Talking about Genital Alterations – Linguistic Aspects

"'But how do they do it?' Chamcha wanted to know.
'They describe us,' the other whispered solemnly.
'That's all. They have the power of description,
and we succumb to the pictures they construct.'"

SALMAN RUSHDIE, *The Satanic Verses.*

1 On Language and Perception

The way we perceive the world is heavily influenced by the way we talk about it. This is due to the fact that the mental representations of things are normally communicated to other members of the speech community by the use of language. Therefore, any concept that cannot be experienced directly with our senses and even the interpretations we give to concepts that can be perceived that way depend on how our minds experience linguistic signs – a process based on, but not limited to, the conventional meanings given by speech communities to those signs.[1] In the structuralist paradigm, the meaning of any sign is determined by its relations to the other signs of that language. Cognitive linguistics tells us how those signs are mapped back onto the extralinguistic world in the human mind, with metaphors derived from human bodily experiences playing a crucial role.[2] AZZOUNI (2013) argues that humans actually experience pieces of language as if they possessed monadic meaning properties.

Although in principle any sign or symbol can take on any meaning, the conventionality of language implies that we are not free as Humpty Dumpty in relating meanings to symbols – once such a relation has been established and accepted within a speech community, successful communication requires some degree of stability. That stability, although not perfect, is greater in the short run than in the long run and rooted in the denotational or core content of any linguistic symbol, while connotational aspects may include an array of associations driven by culture and shared experiences. We are in a position to identify the denotational elements of a term and relate them to the denotational elements of others, which allows us to classify concepts – indeed any scientific taxonomy is based on doing this.

Speakers judge things according to the names they receive. This happens unconsciously since it is normally safe to assume that any language will have developed the necessary lexical and grammatical features to talk efficiently about the concepts that are important to that speech community, reflecting the judgments the community makes about those concepts. If, for instance,

[1] Philosophers like PLATO, IMMANUEL KANT, JOHN LOCKE, JOHN STUART MILL, LUDWIG WITTGENSTEIN, and linguists like WILHELM VON HUMBOLDT, EDWARD SAPIR, LEO WEISGERBER, HILARY PUTNAM and ERNST LEISI, to name but a few, have written on this topic. VON SLAGLE (1974: 24ff) gives a concise overview of some classical Western contributions. The anthology edited by DAS and BASAK (2006) includes insights from Eastern thought.
[2] Cf. PECHER / ZWAAN (2005: 2f).

within the same utterance two objects are referred to by different words, we can conclude that the speaker conceptualizes them as different things and believes other members of the speech community to do the same, whether or not those things are different in reality. The same object may even receive different names according to the current use it is given. The boundaries of categories frequently differ from one language to another while members of any speech community tend to show agreement over which items are typical representatives of a category and which ones are not.[3]

In unconscious linguistic choices, speakers will normally make use of the linguistic resources available and prefer default categories over their hyponyms and hyperonyms, both of which are often reserved for technical and scientific discourses. Only when new concepts arise and gain importance in a speech community or when old ways of referring to a concept are deemed inadequate will there be an impetus for lexical change, such as word formation or borrowing.

Conscious linguistic choices, on the other hand, are made in awareness of the interdependence between language use and perception. They can be made in order to shed light on the nature of concepts – their qualities and relations in reality – but also to blur such understanding and deliberately create an image the speaker wants to construct.

This paper will use the semantic field of genital alterations to analyze the two kinds of linguistic choices. Semantic component analysis and etymological analysis will help to decide whether common language use on this topic offers adequate descriptions of reality.

2 Semantic Component Analysis

Semantic component anlaysis is based on the idea that semantic fields can be structured according to the denotational content of the lexemes they are made of. That content is represented by semantic markers that can take positive (+), negative (–) or unspecified (o) values and refer the definition of the term back to other lexemes. A classical example is the semantic component analysis of *girl* with its semantic markers *+ human, + female, – adult.* The concept *girl* is in a relation of similarity with other concepts that share the same values for one ore more of the markers, e. g. *woman (+ human, + female, + adult), boy (+ human, – female, – adult),* etc. In hyperonyms of a concept, one or various semantic markers that are constitutive for the hyponym will take an unspecified value, like *child (+ human, o female, – adult)* or *human being (+ human, o female, o adult)*. Since hyperonyms lack specified semantic markers, they are more general in meaning while adding distinctive properties gives a term more specificity. Please note that an unspecified marker is a necessary, but not a sufficient condition for hyperonomy: only if no positive marker takes a negative value in the other concept or vice versa can a relation of hyponomy and hyperonomy be supposed.

