

Body Fantasies

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Sexuality, culture and politics A South American reader

Although mature and vibrant, Latin American scholarship on sexuality still remains largely invisible to a global readership. In this collection of articles translated from Portuguese and Spanish, South American scholars explore the values, practices, knowledge, moralities and politics of sexuality in a variety of local contexts. While conventionally read as an intellectual legacy of Modernity, Latin American social thinking and research has in fact brought singular forms of engagement with, and new ways of looking at, political processes. Contributors to this reader have produced fresh and situated understandings of the relations between gender, sexuality, culture and society across the region. Topics in this volume include sexual politics and rights, sexual identities and communities, eroticism, pornography and sexual consumerism, sexual health and well-being, intersectional approaches to sexual cultures and behavior, sexual knowledge, and sexuality research methodologies in Latin America.



1. Introitus

I certainly believe this is a historical moment for gender studies in Brazil. As far as I know, the medical treatment of hermaphroditism in the *western contemporary world* has never been addressed by the Brazilian Social Sciences, although it has been an established practice in our country for at least thirty years.

If up until today this discussion was limited to the field of medicine, it is now being addressed within the sphere of the law. Colombia, the only country in the world to ban surgery on children of ambiguous sex (as hermaphrodites are conventionally classified) did so via a Supreme Court decision after legal experts joined a debate that was previously restricted to the medical field.

I would also like to add that while the following text has a somewhat telegraphic style, filled with gaps and digressions; it is part of a larger research project on genital mutilation practices. I started to ask myself why anthropologists study genital mutilation in so-called primitive societies, but wouldn't look at it in *our own society*. Moreover, the fact that *female* genital mutilation has so far been the focus of anthropological and feminist research is an important element of this scenario.

The questions raised below are a necessarily preliminary to a larger discussion. They highlight, however, the disciplinary conventions that currently dominate the debate over body interventions in our society and abroad: medical conventions, legal conventions and anthropological conventions, among others.

2. Ambiguities of body and soul

“Well! What are you ?” said the Pigeon. “I can see you're trying to invent something!”

“I—I'm a little girl,” said Alice, rather doubtfully, as she remembered the number of changes she had gone through that day.

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“A likely story indeed!” said the Pigeon in a tone of the deepest contempt. “I’ve seen a good many little girls in my time, but never one with a neck such as that! No, no! You’re a serpent; and there’s no use denying it. I suppose you’ll be telling me next that you never tasted an egg!”

“I have tasted eggs, certainly,” said Alice, who was a very truthful child. “But little girls eat eggs quite as much as serpents do, you know.”

“I don’t believe it,” said the Pigeon; “but if they do, why then they’re a kind of serpent! That’s all I can say.”

Carroll (1998: 72-73).

The above quote, taken from *Alice in Wonderland*, addresses changes (and exchanges) of perspective like few others in western literature: Alice grows, shrinks, is mistaken for someone else, looks at herself from another perspective... Yet, she never changes gender. Her body is deformed and conformed in various ways, sometimes verging on animality, but she is always the little girl with an apron over her dress.

Reverend Charles Dodgson also took several photos of young girls, who he liked dressing up for his photo shoots. In one of these pictures, the girl that inspired *Alice* is shown dressed in rags as a hobo; another girl, even when wearing a costume of a “china man”, had her long hair falling over her shoulders. In none of these photos the girls are depicted as boys. The only boy to be photographed—holding onto his rocking horse for dear life—is in girls’ clothes, with curly hair and a full skirt...(Cf. Carroll, 1983).¹ Nonetheless, more than anything else, Alice’s adventures concern fantasies over otherness: who is this *other*, presenting itself as a stranger in such a familiar body... or vice-versa?

The story of this British reverend is a good starting point for thinking about body fantasies held by others societies and by our own. In fact, in all human societies the body is disfigured and reconfigured in order to comply with socially shared fantasies or to obey social conventions. What recently came to be known as “genital mutilation” is just one of the many kinds of reconfigurations that affect the body and soul of those undergoing it (some examples of these reconfigurations can be found in Lambek & Strathern, 1998). Here, a short digression is necessary.

