

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

**SOCIALLY CONSTRUCTED PHALLUS:
AN ANTHROPOLOGICAL INQUIRY OF
MALE CIRCUMCISION**

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For the degree of Master of Arts in Anthropology

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In dedication to all children, boys and girls, who have been victims of societal beliefs that perpetuate the violent act of circumcision. This paper is yet another attempt to endorse genital integrity for baby boys.

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ABSTRACT

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The present paper is a multidisciplinary inquiry of male circumcision. It selectively narrows down to the analysis of the roots of the American non-therapeutic routine practice of neonatal male circumcision. The medical history of circumcision exposes a strong religious and cultural pro-circumcision bias. I adopt a social constructivist approach in my analysis of male circumcision and discuss the practice as loci of constructed cultural categories. I frame my argument from a theoretical model that views circumcision through the lens of societal norms. I propose that there is no trans-historical essence in the practice of circumcision and the attributes given to the practice are invented social constructs. Moreover, the boundaries between science and social convictions are noticeably blurred; the scientist is part of the cultural matrix and inevitably impacted by the same cultural beliefs that promote and perpetuate circumcision.

In the diverse Armenian American community, circumcision has multiple, and diametrically opposing meanings. Eastern Armenians and Western Armenians have markedly different cultural attitudes and statistics of circumcision. The former deem it culturally deplorable; hence, medical arguments have found little support amongst them. Western Armenians, on the other hand, have largely accepted circumcision on the basis of hygiene and medical reasons. Historical background of the multi-local development of Armenians leading to differential attitudes toward circumcision is explored.

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Introduction

“Circumcision is one of the best health insurance policies you can give a son. A circumcised boy has a long term advantage over an uncircumcised one... It is a preventative health measure which is quick and safe, and results in a lifetime of medical benefit... This ancient practice is the kindest cut of all...”¹

Dr. Edgar Schoen, the former head of the American Academy of Pediatrics task force on circumcision.

“...during circumcision some infants withdraw into a state of neurogenic shock (coma), due to sudden massive pain, which in fact is misinterpreted as being ‘quiet’ or ‘falling asleep.’ Some children defecate... Physicians who continue to perform routine circumcision are not only harming infants but are also harming the integrity of the medical profession.”

George Denniston, MD, the president of Doctors Opposing Circumcision (DOC).²

The polarity of these two doctors’ opinions is quite representative of today’s society’s attitudes toward the practice of male circumcision. Circumcision practice is a multilayered and complex historical, medical and socio-cultural phenomenon with powerful religious and cultural implications. The discussion has become ubiquitous in medicine, social sciences, jurisprudence as well as in the parental community, as one of the central moral and ethical issues of the time. Needless to say, the contemporary discourse of circumcision is highly politicized with religious and sexual overtones making it subject to impassioned and uncompromising debates.

Anthropological interest toward male circumcision is consistent with the fascinating fact that the practice of circumcision has been with humanity since the Bronze Age (Montague 1995; de Meo 1989). As an intellectual discipline, anthropology has been concerned with attempting to understand and explain the customs of ritualized genital practices from different theoretical perspectives in the same way that it has attempted to

explain all other forms of human behavior.

From an anthropological perspective, my purpose is to raise such questions as why societies perform genital cuttings in the first place; why would societies institutionalize the practice of genital surgery as a religious ritual, and still others institutionalize it as a secular medical procedure? Societies also vary with regard to the sex of the individuals undergoing ritualized or medical genital practices. Why would males be circumcised far more commonly than females? How does differential selection of males and females in specific societies translate into societal gender relations? How do societies adopt and give meaning to the practice, and how are ethnic and religious identities constructed around circumcision status? Why are the meanings attached to the practice so diverse and fluid?

In anthropological discussion of male and female circumcision two patterns are evident: first, the classic anthropology of circumcision emerged as a discourse that gazed upon the “exotic” bodily practices of “Others,” mainly in Africa, the Pacific Islands, the Middle East, and Aboriginal Australia (Miner 1942, Layard 1942; Crosse-Upcott 1959; Gluckman 1949; Turner 1962; Van Gennep 1960; Beidelman 1964; Bloch 1986), and essentially ignored the over one hundred year old practice of circumcision in the West. Medicalization of circumcision largely had normalized the status of male circumcision in the Western milieu, particularly in the U.S., and desensitized scholars towards it, creating a splitting between ritual vs. medical circumcision. Consider these two accounts written by the same physician, who was a crusader against the foreskin:

The mutilation of the genitals among the various savage tribes of the world presents a strange and unaccountable practice of human ideas, which one is not able to reconcile with any reasoning power. Why such customs should be in vogue none can tell at the present time; but we must

suppose that at some period they had their significance, which in the course of ages has been lost, and the practice has been handed down from generation to generation.

J. Henry C. Simes, "Circumcision" (1890:375).

The operation of circumcision is one which is demanded for hygienic purposes; one which is frequently necessary for pathological conditions; and, finally, one which is of unquestionably prophylactic importance.

J. Henry C. Simes, "Circumcision" (1890:383; quoted in Gollaher, 1994:5).

Some of more recent discourse of circumcision (but not restricted to the discipline of anthropology), however, shifts the geography from "them" to "us" (Eilberg-Schwartz 1990, 1992; Glick 2005; Silverman 2006, 2003; Gollaher 2000; Goldman 1997; Wallerstein, 1980) and is starting to see the "exotic" in the "familiar" (Gollaher, 2000). As Srinivas (1998) has once experienced culture shock not far from his own backyard, Western discourse, too has started to look at domestic male circumcision, and is beginning to notice "exotic" features in the most familiar and popular practice. This paper is another such attempt. How to prepare ourselves for this difficult task of seeing strange in the familiar social world where everything is taken for granted? Here is what Renato Rosaldo suggests about analyzing one's own culture:

Social descriptions by, of, and for members of a particular culture require a relative emphasis on defamiliarization, so that they will appear – as in fact they are – humanly made, and not given in nature (1989:39).

Two important points are made in this excerpt: 1) the idea of *defamiliarization* – the process whereby we step back from our own cultural setting and detach ourselves from the familiar to be able to "see" it, and 2) by doing so, we will enable ourselves to recognize the constructed, or as Rosaldo says the "humanly made, and not given in nature" aspect of social phenomenon. Both points are essential in my analysis of

circumcision and will be discussed in depth throughout the paper. I will strive to bring more awareness about our own cultural practice of male circumcision rather than gaze at the “Other” as was done by classic anthropologists. I suggest that we “gaze” at ourselves. Once one decodes the familiar practices it becomes obvious that they are no less “exotic” than the ones practiced by the “Other.” In other words, I aim to create the “Other” in our own culture.

The second trend of selectivity in circumcision discourse concerns the tendency of anthropological accounts to be vocal and impassioned in condemning the practice of female circumcision (van Der Kwaak 1992; Oboler 2001; Shell-Duncan & Hernlund 2000) and remain indifferent to its male counterpart, creating an apparent double standard. The importance given to the female body vs. male body is not restricted to the discipline but, as I will discuss below, is present in all discourses, medical, legal, social sciences. The segregation between male and female genital alterations inevitably constructs gender asymmetry and consequently gendered debates (Darby and Svaboda 2007). Both of these tendencies echo broader social attitudes: the former exposes the latent ethnocentric and colonial outlook of Western anthropologists towards the bodily practices of “others,” the latter implicitly suggests Western denigration of the male body in opposition to the high importance given to the female body.

