

# Female Genital Mutilation: Dancing through

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My interest in Female Genital Mutilation (FGM) began a few years ago. My mother and I 'retraced our roots', and spent some time in the villages of Albreda and Juffureh in The Gambia, West Africa. There was singing, dancing and the drinking up of our newly re-acquainted culture. Amongst the sound of drums and singing voices, we experienced beautifully executed rhythmic movements and I saw two men appear dressed in elaborate frightening costumes brandishing menacing knives.

We learnt later that day, that the men in costume were in fact Bondo Devils who play a role in ceremony surrounding the circumcision of young girls. I asked why, how can this happen, how do the women live without an important part of their physical selves? Dr Beatrice Allegranti, a writer on the topic of embodied feminism remarked, 'we re-shape and re-configure our gendered sexual selves during adolescence'. I was curious, what does this mean for the young women who have had part of their sexuality removed, forever unable to experience an important, transforming part of their emotional and physical journeys into womanhood. I was also aware that day, that the experience of female circumcision could have been mine, if not for my ancestors' forced migration, decisions would have been made about how I would forever experience my body without my consent.

As a psychotherapist specialising in dance and embodiment, I wanted to ask a question 'Is it possible for women who have undergone female genital mutilation in the UK to gain healing through embodiment and dance when faced with anxiety and depression?'

Fran Hosken conceived the term Female Genital Mutilation in 1976 and she was somewhat of a driving force in encouraging western feminists to speak out about the practice of FGM, which perpetrated gendered violence against women and girls. Feminism is a political movement that acknowledges the personal as political and what could be more personal than our own bodies. With Ellen Johnson Sirleaf, the former president of Liberia banning FGM on her last day in office in 2017, and politicians in several African countries taking an interest in the practice of FGM, it is also now a political concern, in the sense of governmental policies politics (The



Guardian, 2018). Historically, the practice of FGM can be traced back to (2850 – 525 B.C.) as it was thought to have been practiced by the Pharaoh Dynasty. FGM is practiced in secret and it is seldom discussed, however through embodiment, which is working psychotherapeutically through the integration of the mind and body, the women may be able to reclaim that part of themselves and become re-embodied, while accepting their loss and perhaps a sense of shame and anger.

It is estimated 170,000 women and girls are living with the consequences of FGM in the UK and a further 65,000 girls under 13 could be at risk of FGM, and a case is reported on average every 109 minutes in England (Plan UK, 2018).

The cultural beliefs and values of some of the women who have undergone FGM cannot be underestimated. Strong beliefs and values can influence a person, a family or a society, into behaving or practicing in a particular way. Cultural beliefs and values equal cultural practices, which gives an understanding as to why the women and their wider social communities do what they do. The communities see the practice of FGM as harmless because it has been practiced for thousands of years and it is historical, they learnt the tradition from their ancestors and their aim is to uphold it. To fully understand why FGM continues to happen today, we could consider that it is their cultural beliefs and values that determine the behaviour of the societies who practice it. There needs to be a healthy balance between encouraging women to change the practice of FGM while allowing them to maintain their cultural diversity. Feminist theory has endeavoured to comprehend the way cultural configurations are enacted and reproduced, and the analysis of situations that are personal, are clarified through positioning the issues in shared broader cultural contexts.

The founder of Daughters of Eve Leyla Hussein, is a psychotherapist and survivor of FGM. Describing the trauma she experienced when she was circumcised as a seven year old girl, Leyla states, “FGM is not a cultural practice, it is child abuse”. She described hearing the screams of her nine year old sister before hearing the words, “get Leyla, it’s Leyla’s turn”. Leyla’s fundamental belief is that FGM is there to control women’s and girl’s bodies, particularly their sexuality.

The World Health Organisation (2018) declares FGM an expression of gender-based violence against women, which exists in all cultures that try to discriminate and control the sexuality of women, positioning women as unequal in the social, economic and political structures of societies where FGM is practiced. However, some women who have undergone FGM believe differently. To help find the answer to my question, I interviewed Ojufinde Babatounday who is a therapeutic dance practitioner with women who have undergone FGM in London and the South East. During a discussion about women who have undergone FGM, Ojufinde disclosed, “The Freetonians, Senegalese and Nigerians experience of female circumcision is different. When they had their circumcisions, they did it happily, they did it at an age when they were 16-18, they were told they were going to be circumcised and they agreed to it. For them it was a rite of passage of becoming a young girl to a full woman. The women I spoke to said it was a nice experience for them aside from the operation itself because they sing and dance from morning to dusk and they were taught a lot of life skills. One of the ladies told me, being circumcised was although the most difficult thing that she will ever encounter, it actually made her become a stronger person and to be able to fend for herself”.

