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Female Genital Mutilation (FGM) as a Site of Intergenerational Trauma in Farzana Doctor's *Seven*[*]

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Abstract

This paper examines Farzana Doctor's Seven (2020) as a literary site for interrogating the intergenerational trauma associated with Female Genital Mutilation (FGM) within the Dawoodi Bohra Muslim community. The paper argues that Seven presents FGM not only as an act of bodily harm but also as a multidimensional trauma – at once personal, psychological, familial, and cultural – that is transferred across generations of women through silence, denial, and normative expectations, while also demonstrating that confronting and narrativising trauma is essential for disrupting the cycle of violence. Through the protagonist's journey of uncovering both personal and collective histories, the narrative exposes the mechanisms by which trauma is both sustained and challenged. Employing qualitative textual analysis, this study offers a close reading of the theme of FGM in Seven, drawing on Cathy Caruth's trauma theory, Marianne Hirsch's concept of postmemory, sexuality theory and postcolonial feminist frameworks. These theoretical lenses illuminate how the novel critiques systems of gendered violence and advocates for intergenerational healing and accountability. Seven serves as a critical feminist intervention that challenges the normalisation of FGM and foregrounds the transformative power of voice and narrative.
Keywords: Female Genital Mutilation, Intergenerational Trauma, Postmemory, Cultural Silence, Female agency.

Introduction

Farzana Doctor, a Canadian writer, activist, and psychotherapist of Indian descent, brings a deeply personal, political, and intersectional lens to her writing, particularly in addressing the themes of female genital mutilation (FGM) and female sexuality. She belongs to the Dawoodi Bohra community, a sect within Shia Islam where *khatna* (a form of FGM) is practised on girls (*We Speak Out*). Her background – growing up in a diasporic, faith-based, patriarchal culture – deeply informs both her activism and fiction. As a psychotherapist and a vocal advocate for women's rights, she merges personal healing with collective resistance. In an interview, she states, "I wanted to tell a story that wasn't just about trauma, but also about healing and community accountability" ("Interview with Open Book"). Doctor is also a founding member and volunteer with *We Speak Out*, an organisation committed to the eradication of *khatna* in the Dawoodi Bohra community. Her life and writing are deeply entwined with the themes of FGM and female sexuality. Her vision centres around bodily autonomy, sexual empowerment, and dismantling of patriarchal control over women's bodies and pleasures. Highlighting the prevalence of evil practices like FGM, Doctor notes, "If it's tied to any culture, it's tied to

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global patriarchy" ("Talking about FGM"). As both author and activist, Doctor produces an oeuvre of literary activism that unmasks disguised oppression, retrieves silenced voices, and fosters dialogue.

Although *Seven* is the only one of Doctor's novels to address FGM explicitly, her earlier works anticipate and parallel its thematic concerns. In *Stealing Nasreen* (2007), Doctor explores the intersection of queerness, cultural expectation, and secrecy within a diasporic South Asian family. While the novel does not depict ritualised bodily violence, it resonates with *Seven* in its critique of the silencing of women's desires and the policing of sexuality. Similarly, *Six Metres of Pavement* (2011) dramatizes the persistence of past trauma in the life of its protagonist, Ismail, who accidently caused his daughter's death. Like *Seven*, this text emphasises the haunting presence of grief and the difficulty of articulating suppressed pain, thereby extending Doctor's exploration of intergenerational wound. Doctor's *All Inclusive* (2015) continues her concern with bodily autonomy through its bisexual protagonist Ameera, whose narrative confronts cultural taboos surrounding female sexuality. The novel destabilises normative framework of gender and desire, echoing *Seven's* attempt to destabilise cultural justifications for FGM. Across these works, Doctor persistently critiques the mechanisms by which silence protects oppressive practices, whether around queerness, grief, or ritualised violence. Taken together, Doctor's oeuvre may be read as a progressive unfolding of her engagement with the politics of the body. From intimate negotiation of sexuality and trauma in her earlier novels to the collective reckoning with FGM in *Seven*, Doctor charts a trajectory from the private struggles of identity to the systematic interrogation of communal practices. In this sense, *Seven* does not stand apart from her earlier fiction but rather represents its culmination, crystalising her broader project of challenging cultural silences and reclaiming bodily autonomy for marginalised women. Doctor's portrayal of FGM goes beyond documenting a harmful custom: it interrogates the ways in which patriarchal structures normalise bodily violence under the guise of tradition. In doing so, *Seven*, resonates with memoirs and testimonies by FGM survivors, such as Ayaan Hirsi Ali's *Infidel* and Waris Dirie's *Desert Flower*, which similarly frame the practice as a silenced yet pervasive form of gendered violence, often justified as religious duty but experienced as profound betrayal. Like these narratives, *Seven* insists on breaking the secrecy surrounding the practice by foregrounding women's voices and lived experiences.