The scope of the circumcision topic is much greater than the scope of this paper. Given the broad range of circumcision issues and their myriad applications I will touch upon some aspects of the practice only cursorily, and will selectively narrow down my analysis to the roots of the American non-therapeutic routine practice of neonatal male circumcision. I adopt a social constructivist approach in my analysis of male

circumcision and discuss the practice as loci of constructed cultural categories. I frame my argument from a theoretical model that views this social phenomenon through the lens of societal norms. I attempt to problematize and decode these constructs and seek to uncover cultural categories firmly attached to circumcision. Through deconstructionist methodology I aim to demystify and shake such hegemonic perceptions as, for example “circumcision is hygienic;” “the baby does not feel pain;” “the circumcised penis looks nicer;” “the foreskin is nasty,” etc. - all are examples of arbitrary social conventions (and certainly are not universal but are culture-bound) and subject to anthropological scrutiny. Certainly the arguments of contemporary anthropologists for cultural relativism or advocacy of basic human rights vis-à-vis the bodily practices of other cultures could be better assessed in light of deeper awareness of our own cultural practices.

The style of this paper is inspired by Postmodernism, since with its emergence the culturally “blind” discourse of circumcision has given way to a more self-aware and self-reflexive discourses of circumcision; I see it as an attempt to interpret *selves* through the dialogue of circumcision. Moreover, as Clifford made it clear, viewpoints are always “partial.” In this paper I adopt the postmodern style of reflexive writing; I include my situatedness - my viewpoint, as Mead puts it, “from where I sit” to inform the reader about the prism of my account and the personal politics of conducting male circumcision research, with the entailing vulnerabilities and limitations of my account. This is more evident as I shift to the discussion of circumcision among Armenians, where I include vignettes of dialogues with my informants in hopes of presenting a multivocal picture. By doing so, I aim to demystify my position as an omniscient author and give power to the voice of my interviewees.

Social Constructivism Theory and Circumcision

Perhaps no interpretive framework is better suited for my analysis of the current discussion of circumcision than the social constructionist approach, and in its turn circumcision is the ideal vehicle to explain social constructivism theory (I use constructivism/constructionism interchangeably). This theoretical framework can be seen as a source of the postmodern movement, and has been influential in the field of cultural studies. Though the social constructionism movement incorporates an array of diverse theories and intellectual tributaries, it is largely inspired by the ideas of Nietzsche and Heidegger, who have promulgated skepticism on notions of truth, reason, moral universals, and insistence that subjective and conflicting interpretations are the closest humans can get to understanding. Social constructivism is generally divided into moderate and radical constructionism, depending on the degree of their constructivist position; moderate constructivists accept some objective elements of reality, whereas radical constructionists deconstruct social phenomena to a point of nihilism (Sim 2004; see also Hacking 1999). Social constructionists seek to uncover and deconstruct categories, such as knowledge, languages, universalistic science, race, class, customs and traditions, gender, sexuality, moral universals, and mental illness (Kelly 1995; Vygotsky 1986; Walzlawick 1977; Bloor 1994; Foucault 1961; Gross and Levitt 1998).

Social constructivism gives much importance to cultural context. In Anthropology, Eric Hobsbawm (1983); Handler and Linnekin (1984); Roger Abrahams (2003); Haley and Wilcoxon (1997), Blain and Wallis (2004), Arjun Appadurai (1990); and others problematize notions of heritage, tradition, cultural identity, folklore and sacredness. Judith Butler (1999) (herself influenced by Foucault and Derrida) in *Gender*

Trouble radically problematizes the cultural construction of gender, biology and performance.

These authors contest many of the cultural categories as arbitrary constructions that become formalized through inculcation of certain norms and behaviors. Social constructivism looks at the ways social phenomena are created, institutionalized, and made into custom by humans. Social reality is a dynamic process whereby reality is reproduced by people acting on their perceptions and their cultural knowledge of it.

The current paper is written in light of moderate constructionism – not rejecting the ontological reality but rather proposing that our perception of it is limited, partial (Clifford 1986), constructed upon individual and cultural context and preconceptions, challenging the naturalness and inevitableness of social phenomena.

The history of circumcision, as we will explore below, reveals a record wherein the motives and attitudes of the practice have been continuously changing always in accord with the context of time and locale. The narrative on the impetus of circumcision, would it be religious, cultural, or later, also medical has always transformed in accord to the other grand narratives of the society. Particularly striking is the fact that these dominant stories reflecting societal beliefs change rapidly, sometimes without organic or logical connection from one narrative to another. As Bruner (2001) suggests, the grand narratives often lack any historical continuity, and one story simply becomes “discredited” as the new narrative takes over (p. 139-34).

Circumcision practice is a prime example of social construction that comes from the depth of millennia, always metamorphosing itself but amazingly enduring. However, I embrace Goldman’s idea that “the significance of circumcision is not inherent in the act.

It comes from the meaning that people attach to the practice” (1997:10). To conclude, the main thesis of this paper could be summarized as thus: there is no trans-historical essence in the practice of circumcision and the attributes given to the practice are invented social constructs. Circumcision, both ritual and medical is a social construction par excellence! However, those who practice it view it natural and inevitable. My aim in this paper is to examine these perceptions as culture-bound social conventions that have crystallized from habits into institutions, given ongoing legitimacy by cultural, religious and later, medical myths. This paper, thus, creates a hybrid model of critique that stands in between science and cultural perceptions.

Methodologies, Research Objective, and Present Paper

In the past four years I have researched circumcision among the general American public and among Armenian Americans in particular. My methods include: the review of historical and contemporary materials, survey, participant observation, and interviewing. Among the diverse Armenian Americans who emigrated from different countries a multi-group comparison was made and analysis of variance model was used. I reviewed virtually all video materials pertaining to male circumcision, collected data from medical professionals and put together statistical records provided by an Armenian day-care center and two pediatric clinics. I participated in conventions, including the recent Amnesty International conference, where circumcision has been discussed. I did participant observation with David Bradt, an anti-circumcision activist (*intactivist* in his own term) who has a free booth in Venice beach: I spent two weekends in April-May 2006 with him observing his conversations with people who approached his booth.

This paper includes the following sub-topics: first, I review theories of origin and anthropological literature of circumcision practice. Next, I briefly examine the chronicle of circumcision by tracing the trajectory of historical events to elucidate how societal attitudes to circumcision practice have varied through time and locale. I address cultural and attitudinal standpoints vis-à-vis male circumcision focusing on specific time periods. I explore the shift from ritual to medical male circumcision in the West. Next follow cultural, ethical and judicial issues in American social context. Medical claims of disease prevention are explored, along with popular notions of “hygiene” and “cleanliness” entailed by circumcision.

