

Integrity, Mayhem, and the Question of Self-demand Amputation

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Self-demand amputation has been on the rise in the West since the 1970s. In the small number of analyses currently available, self-demand amputation is regarded as at best problematic and at worst abhorrent. The phenomenon has prompted public figures such as Dennis Cavan, a member of the Scottish parliament, to call for legislation outlawing ‘medically unnecessary’ amputations. And yet, at present, in the United States alone over 1,000,000 circumcisions, 200,000 breast modification procedures, and 800–1,000 male to female sex reassignment surgeries are performed annually. Up to 117,000 people undergo abdominoplasty; 384,000 undergo liposuction; and approximately one or two in every 1,000 babies born receives surgery to ‘normalize’ genital appearance. In short, the modification of bodies is prolific in contemporary Western culture and a significant number of modificatory procedures involve the removal of ‘healthy’ tissue or body parts. The obvious question this raises is why self-demand amputation is pathologized when qualitatively similar procedures are condoned. My task in this paper, then, is to interrogate the ontological background from which our conceptions and lived experiences of the corporeality of others and of ourselves appears in relief (Alcoff, 2001, p. 281). More specifically, this undertaking will unfold via a consideration of current discussions of what I will refer to as ‘self-demand amputation’.

What is Self-demand Amputation?

Let me make it clear at the outset that in using the term ‘self-demand amputation’ I am not referring to a singular practice, nor am I implying the existence of a group of

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people whose desires and identities are homogeneous. Nevertheless, in popular parlance, this term is used uncritically and in generalizing ways. Self-demand amputation is described in medical literature and in the popular press as the removal of ‘healthy’ tissue or ‘healthy’ limbs, and as such is most often regarded as anathema. Interestingly, it is rarely the case that the surgical reduction or removal of ‘healthy’ breast tissue, of ‘healthy’ genital tissue, or of excessive but nevertheless ‘healthy’ facial tissue is regarded as (self-demand/elective) amputation. Likewise, despite the fact that one could well argue that both circumcision and intersex surgeries not only involve the elective amputation of ‘healthy’ genital tissue but, moreover, are ‘performed without a patient’s consent, and occur when he [or she] is most vulnerable and completely dependent’ (Zoske, 1998, p. 189),¹ these practices are rarely, if ever, discussed in accounts of elective amputation. This raises the question of how, and on what basis, one distinguishes self-demand amputation from other somatic technologies, and how one understands its relation to gender, sexuality, and so on.

The distinction that is frequently posited in both medical and personal accounts of self-demand amputation between the removal of ‘healthy’ digits or limbs (read: self-demand amputation), and the removal of other forms of ‘healthy’ body tissue (read: cosmetic surgeries, sex reassignment surgeries, circumcision, or simply institutionally authorized surgeries), is founded on the unquestioned assumption that the former results in ‘disability’, whereas the latter procedures allegedly do not (or at least not intentionally). However, in arguing that cosmetic procedures ‘parade mutilations as enhancements’ (Garland-Thomson, 2002, p. 7) feminists such as Rosemarie Garland-Thomson call into question popular assumptions regarding the separation of procedures which allegedly ‘disable’ from those which supposedly ‘enhance’.

Similarly, the presumed distinction between self-demand amputation and what is often referred to as ‘non-mainstream’ or extreme body modification is at best unclear, and becomes increasingly so when one considers auto-amputation. Some auto-amputees regard the procedures they undertake as forms of extreme body modification. For example, ‘NoHand’, a regular contributor to *BME*—one of the leading body modification e-zines—has numerous tattoos, piercings, and genital modifications. ‘NoHand’, who regards himself as a ‘Renaissance Man’, an artist whose material is his own flesh,² has also auto-amputated some of his fingers with a guillotine device he designed and built, as well as a complete hand, half of one foot (since lost entirely), and part of his genitals. His arm, he tells people, ‘was lost in a wood chipper accident’. ‘Accidents’ such as this one are frequently described in the writings of self-defined extreme body modifiers who also perform auto-amputations that do *not* result in the need for medical intervention. Engineered ‘accidents’ also occur amongst self-demand amputees who do *not* identify with body modificatory practices and communities and who do not, or at least would not, perform auto-amputations unless this were the only way for them to gain access to surgical procedures and thus to fulfil their compelling desires. Something worth noting here is that as well as complicating any easy separation of extreme body modification and

self-demand amputation, both auto-amputations which do not require medical assistance and engineered 'accidents', which do tend to render invisible the complex array of desires for, and practices of, amputation and thus, in a sense, contribute to the conception of self-demand amputation as a singular, definable, and extremely rare phenomenon for which there is presumably a single 'cure' (yet to be discovered).