Female Genital Mutilation or *khatna* continues to be a globally contested practice situated at the intersection of bodily autonomy, religion, and patriarchy. FGM remains one of the most entrenched forms of gender-based violence, affecting over 200 million women and girls globally (WHO). Though often viewed as a practice confined to African and Middle Eastern societies, FGM also persists in South Asian contexts, notably within India's Dawoodi Bohra community and is normalised under the guise of religious and cultural obligation. Farzana Doctor's *Seven* boldly addresses the issue of FGM, making it one of the very few novels dealing with its prevalence in South Asia, especially India. In 2015, the protagonist, Sharifa, takes a trip to India with her husband, Murtuza, and daughter, Zee, for her research purposes. She visits the country at a time when her cousin, Fatema, is protesting actively against *khatna*. While Sharifa maintains a neutral stance initially, she is forced to choose a side when she realises that she too had been an oblivious victim of FGM. The novel not only exposes a malicious practice carried out in secrecy but also provides the reader with ample knowledge regarding its harmful consequences. It successfully addresses the themes of religion, family, betrayal, and, most importantly, sexual repression of women.

Theoretical Framework

The novel moves beyond a linear representation of trauma and offers a complex portrayal of how silence, complicity, and memory operate within intergenerational female relationships.

Drawing on Marianne Hirsch's (2012) theory of postmemory, which describes the inheritance of traumatic memory by those who did not directly experience it, and Cathy Caruth's (1996) foundational trauma theory, which explores the belated and disruptive nature of traumatic recall, this paper investigates how *Seven* conceptualizes FGM as a form of intergenerational trauma. The novel's exploration of maternal complicity, cultural secrecy, and the bodily imprint of trauma underscores how FGM is not a singular event but a recurring narrative that shapes identity, sexuality, and community belonging across time. Moreover, *Seven* reflects the broader concerns of postcolonial feminist thought, which critiques how gendered violence is often sustained through the internal structures of tradition and religious authority rather than through external coercion (Mohanty).

Despite the growing scholarly interest in trauma narratives and feminist responses to FGM, there is a notable lack of in-depth academic work that specifically explores intergenerational trauma in *Seven* using combined frameworks from trauma studies and postmemory theory. Existing criticism centres on Doctor's activism or the novel's socio-political relevance, without closely analysing how family dynamics, silences across generations, and narrative form operate as vehicles for inherited trauma. There is also limited scholarly engagement with the narrative ethics of how such trauma is remembered, repressed, and eventually resisted within the novel. This study aims to address this gap by providing a textual and theoretical analysis of intergenerational trauma in *Seven*, drawing on trauma theory (Caruth, Tal), postmemory (Hirsch), and contemporary postcolonial feminist scholarship (Mohanty). By doing so, it situates the novel as a critical site for understanding how literary narratives can expose the psychic continuities of gendered violence and how fiction participates in both memorialization and resistance. The paper argues that *Seven* presents FGM as a multidimensional trauma – at once personal, familial, and cultural – that is transferred across generations of women through silence, denial, and normative expectations, while also demonstrating that confronting and narrativising trauma is essential for disrupting the intergenerational cycle of violence.

