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Waris Dirie and the Ritualization of FGM: When Rites Can Be Wrong

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“Tu n’as rien vu à Hiroshima!” (M. Duras)

(This quotation suggests that no matter how powerful images and writings are, no one can ever totally feel the suffering inflicted to others unless they have experienced it themselves)

In Waris Dirie’s *Desert Flower* (1998), the narrator recounts her own story: how a little girl from the Somali desert leaves home to become a famous model and find happiness. The reader follows her through her journey, quickly realizing that she is an extra-ordinary human being who will stop at nothing in order to achieve her essential goal: not to be sent back home. Therefore, one could simply see her story as an

enjoyable modern fairy tale since it ends well, with a successful career and marriage to a man she truly loves and whom she has chosen.

However, the more skeptical reader would never reach this conclusion. Waris goes much further than writing a happy little story. Without over dramatizing or placing undue emphasis on them, she informs us that many of the most terrible experiences women often face has happened to her: sexual harassment at the youngest age, forced marriage, and child labor. But all these realities do not compare to the ultimate torture she had to endure at the tender age of five: female genital mutilation.

This paper will explore the practice of female genital mutilation (FGM) as a social ritual using the narrator's own words and experiences to illustrate its different implications. I will describe FGM as a social ritual because, although the practice does not touch every single girl in the world (or within a same country) and is done for different reasons and in different ways, it is nonetheless a standardized practice or social custom affecting the lives of between 85 to 115 million girls and women worldwide. Indeed, 6,000 girls are mutilated everyday (Ruth 2001).

Structural Ritualization Theory

To formally analyze this practice in this manner I will utilize structural ritualization theory (Knottnerus 1997). This perspective provides a unique approach grounded in a sociological/social psychological framework for understanding the social character of FGM. Structural ritualization theory (SRT) focuses on the role that rituals play in social life and the processes by which ritualization occurs and leads to the formation, reproduction, and transformation of social structure (for research utilizing this

approach see for example Van de Poel-Knottnerus and Knottnerus 2002; Knottnerus and Van de Poel-Knottnerus 1999; Guan and Knottnerus 1999).

Central to the theory is the concept of ritual. Various scholars have utilized this or related concepts for research purposes (e.g., Durkheim 1965 [1915], Goffman 1967; Turner 1967; Douglas 1970; Bell 1997; Kertzer 1988). While examinations of ritual have often focused on sacred and religious behaviors, SRT refers to ritualized interaction sequences and social actions that are found in many different kinds of contexts including secular settings. It also provides more formal definitions of rituals than most approaches. To begin with, an *action repertoire* is defined as a set the elements of which are socially standardized practices. In this context, *socially standardized* denotes regularly engaged social practices. Furthermore, a *schema* is considered to be a cognitive structure or framework. The ideas are utilized to define the theory's core concept of *ritualized symbolic practice*: an action repertoire that is schema driven.

Ritualized symbolic practices refer to the widespread form of social behavior in which people engage in regularized and repetitious actions when interacting with others. Such social behaviors are found throughout social life and can include ritualized modes of conduct and styles of interaction within subcultures, informal and formal groups, and different organizational milieus. This perspective suggests that ritualized action repertoires that comprise much of the daily lives of actors rest on cognitive schemas. While people may not reflect upon many of the ritualized activities that make up their everyday lives, ritualized practices still are based upon cognitive structures or symbolic frameworks that express and communicate various thematic meanings.

A key part of the theory (that is directly relevant to the present discussion) argues that ritualized symbolic practices are influenced by four factors in a social milieu. These factors are salience, repetitiveness, homologousness, and resources. Briefly stated, *salience* refers to the degree to which a ritualized symbolic activity is perceived to be central to an act. *Repetitiveness* deals with the relative frequency with which a ritualized symbolic practice is performed in some setting. *Homologousness* refers to the degree of perceived similarity of different ritualized practices in the same or different domains of interaction. *Resources* are the human and nonhuman materials needed to engage in ritualized symbolic practices that are available to actors. The theory states that the greater the degree of salience of ritualized symbolic practices, repetitiveness of practices, presence of homologous ritualized practices, and availability of resources, the greater the *rank* or relative standing of ritualized symbolic practices in a social environment. The greater the rank, dominance, or importance of these practices the greater their impact on the cognitions and behaviors of actors and the social relations that develop among them.