Having raised the question of the relation between what is commonly understood as self-demand amputation and other somatic technologies, I would like, at this point, to make it clear that I am neither interested in attempting to answer this question by defining and/or delineating the practices mentioned thus far, nor in celebrating the impossibility of doing so. Rather, what concerns me is the ways in which various somatic technologies (and the relations between them)—which are at once arbitrary, historically and culturally contingent, and politically and ethically significant—come to matter. In other words, I am interested in interrogating the terms and confronting the limits of the powerfully enduring perceptual frames which currently constitute bodies of flesh, bodies of knowledge, and bodies politic in specific (and often troubling) ways.

Body Politics/Bodies Politic

As mentioned above, the objections frequently made to self-demand amputation are based on the belief that the removal of 'healthy' limbs will result in disability, in physical imperfection, and therefore such a practice is, by definition, anathematic. But if, as Roberta Galler has suggested, we recognize the myth of physical perfection to be a debilitating idea(l) (Galler, 1984, p. 169), might we then be more sympathetic to those who desire the removal of 'healthy' limbs? Whilst this may sound like a nice idea, it seems to me that changing our selves (and our responses to others) is not as simple as consciously refusing to conform to, or be affected by, hegemonic ideals, nor is it as simple as replacing erroneous idea(l)s about the body with realistic ones.

I want to suggest instead that the first step in combating the taboos and idea(ls) (in)forming corporeality(s) necessarily involves reconceptualizing the relationship between them as something other than ideological. Foucault's work is, of course, helpful here. When, in *The History of Sexuality Volume One*, Foucault calls for a history of bodies he does not, he writes, 'envisage a "history of mentalities" that would take account of bodies only through the manner in which they have been perceived and given meaning and value' (Foucault, 1980a, p. 152). Instead, what interests him is 'the manner in which what is most material and most vital . . . has been invested' (Foucault, 1980a, p. 151). Thus Foucault rejects the notion of 'the anatomical body overlaid with culture' (Gatens, 1996, p. 70) and suggests instead that corporealities are constituted in and through what Moira Gatens refers to as

the (often unconscious) imaginaries of a specific culture: [that is,] those ready-made images and symbols through which we make sense of [individual and] social bodies and which determine, in part, their value, their status and what will be deemed their appropriate treatment. (Gatens, 1996, p. viii)

Gatens goes on to argue that this mutually generative relation between bodies of flesh, bodies and knowledge, and bodies politic is apparent in the twin birth of the modern human(ist) subject and the modern body politic. The quintessential example of this is, as Gatens notes, Thomas Hobbes' conception of the modern political anatomy as a sort of bodily unity. Hobbes writes:

by art is created that great *leviathan* called a *commonwealth* or *state* . . . which is but an artificial man; though of greater stature and strength than the natural, for whose protection and defence it was intended; and in which the *sovereignty* is an artificial *soul*, as giving life and motion to the whole body; the *magistrates* and other *officers* of judicature and execution, artificial *joints*; *reward* and *punishment*, by which fastened to the seat of the sovereignty every joint and member is moved to perform his duty, are the *nerves* that do the same in the body natural; . . . *salus populi*, the people's safety, its *business*; . . . *concord*, *health*; *sedition*, *sickness*; and civil war, death. Lastly the *pacts* and *covenants*, by which the parts of this body politic were at first made, set together and united, resemble that *fiat*, or the *let us make man*, pronounced by God in the creation. (Hobbes, 1968, pp. 81–82)