Cathy Caruth describes trauma as "an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena" (*Unclaimed Experience* 11). In *Seven*, Sharifa does not initially recognise her *khatna* experience as trauma until she encounters contemporary anti-FGM activism and experiences a resurgence of memory and affect. The trauma emerges not in the moment of the event, but in the return, a central feature of Caruth's theory. Sharifa's recollection is triggered by external stimuli such as testimonies of other women, whispers in the community, and the bodily unease that accompanies these revelations. Caruth writes that trauma "is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor" (4). Sharifa's journey is marked by flashbacks, discomfort, and gaps in memory, all of which align with Caruth's ideas that trauma resists coherent narrative and conscious processing.

Marianne Hirsch defines postmemory as the relationship that the "generation after" bears to the "personal, collective, and cultural trauma of those who came before [them]". It is not direct memory but one mediated by "imaginative investment, projection and creation" (*The Generation of Postmemory* 5). Though the later generation did not witness the trauma firsthand, they inherited its emotional and psychological impact through stories, silences, behaviours and bodily experiences. In *Seven*, Sharifa embodies this postmemorial condition. Although she has undergone *khatna* as a child, she remembers little about the event. Her knowledge of the procedure comes not from memory but from her bodily unease, emotional confusion, and the fragmented stories of other women. "Postmemory is distinguished from memory by generational distance and from history by deep personal connection" (*Family Frames* 22). Sharifa's narrative emerges precisely at this intersection, between bodily inheritance and

emotional distance. The silence that surrounds *khatna* in the community is a key element of the novel's postmemorial logic. Women rarely speak of it; when they do, it is with minimisation or euphemism. This familial and cultural silence creates what Hirsch describes as "inherited… displacements" (*The Generation of Postmemory* 5), where the trauma is not narrated directly but passed down through absences, behaviours and gestures.

Mohanty posits that gender oppression must be located within specific cultural and historical frameworks and not judged solely through Eurocentric models ("Under Western Eyes"). *Seven* perceived from this lens resists both the cultural relativism that excuses gender violence and the colonial gaze that vilifies non-Western communities as inherently barbaric. Through Sharifa's gradual awakening and activism, the novel foregrounds a critical, insider feminist resistance, what Gayatri Spivak might call the space where the "subaltern" begins to "speak" (Spivak). *Seven* shows Sharifa making an effort to reclaim female agency and voice.

Sexuality is not entirely biological or anatomical. It is highly influenced by one's cultural, religious and social milieu. It is shaped by social and political forces and is connected to power relations around class, race, and, especially, gender (Mottier 3). The expression or repression of sexuality is shaped and regulated by these factors. Thus, sexuality is, in fact, a social construct. The social constructionism theory advances the idea that much of what is understood as a 'reality', such as certain beliefs and norms, does not have a material reality. They are a socially constructed reality, formed through interactions and negotiations among members of a society over time. The present 'reality' of male and female sexuality is thus a socially constructed 'reality' conditioned by their societal and cultural influences. Similarly, Michel Foucault argues that sexuality is not merely a biological instinct but a social construct regulated by power and discourse (*The History of Sexuality* 1978). In *Seven*, the practice of *khatna* is justified within the community through religious and cultural narratives that define "purity," "modesty," and "control of sexual desire." "It is just a tiny cut. It does not do any real harm. And it helps Bohra girls stay pure, loyal. Not too focused on sex" (*Seven* 110). This line exemplifies how power operates through the internalisation of norms and how sexuality is disciplined, especially female sexuality, via bodily regulation. The novel reveals how sexuality is policed under the guise of religious morality and honour, reflecting Foucault's assertion that discourse around sex is a form of power knowledge.

