3. How, in the opinion of Fluehr-Lobban, is "cultural relativism" being misused by some anthropologists?
4. Give an example of what Fluehr-Lobban considers to be an abusive practice in a society, and state what human right it violates. How might an outsider go about getting the abusive practice changed?

Female Circumcision/Genital Mutilation and Ethical Relativism

Loretta M. Kopelman

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Some relativists claim that "an action is right if it is approved in a person's culture and wrong if it is disapproved." By this reasoning, no culture has the moral authority to criticize the practices of other cultures; each society determines for itself what is right and wrong. Kopelman opposes this theory and points out that it can be used to justify horrific practices like apartheid, genocide, and war—and female genital mutilation (FGM). She rejects the relativist view on the grounds that moral judgments, like medical or scientific findings, can be evaluated for consistency and empirical accuracy. Those who defend FGM, for example, often justify it by claiming it is a religious imperative and is essential to women's health. In fact, it is not required by the Koran, and it is manifestly bad for women's health. Most cultures, says Kopelman, share similar basic moral values and goals, such as the alleviation of suffering and the promotion of personal well-being. They are also responsive to logic and rules of evidence. These common goals give her hope that we can engage in meaningful intercultural discussions about right and wrong.

In northern Africa and southern Arabia many girls undergo ritual surgery involving removal of parts of their external genitalia; the surgery is often accompanied by ceremonies intended to honor and welcome the girls into their communities. About 80 million living women have had this surgery, and an additional 4 or 5 million girls undergo it each year. Usually performed between infancy and puberty, these

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FEMALE CIRCUMCISION/GENITAL MUTILATION AND ETHICAL RELATIVISM By Loretta M. Kopelman, *Second Opinion* 20, no. 2 (October 1994): 55–71. Reprinted by permission of the Park Ridge Center.

ancient practices are supposed to promote chastity, religion, group identity, cleanliness, health, family values, and marriage goals. This tradition is prevalent and deeply embedded in many countries, including Ethiopia, the Sudan, Somalia, Sierra Leone, Kenya, Tanzania, Central African Republic, Chad, Gambia, Liberia, Mali, Senegal, Eritrea, Ivory Coast, Upper Volta, Mauritania, Nigeria, Mozambique, Botswana, Lesotho, and Egypt. Modified versions of the surgeries are also performed in Southern Yemen and Musqat-Oman. Tragically, the usual ways of performing these surgeries deny women sexual orgasms, cause significant morbidity or mortality among women and children, and strain the overburdened health care systems in these developing countries. Some refer to these practices as female circumcision, but those wishing to stop them increasingly use the description female genital mutilation.

Impassioned cultural clashes erupt when people from societies practicing female circumcision/genital mutilation settle in other parts of the world and bring these rites with them. It is practiced, for example, by Muslim groups in the Philippines, Malaysia, Pakistan, Indonesia, Europe, and North America. Parents may use traditional practitioners or seek medical facilities to reduce the morbidity or mortality of this genital surgery. Some doctors and nurses perform the procedures for large fees or because they are concerned about the unhygienic techniques that traditional practitioners may use. In the United Kingdom, where about 2,000 girls undergo the surgery annually, it is classified as child abuse. Other countries have also classified it as child abuse, including Canada and France....

Many international agencies like UNICEF, the International Federation of Gynecology and Obstetrics, and the World Health Organization (WHO) openly condemn and try to stop the practices of female genital mutilation. Such national groups as the American Medical Association ... have also denounced these rituals. Women's groups from around the world protest these practices and the lack of notice they receive....

Most women in cultures practicing female circumcision/genital mutilation, when interviewed by investigators from their culture, state that they do not believe that such practices deprive them of anything important. They do not think that women can have orgasms or that sex can be directly pleasing to women but assume that their pleasure comes only from knowing they contribute to their husbands' enjoyment. Some critics argue that women who hold such beliefs cannot be understood to be making an informed choice; they thus condemn this custom as a form of oppression....

International discussion, criticisms, and condemnation of female circumcision/genital mutilation help activists who struggle to change these rites that are thoroughly entrenched in their own cultures. Not surprisingly, people who want to continue these practices resent such criticisms, seeing them as assaults upon their deeply embedded and popular cultural traditions.