Among the Armenian American community of Los Angeles I have conducted numerous formal interviews with medical professionals, literary figures, religious leaders, and informal talks with members of lay public. I have researched circumcision among Armenian Americans from historical and contemporary perspectives. The historically multi-local and fragmented identities of Armenians comprising the current Diaspora in the United States present multiple challenges, as each subgroup has different approach to circumcision. My ethnography has aimed to obtain deeper understanding of the roots of differential treatment of circumcision among the diverse groups of Armenians.

I finish my paper with the discussion of application of my research findings, as well as exploration of personal politics; the challenges and rewards of engaging circumcision topic in American social matrix.

Notes

1. Excerpts from Dr. Edgar Schoen web cite called: Circumcision a Lifetime of Medical Benefits (http://www.medicirc.org/major_benefits.html) Last retrieved Nov. 1, 2007
2. From email interview with Dr. George Denniston (April 10, 2006)

Chapter I **Ancient Practice of Circumcision:**

Theories of Origins

The origin of circumcision predates recorded human history, providing much room for speculation. The earliest implications of circumcision are difficult to trace, since diverse new meanings have been continually attached to the practice and novel applications invented. Various forms of ritual circumcision have been practiced by many peoples throughout the world. It is suggested that male circumcision preceded female circumcision; both practices predate the formation of Judaism and Islam (Hosken, 1993).

There is not a general consensus among anthropologists in regard to the origins of circumcision. Elliot Smith, the English Egyptologist, suggested that it is one of the features of the “heliolithic” culture which, over some 15 000 years ago, spread over much of the world (Lewinsohn, 1958). Another perspective suggests that it may have originated independently within several different cultures in the Near East, patchily throughout tribal Africa, among the Moslem peoples of India and of south-east Asia, as well as by Australian Aborigines, for as long as we can tell (Rogers, 1956).

Two “distant streams,” as medical historian David Gollaher (2000) suggests, are evident in circumcision practice:

One of these flows from tribal societies, most famously, certain groups of Australian Aborigines ...

The other stream, far richer in historical materials yet equally mysterious with respect to its source, is a tributary into the mainstream of Western culture from the recesses of ancient Egypt (2000:1).

It was probably around 4000 BCE that circumcision was practiced by Egyptians where the first representation of circumcision appears on bas-relief from Egyptian necropolis built for Ankhmabor at Saqqara from ca. 2400 B.C. (though the practice is

much older) depicting what has been interpreted as “temple priests in the act of cutting the genitals of two young noblemen” (Gollaher 2000:1). The X-ray scans of mummified remains (some dating back to 4000 B.C.) reveal that some members of priestly elite were circumcised (Ibid.). However, it probably was a simple slit, rather a circumcision operation as we know it today (Hodges 2001).

It is not clear why the practice evolved; a range of explanations has been offered; some suggest that the slitting of penis to cause bleeding and pain will remind the person of the power of supernatural and religious institutions (Eilberg-Schwartz 1992; Dunsmuir and Gordon 1999). Gollaher (2000) proposes that given the preoccupation of Egyptian society with spiritual body purification it is more likely that circumcision was a health and hygienic measure. Others theorize that the practice has been applied as a diminution of human sacrifice (Hosken 1993; Boland 1969; Dunsmuir and Gordon 1999) or a substitute of sacrifice (Biale, 1986, see also Goldman, 1998). As exemplified in Exodus 22:28 (Abraham’s attempt to sacrifice Isaac to God), child sacrifice was a common practice in the ancient times, which was substitute for animal sacrifice. The rite may have had the meaning of the sanctification of the reproductive organs to the gods. Hosken further develops the sacrificial element of circumcision:

Some anthropologists also speculate how or if the tradition of male circumcision, the removal of the prepuce, is related to cutting off the entire penis which was offered as a sacrifice to the gods (1982:55).

It is further suggested that circumcision was wildly practiced as a castigatory measure, a mark of defilement or slavery. Some (Dunsmuir and Gordon 1999; Hosken 1993; Boland 1969) speculate that in ancient Egypt, and elsewhere it was customary to mutilate prisoners of war, such as amputation of digits and castration, before subjecting

to the slavery. However, due to high morbidity, as well as reduced value of prisoners as potential slaves, circumcision was used as an efficient substitute; it did not have as high a price as amputation of digits or castration, but was still degrading enough as a mark of slavery. Dunsmuir and Gordon write:

The custom to use the male genitals as war trophies was also widespread as reported in Middle Eastern history, and has also been recorded by the ancient Egyptians. The Galas, Somalis and the Abyssinians, it is related, cut the complete genital apparatus off their enemies. Some warriors offered the genitalia of their enemies as trophies to the girls they chose to marry. To use male genitalia as war trophies continues to be present in some parts of Africa; for instance it was reported in the two recent upheavals in Zaire (Biafra and Shaba Province). It was also reported in Vietnam (1999:55).

Some sources (Eilberg-Schwartz 1992; Goldman 1998; Dunsmuir and Gordon 1999) subtly imply that circumcision was imposed on Jews as well as their descendants probably as a mark of slavery. Through time circumcision was internalized and incorporated into Judaic religious practice and viewed as a bodily sign of a covenant between God and Abraham (Genesis 17). Thus, the practice was widely common among Jews long before the covenant.

Some theorize that the ritual may have evolved as a fertility rite (Lewinsohn 1958). Jewish rites symbolize progeny, fertility, and genealogy akin to African tribal circumcisions (Eilberg-Schwartz 1992). It is also viewed as an ancient blood letting ritual (Lewis 1949; Hoffman 1996). The desensitization of the sexual organ to depress sexual drive and thus prevent moral degeneration is another theme proposed by those who practice it in Judaic culture (Saperstein 1980; Biale 1997; 1986b; Maimonides 1963).

There seems to be a dual function of circumcision that is unmistakably evident right from its roots – the binary meaning of the practice as a sign of privilege, high status,

sacrifice to supernatural, and health measure as opposed to circumcision as castigatory measure, as a mark of slavery and defilement. For example, the possibility that Egyptians imposed circumcision on Jews and Phoenicians not in the context of peaceful assimilation of the latter into the Egyptian theological or cultural system but as a common way of branding war captives or slaves offers an intricate puzzle for a social scientist; how did circumcision meaning shift from possible mark of nobility, sacrifice, progeny, etc. to that of defilement, slavery, denigration, and vice versa? To my knowledge, no scholar has approached this tricky duality in circumcision discourse. I will return to this contradiction, which coexists in circumcision practice, in later chapters.

It is worth mentioning that the theories ascribed to the origins of circumcision are merely hypothetical anthropological reconstructions of the past. Moreover, the diversity of the motives of circumcision makes it clear that the practice is a socially constructed phenomenon that comes to life as various peoples ascribe symbolic meaning to it. As we will explore in further chapters, these meanings have always been in constant flux and always unmistakably reflected larger societal attitudes; the body, in this case the penis, then becomes as a prime locus where those meanings are manifested, whether it is group identity or a site of impurity, nobility and sacrifice to gods or a mark of slavery. I will explore the cultural and religious meanings attached to the practice in greater depth in the review of anthropological literature below.

