The Psychological Effects and Cultural Implications of Female Genital Mutilation: A Literature Review

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ABSTRACT. Female Genital Mutilation (FGM) has been recognized by the World Health Organization as a topic of fierce debate, especially within African cultures. Although there has been a significant amount of focus placed on the physical ramifications of FGM, there has been a paucity of literature that examines the long-lasting psychological effects of the practice. The present study is a literature review of the relevant research addressing the negative psychological effects and cultural implications of the practice of FGM. Utilizing definitions, case studies, comparative studies, and a brief discussion of counseling implications, this paper aims to introduce and explain the main psychological effects that can occur in those who undergo FGM, and to discuss the cultural framework that surrounds the issue. According to this study, the most prevalent and consistently found psychological effects appear to be depression, anxiety-related disorders, Post-Traumatic Stress Disorder (PTSD), and psychosexual dysfunction. Additionally, the most significant cultural implications seem to be religious, familial, and related to social identity.

1. Introduction

For many years, there has been a Human Rights debate centered on the topic of Female Genital Mutilation (FGM), especially within African cultures. According to the World Health Organization (2013), FGM is defined as "procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons", and can be further broken down into four distinct categories. Type I (Clitoridectomy) refers to excision of the prepuce and clitoris, Type II (Excision) refers to removal of the prepuce and clitoris with removal of the labia minora, Type III (Infibulation) refers to excision of the external genitalia with narrowing and stitching of the vaginal orifice, and Type IV refers to otherwise unclassified genital mutilation, including piercing, pricking, cauterizing or cutting of the vulva.

It is estimated that 140 million women are suffering from the ramifications of FGM today, and that at least three million undergo a subtype of the procedure each year (WHO, 2013). FGM is usually performed by an older woman in the community on girls between infancy and age fifteen (WHO, 2013). The practice is often done in secret during the middle of the night without warning the girl (Whitehorn, Ayonrinde, & Maingay, 2002). Anesthetics are not typically used, and the procedure may be done using a range of available objects for the cutting including sharp rocks, broken glass, or razor blades.

Advocates against FGM stress the medical problems that result from the procedure, such as severe infection, recurrent bladder infections, childbirth complications, and infertility, but gloss over the psychological implications of this practice. The mental repercussions that affected women have to deal with can be just as severe, and are frequently intensified by the experience of the excruciating physical pain (Slack, 1988). The practice also has certain cultural implications as they relate to close relationships and social isolation. This article provides an overview of the literature that discusses the psychological effects and the cultural implications of FGM. The review includes definitions, case studies, comparative studies, and a brief discussion of counseling implications related to the psychological effects of FGM. This review is in no way an exhaustive discussion of the topic of FGM as it is discussed within several academic disciplines. My goal in this article is to tell the "story" of FGM as I introduce and explain the main psychological effects that can occur as a result of FGM, and discuss the cultural framework

that surrounds the issue. For the purposes of this paper, I will refer to FGM as an all-encompassing term unless one of the four types is specified in the articles cited.

2. Psychological Effects

Although research is sparse, there have been some studies that focus on possible psychiatric effects of FGM. Although a range of psychological effects have been reported, the most prevalent and consistently found effects are depression, anxiety-related disorders, Post-Traumatic Stress Disorder (PTSD), and psychosexual dysfunction (Hearst, 2013). Interestingly, a common link in the development of these disorders is the experience of flashbacks to the FGM event.

Depression, Anxiety, and PTSD

Long-lasting and excruciating pain is a key contributor to the development of anxiety and depression (Slack, 1988). Because FGM causes young girls such intense pain in a very sensitive area of the body, it carries the potential to cause substantial psychological problems. Because the pain of FGM recurs throughout a female's life as the traumatized area is directly affected during female biological processes such as menstruation, urination, and childbirth, the anxiety and depressive episodes may have a similar persistent effect (Slack, 1988). In fact, the depressed and anxious mood caused by painful memories of undergoing circumcision may continuously lead women to feel worthless, guilty, and incapable, sometimes leading to suicidal ideation (Whitehorn et al., 2002).

