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The Sexual Experience and Marital Adjustment of Genitally Circumcised and Infibulated Females In The Sudan

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In a study conducted over a 5-year period, the author interviewed over 300 Sudanese women and 100 Sudanese men on the sexual experience of circumcised and infibulated women. Sudanese circumcision involves excision of the clitoris, the labia minora and the inner layers of the labia majora, and fusion or infibulation of the bilateral wound. The findings of this study indicate that sexual desire, pleasure, and orgasm are experienced by the majority of women who have been subjected to this extreme sexual mutilation, in spite of their also being culturally bound to hide these experiences. These findings also seriously question the importance of the clitoris as an organ that must be stimulated in order to produce female orgasm, as is often maintained in Western sexological literature.

KEY WORDS: Female circumcision, clitoridectomy, female sexual experience.

Background

Pharaonic circumcision in the Nile Valley is as old as recorded history. To this date, it distinguishes "decent" and respectable women from unprotected prostitutes and slaves, and it carries with it the only honorable, dignified, and protected status that is possible for a woman there. Like other Arab cultures, Sudanese society is characteristically patriarchial and patrilineal. In such a society, an unmarried woman has virtually no rights, no status in the society, and severely limited, if any, economic recourse. Without circumcision, a girl can not marry and is thereby unable to fulfill her intended role, i.e., to produce legitimate sons to carry on her husband's patrilineage.

The greatest measure of a family's honor is the sexual purity of its women. Any transgression on the part of the woman disgraces the whole family, and only the most extreme measures will restore this honor. This may take the form of divorce, casting the woman out, or putting her to death.

Under British colonial occupation, several unsuccessful attempts

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were made to abolish Pharaonic circumcision. It has since been declared illegal under a Sudanese law, with the inception of an independent state in 1956. However, this law has never been implemented.

The northern, Islamic part of Sudan consists largely of desert areas. Sudan is considered to be the second least developed country in the world. Only Chad, bordering it to the west, is more acutely poverty-stricken, barren, bleak, disease-ridden, and impervious to repeated attempts at technological development. In the entire country, there are virtually no paved roads, and travel modes are extremely primitive and arduous. Except in the capital, Khartoum, Sudan is still largely untouched by Western influences. The way of life is profoundly traditional and continues to be ruled by age-old custom. Pharaonic circumcision is practiced virtually without exception, even among the educated class in the capital, to this day. It is celebrated with great festivity by the families, and the day of circumcision is considered to be the most important day in a woman's life, far more important than her wedding day.

Methodology

The bulk of the body of knowledge discussed herein was obtained by the author during three separate six-month overland journeys through the Sudan, within a time span of five years. During this period, she traveled alone among the native population and at every opportunity that presented itself discussed the practice of female circumcision with the people she got to know. Many of these interviews were arranged by letters of introduction obtained along the way. The total number of people interviewed in this fashion came to more than 100 men and more than 300 women. These people came from all walks of life. Representative among them were gynecologists, pediatricians, psychiatrists, nurses, midwives, pharmacists, paramedics, teachers, college professors, college and high school students, obstetrical patients, mothers of pediatric patients, brides, bridegrooms, homemakers, merchants, historians, religious leaders, grandmothers, village women and men.

Among those people highly sympathetic to the author's research was the director of a small gynecological hospital, Dr. Salah Abu Bakr, who put his entire staff, his patients, the use of a private room and two excellent translators at her disposal. The translators were Sudanese nurses who had been trained in London. Both were pharaonically circumcised, and both carried on a flourishing circumcision practice on the side, as did all other nurses and midwives at the hospital. They were able to translate not only linguistically but could interpret the

finer nuances of what took place in the interviews. The major part of the information that was obtained on sexual intercourse and orgasm came from the series of interviews conducted at this hospital, and also at Ahfat College and Khartoom University, among students, professors and other intellectuals that the author befriended. This more formalized project included 97 women and 34 men.

Discussing the subject with intellectual friends was relatively easy since there is no taboo regarding an exchange of information on the subject between women, nor is there one between Sudanese men and a woman from a Western culture. Both sexes among this group seemed to welcome the opportunity to discuss a subject that generally does not bear discussion.

