

Cutting Members: Culture and the Problems of Authenticity, Fetishization, and Memory

Cris Mayo

University of Illinois at Urbana/Champaign

Who ever knew I would be longing for the baby with the gun. As Audrey Thompson pointed out, the examples in moral philosophy have often left something to be desired.¹ Let us say you are in a crowded room and somehow a baby (there is a baby in the room) has gotten a hold of a gun; you too are armed. The baby is on the brink of pulling the trigger (did I mention this is a very strong, well-coordinated baby, but still incapable of understanding entreaties to “drop it”). You have a choice of watching Snookums waste someone else in the room or taking Snookums out with your own weapon. What do you do? That kind of example is spectacular in its silliness, of course. Other examples are spectacular in other ways: what does it mean, for instance, for a fairly staid society of intellectuals to engage in discussion over whether or not members of traditional African societies ought to remove nerve endings from their members’ clitorises? What does it mean for us to switch our examples from fictional and ridiculous babies to the bodies of black people whose sexuality is front and center in our stimulating debate over the possibility of moral progress? Shweder uses this example to chide identity politics and political correctness for their shortsighted, knee jerk tendency to invoke a discourse of moral horror. But the examples also rely on a firm notion of identity politics that demands, for instance, “traditional” cultures continue their practices in non-traditional contexts. But to contextualize the call for context in these examples, they are also moral philosophy’s Venus of the Hottentots, spectacular examples that may say more about white Western discomfort with gender and race than the cultures and time periods they visit.

THE PROBLEM OF AUTHENTIC MEMBERS

Shweder’s argument on female genital mutilation/cosmetic surgery hinges on locality remaining pure, even when people in that locale move away, as in his example of immigrants in Washington state who want to continue their cultural practices. That example requires looking at the scene of the decision as already affected by its new geographical and cultural context. To shift the context of cultural decisions from “this is the way this is always done” to “this is how we protect our identity in the midst of difference” highlights the impending/already mixed context in which so called pure decisions are made. Postcolonial theory highlights these dilemmas, contending that returns to pristine cultural forms, as well as innovations into liberal or feminist forms, are equally implicated in, acquiesce to, and struggle against colonialism. So the organic feminist response to excision of female genitals/initiation ceremonies is already part of local culture and a marker that the local has passed (and to go even further, that the local is what Westerners fetishize and so always suspect anyway since it is only taken as snapshots to enable fetishization). But the point is also that any form of tradition occupies the same space, now it is a reaction to movement rather than a part of a flow of whatever kind of movement is

entailed in tradition. In addition, the fetishization of the local and authentic is itself a liberal discourse. As Gareth Griffins explains, in a different context, the discourse of authenticity is the twin of the discourse of the savage; the discourse still relies on a Westerner making a judgment about the authenticity of people and their practices and highlighting his or her judgment as the important issue.² While the return to or renewed embrace of local practices are useful in the post-colonial context, the embrace of authenticity also works to “exclude the many and complex voices” of the people whose authenticity is so fetishized.³ So three basic points: cultures are contests, no matter how rigidly they describe themselves or no matter how outsiders would like to describe them; the meaning of tradition changes with changes in context and through speaking, writing and interpretation; the meaning of seeming innovation also changes with changes in context (notice intellectual and political movements in Islamic countries and communities to embrace feminism and democracy as implicit within traditional culture). Culture/subculture is already a view from anywhere and attempts to make ambiguity and conflict invisible are strategic and reactive.

Maybe the more interesting question is when tradition stops being a conversation among members and settles firmly into place strategically. Further one might ask who is running the strategy and to what end. This circling the wagons highlights the strategic use and meaning of culture/tradition. In trying to differentiate these strategies, Homi Bhabha argues for a distinction between “cultural diversity” and “cultural difference.” He writes:

Culture diversity is the recognition of pre-given cultural “contents” and customs, held in a time-frame of relativism; it gives rise to anodyne liberal notions of multiculturalism...[it] is also the representation of a radical rhetoric of the separation of totalized cultures that live unswayed by the intertextuality of their historical locations, safe in the Utopianism of a mythic memory of a unique collective identity.⁴

“Cultural difference” is unstable, meaning differed and contested, and so Bhabha argues,

when we understand that all cultural statements are constructed in [the] contradictory and ambivalent space of enunciation,...we begin to understand why hierarchical claims to the inherent originality or “purity” of cultures is untenable, even before we resort to empirical historical instances that demonstrate their hybridity.⁵

Understanding claims to cultural purity as strategy means that the view from somewhere else also happens within culture inevitably and inexorably.