A study conducted by Nnodum (2007) from Imo State University which focused on depression, compared the depressive symptoms of 690 circumcised women to 660 uncircumcised women using a researcher-structured questionnaire (Nnodum, 2007). Depressive symptoms were investigated using statements adapted from Beck's Depression Inventory (Beck, Steer, & Brown, 1996), and results suggested that circumcised women had a significantly higher level of depression than uncircumcised women (Nnodum, 2007). Mutilation of the genitalia, the intense pain felt during intercourse, and the inability to achieve sexual gratification are all elements of FGM that predictably lead to feelings of inadequacy and incompleteness that ultimately force a woman into a state of depression (Nnodum, 2007).

Behrendt and Moritz (2005) conducted a 3-month study on a group of 24 uncircumcised and 23 circumcised Muslim women in Senegal. After spending two days building rapport with an interviewer, participants were given a semi-structured interview with diagnostic questions based on the Mini International Neuropsychiatric Interview (Sheehan et al., 1998) and the Traumatic Life Event Questionnaire (E.S. Kubany, unpublished, 1995; Behrendt et al., 2007). The researchers found that 90 percent of the circumcised women had experienced feelings of intense fear, helplessness, horror, and severe pain with 80 percent of circumcised women reporting that they continued to have traumatic re-experiences of the procedure. Compared to only one uncircumcised woman, 80 percent of the circumcised women met the criteria for an anxiety disorder, and 30.4 percent of the circumcised participants in the study were diagnosed with PTSD. This percentage is equivalent to the 30-50 percent rate of PTSD among those who suffer early childhood abuse (Behrendt et al., 2007).

Following the research of Behrendt et al., Suardi, Mishkin, and Henderson (2010) explored a case study of a 19-year-old woman, referred to as "F", from a West African country who underwent Type III FGM at the age of 10. F was originally admitted to a United States pediatric emergency room with symptoms of nausea, loss of appetite, and severe abdominal pain. Further testing did not show any physical medical problems, so she underwent a psychological assessment. She did not qualify for a diagnosis of Depression or Generalized Anxiety Disorder, but according to the UCLA PTSD Index for DSM-IV—TR Adolescent Version (Steinberg, Brymer, Decker, & Pynoos, 2004), F had a score that suggested mild PTSD symptoms. The facts that she went through a traumatic event involving her experience of an actual physical injury with a substantial amount of trauma, and that she continuously re-experiences it, serve to legitimize her diagnosis. In addition, F reported sleep problems due to increased arousal, most likely caused by an increase of anxiety (Suardi et al., 2010). After this assessment, F was able to make the connection between her somatic and psychological symptoms as her reports of abdominal pain coincided with her re-experiences of her circumcision, or even just thinking about returning to her home country. This case study highlights the important connection between the physical and psychological effects of FGM. In F's case, the psychological impact of PTSD actually manifested itself physically as it perpetuated her somatic symptoms.

A study done by Elnashar and Abdelhady (2007)

investigated the psychological effects of FGM, comparing a random sample of 200 circumcised women to 64 uncircumcised women. The data were collected in a questionnaire format utilizing the Symptoms Check List 90 that was developed by Derogatis and colleagues to identify patterns of psychological ill-being (Derogatis, 2000). Results revealed that compared to the uncircumcised women, the circumcised females had significant differences regarding somatization, anxiety, and phobia (Elnashar et al., 2007). It was also found that women suffer from feelings of incompleteness, anxiety, depression, chronic irritability and frigidity as a result of undergoing FGM.

Psychosexual Dysfunction

Psychosexual dysfunction is characterized by the inability to achieve sexual arousal or satisfaction at the appropriate times or in the proper situations. It is most typically the result of mental or emotional issues, the most frequent being depression, anxiety, traumatic sexual experience, guilty feelings, stress, and negative body image (Mount Sinai Hospital, 2013). Most of these factors are associated with FGM, and thus have the capacity to manifest as psychosexual dysfunction in a circumcised woman.

El-Defrawi, Galal Lotfy, Dandaash, Refaat, and Eyada (2001), carried out a study supporting the notion that female genital mutilation can lead to a variety of psychosexual dysfunctions in affected women such as dysmenorrhea, lack of sexual desire, and difficulty reaching orgasm. Both circumcised and uncircumcised women in Egypt were interviewed about their sexual behaviors and attitudes using the Arabic version of the Sexual Behavior Assessment Schedule (El-Dafrawi, 1992). Results showed that significantly more circumcised females (83%) reported a lack of sexual desire than uncircumcised women. Circumcised women were also less pleased by sex, and were less likely to initiate sex with their husbands (El-Defrawi et al., 2001). Not only did they have problems during sex, but some women also developed a phobia of sex, as well as emotional problems as they relate to their relationships with their husbands and the decision of whether or not to circumcise their own daughters.