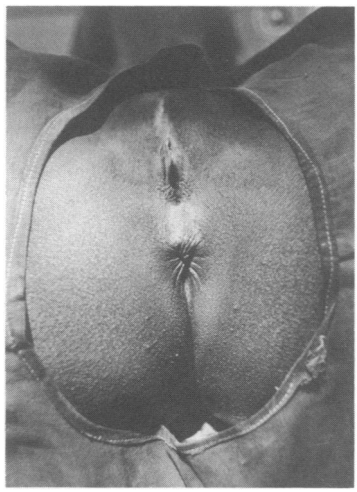
The hospital staff and patient body interviewed consisted mostly of women with little or no education. When questioned, these women usually professed a total absence of sexual desire and sexual enjoyment. However, when it became evident to the author that she was receiving "institutional answers" to her questions, she consulted with the translators about how to overcome this.

The translators suggested that the questions on sexual desire and enjoyment be preceded by a question on whether the woman employed the "smoke ceremony." (The significance of this will be explained later in this paper.) This almost invariably solved the problem. Once a woman had admitted to using the ceremony, which nearly all did, and when it became evident that the author understood its significance, communication tended to flow and was enjoyed by all four participants in the interview. The author's expressed willingness to answer whatever questions interviewees might have about her own culture and personal experiences was also found to be extremely disarming and tended to promote an animated exchange of information. Their interest rarely, if ever, extended beyond whether the author herself was circumcised or not. The revelation that neither she, nor her daughters, nor any of the women of her family were circumcised was virtually incomprehensible to them. At the end of each hospital interview, there was a three-way conference between the author and the Sudanese nurse-translators regarding the validity of the information obtained. It did not, in essence, differ from the information obtained from other sources.

Findings

Pharaonic circumcision of girls, as it is practiced in Sudan, involves the excision of the clitoris, the labia minora and the inner, fleshy layers

of the labia majora. The remaining outer edges of the labia majora are then brought together so that when the wound has healed they are fused so as to leave only a pinhole-sized opening. The resultant infibulation is, in effect, an artificially created chastity belt of thick, fibrous scar tissue. Urination and menstruation must thereafter be accomplished through this remaining pinhole-sized aperture (see photo).



Genital area of 25-year-old married woman with Pharaonic circumcision.

This surgical procedure has for thousands of years been performed ritually but is, at present, often performed routinely in a clinic-like setting in the urban centers on all small girls, most frequently between the ages of 4 and 8, regardless of their social standing in the society. In the outlying areas, the procedures are conducted in the age-old fashion, by medically untrained midwives, without anesthesia or antiseptic. The struggling child is simply held immobile throughout the operation, and it is obvious that under such conditions the likelihood of hemorrhage, infection, trauma to adjacent structures, shock from pain, urinary retention due to sepsis, edema or scarring, and psychic trauma is extremely high.

The infibulation, even among girls who are circumcised by trained midwives or nurses in a clinic-like setting, under only slightly more antiseptic conditions with a locally injected analgesis to mitigate the pain, presents tremendous health problems to the girl later on in life, if she survives the initial trauma of the operation. Various degrees and types of urinary obstruction are a frequent result of infibulation, and concomitant urinary tract infections are very common in pharaonically circumcised women (Abdallah, 1982; Cook, 1979; Dareer, 1983; Huber, 1969; Laycock, 1950; Sami, 1986; Shandall, 1967; Verzin, 1975).

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The onset of menstruation generally creates a tremendous problem for the girl as the vaginal aperture is inadequate for menstrual flow, and an infibulated virgin suffers protracted and painful periods of menstruation, with a great deal of blockage, retention and buildup of clots behind the infibulation. Adolescence is not a happy time for the Sudanese girl, and depression is said by doctors to be common at this time. Girls are often married soon after menstruation commences.

Sudan, as an Afro-Arab Islamic culture, measures the all-important honor of its families largely by the virtue and chastity of its women. Women are assumed to be (by nature) sexually voracious, promiscuous and unbridled creatures, morally too weak to be entrusted with the sacred honor of the family. Pharaonic circumcision is believed to insure this honor by not only decreasing an excessive sexual sensitivity in them but by considerably dampening their sex drive. Furthermore, the actual physical barrier of the infibulation is believed to prevent rape. In small girls at least, this is not always the case, as they are sometimes brought into medical installations for repair of tears resulting from sexual assault. Another widely held belief, even among the educated, is that if the clitoris is not cropped in a young girl, it will grow to enormous size and dangle between the legs, like a man's penis, a belief which carries with it great revulsion. Without circumcision, a girl is simply not marriageable, and the tighter her infibulation, the higher the bride price that can be obtained.