Non-Western, Third World feminists face a dilemma in situating their critique from within and without their culture. They are, after all, highlighting the gender differences that are practiced within culture, but also holding them up to scrutiny. But from where to they take this critical stance? Already outside of culture, or already part of a culture that sets up difference as necessary and thus provides the place of critique? Are their criticisms “suspiciously tainted and problematic because of [their] Westernization” or do those critiques represent “selective and problematic applications of the terms ‘Westernization’”?⁶ In her argument that Third World feminism is “not a hot-house bloom grown in the arid atmosphere of ‘foreign ideas’, but has its roots much closer to home,” Uma Narayan argues that her basis for

critique came from lessons learned in childhood. First, she was not supposed to speak against male authority. Second, her mother was also unable to challenge male authority and instead recounted her discontent to her child. Later when her mother criticizes Narayan for her feminism, Narayan explains that she had learned critique through the seemingly privatized complaints her mother had made in the course of daily exchange. Narayan refigures this seemingly interior conversation as part of the feminism of her culture, learned within its practices, placed in the domestic sphere, and of course, it resonates with other feminisms' versions of their own organic development in the "politics of the home."⁷ But even as her feminism is a result of her grappling with the contradictory messages about gender — be educated but do not speak out of turn; be confident but also submissive — her mother and critics of Third World feminism blame "Westernization."⁸

Western feminists also face a dilemma in delineating the extent to which their critique should be imported to other contexts. In the early 1980s Audre Lorde argued against the "use" of African women and "genital mutilation" by Mary Daly whose *Beyond God the Father* showed "non-European women, but only as victims and preyers-upon each other" in a poor attempt at exploring what all women supposedly share.⁹ Later Alice Walker went to areas where African women were working against what they called genital mutilation to widen the publicity of their actions. Rather than leading what she argued would be a problematic Western feminist vanguard, she sought to show the organic responses. Lorde and Walker were each concerned that Western feminism used "exotic" examples to show that gender bias was global. They were also concerned that First World feminists were too self-centered and unwilling, because of racism and ethnocentrism, to make connections with global feminist issues. And so Walker sought internal critique of female genital excision and found it without difficulty. While ethnocentrism may be behind some critiques of the practice, there is more moral complexity to arguments over female genital excision than Shweder's account provides. Shweder seeks internal consensus and finds that without difficulty.

Not only, then, are the Western concerns simplified in his account, so too are the organic criticisms. The first difficulty with trying to sort out better or worse versions of moral reasons is the tendency to level all voices within a given "culture." Even within Shweder's account of female cosmetic surgery/genital mutilation, African women argue against the practice. By definition, they must not be "traditional" because the definition of tradition contends that it is an unchanging social arrangement deeply in agreement on all its practices. Shweder asks us to reconsider context, but is so doing makes traditional societies pure in an impure context. Certainly societies and cultures have always had an effect on one another, been in dialogue with one another, or more likely, posed problems for one another ranging from threat of annihilation to unwanted change. People asserting a return to traditional ways or a renewed commitment to traditional ways, of course, often do so within a context of challenge from outside or shifts inside.

It is not difficult to imagine that reasons for practices shift with a shift in scope of address. "We do this" is a different statement, likely one that does not have to be

put exactly like that, than “we do this because it is what makes us who we are.” The latter is the basis of identity politics, so it is fairly striking that Shweder should be telling us that this is the justification for a practice he claims is attacked by identity politics.

THE LEGACY OF THE TUSKEGEE EXPERIMENT

Not only do cultural practices change meaning through their forms of address, practices have meanings beyond their own time and place. The Tuskegee experiment did not happen in a vacuum. It happened in a racist society where one imagines, with enough evidence, someone could explain away every act of overt or covert act of racism that ever happened. Because behind all acts would be a caring person, a medical or economic glitch that would trouble the intentionality of the act: many poor people were lynched, there simply was not access to legitimate courts in the South and even if there had been, justice was already racist, so likely the poor black perpetrators would have received excessive punishment anyway, so the fact that they were lynched only means that they received the standard form of justice in a non-standard way. That explanation neither flies particularly well on its own, nor does it understand the context preceding the experiment as part of the moral meaning of the experiment nor does it understand the implications of the context and the experiment itself for black communities’ continued lack of access to medical and suspicion of medical care.

I agree with Shweder that we need to cautiously trace the origins of our response of “horror” to acts we might otherwise find astonishing. But the Tuskegee experiment is not an “astonishing” event in the sense that another culture’s accepted practices might be. It is an example of the kinds of horrific acts that can easily become normalized or explained by removing the context, inserting a sympathetic character, and sidestepping the issue: the practice of medical care was interwoven with deceit and exploitation. Does the racism behind a lack of informed consent change, for instance, even if there was a black nurse involved and she cared for the people in the experiment? The experiment occurred in a racist context, continues to be an example of the intersection of racism and medicine — not the only example, of course — with implications for contemporary health issues in the black, and other communities.

In all the frustrations of the early days of the AIDS epidemic, the unwillingness of African American people to access care — which largely consisted of testing, not treatment — and their stated beliefs that AIDS was a conspiracy against the black community meant that medical care was a hard sell. It was a hard sell not only because of suspicions of what the relationship between medicine and communities of color had looked like in the past, but also because partner tracing, non confidentiality and legal penalties against HIV positive people and people with AIDS who engaged in penetrative sex without protection reminded people that medical care has never been disconnected from power and bias. In other words, the legacy of the Tuskegee experiment goes far beyond the intentions of any caring practitioner involved in the experiment and falls in line with medical experiments on enslaved people and women in the early days of the medical profession’s quest for legitimacy

and continuing into the two versions of HIV/AIDS that split along race/class lines. Lower income people of color continue to be diagnosed at higher rates for HIV/AIDS and continue to not receive care up to the standards of more affluent white people with the same diagnosis. This is not an experiment, of course. This is the way medical care is differentially experienced in a society where race is connected to class is connected to insurance.

