

## Consider the Personhood of Women Who Experienced Genital Cutting

**To the Editor:** In the article published in the June 2013 issue of *Mayo Clinic Proceedings*, Hearst and Molnar<sup>1</sup> reported comprehensive data regarding female genital cutting in African and Middle Eastern women. Although their report was educative and meaningful, they overlooked how the human aspect of these women is affected by the cultural imperatives that dominate their lives. Female immigrants are much more than the condition of their genitals. They have varying needs and levels of acculturation with differing views and experiences.

Focus group research reveals that these women are frustrated and often feel disrespected when physicians' questions quickly switch from the presenting problem to female genital cutting. One 65-year-old woman asked, "Why do you ask me so much about this?...My back hurts, I need a job and my family to be together again. These are my problems."<sup>2</sup> Raising Kleinman's questions<sup>3</sup> may give these women the sense that a clinician respects them and their viewpoints: (1) What do you call the problem? (2) What do you think has caused the problem? (3) Why do you think it started when it did?

When caring for African women, we remind clinicians that African cultures are typically based on an oral tradition. If clinicians build rapport and trust by listening to patients' stories, they may hear of deep love toward children and extended family, respect for elders, and actions weighed on the basis of impact on community. They may hear about trauma experienced in leaving a war-torn country or difficulties raising children in a new culture without family and community support as experienced back home.

We recommend a stance of respectful curiosity to sensitively partner with these immigrant families. Carl Rogers said, "If I can be genuinely understanding, listen not only to the words but to the meaning, that is helpful....If I really care about this person in an unconditional way, that's helpful. If I can really be myself in the relationship, not a professional expert, not a psychoanalyst, not a psychotherapist, just me in that relationship, that is helpful."<sup>4</sup> Instead of condemning traditional practices and leading women to be defensive, a Somali woman requested, "Educate the family [considering circumcising their daughter]...You can explain the consequences, what is going to happen. She may have psychological trauma, bleeding, she may get infection, it may affect fertility...They will understand. The Somali people understand when you explain to them and make them understand."<sup>5</sup>

**A. Renée Bergstrom, EdD (ret)**  
**Filsan Nur, BS**  
Mayo Clinic  
Rochester, MN

**Denise Lynne Davis, MD**  
University of California, San Francisco  
San Francisco VA Medical Center  
San Francisco, CA

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## In reply—Consider the Personhood of Women Who Experienced Genital Cutting

We thank Bergstrom and colleagues for their letter in response to our article on female genital cutting (FGC). We are delighted by their thoughtful reading of our article, and we agree with the important points that they make regarding cross-cultural medicine in general and caring for women who have undergone FGC specifically.

They rightly point out that our review article focused mostly on medical management. As we mentioned in the article, the practice and cultural meaning of FGC varies so much across different ethnicities in Africa and the Middle East that we were not able to fully address the many specific cultural aspects of FGC. We did attempt to emphasize the importance of understanding each woman's experience and her cultural context when meeting and caring for women who have undergone FGC. The goal of Table 2 in our article was to help physicians who may be less familiar with cross-cultural medicine to better understand how women would like the topic of FGC to be approached, if at all. We also stated:

In practice, many physicians simply avoid discussion of FGC, which can be frustrating and confusing to the woman with FGC, especially as she anticipates delivery and possible episiotomy. On the other end of the spectrum, women with FGC have expressed concern that their FGC turns them into "specimens" and the presence of the FGC becomes more fascinating to their physician than her presenting health concern or the woman as a whole. Women with FGC have expressed that they want their physicians in America to know that they are circumcised but do not necessarily want to discuss it unless there is a current or anticipated problem.<sup>2</sup>

These statements and the information provided in Table 2 of our article were gathered from focus groups and the