Other research has focused on determining the main outcome of psychosexual effects due to FGM (Ibrahim, Ahmed, and Mostafa, 2012). Two hundred and twenty married women, both circumcised and uncircumcised, were asked to complete a validated 19-item Female Sexual Function Index (FSFI) questionnaire in an interview setting. They were evaluated psychologically via the symptoms check list developed by Derogatis & colleagues mentioned in a previous section. Finally, each participant was given a gynecological examination (Ibrahim et al., 2012). Of the circumcised participants, 86% had undergone Type I FGM while 14% had undergone Type II. Positive elements of sexual experience such as desire, lubrication, satisfaction, and orgasm, were all reported more frequently within the uncircumcised group than within the circumcised group. Additionally, significant differences were found between the two circumcised groups in their total FSFI scores. The group of women who underwent Type II FGM scored significantly lower than the Type I FGM group in desire, lubrication, satisfaction, pain, and orgasm, and reported higher scores of somatization, depression, phobia, and anxiety as it typically a more invasive procedure.

3. Cultural Implications

Although it is certainly necessary to understand the mental health implications of FGM, it can be useful to examine how the practice is culturally perceived (Hearst & Molnar, 2013). As one can imagine, undergoing FGM and all of the consequences that come along with it would not be something most women would choose to do for personal pleasure. According to the Elnashar et al. (2007) paper mentioned in a previous section, women were most likely to undergo FGM for a traditional or religious reason. The social pressure associated with certain cultural ideologies seem to outweigh the desire to avoid physical suffering. Many girls and women are left to suffer in silence as they feel that there is no acceptable way to express their fears within their culture. Sometimes, they are even told that if they do express their fear, they will cause the death of their mothers and the shame of their families (The Harvard Law Review Association, 1993).

The socio-cultural intent of FGM is thought to be the prevention of sexual promiscuity among young women, and to avoid pregnancy outside of wedlock (UNICEF, 2005). Circumcision becomes a social status marker, communicating a woman's place within the structure of society. It is perceived to be a metaphorical shield of protection for women that prevents them from shaming their families due to the implied chastity of the practice (Gruenbaum, 2005). According to research, however, FGM does not necessarily lower a woman's level of sexual promiscuity from the baseline. In the previously

mentioned study done by Nnodum, results showed that there was no significant difference between the level of sexual promiscuity in circumcised women and uncircumcised women as the level of promiscuity was already very low among uncircumcised women, essentially operating as a floor effect (Nnodum, 2007). This result raises the question, then, of whether or not FGM serves a significant cultural purpose, a question at the core of many arguments against the practice.

In cultures that practice FGM, it is often used as a protective mechanism for a woman's marriageability (Gruenbaum, 2005). Women frequently experience psychological tension when they anticipate the severe pain they must undergo in order to fulfill their social roles as a wife and a mother. Psychosexual dysfunctions that result from FGM certainly have implications for the marriages and relationships of these women (Ibrahim et al., 2013), as suffering from a psychosexual disorder would complicate the process of sexually satisfying a partner. This results from the distractedness by the anxiety that precedes sex, the intense physical pain that results from it, and the feelings of inadequacy and failure that come afterward. Additionally, women who undergo FGM also tend to experience a sense of failure to fulfill their social roles as persistent worry and constant pain interfere with their ability to be a wife and a mother (Whitehorn, 2002). These feelings can further lead to experiences of social isolation for circumcised women.

The issue of FGM also places pressure on social situations, specifically on close relationships. In a self-report study, Youssouf (2013) reported that living in a culture that practices FGM contributes to marital tension, as well as difficulties for women regarding decision-making about their daughters' futures. For instance, Youssouf's father did not want her and her sisters to be circumcised, but her mother was so insistent upon it that they were circumcised in secrecy while her father was away. This created a lot of tension in her parents' marriage, almost leading to their divorce. Whereas her father did not agree with FGM, Youssouf's husband wanted their daughter to undergo the procedure, placing Youssouf in a difficult position between maintaining marital harmony and doing what she felt was right according to her moral beliefs. Either way, she was going to face psychological pressure as a result of this tension. Youssouf's story provides a specific example of how socio-cultural factors are at play in the practice of FGM.