To revisit my theoretical postulations in light of the above theories: social constructivist approach has a powerful explanatory force in analyzing societal conceptions; it is a model through which we can best understand how people create their social world by imposing meaning to their practices, and view them as natural and

inevitable – but only for a time being – since people tend to debunk, demystify and leave behind their beliefs often quite spontaneously, without meaningful and logical continuation from one set of belief system to another (Bruner, 2001). However, the challenge here is to decode the societal conceptions and norms and be able to interpret the “exotic” elements in the familiar practices, and moreover, to do so not retrospectively but at a time when these beliefs are still in place and very much taken for granted.

Circumcision in Religion

Circumcision is prevalent among Jews, Muslims in the Middle East, Southeast Asia and Africa, as well as diverse African tribes and Australian Aborigines. Nearly always it has religious or social significance, signifying full membership in the group and establishing one’s social position in the society. It is not common in Europe, Latin America, China and India.¹

In the Jewish tradition circumcision (*Brit milah*) is performed as a religious ritual. In Genesis 17 God made a covenant with Abraham and his descendants. God is said to have commanded Abraham to circumcise himself, his son and all other males in his house (including the slaves) according to the covenant that promised progeny and prosperity and the land of Canaan.

This is my covenant, which ye shall keep, between me and you and thy seed after thee; Every man child among you shall be circumcised.

And ye shall circumcise the flesh of your foreskin; and it shall be a token of the covenant betwixt me and you.

...and my covenant shall be in your flesh for an everlasting covenant.

And the uncircumcised man whose flesh of his
foreskin is not circumcised, that soul shall be cut off
from his people; he hath broken my covenant

Circumcision is performed on the child's eighth day (unless ill health or serious medical problems, such as for example hemophilia, prevent it). Traditionally, the father is supposed to perform the *Brit*, however, since most fathers do not have the appropriate training, a ritual circumciser called a *mohel* is usually called upon to perform the circumcision. The operation is usually done in the home or the synagogue. The infant is surrounded by family and friends, and held by the *sandek* (an adult being honored by the parents, often a grandfather). Circumcision is (in general) a common denominator among movements: Orthodox, Conservative, Reform, Reconstructionist - all circumcise their male children and require male converts to undergo some form of circumcision, although the practice has been problematized historically. Anesthesia is seldom used (Glick 2005; Goldberg 2003).

Circumcision is also practiced by Muslims, despite the fact that the Qur'an contains no specific regulation on circumcision. It is said that Muslims circumcise in accordance with Abraham's covenant with God. In Islam circumcision is practiced between the ages of four and thirteen years based on the belief that Abraham circumcised his son Ishmael at the age of thirteen. However, there is no fixed age for circumcision and it varies depending on family, region and country.²

The prophet Muhammad (who is believed to be a descendant of Ishmael) is reported to have said: "There are five things that are of the nature (i.e., of the natural hygiene): removing the pubic hair, circumcision, trimming the mustache, removing the underarm hair, and cutting of the nails" (reported in *Hadith* - oral traditions relating to the

words and deeds of Muhammad).³ According to tradition Muhammad was born without a foreskin (aposthetic). Some Muslims who practice circumcision see it as a way of being like him. In Islam circumcision is also known as *tahara*, meaning purification. Thus, the main reasons given for the ritual are cleanliness, as well as an introduction to the Islamic faith and a sign of belonging. There is no equivalent of a Jewish *mohel* in Islam.³ Circumcisions can be carried out in a clinic or hospital, with or without anesthesia, (Abu-Sahlieh, 1994-1995), however anecdotally, in rural areas it can be done even by a barber.⁴

Within Christianity, male circumcision has no religious significance; however, many Christians refer to the Bible for their choice of circumcision. The Old and New Testaments, both of which are considered equal parts of Christian religious doctrine, are often mutually contradictory, providing much room for speculation and confusion. For example, circumcision goes back to God's eternal covenant with Abraham (Gen. 17), in which God promised to be the God of his descendants. Understandably, Christians are claiming Abraham as their spiritual father; hence the covenant should be honored. Next, John the Baptist and Jesus were circumcised (Luke 1:59; 2:21). Further, Paul circumcised Timothy (Acts 16:3).

However, after the confrontation between Paul and other leaders of the early church (Acts 15 and Galatians 2), Peter, Barnabas and Paul radically reinterpreted the law of circumcision by keeping the spiritual meaning but rejecting the physical rite. Thus, it is the circumcision of the heart that matters and not the written code (Romans 29). To the Corinthians, Paul made it clear that if a person was called while uncircumcised, he should not attempt to change his anatomy (1 Corinthians 7:18). He goes on saying that "If you let yourselves be circumcised, Christ will be of no value to you at all" (Galatians 5:2). He

was so vehement about the Judaistic agitators that he exclaimed, “wish they would go the whole way and emasculate themselves!” (verse 12). Circumcision is obsolete, Paul said, since it has been replaced by the cross of Christ and all that the cross symbolizes (verse 14). Paul also warned the Philippians about the circumcision advocates. “Watch out for those dogs,” Paul warns, they are evil workers, “mutilators of the flesh” (Philippians 3:2).⁵

Evidently, the Old and the New Testaments create an apparent ambivalence that allows room for arguing both views, an ambivalence that is exacerbated by Paul’s idea (often quoted by those Christians who opt *for* circumcision): “Circumcision is nothing and uncircumcision is nothing. Keeping God’s commands is what counts” (1 Corinthians 7:19).⁶

Circumcision is observed by variety of cultures throughout Africa and Australia, and Polynesian peoples. In the predominantly Muslim Northern and Western Africa it is practiced as a religious rite in accordance with Muslim custom, while in Eastern and Southern Africa and among Australian Aborigines it is considered as a rite of passage into manhood. Although circumcision ceremonies vary from tribe to tribe, they share many common features. During the time of the initiation, the young men generally live in special huts, secluded from the rest of the tribe and especially from any females. They undergo training and endurance tests, which require great discipline. The initiates share a sense of *communitas*. Generally, all aspects of the initiation are kept very secret.^{1,2,3} Circumcision is usually performed by a traditional practitioner, often with crude instruments and without anesthetic (Hosken, 1993; DeMeo, 1997; Beidelman, 1987;

Turner, 1962). These accounts are abundant in anthropological literature, which I will address in greater depth shortly.