Underlying intercultural disputes is often a basic moral controversy: Does praise or criticism from outside a culture or society have any moral authority within it? That is, do the moral judgments from one culture have any relevance to judgments about what is right or wrong within another culture? According to some versions of ethical relativism, to say that something is right means that it is approved of in the speaker's culture; to say that something is wrong means that it is

disapproved. If this is correct, there is no rational basis for establishing across cultures that one set of culturally established moral values is right and the other wrong. The right action is one that is approved by the person's society or culture, and the wrong action is one that is disapproved by the person's society or culture; there are moral truths, but they are determined by the norms of the society. On this view, then, the cultural approval of female circumcision/genital mutilation means that the practice is right; disapproval means that it is wrong.

In contrast to such versions of ethical relativism, other traditions hold that to say something is morally right means that the claim can be defended with reasons in a certain way. Saying that something is approved (such as slavery) does not settle whether it is right, because something can be wrong even when it is approved by most people in a culture. Moral judgments do not describe what is approved but prescribe what ought to be approved; if worthy of being called moral or ethical judgments, they must be defensible with reasons that are consistent and empirically defensible. As we shall find, advocates of the practice of female circumcision/genital mutilation do not say, "We approve of these rituals, and that is the end of the matter." Rather, they try to defend the practice as useful in promoting many important goals. In fact, however, the practice is inconsistent with important goals and values of the cultures in which it is practiced. We find that we can evaluate some of the reasons given for performing these rituals and that despite our cultural differences about what to value and how to act, we share many methods of discovery, evaluation, and explanation. These enable us sometimes correctly to judge other cultures, and they us. Moral judgments can be evaluated at least in terms of their consistency and their relation to stable evidence, like medical or scientific findings. By this means certain moral claims can be challenged, even where we have different cultural values, and the practice of female circumcision/genital mutilation shown to be wrong. Thus, both intercultural and intracultural discussions, criticisms, and condemnation of female genital mutilation as well as support for activists seeking to stop the practice can have moral authority, or so I argue.

After considering some of the health hazards of female circumcision/genital mutilation, I review the version of ethical relativism that denies moral authority to cross-cultural moral judgments. By examining the cultural reasons used to justify female circumcision/genital mutilation, I want to show that many aspects of this discussion are open to cross-cultural evaluation and understanding and hence that this version of ethical relativism fails. After discussing some anticipated objections, I conclude that these relativists have a heavy burden of proof to show why we cannot make intercultural judgments that have moral force concerning female genital mutilation, just as we do concerning such things as oppression, intolerance, exploitation, waste, aggression, and torture or imprisonment of dissidents.

Types of Surgery and Their Health Consequences

Female circumcision/genital mutilation takes three forms. Type 1 circumcision involves pricking or removing the clitoral hood, or prepuce. This is the least mutilating type and should not preclude sexual orgasms in later life, unlike other forms. When this surgery is performed on infants and small children, however, it may be difficult to avoid removal of additional tissue, because infants' genitalia are small,

and the tools commonly used are pins, scissors, razors, and knives. In the southern Arabian countries of Southern Yemen and Musqat-Oman, Type 1 circumcision is commonly practiced. In African countries, however, Type 1 circumcision is often not regarded as a genuine circumcision. Only about 3 percent of the women in one east African survey had this type of circumcision, and none in another where all the women surveyed had been circumcised.

Type 2, or intermediary, circumcision involves removal of the clitoris and most or all of the labia minora. In Type 3 circumcision, or infibulation, the clitoris, labia minora, and parts of the labia majora are removed. The gaping wound to the vulva is stitched tightly closed, leaving a tiny opening so that the woman can pass urine and menstrual flow. (Type 3 is also known as Pharaonic circumcision, suggesting that it has been done since the time of the pharaohs.) In some African countries most young girls between infancy and 10 years of age have Type 3 circumcision. Traditional practitioners often use sharpened or hot stones, razors, or knives, frequently without anesthesia or antibiotics. In many communities thorns are used to stitch the wound closed, and a twig is inserted to keep an opening. The girl's legs may be bound for a month or more while the scar heals....