The role of the woman in the society is one of total submission to the man, and her behavior must at all times reflect extreme modesty, unassailable chastity, and a virtual withdrawal from the world outside of the home. Even when educated women in the metropolitan areas now occasionally hold jobs, they are not able to go out into society except under the strictest supervision of either their husbands or some other dominant family member.

Marriages are arranged by the families, although a certain amount of leeway is presently allowed among the more modern and educated class, so that a young man may decide for himself which girl he wishes to marry. And if his choice is an acceptable one to both families, the arrangements are then made. Even without this, arranged marriages are often remarkably successful, as measured by the satisfaction expressed by both partners. One of the main conditions for the girl's happiness is that she is not located away from her extended family (or clan) by marriage. In other words, she remains in a familiar and supportive environment.

Both the bridegroom and the bride are required to play rigidly assigned roles at the marriage ceremony. He must appear relaxed, smiling, supremely confident, totally in control, while she must be unsmiling and present the abjectly submissive picture of maidenly modesty. His role is the more difficult to maintain because it masks an anxiety that he may not be able to penetrate her infibulation, that he will cause her to hemorrhage in the attempt (and perhaps even see her die), or that his anxiety will cause erectile dysfunction, which would be so devastating to his manhood that he may actually commit suicide as a consequence.

Her withdrawn, unresponsive expression is far closer to the truth and hides an abject terror of what is in store for her. The penetration of the bride's infibulation takes anywhere from 3 or 4 days to several months. Some men are unable to penetrate their wives at all (in my study over 15%), and the task is often accomplished by a midwife under conditions of great secrecy, since this reflects negatively on the man's potency. Some who are unable to penetrate their wives manage to get them pregnant in spite of the infibulation, and the woman's vaginal passage is then cut open to allow birth to take place. A great deal of marital anal intercourse takes place in cases where the wife can not be penetrated—quite logically in a culture where homosexual anal intercourse is a commonly accepted premarital recourse among men—but this is not readily discussed. Those men who do manage to penetrate their wives do so often, or perhaps always, with the help of the "little knife." This creates a tear which they gradually rip more and more until the opening is sufficient to admit the penis. In some women, the scar tissue is so hardened and overgrown with keloidal formations that it can only be cut with very strong surgical scissors, as is reported by doctors who relate cases where they broke scalpels in the attempt.

Clearly, the Sudanese bride undergoes conditions of tremendous pain, as well as physical and psychic trauma. These were always readily spoken of by women, generally with a great deal of easily expressed affect, when they were speaking to a female interviewer. Paradoxically, most women related that their husbands were considerate and loving throughout the ordeal, and that they are sensitive and tender lovers. A far smaller number of women said that their husbands had been brutal.

Sudanese couples tend to bond quite strongly, by and large, in spite of the trauma the woman undergoes. Most women give the appearance of being very proud of their husbands. They often express great satis-

faction with their marriages and their lives. Nonetheless, when they are asked whether they would have preferred to have been men, rather than women, they say without any exception that if only Allah had willed it, they would very much have preferred to have been created men.

The Sudanese, in general, are a remarkably open, friendly, peaceable, mutually supportive, generous, deeply devout people, who, to the Western mind, are inexplicably happy in their desperately poor, monotonously barren, harsh and bleakly desertized land. Their emotional lives, from childhood on, are quite remarkably rich, as Sudanese psychiatrists will also verify, and loving relationships are plentiful in their widely extended families. They are deeply convinced of the infinite goodness and mercy of Allah, and they practice the obligations imposed by their religion fervently and with great joy. The rule of custom is powerful and all-pervading and is accepted by the populace without question.