Male Genital Cutting: Definitions and Prevalence

According to World Health Organization's 2006 report, 30% of men comprising 665 million are circumcised worldwide, mostly in countries where it is common for religious or cultural reasons.⁷ One can distinguish several types of male genital practices known to be performed today involving partial or total removal of the prepuce, and other alterations, whether for cultural, religious or other non-therapeutic reasons.^{2,8} These alterations include: excision of part or all of the foreskin, as well as other penile practices including pricking, piercing or incision of the prepuce, glans, scrotum or other genital tissue; cutting and suturing of the prepuce over the glans (infibulation); slitting open the urethra along the ventral surface of the penis (subincision); slitting open the foreskin along its dorsal surface (supercision); severing the frenulum; stripping the skin from the shaft of the penis; introducing corrosive or scalding substances onto the genital area; or any other procedure which falls under the definition of male genital mutilation. The most common type of male genital alteration is excision of the foreskin (circumcision), accounting for the vast majority of all cases; the most extreme form is excision or destruction of the testes (castration), which constitutes a small percentage of all procedures.^{1,3,9}

Notes

1. Encyclopaedia of Religion and Ethics 1971, Volume 111 <http://www.male-initiation.net/anthropology/hastings.html#e> Last retrieved Nov. 2, 2007
2. Religion and Ethics: Islam BBC Web page Sept 21 2007
http://www.bbc.co.uk/religion/ethics/malecircumcision/religions_3.shtml Personal Last retrieved Nov. 2, 2007
3. Encyclopedia of Religion (2nd). (2005). Ed. Lindsay Jones. MacMillan Reference Books.
4. Interview with Pediatrician Dr. Vigen Zargarian, January, 2004
5. The Holy Bible with the Apocrypha. Revised Standard Version. New York: Oxford University Press, 2002
6. Among Christians circumcision is performed for “medical” reasons almost idiosyncratically in the US at the time when the child is two-days-old. Except Jews and Americans, in no other culture circumcision is performed in infancy.
7. World Health Organization: Global Prevalence of Male Circumcision
http://www.who.int/hiv/mediacentre/infopack_en_2.pdf Last retrieved Nov. 2, 2007
8. Circumcision of Male Infants Research Paper. Brisbane: Queensland Law Reform Commission, 1993. <http://www.cirp.org/library/legal/QLRC/> Last retrieved Nov. 2, 2007
9. Revised from MGM (Male Genital Mutilation) Bill
<http://www.mgmbill.org/un.htm> Last retrieved Nov. 2, 2007

Chapter II

Circumcision in Classic Anthropological Accounts

Early anthropological accounts for the most part are concerned with the analysis of the African and Aboriginal rite of male circumcision, and to a lesser extent circumcision as a Jewish rite. More recent accounts address medical, social, and political implications of the practice. The spate of anthropological accounts in the beginning of the 20th century in relation to circumcision and other genital practices certainly speak of Western fascination with *exotic* bodily rituals (Gollaher 2000).

As illustrated below, classic anthropological theories discussed male circumcision as a rite of passage, symbolizing the initiate's entry into adulthood, as a manifestation of one's aptitude to endure physical and psychological ordeals, as a form of sympathetic magic to enhance virility, as a symbolic castration, or as a masculine counterpart to menstruation and femininity. These are only but a few interpretations of the complex practice of circumcision. Other aspects of male circumcision, such as religious sacrifice; as an agency of marking social hierarchy of lower or higher societal status; as a means of marking the boundaries of a circumcising group from their non-circumcising neighbors; as a signifier of religious/cultural/national identity; as a way of repressing sexuality to aid spiritual purification; as a means of discouraging masturbation; or enhancing sexual gratification; as a hygienic measure to ensure physical cleanliness; and finally as a means to increase a man's attractiveness to women – are other aspects most abundant in anthropological literature. The classic discourse of circumcision probed symbolic (Turner 1962; Baidelman 1964; Van Gennep 1960), psychodynamic (Layard 1942; Ammar 1954), and structural-functional (Gluckman 1949; Crosse-Upcott 1959; Miner 1942)

implications of circumcision rites mainly in Africa. These accounts tend to be written in neutral scientific tone and have no ambition for public discussion (Silverman 2004).

One of the early discussions in anthropology begins with Frazer, who describes customs of disposal of the ablated prepuce in different cultures (1904). Van Gennep (1960) discussed male circumcision along with a variety of body modification procedures. Initiates often undergo rituals including concussion, removal of initiates' lower front incisors, haircuts, tattoos and other scarification as rites of passage designed to redefine their social standings, mainly to mark the transition from childhood to adulthood. These rituals are often trials in which pain demarcates boundaries between the old and the new. Adult sexuality, fertility and masculine virility are common themes entailing male circumcision (Gluckman 1949). These rites commonly involve physical ordeals, tests of fortitude, ritualistic dance, name changes, symbolic seclusion, notions of pollution, possession of sacred knowledge, abstinence from sex, and other taboos (Turner 1962; Baidelman 1964). Elucidation of the practice as a Muslim rite has been offered by Miner (1942) focusing on themes of tribal integration.

In Bloch's (1986) account of circumcision among Merina of Madagascar, the rite is a combination of religious joy and illumination with violence: the rite is seen as act of ritual wounding of the child. Layard (1942) describes the range of operations practiced in the Small Islands of Malekula that reveal homoerotic implications. The Big Nambas of the Northern New Hebrides practice circum-incision accompanied by a highly developed set of homosexual practices: after the initiate has been cut, the boy's guardian has exclusive sexual rights over him. It is said that the boy's penis is caused to grow strong and large by the homosexual acts of his 'husband': male power is being transmitted by

the physical means of the homosexual act. Among the Aranda of Central Australia, the subincision of the penis cause the male organ to resemble the vulva (the subincised penis was called by the same name as the female vulva), and the effusion of blood was regarded as serving the same function as menstruation, which in the female enabled her naturally to dispose of the evil humors that accumulate in the body. To continue the same effect, males periodically engaged in incision of the penis and called it menstruation (Montagu 1937).

Symbolic and psychodynamic interpretations yield two diametrically opposing views: circumcision as a source of effemination and cause of castration anxiety and circumcision as a symbol of virility and manhood. The Freudian notion of castration, homoeroticism, and the oedipal complex are themes that appear not infrequently in the discussion of male circumcision (Bohannon 1954; Eilberg-Schwartz 1990; Silverman 2001; 2006). As described by Ammar (1954) scaring techniques are used as a sanction to cultivate submissiveness in children in Egyptian village of Silwa; the most worrisome threat of all is the parents' warning to recircumcise the children. In *Rite of Return* Crapanzano (1981) infers that Moroccan rite of male circumcision "*the Sunnet Toreni*" does not involve passages in the sense Van Gennep suggests but rather is a "rites of return," as the child is returned to his mother after circumcision not as a man but still a child.

Thus, circumcision discourse has created a *mélange* of cultural and anthropological interpretations – both emic and etic – sometimes quite bold, going to the core of Freudian concept of the *primary process*, probing the themes of effemination, castration anxiety (as well as castration impulse), power enforcement, sexual disciplining,

and ultimately – homoerotic implications of the rite (Eilberg-Schwartz 1990). All these subversive themes were welcome in anthropology, if only applied to the ethnographic “Other.” As we will see in later chapters circumcision was very much a custom in the West at the time when these ethnographic accounts were created. It was quite probable that many of the anthropologists were circumcised themselves, since circumcision became quite a norm in English speaking countries after World War II; ironically there is no trace of reflexivity (albeit understandably, since reflexivity was not in vogue then) or cross cultural comparison with Western practice of circumcision. Reflexivity only becomes manifested in the later discourse of Jewish circumcision rite (primarily written by the members of Jewish culture group itself). In that respect Jewish anthropological discourse of the circumcision rite is of greater significance for the present discussion, since it has provided a much needed starting point for any kind of intellectual or public dialogue of ethical and moral viewpoints that resonate with my involvement with action anthropology. That is the reason why I purposefully set the classic and Jewish accounts apart and prefer the latter for a more in depth exploration.