It has to be kept in mind that negative values for a semantic marker will lead to a clear definition only in case of a dichotomy in the real world. In our example, *(– adult)* only tells us what *girls* and *boys* are not – except for metaphorical uses of those terms – but says nothing about intermediate stages as explicitly referred to by terms like *teenager, adolescent* or *youngster.* As we can refer to the same person at the same age in one situation as a *girl* and in another situation as a *teenager,* these concepts obviously have some overlap. When we take a closer look, the same is true for *(– female)* in the semantic component analysis for *boy* due to the existence of intersexuality. The

[3] Cf. AITCHISON (1994: 85ff).

semantic component analysis can, however, account for these facts by including the required semantic markers. An intersexual child could therefore be described as *(+ human, + female, + male, – adult)*. Finding the relevant distinctive features that adequately define a concept is ultimately based on a scientific analysis of the real world.

The above-mentioned preference of speakers for using default categories in unconscious linguistic choices can now be described as using the most general term available that will still be associated with a prototypical mental image, unless there is a special motivation to do otherwise. Please also note that English has the word *hermaphrodite* referring to intersexual people in general, but no lexeme for intersexual children. Since intersexuality is rare, this speech community has not been driven towards lexicalizing the concept with the additional meaning *non-adult.* We will come back to these tendencies in language later.

3 The Semantic Field of Genital Alterations

Human beings have been interested – to say the least – in their genitals since prehistoric times, probably since the appearance of our species and the use of language on earth. This may be due to the fact that life itself is passed on by sexuality and to the great pleasure that can be experienced by consenting individuals naturally endowed with highly sensitive genitalia when they make love – widely considered to be the most intense and rewarding experience that any being can have.

Given that interest, it is not surprising that prehistoric humans started to either present or cover their genitals and even to make changes to them. From ancient times, there has been a wide variety of alterations concerning the genitalia. Talking about them, as about sexuality in general, however, has been a taboo in many societies until today. We should therefore not be surprised to find myths and misconceptions.

In order to define the semantic field of *(human) genital alteration,* we need to make clear what human genitals are and what we are going to understand by an alteration. The term *genital* (< Latin *genitalis* < *gignere* 'to beget') refers to any organ related to reproduction. Male and female genitals, though complementaries in function, are derived from the same structures and the same embryonic tissues – within the first ten weeks of life, the gender of a human embryo and fetus cannot yet be recognized from the phenotype. During growth, these tissues develop into their specialized forms and functions and find their respective locations in the body. We can actually talk about human genitals in male, female, and intersexual distributions. Structures not needed anymore become rudimentary during the development, but those never include tissues supplied with specialized tactile cells and nerve endings. An important implication of the homology of human genitals is that males, females, and intersexuals possess the same total number of nerve endings in these organs – what differs is once again their distribution.

It follows that any tissue found in a male corresponds to its homologous tissue in a female. Sometimes, these homologies are quite evident, like male testicles corresponding to female ovaries. In other cases, tissues homologous to the ones we find in what is often described as one organ in one sex distribute over various organs in the other. Take the male penis, for instance: its paired dorsal *corpora cavernosa* find their homologues in the clitoris inside the female body, the *glans penis* corresponds to the *glans clitoridis* and the *corpus spongiosum* around the male urethra is

derived from the same tissues as the female *labia minora.* The foreskin – the most sensitive part in a male – not only includes tissues that correspond to the much smaller female clitoral hood, but also the highly innervated frenulum that is also present in the female separating into two *frenula clitoridis* connected to the *labia minora*, the rigged band at the tip of the foreskin giving it the properties of a lip, and the mucous inner lining with its capacity for lubrication. We should also expect to find correlates of the male foreskin's innervation and specialized tactile cells in the epithelia surrounding the female urethral orifice.

The term *alteration* (Medieval Latin *alterare* 'to change' < Latin *alter* 'other') can be taken literally. Let us therefore take a look at any changes done to human genitals and see which semantic components turn out to be relevant for their classification. There is indeed a wide variety of such changes. They range from purely cosmetic adaptations normally done for pleasure, like pubic hair removal, over practices like stretching the inner labia, piercing or tattooing any of the external genitalia, medical interventions due to a vital indication like any justified Caesarean section or operative cancer treatment to extremely harmful practices rooted in human sacrifice or archaic rites of passage and involving the loss of sensitive genital tissue. Genital alterations also include any operation done for the purpose of turning one sex into another or "assigning" a sex to a hermaphrodite.