The rigidly defined roles for men and women instill the belief that in order to fulfill the masculine role, the bridegroom must inflict pain, and the woman in her role must suffer it. With this in mind, it is not inconsistent for a strong bonding to take place, in spite of the pain that is inflicted on a bride by her bridegroom, since it is seen as their lot in life. In talking about this part of their marital lives, women often said that their penetration was terrible, agonizingly painful, and frequently resulted in hemorrhage or prolonged infection, but that when it was finally over, the wife forgave her husband, and they were happy together.

Although the consequences of Pharaonic circumcision render many women sterile, it is far more common for them to give birth to a large number of children. Since no infibulated woman, even after she has been penetrated for sexual intercourse, can dilate the necessary 10 centimeters to permit birth to take place, her infibulation scar must be cut anteriorly before the baby can be expelled. The necessary incision generally measures 2½-3 inches and is repaired after birth occurs.

In recent years, a curious modification of this procedure has occurred. Instead of the vaginal opening being resutured to the size that it was before the infibulation was incised for birth to take place, women are now being resewn to a pinhole-sized opening. This "repair" is called "recircumcision." The practice was unknown in Sudan only 50 years ago, and among the interviewed women who were over 65 years of age, it has never been performed. The author assumes that the practice is a bastardization of the Western vaginal tuck procedure, since it was first practiced by educated upper-class women with exposure to

the West and has gradually filtered down from the capital into more and more remote areas and to women who have little or no education (Dareer, 1982, p. 58).

Although Dareer (1982), a Sudanese researcher who interviewed an extensive cross-section of the Sudanese population, also reports that it is now performed on the greater majority of Sudanese women, it is difficult to get accurate information on the real impetus behind it. Midwives, who profitably tout and perform the procedure, tend to say that it is men who pay generously for it, and women concur that it is all done for the pleasure of the man. Some educated women, however, frankly admit that the procedure makes the most of what is left of their damaged genital musculature and facilitates their own pleasure as well, once the pain of the then-necessary penetration is over. There is also the characteristically Sudanese notion of renewable virginity and a reassertion of the husband's role of male dominance which requires him to inflict pain on his bride. Behind it all, there is the irrefutable fact that without a tight repair, the condition of the woman's sex organs (sooner or later) makes her an ostensibly inadequate sex partner. This is a source of great anxiety to all women, as multiple marriage is permitted to the Islamic man, and a wife fears having to share with another wife not only her husband, but also his very limited economic resources. The reconstitution of a pinhole-sized vaginal opening is thought to insure the wife's position by providing her husband with a "virginal" vagina once more. After a six-week period of abstinence following birth prescribed by the religion, the woman submits once more to a period of repenetration.

Circumcised women, in general, and uneducated village women, in particular, give every indication (also often reported by nonSudanese men) of being enviably intact in terms of sexual "lustiness," in spite of their mutilation, quite contrary to the intent of circumcision to reduce their sexual drive. Sudanese women are culturally bound to hide their "lustiness," and so they skillfully navigate between the demands of custom and their husbands and the demands of their own sexuality. They do so by means of a series of maneuvers and sex signals. Custom places severe penalties on a woman's initiation or even show of interest in sexual intercourse. However, the use of the "smoke ceremony" is known to every Sudanese woman, and to every Sudanese man as well. Practically every woman uses this ceremony. She signals her desire and receptivity by permeating her skin with the smoke of burning spices, sandalwood, frankincense and myrrh. She squats naked over the embers, wrapped in a tentlike robe, so that her skin absorbs the

volatile oils, and afterwards rubs generous quantities of fat into her skin to fix them. Moorehead (1962, p. 234) quotes Baker (the 19th-Century explorer) as commenting that he could smell a woman who had performed this ceremony a hundred yards away, and my own experiences bear this out.

The intent of the signal is clearly understood by every Sudanese husband, and he acts upon it with no verbalization or other act of agreement being needed. The wife can now behave in a way that totally negates her intent. She can act out the role of the ravaged one while he acts out the role of the ravisher, or she can be dutifully acquiescent to her husband's sexual demands while giving the appearance of having no interest or pleasure whatsoever herself.

Other covert sexual initiatives are also permitted. I was told by several women that if their husbands did not respond to their signals, or if the sexual activity was desired by them during the night, they would bang pots and pans around to wake their husbands. After this had had the desired effect, the husband would be able to resume his sleep.