Jewish Circumcision in Anthropology

Despite the long history of the Jewish circumcision rite, the practice as a systematic discourse in anthropology came into sight only recently. One reason for the lack of coverage in conventional accounts is the fact that in its early stages of establishment the discipline was inclined to study “primitive” cultures in the actual field and not societies with written traditions. Second, starting with the Reform movement in Judaism in 19th century Europe, Jews themselves resisted an anthropological “gaze” that

more often aimed to unveil the differences than the similarities with host nations (Goldberg 2003).

In general, while studying the “Other,” early anthropologists were distrustful of the *emic* explanations given by members of cultural groups, and were keen to apply their own interpretations through the application of certain theoretical frameworks. The scholarly discipline of anthropology with its distinct approach and integrity certainly did not take any explanations of rites or other cultural practices for granted.

As we saw above, the classic discourse of circumcision probed symbolic, psychodynamic and structural-functional frameworks of circumcision rites mainly of tribal societies, and is primarily concerned with “scientific” representation of the material rather than engaging in reflexive or cross cultural discussion (Silverman 2004). Conversely, Jewish circumcision discourse in anthropology, which has emerged as a systematic study area only in fairly recent decades, appears to be quite involved with the exegesis offered by the members of Jewish culture. Moreover, Jewish scholars who engage the topic, tend to recount their experience of circumcision, and even express their subjective position vis-à-vis circumcision. Thus, these are not dispassionate but rather vibrant discussions that often transcend the boundaries of scholarly description and open an arena for public discussion on the moral, ethical, and medical implications of the rite. In this sense, Jewish circumcision discourse in anthropology redefines the conventional theoretical and methodological principles. For the present discussion I have selected some of the most prominent accounts of Jewish circumcision analyzed in structural-functional (Goldberg 2003), symbolic (Hoffman 1996), psychodynamic (Eric Silverman 2001), and historical (Leonard Glick 2005) theoretical frameworks.

Goldberg (2003) suggests that the *brit milah*, the Jewish circumcision rite, has remained the *sine qua non* of the Jewish male identity and one of the axes around which Jewish cultural life is organized. He dissects the rite beyond the biblical text; Goldberg situates circumcision in the ethnic, communal, and religious networks and in the prescribed patterns set by cultural institutions. “The penis” he writes “serves as a sign of social connection par excellence” (2003:36).

Throughout his book Goldberg initiates a lively discussion about the strain between the religious text and the contemporary Jewish approach to circumcision. Goldberg shows how this tension should be best negotiated between the rabbis and the religious text and those who enact the ritual. He advocates that Jews be “engaged” with Judaism, while recognizing both the religious authority and personal autonomy (2003:271). Further, Goldberg suggests that ethnographers too, can contribute to this dialogue. In his own words, “As in many current marriages, the link between community and text may at times require that input of ‘counseling.’” He maintains that “Scholarly research itself does not provide normative answers, but it can be an ingredient in the struggle of mutually committed partners to assess their situation, give it new interpretations, and then move forward together” (2003:273).

Hoffman (1996) explores the dominant symbols associated with circumcision rite: wine and blood. He argues that the meanings ascribed to circumcision have undergone dramatic changes through time. In fact, the rite has been, along with other practices, one of the instances of the Rabbis’ radical reconstruction of Judaism well beyond its biblical roots. He writes, “Gone is the agricultural imagery; gone, too, is the fertility concern that had so motivated earlier generations” (1996:96). Instead, a new rabbinic view of

salvation had emerged symbolized by *salvific* blood. Hoffman postulates that the blood of circumcision is the ultimate symbol – the *sine qua non* of the Jewish rite. In fact, he proposes that the predominant meaning of circumcision is not the severing and removing of the foreskin but essentially, the shedding of blood in rabbis’ understanding. Blood is a condensed symbol: the circumcision blood, the blood of paschal lamb, the blood of sacrifices in general, and the blood of Isaac as a sacrifice in particular - *all* bloods are *salvific*. Thus, Hoffman contends, by itself, the severed foreskin is meaningless but covered with circumcision blood, it saves.

Hoffman closes the book with an opinion that situates him close to the perspective of the rabbis, and not anthropology (albeit his anthropological scholarship does not suffer from his reflexivity). Hoffman suggests that circumcision is the last vestige of something that all Jews share. In his own words, the majority of Jews “hold fast to circumcision as one of the few things they still do in a lifestyle that has already jettisoned practically everything else that is Jewish. At least they will mark their children as Jews” (1996:220). As a member of the group discussing something that concerns him, his son and that of his culture group at large, Hoffman’s voice is quite dissimilar from his earlier colleagues who were describing the “exotic” tribal rituals of others (a “close” vs. “distant” voice).

Through Freudian psychoanalytic perspective Silverman (2003) explores the multiple unconscious urges that circumcision communicates. Circumcision is a ritual, acting as a mediating instrument to resolve the contradictions and the ambivalence in the father-son relationship; the desire for circumcision symbolizes an act of castration on the part of the seniors onto the youth for their destructive incestuous urges. Silverman provocatively explicates the Freudian understanding of circumcision as part of the

Oedipal drama. He holds that, “circumcision is so powerful and so successful, precisely because it remains a psycho-cultural failure” (2003:45). Silverman observes the dual aspect of circumcision: it is a source of effemination, a cause of castration anxiety, and at the same time, is a symbol of manhood. Silverman draws a parallel, “Like the later near-sacrifice of Isaac by Abraham (Gen. 22), circumcision requires a father to wield a knife above his young, immobilized son” (2003:46).

Silverman reveals how the circumcision ritual communicates the unconscious desires (otherwise tabooed social and religious law) of the ritual circumciser (*mohel*), who traditionally sucked the circumcision wound – an act called, *metzitzah*. The *mohel*, then expectorates the blood of circumcision in the cup of wine and puts a symbolic drop of this blood-wine in the child’s mouth as he utters the words, “Live in your blood.” The *mohel* and the parents too, would traditionally consume this symbolic potion. Silverman observes that the ritual transgresses several biblical and rabbinic prohibitions: the consumption of blood, male homoeroticism, and reciting benedictions, while naked (the child is naked during circumcision).

Moreover, Silverman contends that since the *mohel* explicitly acts as the father’s surrogate, hence there is an implicit enactment of incestuous ideations between father and son. “If circumcision,” argues Silverman, “constrains immoral incestuous desire, as per Freud, then biblical circumcision must be judged a failure. The rite is a grand flirtation with taboo” (2003: 49).

Silverman extends his psychoanalytic interpretations in his book *From Abraham to America* (2006) wherein he explores the fundamental conflicts and dilemmas, to use his words, “ambivalence,” “ambiguity,” and “splitting” inherent in the rite. Silverman’s

book subtly communicates a cathartic experience. He implies that he has yet to resolve the moral dilemmas and conflicts surrounding the circumcision rite; his voice joins that of his ancestors, perpetuating the moral ambivalence of circumcision that remains unresolved. Silverman hopes that his children will resolve these dilemmas for themselves. Silverman's account turns political as he addresses anti-Semitism in the anti-circumcision movement. He goes so far as to propose that *all* those who oppose circumcision do so only because of personal psychological problems or hostility to Jews. The last words concluding his books are quite reflexive, equating circumcision and its deep dilemmas with being a Jew:

In the end, I hope to unsettle readers about Jewish circumcision, an unease that reflects my own struggles and commitments – an unease that is reluctant either to maintain or to abandon the rite. The extent to which ritual circumcision or brit milah engenders such intense, sometimes agonizing ambivalence shows its unique suitability for the predicament of the modern Jew. Sometimes it's hard being Jewish. Sometimes it isn't (2006:245).