What most interests me about Hobbes' vision of the modern body politic—an imaginary body whose “reality” is internal to certain schemas of social ontology’ (Alcoff, 2001, p. 267)—is the vitalizing character of both sovereignty (the soul of the *Leviathan*), and of the pacts and covenants whose performance constitutes a form of tacit consent integral to the notion of social contract. What I mean by this is that in so far as ‘the *pacts* and *covenants*, by which the parts of this body politic were at first made, set together and united, resemble that *fiat*, or the *let us make man*, pronounced by God in the creation’ (Hobbes, 1968, p. 82), they constitute what Judith Butler calls citationality. According to Butler, the repetition of norms precedes the emergence of ‘the subject’ and interpolates the subject into the symbolic order (which is constituted by historically and culturally specific hegemonic imaginaries). In order to remain viable, to maintain the position of subject, the subject must cite the very norms (the regulatory idea(l)s, or pacts and covenants) that created its intelligibility in the first place. This reiteration materializes a set of effects on and through the body. Or, more precisely, the intelligible body (subject) is the materialization or sedimented effect of these specific (tacit) pacts and covenants.³ What this clearly shows is that the relation between the body politic and corporeality is far from simply ideological.

Hobbes' vision of the modern body politic as a cultural construct founded on an a priori or ‘natural’ body is one in which (material and moral) integrity is both the original and perfect condition, and the necessary condition for the continued well-being of its members and of itself. Many would argue, of course, that the modern body politic has, of late, become increasingly malleable and/or fragmented, but, despite this, idea(l)s about bodily integrity nevertheless continue to (in)form current social imaginaries, to exert covert epistemic effects on individual bodies, social bodies, and the relations between them. The body of the king may now be decorated and/or modified, but it nevertheless continues to reproduce itself as unified, consolidated,

whole, in so far as it conceives itself as the expression of, and as contiguous with, the spirit that animates it. This being the case, I agree with Foucault's conviction that 'we need to cut off the head of the king: [since] in political theory [and elsewhere] that has still to be done' (Foucault, 1980b, p. 121), and I believe that a reconsideration of self-demand amputation may be one way to go about this.

Popular conceptions of, and 'common-sense' responses to, self-demand amputation support my contention that (the) postmodern body politic(s) has yet to rid itself of the idea(l)s of the Leviathan that continue to inhabit it.⁴ Whilst self-demand amputation—which I contend is a discursive phenomenon—was once regarded as a paraphilia (apotemnophilia), it has more recently come to be understood by medical practitioners and self-demand amputees alike as an 'identity disorder', or more tellingly as 'body integrity identity disorder' (BIID). This 'condition' is frequently compared to so-called 'gender identity disorder' because in both cases

the individuals involved [allegedly] experience the persistent desire to have their body physically match the idealized image they have of themselves. This desire forces [self-demand amputees] to deal with the [seeming] paradox of losing body parts in order to become whole. (www.biid.org)⁵

Even a perfunctory look at Websites such as 'amputee-by-choice', or at documentaries like Melody Gilbert's tellingly entitled *Whole*, will make apparent the centrality of notions of integrity to the conception and lived experience of self-demand amputation (and, I would add, of contemporary modes of corporeality more generally). For example, in the BBC documentary *Complete Obsession* the viewer is introduced to Gregg Furth, a middle-aged psychoanalyst who, for as long as he can remember, has desired a right above-knee (RAK) amputation. Furth says, 'it's about becoming whole, not disabled. You have this foreign body and you want to get rid of it.'⁶ In other words, Furth lacks a sense of bodily integrity and believes that he will gain one in and through amputation.

Ironically, arguments against the surgical removal of 'healthy' limbs also tend to be informed by the assumption that bodily integrity is essential to the well-being of individuals and of the body politic more generally. The problem is that for those who share medical ethicist Arthur Caplan's opinion that 'it's . . . utter lunacy to go along with the request to *maim* someone',⁷ elective amputation (at least a specific conception of elective amputation—one that does not include practices such as circumcision, intersex surgeries, and so on) and bodily integrity are mutually exclusive. For Caplan, then, in so far as elective amputation involves the 'maiming' of someone, it constitutes 'mayhem'. It is interesting to note here that in the United States in the 1950s, medical practitioners who objected to 'sex-change surgery' (especially castration) often argued that such procedures were illegal in so far as they contravened local mayhem statutes. These statutes, which were based on English common law, outlawed the maiming of men who might serve as soldiers (Meyerowitz, 2002, pp. 120–121). Here we see that the term mayhem does not, as many of us might presume, simply refer to a state of havoc. Rather, it is a crime committed against the body politic and its members; one

which affects confusion, disorder, disability, the loss of integrity, the violent dismembering of bodies of flesh, bodies of knowledge, and social bodies. In short, mayhem constitutes a somatic/epistemic technology in and through which the amputation of 'healthy' parts of the body (politic) both presupposes and affects the decapitation of the king (as the agent and effect of bodily integrity), and vice versa. Or, as Hobbes might put it, such practices constitute a form of civil war which is deadly at least in so far as they render impossible the notion of selfhood characterized by integrity.