This list shows clearly that *genital alterations* is a broad term that does not evoke a clear image. It is indeed so heterogeneous that we can use the metaphor of a *clear blue ocean* between acceptable forms capable of improving the quality of life and destructive forms that necessarily harm and generally traumatize their victims for life, with only few islands in between. The enumeration also leads to some criteria that might be useful for our classification. These include *voluntary* versus *involuntary*, *reversible* versus *irreversible*, *painful* versus *painless* and any other criteria you may consider to be relevant. The questions whether or not a procedure involves the loss of sensitive tissue, damages or removes a functional organ, whether a procedure can be justified on the ground of a vital indication, that is, if life itself is endangered if the procedure does not take place, and whether targets of the procedure are generally aware of its results, seem to be of paramount importance here.

Table1: Classification Criteria for Genital Alterations

	volun-tary	rever-sible	pain-ful	loss of sensitive tissue	loss of or damage to a functional organ	psycho-logical damage	danger to life if not done	target aware of the results
pubic hair removal	+*	+*	–*	–	–	–	–	+
labia stretching	+*	o	–	–	–	–	–	+
genital piercing	+*	+*	o	–*	–*	–	–	+
Caesarean section	o	–	+*	–*	+*	o	o	+*

operative cancer treatment	+*	–	+*	o	+	o	o	o
labial reduction	+*	–	+*	+	o	o	–	–*
genital mutilation	–*	–	+ to +++	+ to +++	o to +++	+ to +++	–	–*
sex change	o	–	++*	+ to +++	+++	+ to ++ +*	–	o

As presented above, semantic markers taking a positive value for a given concept are marked with the symbol (+), negative ones with (–), and unspecified ones with (o). Multiple symbols like (++) indicate more extreme cases. An asterisk indicates possible exceptions. As with unspecified values and cases where a range is given, these point to either some imprecision or variation in the concept and require further discussion.

Starting out with pubic hair removal as the most clear-cut example of an inoffensive form of changing the appearance of human genitals, we find that it is – at least in Western societies – generally voluntary. Except for some quite expensive and time-consuming treatments promising permanent results, it is reversible. Although some procedures, such as Brazilian waxing, involve momentary pain, the person who chooses to have one judges to be more than compensated for that pain by the pleasure he or she expects from the results. There is clearly no loss of sensitive tissue, no loss or damage to a functional organ and no psychological damage from that purely cosmetic procedure.

The practice of stretching the *labia minora* by adolescent girls themselves, prevalent in the Democratic Republic of the Congo and neighbouring countries such as Rwanda and Burundi, is described as voluntary, albeit suggested by family members and performed in groups.[4] There is some degree of natural reversal if the stretching is not kept up, especially after giving birth. The procedure itself, including the use of plant extracts, is not described as painful but rather involving pleasure. More importantly, there is no loss of sensitive tissue and no functional organ is lost or damaged by the elongation. On the contrary, women and their partners have considered it an enhancement of sexual life. However, some possible inconveniences have been described, including discomfort with some clothing and risk of ulceration. The psychological effect of having elongated labia minora seems to be highly dependent on the self-esteem of the individual herself and on the surrounding society, ranging from pride among the Luba and other tribes with that tradition to possible shame in societies that are not used to it.

With genital piercing, we still find a quite similar distribution of the criteria: it is voluntary with the person having it aware of the results and almost completely reversible. There is some minor pain involved. Loss of sensitive tissue or damage to a functional organ has only been described for some types of genital piercings, such as the Prince Albert, and there are no indications for psychological damage.

The Caesarian section has been included here since it involves cutting, leading to scars on the belly

[4] Cf. GRASSIVARI GALLO et al. (2010: 116ff).

and in the uterus. Although the operation is normally performed under anesthesia, pain is felt over an extended period and the potential for further child-bearing is reduced. What distinguishes the Caesarian from the types of genital alterations discussed above is that a valid medical indication exists: when the lives of the mother or the child or both are at stake, a Caesarian is obviously the lesser evil. However, many Caesarian sections are done without a vital indication. They may still be voluntary, but the mother is often unaware of the implications of that operation. She and her partner might have been improperly told that it is a minor or routine operation that could even save her from pain, without mentioning the downsides of the operation and the benefits of a natural birth. The motivation behind that bias in information is often inadequate economic incentives, leading hospitals to seek as many operations as possible. There are even reports of women who have been obliged to have a Caesarian against their will. In Brazil, there is a protest movement of women fighting for their right to a natural birth.