Almost all girls experience immediate pain following the surgery. El Dareer found other immediate consequences, including bleeding, infection, and shock correlating with the type of circumcision. The published studies by investigators from the regions where these rituals are practiced uniformly find that women expressed similar complaints and had similar complications from female circumcision/genital mutilation: at the site of the surgery, scarring can make penetration difficult and intercourse painful; cysts may form, requiring surgical repairs; a variety of menstrual problems arise if the opening left is too small to allow adequate drainage; fistulas or tears in the bowel or urinary tract are common, causing incontinence, which in turn leads to social as well as medical problems; maternal-fetal complications and prolonged and obstructed labor are also well-established consequences. El Dareer writes, "The result almost invariably causes immediate and long-term medical complications, especially at childbirth. Consummation of marriage is always a difficult experience for both partners, and marital problems often result. Psychological disturbances in girls due to circumcision are not uncommon." The operation can also be fatal because of shock, tetanus, and septicemia....

Ethical Relativism

Female circumcision/genital mutilation serves as a test case for some versions of ethical relativism because the practice has widespread approval within the cultures where it is practiced and widespread disapproval outside those cultures. Relativism, however, means different things to different "academic cultures." Indeed one of the most striking things about the term relativism is that it is used in so many different ways, spanning the banal to the highly controversial. In the *Encyclopedia of Philosophy,* Richard D. Brandt writes, "Contemporary philosophers generally apply the term [ethical relativism] to some position they disagree with or consider absurd, seldom to their own views; social scientists, however, often classify themselves as

relativists." Philosophers and those in religious studies often distinguish two ways to understand relativism: one is controversial, and the other is not. The noncontroversial, descriptive version, often called descriptive relativism, is the view that people from different cultures do act differently and have distinct norms. Social scientists often work as descriptive relativists: they try to understand cultural differences and look for any underlying similarities. Those studying or criticizing female circumcision/genital mutilation, of course, recognize that we do act differently and have different values. But descriptions about how or in what way we are different do not entail statements about how we ought to act.

The controversial position, called ethical relativism, is that an action is right if it is approved in a person's culture and wrong if it is disapproved. Another version of this controversial view is that to say something is right means it has cultural approval; to say something is wrong means it has cultural disapproval. According to this view, which some call cultural relativism, there is no way to evaluate moral claims across cultures; positions taken by international groups like the World Health Organization merely express a cluster of particular societal opinions and have no moral standing in other cultures. On this view it is incoherent to claim that something is wrong in a culture yet approved, or right yet disapproved; people can express moral judgments about things done in their own or other cultures, but they are expressing only their cultural point of view, not one that has moral authority in another culture....

I would begin by observing that we seem to share methods of discovery, evaluation, negotiation, and explanation that can be used to help assess moral judgments. For example, we agree how to evaluate methods and research in science, engineering, and medicine, and on how to translate, debate, deliberate, criticize, negotiate, and use technology. To do these things, however, we must first have agreed to some extent on how to distinguish good and bad methods and research in science, engineering, and medicine, and what constitutes a good or bad translation, debate, deliberation, criticism, negotiation, or use of technology. These shared methods can be used to help evaluate moral judgments from one culture to another in a way that sometimes has moral authority. An example of a belief that could be evaluated by stable medical evidence is the assertion by people in some regions that the infant's "death could result if, during delivery, the baby's head touches the clitoris." In addition, some moral claims can be evaluated in terms of their coherence. It seems incompatible to promote maternal-fetal health as a good and also to advocate avoidable practices known to cause serious perinatal and neonatal infections.

We need not rank values similarly with people in another culture, or our own, to have coherent discussions about their consistency, consequences, or factual presuppositions. That is, even if some moral or ethical (I use these terms interchangeably) judgments express unique cultural norms, they may still be morally evaluated by another culture on the basis of their logical consistency and their coherence with stable and cross-culturally accepted empirical information. In addition, we seem to share some moral values, goals, and judgments such as those about the evils of unnecessary suffering and lost opportunities, the need for food and shelter, the duty to help children, and the goods of promoting public health and personal well-being. Let us consider therefore, the reasons given by men and women

who practice female circumcision/genital mutilation in their communities. The information presented herein is based upon studies done by investigators who come from these cultures, some of whom had this ritual surgery as children (El Dareer is one such investigator). We can examine whether these reasons allow people from other cultures any way of entering the debate based upon such considerations as consistency or stable medical findings.

Reasons Given for Female Circumcision/Genital Mutilation

According to four independent series of studies conducted by investigators from countries where female circumcision is widely practiced, the primary reasons given for performing this ritual surgery are that it (1) meets a religious requirement, (2) preserves group identity, (3) helps to maintain cleanliness and health, (4) preserves virginity and family honor and prevents immorality, and (5) furthers marriage goals including greater sexual pleasure for men.