Recent writings on, and celebrations of, the malleability of bodies may well give the impression that mayhem (at least in its more limited and commonly understood sense) is a (positive) characteristic of postmodern corporealities. However, in my research on body modification more generally⁸ I have found that somatic technologies of various kinds are currently understood and experienced as facilitating self-invention, as 'tools of individual self-actualization' (DeMello, 2000, p. 143). Shannon Larratt, the editor of *BME*, takes this position, stating: 'I am not my biology. I will be the one to decide what my body grows into' (Larratt, 2002, p. 1). Such a position is not surprising given that, as Carl Elliott notes,

The language of selfhood and identity surrounds us. It is built into our morality, our literature, our political philosophy, our therapeutic sensibility . . . our popular culture. This is the way we think. This is even the way we sell cars and tennis shoes. We talk of self-discovery, self-realization, self-expression, self-actualization, self-invention, self-knowledge. (Elliott, 2004, p. 5)

Of course, many before me have pointed out that notions of selfhood, of self-realization, are now integral to the commodification of bodies, and vice versa.⁹ Simply stating the obvious fails to explain, and tends to invisibilize, the fact that not all forms of self-invention are regarded as equally expedient. Self-demand amputation (which, as I have noted, is not as easily distinguished from other forms of body modification as we may like to think) tends to be met with disdain much more so than, for example, sex reassignment surgery, circumcision, or the removal of jowls or saddlebags. In order to begin to explain this we need to be clear that self-invention—as it is commonly understood and experienced in the contemporary context with which I am concerned—is tantamount to self-realization, and self-realization is equated with 'becoming whole', if not literally, then at least experientially. Hence my claim that the idea(l) of bodily integrity—or of self-integrity, which, as current accounts of modificatory practices show, is inextricably bound to corporeality—continues to haunt, and thus to structure (imaginary) postmodern bodies of flesh, bodies of knowledge, bodies politic, body politics, and the relations between them. In other words, contemporary modificatory practices continue to be (in)formed by the pacts and covenants to which we tacitly consent, by specific regulatory idea(l)s which precede the emergence of 'self' and interpolate the subject into a particular political anatomy. The failure to recognize this veils over the often unconscious imaginaries that are integral to the postmodern idea(l) of the self as the author/artist of one's own

fleshly (un)becoming, and to counter the epistemic effects of such. In order to counter this tendency and to flesh out in more detail the role of the idea(l) of integrity in the understanding, regulation, and experience of various modificatory practices, I will now turn to the (hegemonic) perception of disability.

The Perception of Disability and the Disability of Perception

As they are currently perceived, modificatory procedures such as breast reductions, the removal of unwanted flesh or fat, and intersex surgery appear to eliminate disability, to produce enabling effects by visibly conforming to and reproducing normality.¹⁰ Self-demand amputation, on the other hand, is currently perceived as producing the opposite effects: it allegedly disables. What this suggests is that there is a structural connection, a mutually generative relation if you like, between the realm of the visible, historically and culturally specific modes of perception, and normative notions of integrity and disability. To put it more simply, perception is central to the paradox with which this paper is concerned. If this is the case, we must, as Lennard Davis suggests, develop different way[s] of . . . thinking about seeing, of perceiving thinking' (Davis, 1995, p. 15).

This is exactly the task that Linda Alcoff sets herself in her inspiring analysis of the phenomenology of racial embodiment, the aim of which is to make 'visible the practices of visibility itself' (Alcoff, 2001, p. 281). Such an undertaking is essential, she argues, since, 'the realm of the visible, or what is taken as self-evidently visible' is 'the product of a specific form of perceptual practice, rather than the natural result of human sight' (Alcoff, 2001, p. 268). For example, racial designation, Alcoff claims, is naturalized in and through the (politically (in)formed) perception of race as self-evidently visible. Drawing on Merleau-Ponty's account of embodiment, Alcoff argues that despite the fact that in hegemonic imaginaries 'perception is . . . defined as access to truth' (Alcoff, 2001, p. 275), 'perception represents sedimented contextual knowledges' (Alcoff, 2001, p. 272) or tacit body-knowledges. In other words, perception is always already imbued with historically and culturally contingent values, idea(l)s, and practices, with specific pacts and covenants to which the subject has tacitly consented in and through his or her very becoming. Consequently, the 'sedimented contextual knowledges' which structure perception, function, according to Alcoff's thesis, at the level of citation, and therefore are 'almost hidden from view, and thus almost immune from critical reflection' (Alcoff, 2001, p. 275).