The use of the expression “body and soul” is a deliberate choice. It does not refer to the duality typically represented by the *opposition* body/soul, or to physiological apparatus

¹ See also Marc-Andre Cotton’s article “Lewis Carrol, un pédophile victorien?”, <<http://www.regardconscient.net/archi03/0304carroll.html>>.

versus psychic apparatus (relations that also contain other opposites, such as nature/culture, or male/female), so deeply criticized by the feminist and anthropological literature. To the contrary, “body and soul” here refers to our way of being-in-the-world as a whole, to the broad meanings these words evoke.

I explain this definition so that it does not seem that in my discussions regarding surgical procedures carried out on children said to be of ambiguous sex I see people as treating the body, whilst when discussing medical intervention among adults I see people treating the soul. In both cases I am looking at an intervention in an apparatus that encompasses body and soul. A surgical intervention that seeks to correct an ambiguity—whether it is perceived as a birth defect defined by others, or as a self conceived one—thus affects both the body and soul of the patient. This is an important point precisely because the agents of these transformations seem to believe that in the former case it would be a question of changing the body without making an intervention upon the soul, while the latter would be a matter of adjusting body to soul—a soul that has mysteriously formed with no connection to the body. (I won’t be able to address here the tragic consequences entailed by such an implied belief.)

I like the word “soul” for it does not evoke the brain as the essence of the mind or the psyche as the essence of the body, themes that would lead us away from what I aim to discuss here.² I also adopt “soul” because it is based upon an almost universal aphorism—“the face is the mirror of the soul”. This aphorism is so old and widespread that a technique for fixing noses was even developed during the Middle Ages and Renaissance. Whether deformed by disease (mostly syphilis), chopped off by enemies, or just because it reflected the opposite of the nobility its owner wished to convey, the nose was the historical starting point for a technique of body modification that evolved into the medical surgeries practiced today on intersex children and transsexual adults, among many other bodily interventions currently employed by humans (Cf. Gilman, 2001).³

Only recently has the issue of hermaphroditism (or “ambiguous sex”) entered academic debates as a contemporary question. Michel Foucault had the chance to examine the case of Herculine Barbin as an historical example of the way medicine deals with this theme. Anthropology still mostly ignores the experiences of genital mutilation that occur every day in western societies, “orientalizing” such interventions by focusing exclusively on practices in other societies (Cf. Preves, 2000; and Foucault,1983).⁴ Only when

² Colapinto (2001) analyzes the controversy stirred by the story of the boy raised as a girl. Regarding the body/psyche duality as the foundation for the resolution of the Brazilian National Council of Medicine that authorizes “transgenitalization” surgery, see Maciel-Guerra & Guerra Jr. (2002). I thank Plinio Dentzien for bringing this last book to my attention.

³ It was also because of a nose job on a patient (Emma Eckstein) and its terrible consequences that Freud started to care for patients’ souls rather than their bodies.

⁴ Preves has interviewed and registered the life history of 37 adults who were defined as intersex at their birth, 81% of them were raised as girls. I thank Iara Beleli for bringing this article to my attention. I haven’t been able to find any article on this subject at *Current Anthropology*, although there were several articles on female genital mutilation in Africa, particularly in Egypt and Somalia.

the first generation of boys and girls who had undergone sex reassignment surgery reached adulthood could the issue become public and such interventions come to be questioned.⁵

In the field of social sciences, interventions such as these are encompassed under the general name of *biotechnologies*, mainly yielding to the debate regarding the uses of *new reproductive technologies*, focusing mostly on the technologies themselves rather than on women's desires regarding them (Cf. Oliveira, 1998).⁶ Women are here depicted as consumers of *new technologies*⁷, making women both the main target for laboratory and medical advertising and the principal subjects of scientific research.

To focus on issues of medical interventions on the body of transexuals and on the body of children said to be of ambiguous sex provides us with a new point of view of the conventions that rule social scientific debates regarding these biotechnologies. First, they present us with a different target: whether surgeries are performed on children or transsexual adults, it is generally the *male* body that is being feminized. In the majority of the examples found in the medical literature on intersexuality, it is assumed that “It’s easier to poke a hole than to make a pole” (Cf. Bustorff Silva & Miranda, 2002). Likewise, most transsexual surgeries transform male bodies into female ones.