El Dareer conducted her studies in the Sudan, Dr. Olayinka Koso-Thomas in and around Sierra Leone, and Raquiya Haji Dualeh Abdalla and Daphne Williams Ntiri in Somalia. They argue that the reasons for continuing this practice in their respective countries float on a sea of false beliefs, beliefs that thrive because of a lack of education and open discussion about reproduction and sexuality. Insofar as intercultural methods for evaluating factual and logical statements exist, people from other cultures should at least be able to understand these inconsistencies or mistaken factual beliefs and use them as a basis for making some judgments having intercultural moral authority.

First, according to these studies the main reason given for performing female circumcision/genital mutilation is that it is regarded as a religious requirement. Most of the people practicing this ritual are Muslims, but it is not a practice required by the Koran. El Dareer writes: "Circumcision of women is not explicitly enjoined in the Koran, but there are two implicit sayings of the Prophet Mohammed: 'Circumcision is an ordinance in men and an embellishment in women' and, reportedly Mohammed said to Om Attiya, a woman who circumcised girls in El Medina, 'Do not go deep. It is more illuminating to the face and more enjoyable to the husband.' Another version says, 'Reduce but do not destroy. This is enjoyable to the woman and preferable to the man.' But there is nothing in the Koran to suggest that the Prophet commanded that women be circumcised. He advised that it was important to both sexes that very little should be taken." Female circumcision/genital mutilation, moreover, is not practiced in the spiritual center of Islam, Saudi Arabia. Another reason for questioning this as a Muslim practice is that clitoridectomy and infibulation predate Islam, going back to the time of the pharaohs....

Second, many argue that the practice helps to preserve group identity. When Christian colonialists in Kenya introduced laws opposing the practice of female circumcision in the 1930s, African leader Kenyatta expressed a view still popular today: "This operation is still regarded as the very essence of an institution which has enormous educational, social, moral and religious implications, quite apart from the operation itself. For the present, it is impossible for a member of the [Kikuyu] tribe to imagine an initiation without clitoridectomy the abolition of

IRUA [the ritual operation] will destroy the tribal symbol which identifies the age group and prevent the Kikuyu from perpetuating that spirit of collectivism and national solidarity which they have been able to maintain from time immemorial." In addition, the practice is of social and economic importance to older women who are paid for performing the rituals....

Drs. Koso-Thomas, El Dareer, and Abdalla agree that people in these countries support female circumcision as a good practice, but only because they do not understand that it is a leading cause of sickness or even death for girls, mothers, and infants, and a major cause of infertility, infection, and maternal-fetal and marital complications. They conclude that these facts are not confronted because these societies do not speak openly of such matters. Abdalla writes, "There is no longer any reason, given the present state of progress in science, to tolerate confusion and ignorance about reproduction and women's sexuality." Female circumcision/genital mutilation is intended to honor women as male circumcision honors men, and members of cultures where the surgery is practiced are shocked by the analogy of clitoridectomy to removal of the penis....

Third, the belief that the practice advances health and hygiene is incompatible with stable data from surveys done in these cultures, where female circumcision/genital mutilation has been linked to mortality or morbidity such as shock, infertility, infections, incontinence, maternal-fetal complications, and protracted labor....

Fourth, investigators found that circumcision is thought necessary in these cultures to preserve virginity and family honor and to prevent immorality. Type 3 circumcision is used to keep women from having sexual intercourse before marriage and conceiving illegitimate children. In addition, many believe that Types 2 and 3 circumcision must be done because uncircumcised women have excessive and uncontrollable sexual drives. El Dareer, however, believes that this view is not consistently held—that women in the Sudan are respected and that Sudanese men would be shocked to apply this sometimes-held cultural view to members of their own families. This reason also seems incompatible with the general view, which investigators found was held by both men and women in these cultures, that sex cannot be pleasant for women. In addition, female circumcision/genital mutilation offers no foolproof way to promote chastity and can even lead to promiscuity because it does not diminish desire or libido even where it makes orgasms impossible. Some women continually seek experiences with new sexual partners because they are left unsatisfied in their sexual encounters. Moreover, some pretend to be virgins by getting stitched up tightly again....