Silverman's colleague in anthropology Leonard Glick adopts a different stance in his book *Marked in Your Flesh* (2005). Tracing the trajectory of the history of circumcision from ancient Judea, to Medieval and 19th century Europe, to modern America, Glick attempts to demonstrate that the grounds for circumcision are rooted on cultural attitudes that are not universal. Glick asserts that many conceptions of circumcision are arbitrary creations that became formalized through inculcation of religious and medical beliefs.

From the perspective of religion, he argues that Jewish circumcision was instituted by priests as a religious practice; "P," the priestly writer of parts of the Torah, inserted the requirements for circumcision as a way of solidifying the priests' hold on

ancient Israelite religion. Culturally and religiously, Glick attempts to demonstrate that circumcision has been created and made into custom by priests, and later altered by rabbis, to mark ethnic and religious boundary. Glick shows how the priests and rabbis have often operated as reactionary policymakers acting in response to the sociopolitical atmosphere. However, it is hardly recognized by modern Jews that the practice of circumcision in the course of continued existence has been invented and reinvented, its meaning and techniques of administration changing through time. In the eye of the beholder the beliefs are inherited from “time immemorial,” and are natural and inexorable. Glick problematizes the credence in “unchanging” and “pristine” traditions:

Often one hears people speak of “Jewish traditions,” or “traditional Jewish culture.” Very little of what they have in mind, though – and this includes ritual circumcision – even vaguely resembles the culture of ancient Judea; virtually all contemporary Jewish American customs and practices originated in Europe (2005:55).

It is the inevitableness among Jews who construct the identity around circumcision as an indispensable sign of Jewish male that Glick is trying to contest; modern Jewish American identity is far more complex than circumcision would imply. Glick writes, “The vitality of Jewish life and culture in America will never be ensured by removal of infant foreskins” (2005:281). Glick’s account is yet another example of Jewish circumcision discourse which, as I argued, has vigorously addressed issues relevant to the current social and cultural milieu. Apart from his impressive research on religious and medical history Glick’s book is an important voice; he is a medical doctor, an anthropologist and a Jew. His outspoken advocacy against circumcision, among other voices, raises the stakes of the conversation.

Concluding the review of Jewish circumcision in contemporary anthropology, I have tried to demonstrate that the above authors employed theoretical paradigms and methodologies germane for the contemporary discipline of anthropology that are more disposed to including subjective exegesis of the observer than ever before by including public and personal interpretations, along with their scholarly analysis. I emphasized that the distinction between the classic anthropological accounts and the discourse of Jewish circumcision rite rests on the fact that the former are produced by those outside the culture, while the latter mainly by inside voices. It is this differential “situatedness” of the ethnographer that yields to very different results as manifested in the discussion above. From anthropological perspective it is important to examine how far these authors are aware of their “situatedness” and how this proximity (a distant vs. close) has influenced their accounts of the rite. Thus, I conclude the anthropological theories of the origins and interpretations of circumcision and turn to the examination of historical events – to be more accurate, the highlights of historical pages that are relevant to the present discussion.

Chapter III

Important Events in the History of Circumcision

Sarah Waldeck (2003) suggests that inquiry into the topic of circumcision must be prefaced by a reference to history, since, like other cultural norms circumcision too, is highly “path-dependent.” Where would the historical upstreaming take us in our attempt to understand the modern neonatal male circumcision? Sources (Glick 2005; Gollaher 2000) demonstrate that not only is the American form of circumcision technically similar to that of rabbinic circumcision, it is also historically related to the Jewish rather than Muslim or tribal circumcisions. I agree in both instances and consequently focus my research on Jewish rite and the medicalization of circumcision in the West. I will first try to elucidate the practice of Jewish circumcision in certain historical time periods, quite crucial for understanding its infiltration into the Western society.

Foreskin in Conflict: Hellenic times

Tracing the trajectory of circumcision practice elucidates the diametrically opposing societal attitudes to it in time and locale; in fact the practice has always entailed deep cultural differences. For example, after Alexander the Great’s conquest of the Middle East between 334 and 331 B.C., Hellenistic ideals of male body and the Jewish practice of circumcision came into conflict with each other. In contrast to the Jews, the Greeks and the Romans placed a high aesthetic value on the prepuce and regarded circumcision as a mutilation. The Romans passed several laws to protect the prepuce by prohibiting circumcision (Hodges 2001). The Hellenized Jewish males adopted many of Greek customs, attended Greek gymnasia and appeared in public baths, where nudity was

quite the norm. In fact public nakedness became accepted practice throughout Judea, where public baths and gymnasia were erected within sight of the Holy Temple (Hodges 2001; Glick 2005).

However, while appearing nude in public places was acceptable, according to Greek custom the exposure of the glans penis without a preputial covering was considered socially unacceptable to such a degree that Greek males even placed sort of a safety-pin, known as a fibula around the prepuce to prevent accidental exposure of the glans. Not only was covered glans a standard of modesty, in fact, in Greek culture the prepuce was regarded as one of the body adornments, which is reflected in medical literature, vase art, and even in poetry (Hodges 2001). For example Galen, the prominent physician, conveys the Greek cultural attitude towards prepuce:

Nature out of her abundance ornaments all the members, especially in man. In many parts there is manifest ornamentation, though at times this is obscured by the brilliance of their usefulness. The ears show obvious ornamentation, and so, I suppose, does the skin called the prepuce at the end of the penis and the flesh of the buttocks (Quoted in Hodges, 2001:7).

In a society where the prepuce was so highly valued, the exposure of the glans was antithetical to Greek ideals of body adornments. The deficient prepuce, whether due to “congenital imperfection” or through circumcision, was considered unacceptable. Moreover, deliberate traction of the prepuce was exercised to even further elongate the foreskin to meet the aesthetic ideal of long prepuce. Foreskin stretching was achieved through the continuous, long-term application of *kynodesme* (literally a “dog leash”), a thin leather thong around the prepuce that pulled the penis upward and was tied in a bow and secured around the waist. So strong was this ideal of the covered penis embedded in Greek culture that some of the representations in the vase art portray penis covered with

long prepuce, even in its erect form (Hodges 2001). Under these hegemonic aesthetic standards circumcision was considered mutilation, and exposed glans an obscene sight, a vulgar imitation of erection, implying that Jews with circumcised penises were lustful, shameless and homosexual (Glick 2005; Hodges 2001).