The internal and external genitalia of humans can be affected by cancer. While for cervical cancer its causes – human papilloma viruses of the types 16 and 18 – have been identified and vaccination is available as an effective prophylactic measure at least for the young generation, other types of cancer are not well understood yet and still pose a major threat to human lives. Among the types that interest us here, the major incidence, their distributions depending heavily on lifestyle factors such as eating habits,[5] lies with carcinoma affecting the internal genitalia and the breasts, while carcinoma of the external genitalia are rare conditions that have been observed in patients of old age. When a carcinoma is present, there is a vital indication for removing the affected and even surrounding tissues. As with the Caesarian section, however, many cases of unnecessary operations removing functional organs have been reported, with patients ill-informed about relevant alternatives and consequences of the procedures.

Some lifestyle clinics offer reductions of the *labia minora* as an elective surgery. These are irreversible and clearly imply the loss of sensitive tissue. Obviously, no vital indication warrants cutting away healthy tissue. The motivation behind it seems to be a desire for conformity to what is perceived as a norm or standard. That perceived standard is, of course, socially constructed as any fashion or custom and completely contrary to the one described above for the Luba and other peoples of central Africa. It can be assumed that most women having that kind of operation are aware of the cosmetic results but probably unaware of the consequences of the loss of sensitive tissue. As with the medical procedures discussed above, psychological damage may result when the truth comes out. The same applies to adult men who agree to an ablation of their foreskin.

When it comes to genital mutilations, traditionally and euphemistically called circumcisions, we find that the vast majority of them are committed against defenceless, non-consenting infants and children. There are variants that range from pricking the clitoral hood to removing the *glans clitoridis,* clitoral hood and *labia minora* (the so-called "Pharaonic circumcision") of females and from incising the urethra over cutting the tip of the foreskin with its ridged band, amputation of the whole foreskin and frenulum to skinning the entire penis of males. Except for the pricking, the results of those procedures are irreversible. They are extremely painful and inevitably imply the loss of sensitive tissue. Functional organs are damaged or removed without a vital indication from victims who are generally unaware of what they are losing and of the psychological damage to be endured for their whole lives – a damage that many affected men and women have found the courage to talk about only after decades of silence.

Surgical interventions aimed at changing one gender into another may be voluntary in cases when

[5] Cf. SERVAN-SCHREIBER (2007: 29ff).

someone feels to be “living in the wrong body.” However, many intersexual people have been victims of involuntary gender assignment surgeries. The main problem with those irreversible interventions is the loss of functional organs such as the gonads. Furthermore, the assigned gender will be only phenotypical, not entirely functional. Severe psychological damage is almost inevitable. Even in the case of transgender people's voluntary sex changing operations, generally following years of psychological counselling, high suicide rates suggest that targets have been widely unaware of the actual results.

We can now reconsider the relevance of our criteria for further classification. Other criteria may be proposed if they can be expected to broaden our understanding of the subject. Criteria that can be immediately identified as irrelevant for classification – though not necessarily for explaining the prevalence of a procedure – include the gender of the victim or target (leading to tautological definitions), the question whether a procedure has a long tradition, typical settings, and myths surrounding a certain type of genital alteration. We would expect a correlation, however: the more widespread, harmful, unnecessary and involuntary a traditional procedure is, the more it will be surrounded by myths, ceremonies, and excuses brought forward in order to justify the unjustifiable. That is exactly what can be observed.

Summarizing, we can identify a genital alteration as cosmetic if no sensitive tissue is lost and no functional organ is damaged. Since no psychological damage is to be expected from cosmetic changes, especially if they are voluntary and reversible, we need not be concerned with them anymore – they are questions of personal preference. If the cosmetic change is not performed by a person on him- or herself, he or she can be considered a *customer* of the respective professional.