In making these arguments, SRT rests upon a basic assumption: ritualization plays a central role in daily social life. In other words, the different realms of social activity and relations that comprise the daily lives of individuals are often characterized by various ritualized practices. Rituals help create a sense of security for actors and a stability and structure to social life while communicating different symbolic meanings that guide and give direction to the activities that occur in peoples' normal lives.

Here, FGM will be viewed as a standardized and highly meaningful (or symbolically charged) social practice, i.e., social ritual. We will concentrate on the four key factors that contribute to and determine the overall rank of this ritualized practice in a

social milieu (e.g., family, community, and/or entire society). In doing so, I will suggest that the greater the presence of these factors, the greater the rank of this ritualized activity in a social setting and, therefore, the more influential this social ritual is in shaping the thinking, beliefs, and social behavior of actors within the group.

I would also note that this represents the first time the theory has been used in this particular manner to examine a ritualized social practice. Here, primary attention is given to one literary work. The theory provides a conceptual framework for interpreting and analyzing the social dynamics of FGM as discussed in an autobiography. The examination of this ritualized activity in this manner (complemented by limited discussion of empirical, secondary evidence) provides a unique opportunity to analyze the ritual dynamics of a ubiquitous social behavior grounded in a highly personal, experientially focused account. By proceeding in this way the investigation strives to achieve a special quality, mode of presentation, and validity, which other methods of research might not so easily achieve. Of course, it should be appreciated that this social phenomenon can be studied with other quite legitimate methodological strategies distinguished by their own respective strengths and advantages.

FGM Rituals

In terms of the first factor contributing to the rank of a ritualized symbolic practice- salience - female genital mutilation is clearly a highly salient activity. It is very prominent and conspicuous activity in the lives of those who engage in it (and for that matter all others in the society in which it is practiced). While the experience is in itself very traumatic for a child or a young woman, its consequences are felt during her entire life. The pain inflicted by the mutilation of their body is abominable to all and Waris is

not exempted from this experience: “There’s no way in the world I can explain how it feels like. It’s like somebody is slicing through the meat of your thigh, or cutting off your arm, except this is the most sensitive part of your body” (Dirie 42). The suffering continues during weeks of convalescence:

I thought the agony was over until I had to pee . . . The first drop came out and stung as if my skin were being eaten with acid. ... As the days dragged on and I lay in my hut, my genitals became infected and I ran a high fever. I faded in and out of consciousness (Ibid, 43-44).

But, if this assault on the body finally heals, everyone will nonetheless suffer the consequences of it during their entire life. The simple process of going to the bathroom will be drastically modified: “It took me about ten minutes to urinate. The tiny hole the circumciser had left me only permitted the urine to escape one drop at a time” (Ibid, 141). Periods are atrociously painful and abnormally long; as for sexual gratification, it never occurs since the castration prevents any form of physical pleasure: “I will never know the pleasures of sex that have been denied me. I feel incomplete, crippled, and knowing there is nothing I can do to change that is the most hopeless feeling of all” (Ibid, 214).

The scarring effect is, therefore, dramatically high. But, in spite of the profound impact on the lives of those affected by FGM, little girls such as Waris may be considered the lucky ones since they are able to survive the traumatic experience. It is a known fact that many do not survive. They may bleed to death, be irremediably infected and develop gangrene while being circumcised, or die when giving birth: “Not hundreds, not thousands, but millions of girls are . . . dying from it” (Ibid, 215). Halemo, Waris’s older sister bled to death and it is important to note that it did not deter her mother from

having her other daughters infibulated. The performance of this ritualized practice is therefore highly salient not only in terms of the mutilation itself but also in terms of its consequences, which range from a lifetime handicap to death.

Based on the circumstances in which the procedure is done, the willingness of the participant varies. Even though Waris has witnessed the circumcision of her own sister and was terrified by it, she is able to suppress and forget the “horror of it” (Ibid, 38) since no one would ever disclose to her what the experience really is. She has only been told about the attractive aspects of the ritual, i.e., her change in status, and, is therefore soon determined to have it done: “...the actual details of the ritual cutting are left a mystery – it’s never explained to girls... As a result, all young girls in Somalia anxiously await the ceremony that will mark their transformation from being a girl to becoming a woman” (Ibid, 38). When her turn comes for the event, she is the only little girl being circumcised at that time and this fact may have actually been beneficial to her psychological state of mind before the operation. She is actually impatient about it and “lay awake with excitement” the night before. However, circumstances in which the procedure is done can be quite different. In many cases, the circumcision is part of a village ceremony when all the girls of age will collectively engage in the ritual on the same day, one after the other as in some villages of Burkina Faso (Lepage 1999). Here, the experience is even more dramatic and traumatic. Adding to the physical pain are the mental anticipation, fear, and emotionally charged nature of the collective event. Children hear the screams of their companions who are being cut before them and have to be dragged by their mother to the designated place, stained by the blood of the ones who just left.