Fifth, interviewers found that people practicing female circumcision/genital mutilation believe that it furthers marriage goals, including greater sexual pleasure for men. To survive economically, women in these cultures must marry, and they will not be acceptable marriage partners unless they have undergone this ritual surgery. It is a curse, for example, to say that someone is the child of an uncircumcised woman. The widely held belief that infibulation enhances women's beauty and men's sexual pleasure makes it difficult for women who wish to marry to resist this practice. Some men from these cultures, however, report that they enjoy sex more with uncircumcised women. Furthermore, female circumcision/genital mutilation is inconsistent with the established goals of some of these cultures because it is a leading cause of disability and contributes to the high mortality rate

among mothers, fetuses, and children. Far from promoting the goals of marriage, it causes difficulty in consummating marriage, infertility, prolonged and obstructed labor, and morbidity and mortality.

Criticisms of Ethical Relativism

Examination of the debate concerning female circumcision suggests several conclusions about the extent to which people from outside a culture can understand or contribute to moral debates within it in a way that has moral force. First, the fact that a culture's moral and religious views are often intertwined with beliefs that are open to rational and empirical evaluation can be a basis of cross-cultural examination and intercultural moral criticism. Beliefs that the practice enhances fertility and promotes health, that women cannot have orgasms, and that allowing the baby's head to touch the clitoris during delivery causes death to the baby are incompatible with stable medical data. Thus an opening is allowed for genuine cross-cultural discussion or criticism of the practice.

Some claims about female circumcision/genital mutilation, however, are not as easily open to cross-cultural understanding. For example, cultures practicing the Type 3 surgery, infibulation, believe that it makes women more beautiful. For those who are not from these cultures, this belief is difficult to understand, especially when surveys show that many women in these cultures, when interviewed, attribute to infibulation their keloid scars, urine retention, pelvic infections, puerperal sepsis, and obstetrical problems. Koso-Thomas writes: "None of the reasons put forward in favor of circumcision have any real scientific or logical basis. It is surprising that aesthetics and the maintenance of cleanliness are advanced as grounds for female circumcision. The scars could hardly be thought of as contributing to beauty. The hardened scar and stump usually seen where the clitoris should be, or in the case of the infibulated vulva, taut skin with an ugly long scar down the middle, present a horrifying picture." Thus not everyone in these cultures believes that these rituals enhance beauty; some find such claims difficult to understand.

Second, the debate over female circumcision/genital mutilation illustrates another difficulty for defenders of this version of ethical relativism concerning the problem of differentiating cultures. People who brought the practice of female circumcision/genital mutilation with them when they moved to another nation still claim to be a distinct cultural group. Some who moved to Britain, for example, resent the interference in their culture represented by laws that condemn the practice as child abuse. If ethical relativists are to appeal to cultural approval in making the final determination of what is good or bad, right or wrong, they must tell us how to distinguish one culture from another.

How exactly do we count or separate cultures? A society is not a nation-state, because some social groups have distinctive identities within nations. If we do not define societies as nations, however, how do we distinguish among cultural groups, for example, well enough to say that an action is child abuse in one culture but not in another? Subcultures in nations typically overlap and have many variations. Even if we could count cultural groups well enough to say exactly how to distinguish one culture from another, how and when would this be relevant? How big or old or

vital must a culture, subculture, group, or cult be in order to be recognized as a society whose moral distinctions are self-contained and self-justifying?

A related problem is that there can be passionate disagreement, ambivalence, or rapid changes within a culture or group over what is approved or disapproved. According to ethical relativism, where there is significant disagreement within a culture there is no way to determine what is right or wrong. But what disagreement is significant?

Third, despite some clear disagreement such as that over the rightness of female circumcision/genital mutilation, people from different parts of the world share common goals like the desirability of promoting people's health, happiness, opportunities, and cooperation, and the wisdom of stopping war, pollution, oppression, torture, and exploitation. These common goals make us a world community, and using shared methods of reasoning and evaluation, we can discuss how they are understood or how well they are implemented in different parts of our world community. We can use these shared goals to assess whether female circumcision/genital mutilation is more like respect or oppression, more like enhancement or diminishment of opportunities, or more like pleasure or torture. Another way to express this is to say that we should recognize universal human rights or be respectful of each other as persons capable of reasoned discourse.

Fourth, this version of ethical relativism, if consistently held, leads to the abhorrent conclusion that we cannot make intercultural judgments with moral force about societies that start wars, practice torture, or exploit and oppress other groups; as long as these activities are approved in the society that does them, they are allegedly right. Yet the world community believed that it was making a cross-cultural judgment with moral force when it criticized the Communist Chinese government for crushing a pro-democracy student protest rally, the South Africans for upholding apartheid, the Soviets for using psychiatry to suppress dissent, and the Bosnian Serbs for carrying out the siege of Sarajevo.