Secondly, contrary to the dominant line of research regarding new biotechnologies, reproduction takes a smaller and ambiguous part in the social scientific debates. In most cases, it is impossible to obtain reproductive capacity among transsexuals and the majority of children of “ambiguous sex” who had surgery shortly after being born. Therefore, these interventions should be thought of from the inside out of prevailing conventions of research on new reproductive technologies: they are only a small section on the broader field of biotechnologies studies.

On a different note, when looking at the anthropological conventions of how genital mutilations have been analyzed in other societies and our own, we could say that in the first instance the theme has been regarded through the general lens of the *sacred*, while in the second, a lens of *secrecy* is employed. In other words, in the so-called primitive societies in which anthropologists have begun studying such themes (triggered by feminist reports of female genital mutilation), the sacred is the operating logic of analysis, bringing matters under the theoretical scope of *ritual*. Such interventions on the bodies of boys and girls are seen as the expression of a cosmology that is deeply shared by all the members of the group, something perceived as traditional and worthy of sacred respect (Cf. Barnes & Boddy, 1995). When anthropologists turn their gaze

⁵ Regarding the political activities of this group, visit the ISNA – Intersex Society of North America website (www.isna.org); regarding the feminist political struggle against feminine genital mutilation, see www.fgmnetwork.org

⁶ The author also refers to the “logic of the secret”, which I’ll analyze below.

⁷ I thank Martha Ramirez-Gálvez for discussing with me her research on new reproductive technologies.

to our allegedly western society, however, such interventions are foremost perceived as part of a secret realm. Alternatively (as a famous book on the subject would have it), in the so-called primitive societies where this kind of maiming takes place, people are understood to be *prisoners of the ritual*, whilst in our society we seem to be held hostage by a specific knowledge: medical knowledge. This is a well known analytic outlook inspired by the works of Michel Foucault. It seems that a big gap exists between genital mutilations in both types of societies, but that isn't true: in both instances we are dealing with widely accepted cultural conventions that hardly reflect upon the non-conformities they generate.

In the United States, when the first generation of boys and girls that was treated according to the logic of sexual dismorphia (Cf. Fausto-Sterling, 2000; and Corrêa, 1994)⁸ came of age and became politically organized, seeking to end this kind of treatment, their main accusation against the adults responsible was, precisely, that the secret of their unusual sexual body had been kept from them. This strategy is understandable. Given that the adults were attempting to disambiguate an inconceivable reality, the “desambiguated” individuals couldn't be informed of the causes of their operation. To do otherwise would cast doubts over their current state (Cf. Dreger, 1999). In a similar vein, despite anthropological opinions regarding cultural relativism (Cf. Boddy, 1997), women that have undergone genital mutilation are becoming politically organized in the countries where this practice occurs, having recently proclaimed February 6th as the International Day Against Female Genital Mutilation.

Conventions and the inconformities they stir seem to have a more intricate relationship than we anthropologists normally perceive (Cf. Herdt & Stoller, 1990).⁹ So-called primitive societies (anthropologists' field *par excellence*) are not averse to opposition from their members, nor are the allegedly western societies free of the lash of cultural conventions. The interesting thing in this convention/dissent relationship is that even if the people who undergo these interventions “think” according to the analytically prescribed logic—even if a Somali girl believes that infibulation is something sacred and an American boy believes that mutilation should be a secret—what we must emphasize is that they often *act in disagreement* with it. I thus believe that the political dimension should be reinstated in our contexts of analysis, making their relations more complex instead of simplifying them. This is the case whether these relations are in regards to our own disciplinary conventions and traditions or whether they account for the relationships between anthropology and other equally complex conventions and traditions (on the matter of hermafroditism, mainly the conventions of medicine and law).

⁸ Fausto Sterling's is the most comprehensive discussion over the model of sexual dimorphism. As mentioned, I note that the notion of gender identity emerges at the same time as the medical debate over the intervention on children and transsexual bodies.

⁹ Herdt, maybe the most famous observer of male rites of initiation in Melanesia, when revisiting his research field, regretted the progressive 'dilapidation' of local habits. For example, the fact that the men have not made the boys noses bleed as regularly as before, or that the boys would attempt to flee the rituals.

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