Custom decrees that a Sudanese woman remain totally passive during the sex act. She must lie like a block of wood and participate in no way whatsoever. She must exhibit this unnatural immobility, for her being sexually active would be regarded as "being like an animal." Only such immobility will enable her to manifest the demands of modesty imposed on her.

If the woman has an orgasm, she hides it, and if she is unable to control the intensity of her reaction, she denies that it was brought on as sexual ecstacy. One woman, who told me she had frequent, intense orgasms, commented that she "moved about a great deal during intercourse " and that she had given her husband to understand that this was the case because she liked to change position frequently.

Even though women generally do not admit to their husbands that they experience sexual pleasure and orgasm (in spite of the fact that some men tell them they would like them to do so), most men say they know when their wife's orgasm takes place. Nonetheless, the wife's outright initiation of or active participation in the sex act is grounds for immediate and incontestable divorce. Many women are able to relate at least one case where they know of such an outcome. Thus, the possibility is much feared. A woman who gives herself away by showing interest and pleasure openly is condemned as being licentious, lewd, and of easy virtue, and she is dealt with accordingly.

How is orgasm possible at all under such conditions? Contrary to expectations, nearly 90% of all women interviewed said that they

experienced orgasm (climax) or had at various periods of their marriage experienced it. Frequency ranged from always to rarely. Some women said that they had intense, prolonged orgasms, and this was verified by their happy and highly animated demeanor as they described it. Other women said that their orgasms were weak or difficult to achieve. Frequently, intractible pain, a residual of the circumcision, prevented orgasm altogether. Sometimes, anorgasmia was the probable result of an unhappy marriage. Among the anorgasmic women, some were educated upper-class women who had become aware of orgasmic uncircumcised women in other parts of the world. They were full of rage at what had been done to them. They said that, although they loved their husbands as human beings, they could feel no sexual desire for them or any other men.

Sudanese men of the upper strata who have had sexual experiences with Western women (or with women from African countries where less drastic or no circumcision procedures are practiced) are of the opinion that "Sudanese women lose a lot." They concur that orgasm in Sudanese women, as they perceive it, is weaker, less frequent, and takes longer to elicit. The delay in arousal time is believed by Bakr (1982) to be the result of the vulval nerve destruction. The perception that orgasm occurs less frequently and is less intense must, however, be interpreted cautiously in the context of the culture in which it occurs, where women need to hide their sexual response. While the orgasm of a woman may be detected by her partner, the purity of the experience itself is subjective, and its intensity can be perceived only by the woman herself.

Among doctors interviewed, several reported having had patients, especially among the educated, who expressed the fear that they were not sexually adequate for their husband's needs. Many of these women paradoxically suffered guilt that they were not able to function better sexually. It is a point of honor for men to have a child born within a year of marriage. Gynecologists report that there is an increasing number of women who come to the clinics in the capital with sexual and marital problems related to fertility. They are concerned with their lack of sensation and response and are afraid that this will prevent them from becoming pregnant. They are aware, in any event, that "things are not as they should be."

The subject of orgasm among circumcised African women has been discussed in a number of studies (Karim & Ammar, 1965; Megafu, 1983; Shandall, 1967). Although only 27% of Dareer's 2,375 Sudanese women (1982, p. 48) admitted to having "sexual pleasure," Assaad's study (1982) in Egypt found that 94% of the 54 circumcised women

interviewed by her reported that they enjoyed sex and were happy with their husbands. Giorgis (1981, p. 31) comments that the correlation between female circumcision and *lack* of sexual satisfaction has been grossly exaggerated. She quotes Verzin (1975, p. 167) as a representative of the *misconceptions* that are common on this score: "Lack of sexual gratification appears to be common, the absence of the clitoris probably playing a part in this. The information is never volunteered and very rarely admitted. A blank expression, an enigmatic smile or at most an evasive reply towards a curious question, and this is irrespective of color, creed or sex of the questioner. In such a society, the woman is regarded as a vassal for man's pleasure and subsequently the bearer of his offspring. It is probable that many are not even aware that there should be reciprocal enjoyment."

The behavior described herein is typical of women who hide their sexual enjoyment, especially from a male interviewer. Sami (1986), in discussing his study of female circumcision in Sudan, also complains that "people's reluctance to discuss the subject makes the task of collecting reliable information extremely difficult."