When this is the case, it dramatically enhances the salience of the procedure that is already a very moving and prominent experience for these children.

In regard to repetitiveness, FGM as a ritualized symbolic practice takes a more subtle form. The ritual itself happens only once in a female's lifetime, so it could be said that there is a low occurrence of repetitiveness in an individual sense. Most girls are circumcised between the ages of three and fourteen, depending on the society they live in or the particular circumstances where they live. Nevertheless, in some cases, 'adjustments' are made. Some parts of the procedure have to be performed again in case it was not successful the first time ["...if the wound is ripped open, then the sewing is done again" (Dirie 43)], or in other instances when a new mother is actually re-sewn after the birth of her child: "What about . . . the wife who will be sewn back up with a needle and thread like a piece of cloth as soon as she gives birth, so her vagina will remain tight for her husband" (Ibid, 213)? In these occurrences, females are subjected more than once to this modification of their body. Still, this cannot be formally considered to be a systematic or regularized repetition of the act.

But, when we look at the larger picture, i.e., macroscopically at entire societies, we find that FGM may be performed on practically every girl in a region of a country and even the entire society or country itself. This is the case in Somalia where 98% of the female population is circumcised, in Niger (80%) as well as in Upper Volta (70%). Because it is done to millions of girls around the world, it is clearly a ritualized activity that in a collective sense exhibits a high degree of repetitiveness. And, while it is done to so many, it must be remembered that occurrence of this ritual can also be viewed temporally. If we look over time, going back into prehistory, we find that the practice is

quite an ancient one, at least thirty five hundred years old. The first signs of excision were actually found among female Egyptian mummies of the sixteenth century B.C. (Yount 2004). Thus, it is highly repetitive in the sense that it has been repeated over and over thru history, engaged in by each and every woman living in particular settings. And it continues being done so today:

For over four thousand years African cultures have mutilated their women... My mother had no say-so in my circumcision, because as a woman she is powerless to make decisions. She was simply doing to me what had been done to her, and what had been done to her mother, and her mother's mother (Dirie 219, 225).

Here, Waris concentrates on her continent and emphasizes how 'the practice is nearly universal in Moslem countries.' In reality, however, it goes far beyond that. On the one hand, not every Moslem family, not every African country, nor all the members of certain societies within Africa practice the ritual. On the other, FGM can be observed in every continent of the globe and among many religious groups. We should also add that while some societies are renouncing the practice, modifying it, or declaring it illegal, it is actually spreading in countries that have not seen it before. Where the practice is illegal as in the United States, which declared it unlawful in 1996 (mainly thanks to Patricia Schroeder) it is far from being eradicated. Actually, thousands of girls are today at risk in this society. In a large-scale collective sense, across cultures and over time, the ritual exhibits a high degree of repetitiveness.

Homologousness refers to how rituals may be similar in meaning and form. Here, we find that FGM does take various forms in terms of how it is literally practiced in

different groups and societies. As mentioned earlier, within the same country, we may find that people in some parts of a country, but not in other regions ritualistically engage in the practice. More importantly, if the ritual is conducted, it may vary in terms of its specific structure and the way it is carried out. Different tribes and different ethnic groups perform the ritual differently.

The 'mildest' form, 'the Sunna circumcision' which involves the removal of the prepuce with or without the excision of part of or the entire clitoris can be observed across Africa in such countries as Egypt and Kenya as well as Mauritania and Nigeria. It is also practiced in some countries of the Middle East and in Asia, for example in Indonesia and in Malaysia. Clitoridectomy, the ablation of the clitoris and the scrapping off of both the labia minora and majora is also present in many places around the world. It is actually often turned to as an alternative in countries such as Sudan where the most drastic form of circumcision, infibulation, has been outlawed. For the same reason in Senegal: "clitoridectomy is obligatory but infibulation is quickly regressing" (Riss 1989:60). Infibulation, thus, goes further than the ablation of the clitoris and both labia minora and majora: what little skin is left is sewn up tightly. It is this type of FGM Waris is actually subjected to: "I felt my flesh, my genitals, being cut away... I thought we were finished, but now the worst had begun... a stack of thorns [was] used to puncture holes in my skin, and... a strong white thread [was poked] through the holes to sew me up" (Dirie 42).