In West Africa the circumcision ceremonies are ritualistic. The girls are taken to huts in the secluded countryside called Bondo Bushes. The experience is referred to as ‘Going Bondo or Going Bush’. The Bondo Bushes are secret and organized. There is a ‘Soway’, the chief traditional doctor, a ‘Samper’, the deputy traditional doctor, a ‘Burguru Bonka’, the chief nurse and the ‘Shama’, the chief disciplinarian. During the 4 to 6 weeks spent in the Bondo Bushes, the girls are taught to sing, dance and how to manage future motherhood and marriage, making the experience a necessity for the girls who are to abide by their cultural expectations. During the interview Ojufinde disclosed, “When you attack someone’s cultural and say it barbaric, some of the women who had undergone FGM don’t see it. For them it was meaningful and they don’t want to discuss it with you because it gave them the sense of belonging to part of a group”.

Some aspects of culture are ingrained in indigenous belief systems and these beliefs continue to influence the societies living within those cultural structures. Women are ostracised from their communities if they do not undergo FGM and because marriage is a major part of a woman's life, being ostracised can have a devastating effect. The practice continues because it is part of a culture that has the ability to exert more authority than the law and those not participating in it have a lot to lose. Being exposed to stigma from their families, friends and the community can shame and isolate the women; therefore it is understandable that some women seldom talk about their experiences. Later in the interview while discussing the secrecy surrounding FGM, Ojufinde shared "It's a taboo, they don't tell you exactly what they go through. If it's a doctor who they feel will keep their confidentiality, they will speak but it's very difficult for them to speak up as far as they're concerned it's part of their culture". From a cultural perspective FGM was strongly believed in, however when faced with medical professionals, some women believed they were going against their culture, which for some women was bigger than them. FGM can fix an identity on some women who have undergone the procedure, where they are seen as mutilated and damaged, Ojufinde comments "They have been circumcised, they feel that something is missing, they have lost part of things out of their body and this is something perhaps they don't want to share or talk about or discuss".

It falls upon the head of the immediate family to ensure their daughters are prepared for womanhood by undergoing circumcisions however, this responsibility can place immense strain on family relationships. Parents who submit their daughters to their circumcision's do so willingly as unfortunately the benefits outweigh the risks. The practice of FGM has continued in the UK and the National Health Service (NHS) and local government agencies have created specialised workers, including those offering psychological support to target and advise the women. The serious crimes act 2015, acknowledged the view that worldwide FGM is an illegal practice however, ingrained cultural beliefs have been the stumbling block in the effort to eliminate the practice of FGM. Women who have undergone FGM accept it is something not to disclose to outsiders. Under the lens of the West, FGM is viewed as an example of African inferiority where women are oppressed in

barbaric communities. For women who have undergone FGM, it is a challenge to be fully candid about their existence. For the women the stigma is real and takes many forms, i.e. the word 'mutilated', which carries the fear of being defined by their altered anatomy, therefore attention could be placed on the wording surrounding their experiences, and the term female genital cutting is being used with increasing regularity.

In the West, the bodies of women who have undergone FGM are seen as flawed and need correction and this disrespects the inherent dignity of the women. The bodies of women who have undergone FGM have been reshaped by their culture, while it could be argued the West has reshaped women's bodies into the ideal that for some, slim and straight is preferred.

In the book 'A Cherished Heritage', the author Ramatoulie Othman gives an honest account of the experiences of the girls submitted to their circumcisions. The majority of circumcisions happened during the school holidays when different Bondo Bush groups enlisted girls to attend their institutions. The more girls who were present sharing the experience, talking and living together, the livelier the environment. The various dancing and singing ceremonies that take place on a daily basis in the Bondo Bushes creates euphoria, which is said to help remove the painful encounters of the actual circumcision, this illustrates the early use of dance used curatively at the outset. Similarly, dance has the ability to heal through creativity and there is evidence from 3400BCE, implying dance was used extensively in rituals and community celebrations. Spirituality is often emphasised as a way to regulate psychological function. This can be witnessed by observing ritualistic dance, as the embodied release is evident to the observer.

Amongst the therapeutic values that dance could offer women who have undergone FGM, is that the women could acknowledge the trauma they may have suffered doesn't have to define the women they are. When working with women who have undergone FGM, trauma causes them to disconnect, therefore the need is there for healing through integration. To attain mental health, it is important that the brain,

mind and body are integrated and the body can become empowered and self-created through embodiment. However, it must be considered that some women could find the freedom the psychotherapy sessions afford overwhelming.

FGM happens because there is a strong sense of needing to belong fully to their culture and to partake of their cultural experiences. It was found dance and movement was used in rituals and ceremonies as a way to physically release held emotions. This aspect of using dance as a coping mechanism had for some women accompanied their life story. Dance and embodied creative movement was found to enhance the psychological wellbeing of women who have undergone FGM, however, embodying trauma may be too traumatic for some, as their bodies held onto their experiences both positive and negative.

The implications are vast, the women naturally moved as it was in their culture to do so. Therefore dance psychotherapists could encourage the women's natural movement abilities and invite the women to regain an embodied sense of self through movement.

It is not the intention of this article to decide whether female genital mutilation is a harmful cultural practice or a welcomed rite of passage into womanhood; however the recognition that cultural, social, civil and economic rights are interdependent, is an important starting point from where to begin the discourse on the factors that allow FGM to continue.

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