My own facility in collecting more accurate data came about through the use of a number of devices. I preceded my question on sexual enjoyment with the question on whether a woman used the smoke and oil ceremony. She nearly always readily admitted to this, and once it had become clear that I understood its meaning, communication between us generally became easy, especially when I offered to reciprocate by answering whatever questions she had about my own personal life. This offer, coming from a woman who obviously lived a different (and no doubt fascinating) lifestyle to the Sudanese nearly always proved to be irresistible. Sudanese women also appeared to feel that I posed no threat.

I suggest, therefore, that the differences in findings of the various studies are, in part, a function of the differences in the interview situations. Primarily, the interviewer's gender, approach, and ease with which sexual matters could be discussed all play a part.

Sudanese psychiatrists theorized that the various crippling effects of Pharaonic circumcision can be counteracted only by an unusually strong bonding between marriage partners. In the opinion of most, the sexual response of Sudanese women is largely nothing more than a kind of stereotypic response. However, Sudanese psychiatrists (who are male) also admit that they are in a poor position to judge because of their gender and because female patients are rarely brought to them. They do think, however, that since orgasm entails both cerebral as well as muscular responses, and involves also respiratory and

vascular reactions, the physiological phenomena are present but damaged or lessened in circumcised women. In compensation, they suggest that the cerebral component may be heightened.

In the literature, orgasm in clitoridectomized females is mentioned by Money et al. (1955) and by Verkauf (1975). Megafu (1983) observed that, whereas the clitoris tends to be reported as the most erotically sensitive organ in uncircumcised women, other sensitive parts of the body, such as the labia minora, the breasts and the lips take over this erotic function in clitoridectomized females. Perhaps as Otto (1988) suggests, women are capable of experiencing 7 distinct types of orgasm: the clitoral, vaginal/cervical, breast, oral, G-spot, anal and mental orgasm. Similarly, Ogden (1988) reports on extragenital stimulation, emotional involvement and spiritual connection in easily orgasmic women, whereas orgasms have also long been reported by practitioners of tantric yoga.

When asked to name the most sensitive parts of their body, Sudanese women tended to name their lips, neck, breasts, bellies, thighs or hips. The genitalia were never spontaneously mentioned. This is due, at least in part, to the fact that a virtuous and modest Sudanese woman is required to never speak of that part of her body. When the genitalia were addressed directly by the question "What about the area of your scar?," and following that, "What about inside?," erogeneity of one or the other (or of both areas) was admitted, or even glowingly described by many women. Others had little or no erogeneity and said things like: "With the Pharaonic, you can not really feel your man. Everything is closed," or more drastically: "It is as if your husband comes with a stick to leather."

In the interviews, women were able to talk freely and lucidly about their orgasms. To the question: "How often do you experience orgasm?" (to be used interchangeably here with "climax," which was more readily understood), the following responses were representative:

> "We have intercourse every two or three days. I never have orgasm during the first time, even though my husband maintains an erection for 45 minutes or an hour. When we have intercourse a second time, about an hour later, I am able to reach orgasm."

> "With my first husband, I almost never had any pleasure, and I had orgasm only a handful of times over the years. It was an arranged marriage, and although he was a kind man and good to me, I did not have any passion for him. My second marriage is a love match and I always have strong orgasm with him, except on rare occasions, when I am too tired or one of the children is sick."

> "When I was younger, I used to have it happen 9 times out of 10. Now

there are so many children and grandchildren in the house that we can have intercourse only every second or third week. We have so little privacy, and we have to be very quiet about it. Also, I have had frequent problems with urinary infections. When we have intercourse, I am able to come to orgasm once in a while now, perhaps 1 time in 10."

"I have never had any pleasure from my husband. I try to avoid sex with him whenever I can. It is not that he is brutal or that we do not love one another. It would be the same no matter whom I was married to. The only thing I ever feel there is pain. I am happy when he lets me go to sleep and does not bother me."

Descriptions of orgasm were clearly recognizable and often quite vivid.

"I feel as if I am trembling in my belly. It feels like shock going around my body, very sweet and pleasurable. When it finishes, I feel as if I would faint."