In essence, millions of young girls are forced to submit to some type of genital removal across societies. Nevertheless, even if the ritual activity can be differentiated in term of how drastic the intervention is and the precise form that it takes, it is still the

same basic [homologous] practice: FGM. And it always involves the same outcome: the mutilation of a girl's body.

It should also be appreciated that FGM may vary in terms of purposes and that different societies may practice it for different reasons. For instance, in some cases this social ritual reflects the religious convictions of different groups. In Guinea Bissau some Muslim groups practice FGM because they consider it to be a "cleansing rite that enables women to pray in the proper fashion" (Johnson in Yount 1064) and in some parts of Sudan infibulation is done because it is considered to be a religiously desirable or superior activity (Gruenbaum in Yount 2004). In some tribes of Senegal, such as the Toucouleur, the Wolofs, and the Peuls, mothers insist the practice must be conducted, arguing (in addition to other reasons) that it is necessary in order to become pregnant or that the custom should be perpetuated simply because their own mothers engaged in it (Riss 1989:60). Waris actually mentions that originally FGM was carried out in her country because "the girl became fertile and capable of bearing children" (Dirie 38). But the male population also reinforces the process because a girl is considered to be unclean if she is not circumcised: "Get away from me, you two unsanitary little girls - you dirty little girls. You haven't been circumcised yet" (Ibid, 40)! In Somalia, the need to undergo the procedure is even greater because a girl who is not excised is considered 'unfit for marriage' and an 'unclean slut' and will never find a husband which is essential if a woman is to survive in this culture:

[Men] demand their wives to be circumcised. The mothers comply by circumcising their daughters, for fear their daughters will have no husbands. An uncircumcised woman is regarded as dirty, oversexed, and unmarriageable. In a

nomadic culture like the one I was raised in, there is no place for an unmarried woman, so mothers feel it is their duty to make sure their daughters have the best possible opportunity (Ibid, 219-220).

Notwithstanding the different reasons given for practicing FGM, we still find that the practice is homologous in the sense that the outcome is the same. Whether the men or the women of the society demand it and whether the goal is to become fertile or to find a husband, daughters must go thru the ritual. In doing so they participate in a ritual practice that always involves in some form or another the alteration of their physical body.

Another way of thinking about homologousness concerns how a ritualized symbolic practice relates to other significant ritualized activities in a society. In any given culture, there are numerous ritualized practices engaged in by people, many involving relationships between men and women. FGM is just one practice, yet that behavior may complement in meaning and form other ritualized practices. In that regard, one finds that in many cultures men enjoy greater authority and power relative to women. Whether at home, within the family, in domestic activities, or other realms of daily life, men often exert the greatest influence in decision-making and are given the exclusive right to engage in various activities including ritualized practices (e.g., religious activities, occupational practices, political activities, political and civic ceremonies, legal decisions, etc). In discussing her parents Waris states: "My mother had no say-so...because as a woman she is powerless to make decisions" (Ibid, 225). The man is the major decision-making in most daily activities and special events such as deciding who sits where, how he will be addressed, and who is a fit husband for family members.

While in Waris' tribe the father chooses the man her daughter must marry and is able to have several wives while his wives will marry only once, in the Chewa society of Malawi [to provide a different example] women must sit on the floor while the man is in his chair; eat in groups away from men, serve men first, and give the best food to men. Furthermore, a wife always addresses her husband with her eyes lowered, never looking directly at him (Minton 2003:94). In all these instances, it is evident that such ritualized practices express a major symbolic theme: men are superior while women are inferior. Women are unequal to men and are expected to be subservient.