If an alteration damages a functional organ or leads to the loss of nerve endings, a closer look is required. For a genital alteration to be qualified as medical, we need a vital indication or at least a well-informed adult requesting that intervention to be performed on him- or herself after due consideration of all relevant alternative treatments available for a medical condition and their respective risks and long-term consequences. The more invasive and irreversible an intervention, the higher those information requirements should be. The target of a procedure meeting these requirements can be called a *patient.*

If any of those conditions are not fulfilled, we have crossed the border to the concept of genital mutilation. Since this kind of alterations is in the focus of the remainder of this paper, the following definition is proposed: **genital mutilation is any change to genitals leading to the loss of sensitive tissue or damaging a functional organ that is not required due to a vital indication and not solicited by a well-informed adult to be performed on him- or herself**. The target of a genital mutilation is a *victim.*

Prototypical and marginal examples of genital mutilations can now be described. We find a form to be more prototypical the more criteria it fulfils and the higher it ranges on the severity scale. The concept is open to include alterations not mentioned above, such as sterilization or castration. A voluntary genital alteration leading to a loss of sensitive tissue based on a subject's wrong assumptions about the outcome will still be considered a genital mutilation, albeit a more marginal one than if the same intervention were committed against a non-consenting minor.

We also find parents giving consent to such interventions without full information and due

consideration or succumbing to social pressures to be victims as well. The more acute the lack of information and the more intense those pressures are in a society, the more empathy, courage, and critical thinking it takes not to be drawn into the vicious cycle of guilt, rationalization of genital mutilations, and their repetition in the next generation. Even a person who has been obliged to commit them without being aware what he or she was doing, say as a student, can be considered a victim.

Among the reasons for that lack of awareness in a society, there are taboo, euphemism, and deliberate denial of the facts.

4 The Two-Edged Sword of Euphemism

The vast majority of people, especially those affected, would wish that the facts about genital mutilation as outlined above and proven in detail in the literature and a myriad of victims' testimonies – themselves only being the tip of an iceberg – were not true. When you take a closer look, there is, however, no getting around them.[6]

It is understandable that many victims prefer not to think about something that they know deep inside to be traumatic and that they cannot undo anyway. Therefore, it is individually rational to reject evidence on the harm done to oneself – or the harm that a person has inflicted or contributed to be inflicted on others – and to look for explanations and justifications for that condition. Innumerable myths have been invented to cater for that desire, some of them in the guise of culture, religion, medicine or even science. The same desire is reflected in language use: taboo and euphemism seem to comfort the speakers and hearers unprepared for facing and accepting a bitter truth.

There is no right to the mercy of ignorance, however, because that ignorance contributes to the continuation of harmful and traumatic practices. Thinking about that harm and accepting the truth may be painful for the affected persons but not to do so is much worse and indeed morally unacceptable due to the externality of putting others – especially the coming generations – at risk. We have seen above that the way a society talks about something not only reflects but also influences its thinking about that issue. Euphemism is, therefore, a double-edged sword: it may appear comforting but its corollary is to be a factor in the continuation of the very atrocities it seeks to disguise.

I will consider a linguistic choice to be *adequate* if it reflects the conditions in the real world. It will be considered *inadequate* if it blurs the understanding of those conditions and it will be regarded as *harmful* if it contributes to the continuation of destructive practices by fuelling the belief that those practices could be anything else. Harmful linguistic choices are always inadequate, but inadequate linguistic choices, such as dysphemisms, need not be harmful. Some common ways of referring to genital alterations will be analyzed and suggestions for appropriate wording will be made, including ways of comforting victims' desire for minimized suffering with the truth.

[6] See for example BIGELOW (1995), DENNISTON / MILOS (eds.) (1997), GOLDMAN (1997), DENNISTON / HODGES / MILOS (eds.) (1999, 2001, 2004, 2009, 2010), DENNISTON / GRASSIVARO GALLO/ HODGES / MILOS (eds.) (2006), WATSON (2014).

When the topic is genital mutilation, frequent alternative expressions include *genital cutting* and *genital modification*. *Genital cutting* is often perceived as a neutral term – not too precise but still evoking a concept. The main problem with *genital cutting* is that by focusing on a procedure, the consequences for the victims, including lifetime sexual limitations and psychological harm, are not evoked.

The expression *genital modification* is much more problematic. My first hypothesis, leading to the idea of writing this paper, was that *genital modification* had been coined as a euphemism by hyperonomy, diluting a harmful concept by lumping it together with some cohyponyms with less harmful or even enjoyable *signifiés*. But, as often happens when taking a closer look on genital mutilations, during the analysis things turned out to be worse than expected, and I even had to change my title, replacing *modification* first by its plural and then by *alterations*.