Simone de Beauvoir notes that patriarchy has devoted women to chastity and 'purity' which indirectly encourages male sexual freedom. The woman "should defend her virtue… if she 'falls', she is scorned; whereas any blame visited upon her conqueror is mixed with admiration" (Beauvoir 395). Whereas sexuality forms a part of a man's identity, it forms most of a woman's identity. A woman's sexual expression or repression has a direct association with their patriarchal categorization as the 'virgin' or the 'whore'. Repression of female sexuality becomes integral and is regulated from a very young age. Female sexuality is intricately intertwined with the girl's family's honour and reputation. So, once a girl reaches menarche, the policing and restraining begin to preserve her virginity. Virginity is regarded as a parameter for judging a girl and determining whether she is marriageable or not. However, this obsession with an intact hymen sometimes leads to the practice of drastic measures and procedures like FGM.

Discussion

The title of Farzana Doctor's *Seven* marks the general age when the Bohra girls are stripped of their bodily autonomy. At this stage, sexual agency is cut off from their body, literally and metaphorically. When Fatema recalls her experience of being taken to be circumcised, she remembers being handed over a colour book. As she turned the pages, she saw artworks of "other stressed out seven year olds" (*Seven* 183). This highlights the normalisation and frequency of the practice within the community, as several other girls before Fatema were taken

to be circumcised. Sharifa is startled to know that FGM is still practised in India and by their community because the media had been covering FGM stories only from Egypt, Sudan and Kenya. Her ignorance highlights the secrecy that surrounds the practice, thereby facilitating its uninterrupted prevalence. Sharifa was sure that their family never practised FGM as they never talked about it. She is unable to remember her circumcision because "no one talks about it after the fact" (*Seven* 96). To not talk about an experience is to defy its existence, and this silence becomes the biggest submission. This silence continues the intergenerational trauma of the women undergoing the worst pain of their lives. The girls go through it, stay silent about it, get married and then take their daughters for the ritual. For them, it is "just a normal rite of passage" (*Seven* 96). The practice remains unquestioned as they do not think about it as something bad. While Fatema is furious about the practice, Zainab is the personification of religious indoctrination. She disapproves of Fatema's radical stance in exposing *khatna* and defaming their community. She tells Sharifa, "Don't allow yourself to be brainwashed by all the media. It's just a tiny cut. It doesn't do any real harm. And it helps Bohra girls stay pure, loyal. Not too focused on sex" (*Seven* 110). Zainab believes that *khatna* has worked for them, as there are no divorces in their community. According to her, women who undergo *khatna* do not transgress sexually and stay loyal to their husbands. Within the Bohra community, FGM is regarded as the hallmark of a 'good' and 'marriageable' girl, as it is believed to ensure virginity and 'purity'. It is a practice that raises a woman's status and makes her eligible to be a wife (Mackie). When Sharifa expresses her decision not to get her daughter circumcised, Fatema announces *khatna* as a "basic requirement for a girl to be married in the community" (*Seven* 111).

Tasneem reminds Sharifa of her motherly duties to get her daughter circumcised and get rid of the diseased part of her body. She refers to it as the "*haraam ki boti*. A rough translation of the last three words: sinful flesh. The hood of the clitoris, the focus of a woman's evil" (*Seven* 245). So, the cure for this disease is FGM. Some proponents of FGM claim that it produces a clean genital area. However, when analysed critically, this cleanliness does not necessarily mean medical and physical cleanliness. It denotes the moral cleanliness of a 'virgin' woman. Tasneem recommends that Zee's *khatna* be performed at the Shifa Hospital by Dr. Rubina Master, who performs it discreetly. The name of the hospital, *Shifa,* is quite symbolic as it denotes healing or cure. Proposing the procedure to be done in that hospital is an allusion to FGM as a form of 'cure' to an uncircumcised, i.e., a diseased body. She draws a dichotomy between the traditional procedure involving "shabby flats and old ladies and fears" and the "very safe, modern and easy" medical procedure, favouring the latter. Such a distinction framing the medicalised FGM as a better option, leads to its trivialization. By framing the conflict as 'Traditional FGM v/s Medicalised FGM', it downplays the radical struggle to end FGM altogether. Whether it is performed by a traditional cutter or a doctor, "they end up doing damage" (*Seven* 301). Although it is a practice deeply embedded in patriarchal control of female sexuality, Dr. Rubina Master justifies practising it in hygienic, modern and clean settings. In doing so, she reinforces the medical gaze by limiting the entire process to medical treatment, thereby negating the problematic objectives that motivate it. She further reinforces the medical gaze by expressing, "I wish everyone would come to doctors for it. It becomes a safe, medical procedure. Like with boys" (*Seven* 308). By homogenising male circumcision and female circumcision, she overlooks the sexist and misogynist motivations behind FGM.