"All my body begins to tingle. Then I have a shock to my pelvis and my legs. It gets very tight in my vagina. I have a tremendous feeling of pleasure, and I can not move at all. I seem to be flying far, far up. Then my whole body relaxes and I go completely limp."

"I feel as if I am losing all consciousness, and I love him most intensely at that moment. I tremble all over. My vagina contracts strongly and I have a feeling of great joy. Then I relax all over, and I am so happy to be alive and to be married to my husband."

"I feel shivery and want to swallow him inside my body. Then a very sweet feeling spreads all over my entire body, and I feel as if I am melting. I float higher and higher, far, far away. Then I drift off to sleep."

"I feel as if I am losing all consciousness, it is such a strong feeling. I hold my husband very, very tightly, and if the baby fell out of the bed, I would not be able to pick it up."

A primary factor in orgasm appears to be the bonding between couples. This is dramatically illustrated by the accounts given by a few women who have been married twice and whose experiences in the two separate marriages have been significantly different. Some of these histories are presented herein.

History #1:

This 24-year-old practical nurse comes from a village in western Sudan, where circumcision practices are at their most extreme. She has had 5 years of education. Her Pharaonic circumcision was performed at the age of 4, and she remembers very little of the experience except that she cried a great deal. However, she began to menstruate at the age of 12, and her periods were consistently very difficult and painful for ten days each month until her arranged marriage at 16.

In the village where she lived, custom demanded that the bridegroom penetrate his bride in one night, and a great deal of peer pressure was placed on him. The experience was so brutal that she was terrified of him for half a year afterward. Then, as he was quite gentle with her following this initial trauma, she adapted to a degree. She was never able to enjoy sex with this husband, however, and continually implored her family to arrange a divorce for her. This was done after the birth of a son, when she was 17. She was "recircumcised" to make her ready for a second marriage, but this time a 1-2 centimeter opening was left.

She was remarried to a man she had loved since childhood. There was only one day of moderate pain in repenetrating her. He is patient and gentle, she says, and she feels secure and loved with him. Also, she has a strong orgasm with him about one-third of the time. She enjoys being kissed and has a highly pleasurable feeling of "shock" in her lips. She also enjoys having her scar stroked. The strongest sensation is experienced at the contact of his penis with her cervix, and her orgasm, when it occurs, is precipitated by his ejaculation. She has strong vaginal pulsations and says she feels as if she were under sedation. Orgasm occurs after about 20 minutes of intercourse. The other two-thirds of the time she is unable to climax, even when intercourse is prolonged or repeated. Her body is simply too tired on those occasions, she states. Still, she feels happy and relaxed afterwards just from the contact with his body. There is "a slight feeling of disappointment," but she realizes that "it has to be that way," that her body "simply can not respond more often than it does."

Even though communication is very open between her and her husband, and he cares deeply about keeping her sexually happy (and happy in all other ways), she is too shy to initiate intercourse directly. She has been strongly indoctrinated that this would be extremely shameful, and so she resorts to the use of smoke and perfumed oil when she wants to let him know that she is receptive.

Unfortunately, this woman has recently been forced to separate from her husband because of an intractable conflict with her mother-in-law. She now lives with her own family again, and she and her husband miss one another acutely. They meet at her sister's house, but no privacy is possible there. Her mother-in-law is adamant that her husband divorce her, but he has refused to do this so far.

History #2:

This 32-year-old practical nurse has had 9 years of education. Her Pharaonic circumcision occurred at the age of twelve and was per-

formed with the use of local analgesic by a medically trained midwife in the capital. She says that she was able to urinate almost immediately after the operation, a fairly unusual occurrence (due to the rawness of the wounded area), and that she remembers only two hours of severe pain after the operation. She resumed her normal activities after 10 days.

She began to menstruate at 16 and suffered a great deal of pain from obstruction of her menstrual flow until she was married at 17. On the fourth day of her marriage, her husband succeeded in creating a tear in her infibulation which bled profusely. Two days later, he enlarged this tear, which by that time bled so much that she had to be taken to a dispensary for treatment. The bleeding was stopped, but her husband was told to continue in his attempts to penetrate her so that she would not heal shut again. After two more weeks, he succeeded in penetrating her completely, and after 15 more days of pain, she said, "Things were normal."