4. Implications for Treatment and Counseling

In the West, there are more clearly defined interventions to treat psychological disorders. Interventions in non-westernized cultures often take completely different forms. In the majority of Muslim cultures, religion is seen as the primary means of maintaining psychological health, and the Islamic quest includes the scrutiny of the human make-up (Baasher, 2001). That is, it requires self-analysis to identify where one falls short of his ideal. This includes the recognition of one's inner weakness that requires religious devotion and useful work to be overcome. Ultimately, the tension between religious underpinnings as a means of mental health maintenance and its support of a practice that is so detrimental to mental health causes a real problem for circumcised women. What are they to do if the religion that is supposed to support their mental health is the same religion that causes them to suffer the psychological trauma in the first place?

FGM is a sensitive topic for both physicians and patients, and there has not been a very clear way to handle the issue in a medical setting. Women who are victims of FGM have had mixed opinions about how they wish to talk about their circumcision with physicians (Hearst et al., 2013). Some women become confused when doctors do not discuss it with them because they are expecting instrumental assistance. On the other hand, some women become frustrated with discussing FGM because they argue that it becomes a topic of fascination for the doctor, causing them to be seen as "specimens" instead of as humans. Thus, there are obvious issues with how to treat the effects that result from FGM. Perhaps this is when the previously mentioned "culturally sensitive" approach would be most effective (Hearst et al., 2013). Women who have come to America after experiencing FGM report wanting their physicians to know that they have undergone the procedure, but they do not want to discuss it further unless there is an anticipated problem that would involve discussion. And when discussion is necessary, it is important that physicians use terminology with which their patients are comfortable. For example, most women who have undergone the procedure do not call it FGM, but prefer the term "circumcision" as it seems more neutral (Hearst et al., 2013).

Evidently, FGM is associated with many long-term psychological, marital, and social problems for the women who undergo the procedure. It is important, then, for health centers, hospitals, mosques, and women's organizations to spread the message about the health impair-

ments associated with FGM in order to protect women in the future. With the goal of helping patients cope with life problems, counselors should also make sure that they are well-informed about the culture from which a patient comes (Nnodum, 2007). This is especially important for counselors working with victims of FGM. It has even been suggested that counselors seek to be a part of promoting public engagements about ending the practice. By doing this, counselors could help women protect their health, their marriages, and their role fulfillment within society.

In conclusion, FGM wears its title as a controversial topic as a result of its combination of culturally imbedded importance and severe psychological consequences. Psychological effects include, but are not limited to: depression, anxiety, PTSD, and psychosexual dysfunction. FGM can also cause feelings of isolation by interfering with marriage relationships, and the ability for a woman to fulfill her social role. Physicians and counselors should be careful to consider the cultural background of an FGM victim so that he can most effectively help her cope with her physical and psychological problems.

5. Suggestions for Future Research

There is clearly a need for intervention and compromise with respect to the practice of FGM on behalf of women. This will require that the focus on the implications of FGM not remain solely on the physical, but also adjust to include the long-lasting psychological damage that FGM can cause for women. As previously mentioned in this paper, there is a lack of psychological research done on the topic of FGM. Because it is such a substantial Human Rights debate, many studies have been focused on more explicit physical danger that could qualify as child abuse. Further psychological studies could help clarify the causes and consequences of the pain and suffering involved with FGM, and serve as a promotion for development of ways to combat its negative effects (Gruenbaum, 2005). Some of the research in this article has highlighted the ways in which psychological effects of FGM perpetuate the physical symptoms. This fact suggests that psychological research could prove beneficial as supporting evidence for research done on physical trauma. Studies that focus on predictive and protective factors (e.g. social situation and parents' beliefs) of FGM could be of great value as they could direct education and awareness to the communities that have the highest prevalence of such factors. That being said, it is also important to keep in mind the cultural variances in the motivations for FGM that are community-specific (UNICEF, 2005).

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