While most of the women in the novel are victims of FGM, their role in carrying on the practice cannot be overlooked. Sharifa expresses her grief, "while the men might have made the rules, it is the women, women I've loved, who've enforced them" (*Seven* 185). Sharifa, Fatema and Zainab were taken by Tasneem, whom they trusted dearly. They were told that they were going to get ice cream. This betrayal makes Sharifa paranoid about leaving her daughter alone. As soon as Zee turns seven, Sharifa becomes reluctant to let her out of her sight with the relatives.

Her fear is evident when she tells Murtuza, "She's seven, Murtuza. Seven!" (*Seven* 186). However, despite her efforts to make sure that her daughter does not go through what she did, she fails to protect her. The epilogue of the novel, dated April 2026, reveals that the practice is still prevalent under secrecy, even a decade later. Just as Sharifa was taken for circumcision by Tasneem without the knowledge of her parents, Zee too experienced the same fate. This highlights that despite efforts being taken to end the practice, some individuals, and surprisingly, women, hold on to the practice.

Defenders of FGM within the community often rationalise the practice as form of 'taharat' or purification, claiming that it curbs female sexual desire and preserves marital infidelity (Anantnaryan). Others frame it as an act of religious duty that maintains continuity with tradition and safeguards communal identity. Doctor's novel exposes the contradictions of these justifications by emphasising how secrecy, shame, and trauma undermine the very cohesion that the practice purports to protect. In her later work, *You Still Look the Same* (2022), the section titled "A Khatna Suite", highlights how the defenders of *khatna* suppress the voice of the victims by citing their trauma as an invention and accuse them of "making a mountain out of a molehill" (Doctor).

FGM represses female sexuality by stealing pleasure from girls and replacing it with pain (*Seven* 181). Camouflaged as a religious necessity, it limits female sexual pleasure in many of its victims. Besides several harmful physical and mental effects, FGM may cause severe sexual complications in its victims. In Sahiyo's survey, the respondents mentioned that their sexual lives had been adversely affected. Most of them admitted having discomfort, pain and a lack of orgasm. Many respondents admit having lost their right to sexual pleasure. One woman shares that she feels robbed of her basic "feminine rights to sensuality and sexuality, and forever, deprived of any clitoral sexual stimulation" (Taher 56). Although victims like Zainab do not experience negative sexual effects of *khatna*, experiences of Fatema and Sharifa speak otherwise. Fatema notes, "It makes some women have a lot of pain or aversion to sex, which is part of why it is done; the mythology is that it keeps girls from becoming promiscuous" (*Seven* 82). Sharifa, too, laments that *khatna* had ruined her "sex life" and she would "never be able to have normal sex again" (*Seven* 213). Due to the scarring and contraction of the vagina, sexual encounter becomes extremely painful for the women. These effects lead to the deterioration of the mental health of the women, often leading to submission, becoming self-conscious and sexually demotivated.