All these practices involve some type of submissiveness on the part of women. So too, FGM plays an equivalent and essential role in the social relations between women and men: "The practice is simply promoted and demanded by men – ignorant, selfish men - who want to assure their ownership of their woman's sexual favors. They demand their wives be circumcised" (Dirie 219). Women should not enjoy pleasure in sexual intercourse because it would presumably prevent them from being good wives and good mothers and tempt them to look for gratification outside her home. At the same time, FGM serves to enhance sexual pleasure for men because once infibulated, the woman is extremely tight. In this regard, as previously discussed, a woman can be re-sewn after having given birth which preserves her tightness and benefits the man.

It is interesting to note that the idea that a woman should provide ultimate sexual pleasure for her husband also involves a different form of female genital 'deformation.' For example, in the Chewa tribe of Malawi, during their initiation period shortly before they are married, young girls must practice a unique form of genital distortion. Contrary to their infibulated sisters, who lose their genitals, they have to elongate them. They are

told that the longer they are, the more pleasure they will give to their husbands: “What is striking in most of the lessons involved in the rites is the frequent reference to the satisfaction of men’s desires...We were taught to go to the bush in the afternoon, and do our girls’ business – to pull our private parts to satisfy our husbands” (Minton 2003:103).

In sum, FGM is a ritual similar to many other social rituals within different societies that articulate the basic idea that women have a secondary status compared to men. It is usually centered on the idea that men’s pleasure comes first and that women must be the provider of such pleasure as well as meeting most if not all their other needs and wants. In this sense, this ritualized symbolic practice exhibits a very high level of homologousness in relation to other ritualized activities.

In terms of resources, both human and non-human resources are involved in the ritual dynamics of FGM. Especially important are the instruments and materials involved in the procedure and who conducts the act. In examining how this practice occurs in different cultures around the world, it is obvious that resources are readily available to whoever wants FGM to be performed in whatever form it takes. Because of the materials used in the procedure (and the way they are used), even though pain reoccurs throughout one’s life, the most painful moment may well involve the cutting itself. Indeed, while today the procedure is sometimes modified in certain societies – i.e., done with the use of antiseptics and medical instruments - the basic materials generally used are oftentimes quite primitive: “They use no anesthetic. They’ll cut the girl using whatever they can lay their hands on: razor blades, knives, scissors, broken glass, sharp stones – and in some regions - their teeth” (Dirie 218). We are even told by Waris that a man in the U.S. actually performed the rite on his own daughter using a knife: “One father in New York

City turned up the stereo so his neighbors couldn't hear the screams. Then he cut off his daughter's genitals with a steak knife" (Ibid, 219). And, not only may the instruments be dirty since they have not been cleaned with antiseptic and have been stored in unclean conditions, they are also sometimes repeatedly re-used when performing the ritual: "I saw dried blood on the jagged edge of the blade. [The Gipsy woman] spat on it and wiped it against her dress" (Ibid, 42). Moreover, when the girl is infibulated, as noted before, ordinary thorns will often be used to punch holes directly into the skin. In the case of Waris, they come directly from an acacia tree. Not surprisingly, the thread that will finally close the wound is also not antisepticed.

Therefore, as primitive as they may be, resources are readily available and do not require modern techniques and instruments for conducting this practice. It should be appreciated, however, that while circumcision can negatively impact the entire life of a woman, the operation itself and the unhealthy procedures used can have dramatic consequences in terms of infection and preventing the body to perform its natural functions. Because of the poor conditions in which it is done and the traumatic nature of the assault on the body, the process can even lead to death:

The aftermath ... includes the immediate complications of shock, infection, damage to the urethra or anus, scar formation, tetanus, bladder infections, septicemia, HIV, and hepatitis B. Long-term complications include chronic and recurrent urinary and pelvic infections that can lead to sterility, cysts and abscesses around the vulva, painful neuromas, increasingly difficult urination, dysmenorrhea, the pooling of menstrual blood in the abdomen, frigidity, depression, and death (Ibid, 218).

Recently, due to pressure from health agencies, infibulation is sometimes either replaced with a 'milder' form of circumcision or done with more adequate resources involving medical personnel using proper medicines and instruments such as anesthesia and antiseptics. Among certain ethnic groups in Senegal, for instance, the ritual is now performed at home, not in the bushes, and alcohol replaces the powder made from certain kinds of leaves, which were supposed to prevent infection (Riss 1989:60). But even if precautions are taken so the body will not be injured, it has been reported that some girls circumcised in hospitals in countries such as Egypt have died from complications (Yount 2004). No matter how the ritual is conducted and no matter the consequences, it is still quite common and the resources, especially the non-human resources, are always readily available.

