Ghana, she first encountered FGM as a nursing student in the UK (Dorkenoo, 1994, p. 2) and had no first-hand knowledge of cutting. Dorkenoo (like the author of *Mutilated*, Nimako) came from a politically dominant group in southern Ghana that did not historically practice cutting and that distances itself from everything projected onto it: Islam, animism, lack of civilization, barbarity.

VIII. Imagine Differently

I agree with Levin that anti-racism and anti-cutting campaigns can go hand in hand, but I disagree that the feminist liberal model provides the answer. Instead, we could imagine a counterfactual history in which anti-cutting projects put community building and care work front and center. Let us imagine that rather than focusing on ending FGM – the thing with a life of its own – anti-cutting projects had supported cut girls, women, and their families as they communally negotiated the twin processes of abandoning FGC and the systemic racist othering and denials of citizenship and humanity. Had cut women’s values, knowledge, lived experiences, and self-defined interests have been centered over the last four decades – or a century if we take a broader lens – the world would look different. Let us also imagine that the WHO study Dorkenoo helped bring into being did not aim primarily at proving the harms of FGM but investigated cut women’s medical needs and experiences. Let us imagine that the WHO devoted resources to establishing models of anti-racist, women-friendly, competent, and caring public health and medical care. Finally, let us imagine that the most powerful NGOs prioritized community building and accountability over criminalization. In this case, FGM would not have become a point of entry for managing and surveilling ethnically marginalized and racialized families. It would not have become a phantom menace that figures mothers and fathers as perpetual threats to their children, grandchildren, and society. Instead, people’s experiences and negotiations of the ending of cutting could have been a point of connection. The world of people questioning the violence of anti-cutting projects and foregrounding community building and care work, *Twilight shows* is already emerging.

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