Conclusion

This study finds that Farzana Doctor's *Seven* constructs FGM (khatna) not only as a bodily violation but also as transgenerational trauma shaping women's psyches, relationships, and cultural identity. The trauma is transmitted across generations, often unconsciously, as older women, once victims themselves, become enforcers of the practice. Their complicity reflects the internalisation of patriarchal values, where survival and social acceptance depend on obedience to tradition. Ending FGM requires women like Sharifa and her mother who break the cycle, yet the persistence of figures like Tasneem shows how deeply entrenched the practice remains. Medicalisation of *khatna* in the name of modernity and hygiene only aids in perpetuating the practice instead of eliminating it. The fragmented narrative of *Seven*, letters, journal entries, and flashbacks, mirrors the recursive nature of trauma while enabling Sharifa's reclamation of voice and bodily autonomy. Storytelling becomes a mode of healing, aligning with trauma theorists like Tal, who stress the necessity of reclaiming narrative. By weaving in testimonies of other survivors, the novel creates a collective memory of resistance that challenges patriarchal silence and reframes FGM as a shared wound. When Sharifa, Fatema, and Zainab finally speak, they initiate a communal stand against the practice. Ultimately, *Seven*, portrays FGM as an intergenerational legacy sustained through silence, complicity, and

cultural expectation. It functions as an act of narrative resistance, exposing the enduring psychological and social toll of *khatna*. By amplifying survivor's voices, Doctor not only reveals the depth of inherited trauma but also points to healing through dialogue, solidarity, and community-led dissent. The novel affirms that ending FGM demands more than legal reform; it requires dismantling entrenched trauma and fostering intergenerational feminist resistance.

Works Cited

Ali, Ayaan Hirsi. *Infidel*. Free Press, 2007.

Anantnarayan, Lakshmi, Shabana Diler, and Natasha Menon. *The Clitoral Hood: A Contested Site-Khafd or Female Genital Mutilation/Cutting (FGM/C) in India*. We Speak Out, 2018.

Beauvoir, Simone de. *The Second Sex*. Vintage Classic, 2015.

Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press, 1996.

Dirie, Waris. *Desert Flower: The Extraordinary Journey of a Desert Nomad*. William Morrow, 1998.

Doctor, Farzana. *All Inclusive*. Dundurn, 2015.

---. *Seven*. Dundurn Press, 2020.

---. *Six Metres of Pavement*. Dundurn, 2011.

---. *Stealing Nasreen: A Novel*. Inanna Publications, 2007.

---. *You Still Look the Same: Poems*. Freehand Books, 2022.

---. "Interview with *Open Book*." *Open Book*, 2020.

---. "Talking about FGM: How A Novel Made Me Braver." *Fair Observer*, 24 Nov. 2020, www.fairobserver.com/culture/farzana-doctor-author-seven-fgm-khatna-survivor-stories-news-125271/.

Foucault, Michel. *The History of Sexuality, Volume 1: An Introduction*. Translated by Robert Hurley, Vintage, 1978.

Hirsch, Marianne. *Family Frames: Photography, Narrative, and Postmemory*. Harvard University Press, 1997.

---. *The Generation of Postmemory: Writing and Visual Culture After the Holocaust*. Columbia University Press, 2012.

Mackie, Gerry. "13 Female Genital Cutting: The Beginning of the End." *De Gruyter*. Lynne Rienner Publishers, 1 June 2022, doi.org/10.1515/9781685850036-014.

Mohanty, Chandra Talpade. "Under Western Eyes: Feminist Scholarship and Colonial Discourses." *Feminist Review*, no. 30, 1988, pp. 61-88.

Mottier Veronique. *Sexuality: A Very Short Introduction*. Oxford University Press, 2008.

Spivak, Gayatri Chakravorty. "Can the Subaltern Speak?" *Colonial Discourses and Post-Colonial Theory: A Reader*, edited by Patrick Williams and Laura Chrisman. Columbia University Press, 1994, pp. 66-111.

Taher, Mariya. *Understanding Female Genital Cutting in the Dawoodi Bohra Community*. Sahiyo, 2017.

Tal, Kali. *Worlds of Hurt: Reading the Literatures of Trauma*. Cambridge University Press, 1996.

"The Bohras." *We Speak Out*, 2022, https://www.wespeakout.org/the-bohras.php#:~:text=The%20Bohras%20are%20a%20small,about%201.5%20million%20total%20worldwide.

World Health Organization. "Female Genital Mutilation." *Fact Sheets*. World Health Organization, www.who.int/news-room/fact-sheets/detail/female-genital-mutilation.