And the judgment was expressed without anyone's ascertaining whether the respective actions had wide-spread approval in those countries. In each case, representatives from the criticized society usually said something like, "You don't understand why this is morally justified in our culture even if it would not be in your society." If ethical relativism were convincing, these responses ought to be as well.

Relativists who want to defend sound social cross-cultural and moral judgments about the value of freedom and human rights in other cultures seem to have two choices. On the one hand, if they agree that some cross-cultural norms have moral authority, they should also agree that some intercultural judgments about female circumcision/genital mutilation may have moral authority. Some relativists take this route ..., thereby abandoning the version of ethical relativism being criticized herein. On the other hand, if they defend this version of ethical relativism yet make cross-cultural moral judgments about the importance of values like tolerance, group benefit, and the survival of cultures, they will have to admit to an inconsistency in their arguments. For example, anthropologist Scheper-Hughes... advocates tolerance of other cultural value systems; she fails to see that she is saying that tolerance between cultures is right and that this is a cross-cultural moral judgment using a moral norm (tolerance). Similarly, relativists who say it is wrong to

eliminate rituals that give meaning to other cultures are also inconsistent in making a judgment that presumes to have genuine cross-cultural moral authority.

The burden of proof, then, is upon defenders of this version of ethical relativism to show why we cannot do something we think we sometimes do very well, namely, engage in intercultural moral discussion, cooperation, or criticism and give support to people whose welfare or rights are in jeopardy in other cultures. In addition, defenders of ethical relativism need to explain how we can justify the actions of international professional societies that take moral stands in adopting policy. For example, international groups may take moral stands that advocate fighting pandemics, stopping wars, halting oppression, promoting health education, or eliminating poverty, and they seem to have moral authority in some cases. Some might respond that our professional groups are themselves cultures of a sort. But this response raises the already discussed problem of how to individuate a culture or society.

Objections

Some standard rejoinders are made to criticism of relativism, but they leave untouched the arguments against the particular version of ethical relativism discussed herein. First, some defenders argue that cross-cultural moral judgments perpetuate the evils of absolutism, cultural dogmatism, or cultural imperialism. People rarely admit to such transgressions, often enlisting medicine, religion, science, or the "pure light of reason" to arrive at an allegedly impartial, disinterested, and justified conclusion that they should "enlighten" and "educate" the "natives," "savages," or "infidels." Anthropologist Scheper-Hughes writes, "I don't 'like' the idea of clitoridectomy any better than any other woman I know. But I like even less the western 'voices of reason' [imposing their views]." Scheper-Hughes and others suggest that, in arguing that we can make moral judgments across cultures, we are thereby claiming a particular culture knows best and has the right to impose its allegedly superior knowledge on other cultures.

Claiming that we can sometimes judge another culture in a way that has moral force, however, does not entail that one culture is always right, that absolutism is legitimate, or that we can impose our beliefs on others. Relativists sometimes respond that even if this is not a strict logical consequence, it is a practical result. Sherwin writes, "Many social scientists have endorsed versions of relativism precisely out of their sense that the alternative promotes cultural dominance. They may be making a philosophical error in drawing that conclusion, but I do not think that they are making an empirical one."...

The version of ethical relativism we have been considering, however, does not avoid cultural imperialism. To say that an act is right, on this view, means that it has cultural approval, including acts of war, oppression, enslavement, aggression, exploitation, racism, or torture. On this view, the disapproval of other cultures is irrelevant in determining whether these acts are right or wrong; accordingly, the disapproval of people in other cultures, even victims of war, oppression, enslavement, aggression, exploitation, racism, or torture, does not count in deciding what is right or wrong except in their own culture. This view thus leads to abhorrent conclusions. It entails not only the affirmation that

female circumcision/genital mutilation is right in cultures where it is approv but the affirmation that anything with wide social approval is right, includi slavery, war, discrimination, oppression, racism, and torture. If defenders of t version of ethical relativism criticized herein are consistent, they will dismiss an objections by people in other cultures as merely an expression of their own cu tural preferences, having no moral standing whatsoever in the society that i engaging in the acts in question.