She did not love this husband. He was a distant relative, and the marriage had been arranged without her consent. He drank a great deal (an extremely rare occurrence among Islamic men) and was often abusive. She did not enjoy sexual relations with him because he was rough and entered her without any preparation. He was involved in subversive politics and spent much of the ten years that she was married to him as a political prisoner. Finally, he left Sudan for Saudi Arabia and was not permitted to return. Subsequently, her family obtained a divorce for her. She did not miss him at all, she says. She feels that he had treated her very badly.

Her marriage to her present husband took place a few months after her divorce. As is customary with every new marriage, she was once more infibulated. Penetration took two months to achieve, and her husband was patient, loving, considerate and supportive throughout. She says that she is extremely happy in this marriage. They love one another passionately, and she has an extremely enjoyable sex life. She absolutely glows with happiness as she speaks about it. She also has strong orgasm every time they have intercourse, and her breasts, mouth, inner thighs, and scar area are very sensitive. Greatest sensitivity is inside her vagina. She never directly initiates intercourse but signals receptivity almost every night with smoke and perfumed oil.

History #3:

This 39-year-old medically trained midwife has had seven years of education. She was circumcised at the age of 3. She remembers

nothing about the event but has been told that she bled massively. This may be the reason that her outer labia were left intact. Her clitoris and inner labia were excised and she was infibulated to a pinhole. She had the "usual difficulties with menstruation" from its onset at the age of 12 until her first delivery.

She was married at 13. Her husband was unable to penetrate her and only after three years succeeded in impregnating her. When she gave birth, her infibulation was cut open by the midwife. She loved her husband very much. The sexual adjustment between them was excellent, she recalls wistfully. They had intercourse almost daily, and she consistently enjoyed strong orgasm with him. The marriage lasted for 20 years. Then economic pressures forced him to take a job in Saudi Arabia, and there he simply disappeared without a trace. After two years, and a fruitless search for him, her family divorced her from him through the courts. She continued to wait for him, but he was never heard from again and is presumed to have died.

Her husband had cared very much about her feelings and her sexual happiness. She had strong sensation inside her vagina, and also some sensation in the area of her scar, although it was less there because of the circumcision, but it was still pleasant. Whereas he never gave her a chance to initiate sex because he wanted her constantly, she felt so secure with him that she might possibly have done so. She laughed happily as she recalled this. She hardly ever refused his advances, only when she was really sick. She played her role of being shy and having intercourse only for his pleasure, but she loved it, and he saw through her pretense completely and loved her for it.

After some years, her family arranged a second marriage to an older, widowed neighbor. She was reinfibulated to a 1-centimeter opening, and repenetration was accomplished in three weeks. After another three weeks, she had no further pain. He is a gentle man and very good to her and her children, but "Sex does not matter one way or the other." She has intercourse only because it is her duty, almost never reaches orgasm, and "Then it is only a shadow."

Discussion

As reported herein, sexual pleasure and orgasm are experienced by most Sudanese women who have been subjected to the extreme sexual mutilation known as Pharaonic circumcision. This is true, in spite of the repeated trauma to which their sex organs are subjected during their adult lives and in spite of the fact they are culturally bound to hide sexual interest and pleasure from their husbands.

There are a number of factors that make it possible for them to

experience orgasm in spite of these seemingly overwhelming handicaps. Perhaps primary among these is the fact that nearly all of them are unaware that other options exist for women in the world. They are, with only a handful of exceptions, unaware that the hardships inflicted on them (which they perceive as "normal") need not be a part of a woman's experience. Perhaps, women in Sudan, where pain is endemic, develop a level of adaptability which enables them to persist despite physical pain and psychic trauma. Presumably, Pharaonic circumcision also facilitates the enhancement of remaining erogenous zones, and possibly the development of others.

Emotionally secure childhoods, within strongly cohesive extended families, and strong bonding in marriage are characteristic of Sudanese women. The role and code of behavior for these women are rigidly defined in the society, and they adhere to them with security. Finally, Sudanese women have access to a limited series of covert but clearly defined and easily communicated sex signals and behaviors, which they are able to use successfully and without penalty. This finding suggests that mental and emotional factors play a primary role in eliciting orgasm in these clitoridectomized women.

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