Let us see why: the term *modification (*< Old French *modifier* < Latin *modificare* 'to limit', 'to control' < Latin *modus* 'measure' and *facere* 'to make'*)* refers to a change, but its semantic components clearly include the idea of an adjustment or bringing something back to measure. We are instinctively repelled or even insulted by the idea of genitals being modified. Indeed, *genital modification* is not a synonym for *genital alteration,* not even a hyperonym to those forms presented above, but a totally empty concept. If anything, the use of chastity belts or chastity piercings in sadomasochistic erotic play or the use of sensitivity reducing creams could be subsumed under that term. To say *genital modification* as a substitute for *mutilation* is clearly a harmful linguistic choice.

Other inadequate and harmful linguistic choices concerning genital mutilations can be found in medical contexts. *Medicynisms* are problematic because they may blur the real significance of an intervention; those include *vulvectomy* (the removal of the entire external female genitalia, comparable to the Pharaonic circumcision), *ovarectomy* (actually a castration), *hysterectomy* (the removal of the womb), *total operation* (a combination of the latter two), *gender assignment surgery,* etc.

Another term that has inadequately made its way from describing an archaic form of bloodshed into a medical context is *circumcision.* It would be an extremely rare coincidence if a prehistoric rite aimed at humiliating youths and reducing their sexuality turned out to be not only an effective – amputating both legs would also be effective for curing an athlete's foot – but also an efficient, that is, the least invasive and least harmful cure available for *any* medical condition. We should be very critical about claims to the contrary since those probably result from either unreflected repetitions of what medical doctors have been told during their training or – worse – from deliberate intents to justify and perpetuate that devastating prehistoric rite by claiming medical benefits for it, the latter being one of the reasons for its inclusion in a medical student's curriculum.[7] We do not have to decide here whether such a coincidence may have occurred or could be imagined – it is enough to point out that language use is not based on the possibility of rare coincidences.

A word on science: propagandists of male circumcision often insist that their claims are *scientific.* There are, however, good criteria as to what distinguishes a scientific statement from a non-

[7] Others include negative attitudes towards sexuality prevalent in the 19th century, cf. BIGELOW (1995: 69ff).

scientific one. Publication in a peer-reviewed journal is not among them. POPPER (1963) requires a scientific hypothesis or theory to be formulated in such a way that it can be checked against reality and falsified by finding counter-evidence. A falsified theory would then have to be adapted or replaced by another one that better accounts for the facts. This author's hypothesis is that studies claiming "benefits" from the removal of a healthy organ designed to perfection by millions of years of evolution are either wrong or do not stand up to these criteria. The latter are, then, not just bad science, but no science at all. Needless to say, even if such "benefits" could be demonstrated, the decision whether they outweigh the loss of sexual enjoyment and other detriments would still rest with the respective individual only.

The term *circumcision,* therefore, becomes especially harmful when the possibility of a medical indication or necessity is suggested to be a relevant case, as in *medically necessary circumcision* or even with a negative, as in *not medically indicated circumcision.* If they take place in a medical setting or with a medical excuse, *pseudo-medical circumcision* or *pseudo-medical genital mutilation* are preferable. It has to be remembered that so-called circumcisions are prototypical genital mutilations and there is hope that in common language use the word *circumcision* will be ultimately replaced by *genital mutilation*.

In Western societies of the 20th and beginning 21st centuries only, a massive gendered perception bias can be observed. Many speakers unfamiliar with the facts seem to believe that genital mutilation is something that can only happen to females – with the Pharaonic circumcision as its prototypical form – while circumcision is believed to be something more harmless or even beneficial reserved to males. We also note that nobody talks about such things as a **(not) medically necessary vulvectomy* or as *pro-circumcision* to describe a defendant of female genital mutilation, nor would a female victim be considered to be *negatively affected.* When it comes to male genital mutilation, however, expressions like these can be heard even from people who know better.

The reasons behind that bias are the medicalization of male genital mutilation in the West where intents to also medicalize female genital mutilation were soon abandoned, massive propaganda playing down the harms suffered by male victims, and important progress made by activists from outside the countries where female genital mutilation is prevalent to raise awareness about those atrocities. The bias is reflected – or deliberately fostered – by one of the most harmful linguistic choices: the gender-discriminatory use of the terms *circumcision* and *genital mutilation* as in the phrase *male circumcision and female genital mutilation.*

The adequate and politically correct expression would be, of course, *genital mutilation* regardless of the gender of the victim, including intersexuals. Only if that is required and not clear from the context should the gender be mentioned. Abbreviations such as FGM and MGM are a way to reconcile the required clarity with a victim's desire not to be made feel bad by the choice of words.