The aim of Alcoff's work, then, is, as I said, to make explicit the tacit perceptual practices involved in racialization, to analyse the ways in which race, as a structure of contemporary perception, helps constitute the necessary background from which our knowledge and experience of political anatomies (both individual and social) appears in relief. Similarly, my aim in the larger project of which this paper is a part is to explore the possibility that disability (as the flip-side of integrity) is, as Rosemarie Garland-Thomson notes, a 'pervasive and often unarticulated' epistemic structuring device rather than 'a natural state of corporeal inferiority, inadequacy . . . or a stroke of

misfortune' (Garland-Thomson, 2004, pp. 4–5). Lennard Davis thinks likewise, arguing that disability, as an epistemic process that ultimately (in)forms everybody (Davis, 1995, p. 2), is tied inexorably to tacit notions of normality, to those 'sedimented contextual knowledges', as Alcoff calls them, in and through which so-called 'normal' bodies are perceived as 'normal' in so far as they are perceived as 'unified, consolidated, whole' —or at least as agents and effects of some sort of bodily integrity. Consequently, Davis calls for a theoretical shift from disability (mis)understood as an object of knowledge, to normality as an assumed state which reproduces itself through a visual registry that engenders bodily integrity as self-evidently visible. And which, in displacing the discursive origin of normality and disability onto a form of corporeality taken to be self-evidently visible, precludes an analysis of the political constitution of (im)proper bodies. For Davis, then, it is imperative to challenge the perception of disability by interrogating the disability of perception, to make explicit the perceptual practices involved in the construction and regulation of (im)proper bodies/subjects.

In taking up the calls made by Davis, by Alcoff, and by those whose desire for the removal of healthy limbs is continually frustrated, I have attempted to develop a critical analysis of the ways in which integrity and disability—as mutually constitutive and yet incommensurable idea(l)s—constitute an epistemic structuring device that is central to our current conception of (im)proper bodies. Further, I have attempted to highlight the paradox in which self-demand amputation (as it is currently understood and experienced) appears, as a result of hegemonic tacit body knowledges, to be caught. What I mean by this is that, on the one hand, self-demand amputation could be said to challenge the perception of bodily integrity as self-evidently visible; on the other, it reproduces the idea(l) of bodily/self-integrity as is clear if one turns to the plethora of accounts currently available on the Internet. Consequently, the perceptions surrounding and (in)forming self-demand amputation literalize, I would suggest, the paradox Adorno identifies in *Minima Moralia: Reflections from a Damaged Life*. He writes: 'The libidinal achievements demanded of an individual behaving as healthy in body and mind, are such as can be performed only at the cost of the profoundest mutilation' (cited in Davis, 1995, p. 15).

Notes

- [1] Despite this, circumcision is, according to Cendron, Elder and Duckett, 'the most common surgical operation carried out in the United States' (cited in Zoske, 1998, p. 189).
- [2] See: <http://www.bmezone.com/news/people/A10101/nohand/>.
- [3] See: www.litencyc.com/php/speople.php?rec=true&UID=5173.
- [4] This situation recalls Nietzsche's aphorism entitled 'New Struggles' in which he argues that whilst God may be dead, His shadow nevertheless has yet to be vanquished (Nietzsche, 1989, p. 191).
- [5] Website of the BIID organization: www.biid.org.
- [6] Furth, cited in Randy Dotinga (2000), 'Out on a limb', www.salon.com.
- [7] *Ibid.*, my emphasis.

- [8] See Sullivan (1995, 2001, 2004, 2005, 2006).
[9] See Howson (2004); Pitts (2003).
[10] Whether or not they actually achieve this is another thing altogether. See, for example, Stryker's claim that transgender surgeries do not entirely determine the bodies they produce.

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