Defenders of ethical relativism must explain why we should adopt a view leading to such abhorrent conclusions. They may respond that cultures sometimes overlap and hence that the victims' protests within or between cultures ought to count. But this response raises two further difficulties for defenders of ethical relativism. First, it is inconsistent if it means that the views of people in other cultures have moral standing and oppressors ought to consider the views of victims. Such judgments are inconsistent with this version of ethical relativism because they are cross-cultural judgments with moral authority. The second difficulty with this defense, also discussed above, is that it raises the problem of how we differentiate a culture or society.

Second, some defenders of ethical relativism argue that we cannot know enough about another culture to make any cross-cultural moral judgments. We cannot really understand another society well enough to criticize it, they claim, because our feelings, concepts, or ways of reasoning are too different; our so-called ordinary moral views about what is permissible are determined by our upbringing and environments to such a degree that they cannot be transferred to other cultures. There are two ways to understand this objection. The first is that nothing counts as understanding another culture except being raised in it. If that is what is meant, then the objection is valid in a trivial way. But it does not address the important issue of whether we can comprehend well enough to make relevant moral distinctions or engage in critical ethical discussions about the universal human right to be free of oppression.

The second, and nontrivial, way to understand this objection is that we cannot understand another society well enough to justify claiming to know what is right or wrong in that society or even to raise moral questions about what enhances or diminishes life, promotes opportunities, and so on. Overwhelming data, however, suggest that we think we can do this very well. Travelers to other countries often quickly understand that approved practices in their own country are widely condemned elsewhere, sometimes for good reasons. For example, they learn that the U.S. population consumes a disproportionate amount of the world's resources, a fact readily noticed and condemned by citizens in other cultures. We ordinarily view international criticism and international responses concerning human rights violations, aggression, torture, and exploitation as important ways to show that we care about the rights and welfare of other people, and in some cases these responses have moral authority.

People who deny the possibility of genuine cross-cultural moral judgments must account for why we think we can and should make them, or why we sometimes agree more with people from other cultures than with our own relatives and neighbors about the moral assessments of aggression, oppression, capital punishment, abortion, euthanasia, rights to health care, and so on. International meetings,

moreover, seem to employ genuinely cross-cultural moral judgments when they seek to distinguish good from bad uses of technology, promote better environmental or health policies, and so on.

Third, some defenders of ethical relativism object that eliminating important rituals from a culture risks destroying the society. They insist that these cultures cannot survive if they change such a central practice as female circumcision. This counterargument, however, is not decisive. Slavery, oppression, and exploitation are also necessary to some ways of life, yet few would defend these actions in order to preserve a society. Others reply to this objection by questioning the assumption that these cultures can survive only by continuing clitoridectomy or infibulation. These cultures, they argue, are more likely to be transformed by war, famine, disease, urbanization, and industrialization than by the cessation of this ancient ritual surgery. A further argument is that if slavery, oppression, and exploitation are wrong whether or not there are group benefits, then a decision to eliminate female circumcision/genital mutilation should not depend on a process of weighing its benefits to the group. It is also incoherent or inconsistent to hold that group benefit is so important that other cultures should not interfere with local practices. For this view elevates group benefit as an overriding cross-cultural value, something that these ethical relativists claim cannot be justified. If there are no cross-cultural values about what is wrong or right, a defender of ethical relativism cannot consistently say such things as "One culture ought not interfere with others," "We ought to be tolerant," "Every culture is equally valuable," or "It is wrong to interfere with another culture."

Comment

We have sufficient reason, therefore, to conclude that these rituals of female circumcision/genital mutilation are wrong. For me to say they are wrong does not mean that they are disapproved by most people in my culture but wrong for reasons similar to those given by activists within these cultures who are working to stop these practices. They are wrong because the usual forms of the surgery deny women orgasms and because they cause medical complications and even death.

Study Questions

1. Kopelman distinguishes between two types of relativism. What are they, and how do they differ?
2. Kopelman claims that despite differences, societies "share many methods of discovery, evaluation and explanation." How do these shared methods make intercultural judgments possible?
3. In your opinion, which is the greater moral threat: ethical relativism and its apparent tolerance of cruel and unjust practices, or ethical universalism and the risk of absolutism, and cultural imperialism?
4. Kopelman notes, "If there are no cross-cultural values" about right and wrong, then the relativist cannot claim that "it is wrong to interfere with other cultures." The latter is a universal judgment that is ruled out of order by relativism. Is she right to suggest that relativism is self-contradictory?