Finally, in regard to who performs the procedure we find that it is usually a woman who is highly respected in her society (although the previous discussion clearly indicates that others including males can also perform the act). She is a specialist in the matter whom others, particularly mothers, can have confidence in. She receives a large sum of money for her services, usually paid by the girl's mother, and may also receive gifts such as clothes, soap, and food as is the case in Sokone (Riss 1989:60). Consistent with this pattern the woman who performed Waris' infibulation is a very special person in her community. She is an 'old gypsy' whom Waris refers to as the "Killer Woman" because she is responsible for the death of many little girls. Nonetheless, she is considered: "an important person...not only because she has specialized knowledge, but earns a great deal of money from performing circumcisions...[She] is an important member of [her] society" (Dirie 38-39). A circumciser always seems to be in high

demand. Often going from village to village to perform her duties she is frequently met with welcome anticipation by the parents if not the little girls who will fall into her hands.

In sum, resources of both a human and non-human nature are and have been available through the centuries for carrying out this ritualized symbolic practice. Such is the case whether the practice is conducted in what are referred to as “pre-modern” or more “modern” societies.

Overall, based on this examination and analysis of the writings of Waris Dirie (and other supplemental forms of evidence) it can be concluded that FGM as a ritualized symbolic practice exhibits an extremely high rank within the social settings in which it occurs. In terms of the salience, homologousness, repetitiveness, and resources associated with this practice it is an extremely dominant ritualized activity. As such, this ritual plays a very influential role in the social dynamics of society. It shapes the cognitions and behaviors of people and their social relations with each other. In doing so, it plays a crucial role in the construction and maintenance of gender inequality in these social milieus.

Conclusion and Discussion

FGM rituals are taken for granted behaviors in many parts of the world that play a central role in shaping the lives of women and men. Even when there is resistance to it, this resistance is oftentimes suppressed, ignored, or denied. Social actors continue to perform this ritualized behavior even if they do so in modified versions of the practice. The meaning of such an act is so powerful and important to people that it continues to be engaged in.

Indeed, it is important to recognize that even when challenged FGM persists as a ritual, thereby, demonstrating the tenacity, significance, and (sometimes) appeal of such a practice. This is seen for example in the transmission of this ritual to new territories. For example, as Paringaux (2000) mentions, even though as many as 178 villages in Senegal have abandoned female circumcision, the practice in fact increases by two million girls per year. Furthermore, Leonard reports that among the Sara of Myabe village in Chad, adolescent girls initiated the practice only two decades ago. They did so neither for religious nor traditional motives but because 'female circumcision is good' (Leonard in Yount 2004). Moreover, even where it is illegal and not politically condoned, it is still performed. And, to insure the propagation of the custom, some parents will adapt to modern customs and employ modern techniques to carry out this practice (e.g., sterilization, use of surgical instruments). The strength of the ritual can also be seen in the fact that while it has traditionally been done in the open, often as part of a social ceremony and collective celebration, it is now sometimes performed in great secrecy. Even when the larger society disapproves of the action the discontinuation of the practice is still an impossible thought for many.

Because of the strength of this ritualized social practice (and associated beliefs), carried out over the centuries, it might seem that the eradication of FGM is an insurmountable task. That is why Waris Dirie's contribution is so important. She feels she has been victimized by what has been done to her body by her own people. Consequently, even though she dearly loves her family and her country, she denounces the procedure so that young females from all around the world may never have to endure what she herself has undergone:

I wanted the people who promote this torture to hear what it feels like from at least one woman, because all the females in my country are silenced...I have got to do it not only for me but for all the little girls in the world who are going through it now. Not hundreds, not thousands, but millions of girls are living with it and dying from it. It is too late to change my own circumstances, the damage has already been done; but maybe I can help save somebody else (Dirie 215).

In discussing FGM as she has in this book Dirie has provided a powerful exposition of this practice. She has enhanced our understanding of the ways this activity occurs and how it is integrally connected to the social world she was raised in. In building upon her work and more formally analyzing FGM as a social ritual we have here attempted to further our understanding of this social practice. In doing so, it is our hope that by increasing our knowledge of the social nature of this practice, a more informed basis is created, which will allow for the development of measures aimed at remedying this ritualized symbolic activity.

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