5 Conclusions and Recommendations

Since language use is related to our way of thinking, the importance of the choice of words rises with the importance of the subject. Common linguistic choices from the semantic field of genital alterations have been identified as inadequate or even harmful and nobody, including the author of this paper, is free from using such expressions because they belong to our linguistic environment

and are often uttered unconsciously. Adequate linguistic choices can, however, contribute to the correction of misconceptions on the level of the speech community and ultimately foster social change. If a neologism or an alternative expression offers a good description of reality or a new way of looking at things that is acceptable to a critical mass of speakers and hearers, it will keep being repeated and ultimately prevail. A "circumcised" penis, for instance, could be adequately referred to by the metaphor *stump*.

We have also seen that prototypical genital mutilations are often discussed in the inadequate contexts of religion and medicine because they were introduced into these contexts at specific places and at specific times in history in order to justify the unjustifiable. Although knowledge about the historical development of genital mutilations within those contexts is necessary for understanding their prevalence, the appropriate context for their discussion would be, however, a forensic one, specifically, the context of sex crimes. This not only reflects victims' feelings, which should be the relevant criterion when it comes to decide whether something is to be considered criminal, but perverted sexual preferences known as circumfetishism and pedocircumfetishism, often rooted in circumcisers' own circumcision traumata, may as well be a still underestimated part of the explanation for perpetrators' and propagandists' zeal defending genital mutilations.

Genital mutilation is indeed a case for superlatives. Any mutilation is an atrocity that can arouse stronger feelings of disgust than even homicide. This is because mutilations are not normally found in nature – animals kill other animals for prey or sometimes as rivals, all organisms ultimately die, so we can accept death as a part of nature, but no animal is known to mutilate others. The same is true for humans – we can all imagine situations of self-defence that might require killing another human being, but mutilation – the removal of a healthy limb from someone – is by definition unnecessary and cruel.

Things get worse when it comes to our genitals, so important for our self-esteem and so intimate that we allow only selected people to even look at them, let alone touch them. This feeling is still much stronger when children are concerned – pedophiles are considered all over the world to be the most despicable of criminals. Now imagine the most horrible combination of all: the mutilation of a child's genitals. That is not only the most perverted atrocity that has been committed, it is indeed the most perverted atrocity that can be possibly imagined. Human language does not provide words that would adequately describe the amount of abhorrence and fury that only the idea must cause. Things get still worse when we understand that this atrocity will still affect the child when he or she becomes and adult, deprived from the sexual pleasures that would have been possible and reminded of the mutilation for the rest of his or her life, every day, every night.

We have so far been talking about a single case. Considering the fact that about one billion males and 300 million females living today are victims of genital mutilations, it seems inevitable that these need to be described as *crimes against humanity.* The verbal collocation in English is obviously *to commit* (Spanish *cometer,* French *commettre,* German *begehen* or *verüben*). For the perpetrators – those whose hands hold the knives, but also propagandists and apologists of genital mutilation – the only way to be pardoned and to avoid being looked upon by future generations as the most abominable of criminals is to stop immediately, publicly admit and regret their wrong-doing, and redirect their funds into correcting as much of the harm as possible, including investigation into how restoration can be improved.

We may refer to that highly influential network of circles interested in the continuation of genital

mutilations as the *genital mutilation mafia*. That mafia is extremely loud, highly resourceful, and well-connected, although it is probably made up of a relatively small number of individuals and it does not represent entire ethnic and professional groups as it pretends to do.

Furthermore, no gender discrimination should be tolerated. Constructing a difference between FGM and MGM based on the gender of the victim is a mere tautology. What can be observed are different geographical distributions, although FGM has only been reported for regions that also practice MGM, a greater variation in the forms of FGM, and a higher number of victims of MGM. The main difference, however, seems to be located in the brains of people from societies that only practice MGM or that are influenced by those societies.

The ways things are referred to can and should always be subject to critical consideration. There is no point in choosing a euphemism and avoiding an adequate linguistic choice just to please those in power. In the long run, truth is more important than power. What has been described above for the word level is also applicable on the discourse level. A discourse analysis of texts on genital alterations, identifying the strategies of the respective authors and the pictures constructed by them, remains a desideratum.

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