But beyond the explanation for why the medical establishment does not adequately respond to the ever growing epidemic in communities of color also lies a continuing suspicion among many communities that policies are fearful of explicit discussions of sex and prevention. The same point has been made about the medical and political response to syphilis. Like AIDS/HIV, syphilis was supposedly a disease of a particular population, intrinsic to that population, not a phenomenon explicable by lack of prevention work or medical care accessible by that community (for instance, white women diagnosed with syphilis in the late nineteenth and early twentieth century were presumed to have a different variety of the disease, one that came from the infamous “dirty drinking cup” because, unless they were prostitutes, they would not have been exposed to a sexual form of syphilis). In other words, fear of syphilis overlapped with racism against African Americans that used among other discourses of justification a belief that they were too sexual. Again, the Tuskegee experiment is only one example of how this discourse interlocked with medical practices, not the only example. But because the oversexualization of black people remains a strong discourse of racism, black community leaders at the beginning of the AIDS epidemic considered HIV either another example of genocidal tactics of the white establishment or another example of white people claiming sexual diseases are more likely to be found in the black community. Cathy Cohen and Harlon Dalton have each detailed the strategies that black community elites employed to either downplay the actual threat to black people (media and medical information blaming AIDS on Africa, for instance, immediately made other messages less credible) or to marginalize the black people who were contracting HIV from the community, maintaining that the upstanding members of the black community need not fear the epidemic.¹⁰

Being told one has an incurable disease remains a difficult issue, but look at the reasons why that is so; they often intertwine a fear that patients will be traumatized by the knowledge with a recognition that part of that trauma comes from lack of access to medical care. In 1989, before treatments that allowed HIV/AIDS to become a chronic disease for some, the New York City Department of Health debated a change in its blind HIV testing for newborns (parents were not informed of their infants’ HIV status but infants were tested to track HIV prevalence in populations. While blinded tests are important in terms of an overview of HIV prevalence in given populations, they are not useful to individual patients. Because they are blinded, reasoning goes, privacy issues for people involved are protected. But those who object to this form of blind tracking note that “the lack of consent” of those tested is unethical.) The department proposed that mothers should be given an option to learn the test results. According to Carol Levine, objections raised to the proposal included a concern that new mothers would be traumatized to learn their

HIV status and that of their babies. In addition, some worried that health care providers would try to coerce mothers into learning the results. “A final concern was the lack of health care and support services for women and their children who have been identified as seropositive.”¹¹ In other words, since there was not adequate health care, it would be better that women not know that they and their baby had HIV. The overarching ethical issue, of course, is that there is insufficient medical care available. But the legacy of Tuskegee is also clear: people of color and lower income people of all races are still being used to track diseases, medical care is still substandard for those populations, treatments available (now, not then) are still being given disproportionately to middle class white people (as a recent public service announcement notes: one million in AIDS treatment programs, one million down, forty-three million to go).

Perhaps less interesting than the “astonishment” one experiences in the midst of moral reasoning is how easily examples lose their historical and present context when they become grist for the philosophical mill. Rather than only worrying over “our” ability to judge, we need to also work against the structures of power that maintain some people’s astonishment at the expense of others.

1. Audrey Thompson, “The Baby with a Gun: A Feminist Inquiry into Plausibility, Certainty, and Context in Moral Education,” in *Philosophy of Education 1990*, ed. David P. Ericson (Normal, Ill.: Philosophy of Education Society, 1991), 240-50.

2. Gareth Griffiths, “The Myth of Authenticity,” in *The Post-Colonial Studies Reader*, ed. Bill Ashcroft, Gareth Griffiths, and Helen Tiffin (New York: Routledge, 1995), 238.

3. *Ibid.*, 241.

4. Homi Bhabha, “Cultural Diversity and Cultural Differences,” in *The Post-Colonial Studies Reader*, 206.

5. *Ibid.*, 208.

6. Uma Narayan, “Contesting Cultures: ‘Westernization,’ Respect for Cultures, and Third-World Feminists,” in *The Second Wave: A Reader in Feminist Theory*, ed. Linda Nicholson (New York: Routledge, 1997), 396-97.

7. *Ibid.*, 398.

8. *Ibid.*, 400.

9. Audre Lorde, “An Open Letter to Mary Daly,” in *This Bridge Called My Back: Writings by Radical Women of Color*, ed. Cherrie Morag and Gloria Anzaldua (Watertown, Mass.: Persephone Press, 1981), 95.

10. Harlon Dalton, “AIDS in Blackface,” in *The AIDS Reader: Social, Political, Ethical Issues*, ed. Nancy F. McKenzie (New York: Meridian Books, 1991), 122-43 and Cathy J. Cohen, *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999).

11. Carol Levine, “Ethical Issues,” *Until the Cure: Caring for Women with HIV*, ed. Ann Kurth (New Haven: Yale University Press, 1993), 114-15.