Under Hellenic cultural pressure Jews attempted to fit in with the dominant Greek customs rather than be ridiculed and marginalized. Hellenized Jewish men made an effort to meet the aesthetic taste of this important body adornment called prepuce and tried to reverse their circumcision by an intricate technique - attachment of a special weight, called the *Pondus Judaicus* to the remaining foreskin or affixing it with fibular pin or cord (Schultheiss, et al. 1998). Stretching the foreskin and covering the glans penis was possible due to the fact that Jewish circumcision in Hellenic times was in fact the Abrahamic circumcision, which was partial removal of foreskin (only the tip of the prepuce was excised).¹ Techniques for restoring foreskin also included surgery. Medical history reveals that uncircumcision has been performed since antiquity, perhaps since shortly after the first circumcision (Rubin 1980; Schultheiss et al. 1998; Brandes and McAnich 1999; Johnson *et al.* 1993). Surgical decircumcision is described by Celsius in his medical treatise *De Medicina*:

And if the glans is bare, and the man wishes for the look of the thing to have it covered, that can be done. Decorum rather than health is the motive by using decoris causa (for the sake of appearance). (Cited in Hodges 2001:9).

Greek institution of public nudity in the gymnasium and the baths, together with techniques for restoring foreskin was adopted also in Roman Empire. One of the earliest references of foreskin restoration or *uncircumcision* is mentioned in the Bible: I. Maccabees under the reign of Antiochus IV (168 BC):

...they built a gymnasium in Jerusalem, according to Gentile custom and removed the marks of circumcision, and abandoned the holy covenant (I Maccabees 14-15).

Echoing the Greek and Roman critique of Judaic custom and responding to the Hellenization of Jewish culture that threatened to erase the distinctive tribal mark of circumcision, Jewish rabbis, who came to replace the Temple priests, denounced these temptations. In reaction to the attempts of rejection of the holy covenant by Jewish men, who resorted to *epispasm* or uncircumcision, rabbis invented a more radical procedure by AD 140 - a second step to ritual circumcision, the *Periah*, which went beyond the relatively simple Biblical trimming of “excess” foreskin. *Periah* involved the tearing of the underlying mucous membrane off the glans with a sharpened fingernail. The aim of the rabbis was to fully ablate the glans leaving no moving skin to halt any attempt of stretching and covering the glans.² The final step to the circumcision procedure, the *Metzitzah* or “sucking,” was added to the rite during the Talmudic period (AD 500-625), by which the ritual circumciser (*mohel*) fills his mouth with wine and sucks the wound made by the circumcision (Glick 2005; Gollaher 2000). Here is a description of *Metzitzah*:

Now follows the exsuction of the wound in such a manner that the Mohel takes the circumcised member in his mouth and with two or three draughts sucks the blood out of the wounded part. He then takes a mouthful of wine from a goblet and spurts it, in two or three intervals, on the wound.^{3,4}

The above review of a specific time period in circumcision history epitomizes important themes in the present discussion; both Greek and Roman laws prohibited circumcision, while rabbis reacted with an even more radical strategy. The fact that the Torah only mandates the *Milah* (the trimming of the tip of foreskin) and not the *Periah* (the tearing off the entire movable skin) and *Metzizah*, sucking the blood off the wound,

illustrates the metamorphosis the rite went through, and how the policymakers deliberately manipulated the Biblical covenant to come up with an urgent solution to a social and cultural issue of the day.

This passage of the history of circumcision relates with my theoretical argument about the created and constructed nature of the social phenomenon, in this case the circumcision rite. Jewish parents hardly realize that the covenantal circumcision that was carried out for 2,000 years was radically altered for political and cultural reasons and became institutionalized by rabbis in an “innovative” fashion.⁵ The circumcision rite went through a drastic change resonating with the cultural context of the time, in accord with other grand narratives of the society – the impetus of preserving the Jewish identity by preventing Jews from assimilation into Hellenic culture (although metzitzah did not serve the function of Jewish cultural preservation, but was rabbis’ extraordinary contribution to the rite).

The different cultural strategies applied to the male genitalia make it evident that aesthetic or political principles are purposefully inflicted on the body - whether it is the Hellenic ideal of elongated prepuce or the Rabbinic “innovation” of radically ablated glans. The phallus, thus, has historically served as the site where some cultures inflicted aesthetic, ethical and moral codes, sometimes in a quite reactionary way, turning the male genitalia the battlefield of clashing ideals and politics.

Circumcision, Sexuality, and the Pursuit of the Divine:

Maimonides and Isaac ben Yedaiah

Moses Maimonides (1135-1204), also known as the “Rambam” was a medieval Jewish rabbi, physician and philosopher, who wrote about circumcision in his book *The Guide of the Perplexed*. Maimonides attempted to employ logic derived from the principles of classical philosophy and science to biblical texts. Maimonides departs from theological interpretation and explores the sociofunctional meanings; the bodily sign, which binds one to his group has meaning only for those who profess genuine belief “For it is not like an incision in the leg or a burn in the arm, but is a very, very hard thing” (1963:609-610). Here is a passage from *The Guide of the Perplexed*:

Similarly with regard to circumcision, one of the reasons for it is, in my opinion, the wish to bring about a decrease in sexual intercourse and a weakening of the organ in question, so that this activity be diminished and the organ be in as quiet a state as possible. It has been thought that circumcision perfects what is defective congenitally...How can natural things be defective so that they need to be perfected from outside, all the more because we know how useful the foreskin is for that member? In fact this commandment has not been prescribed with a view to perfecting what is defective congenitally, but to perfecting what is defective morally. The bodily pain caused to that member is the real purpose of circumcision. None of the activities necessary for the preservation of the individual is harmed thereby, nor is procreation rendered impossible, but violent concupiscence and lust that goes beyond what is needed are diminished. The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened. The Sages, may their memory be blessed, have explicitly stated: “It is hard for a woman with whom and uncircumcised man has had sexual intercourse to separated from him.” In my opinion, this is the strongest of the reasons for circumcision (1963:603).

Maimonides acknowledges the physical pain inflicted by circumcision and even goes on suggesting that it is an ancient wisdom that circumcision “weakens” the sexual

organ and diminishes pleasure; not so for uncircumcised man, however, from whom the woman does not separate easily. Maimonides concludes with the idea that “this is the strongest of the reasons for circumcision.” Then why, one asks, after acknowledging the obvious sexual harm of the practice, should Jews be inclined to the practice. The question finds its answer with a thirteenth-century Kabbalist, Abraham Abulafia’s interpretation provided by Wolfson:

...the rationale for cutting the foreskin is to subjugate the body, or more specifically the sexual urge, and this is necessary so that one’s intellect will be fully actualized” (2000:220).

A similar explanation comes from Isaac ben Yedaiah of Southern France, a late 13th century Rabbi and a follower of Maimonides, who advises repression of the hungering impulse of sexual desire, since it will only distract men from their spiritual pursuits. In shocking details and unparalleled imagery ben Yedaiah explores the difference between Jewish and Gentile sex in a lengthy passage provided by Marc Saperstein:

A man uncircumcised in the flesh desires to lie with a beautiful-looking woman who speaks seductively to attract him. He vexes his mind to be with her day after day, growing weary in his attempt to fulfill his desire through lovemaking with her. She too will court the man who is uncircumcised in the flesh and lie against his breast with great passion, for he thrusts inside her a long time because of his foreskin, which is a barrier against ejaculation in intercourse. Thus she feels pleasure and reaches an orgasm first. When an uncircumcised man sleeps with her, and then resolves to return to his home, she brazenly grabs him, holding on to his genitals and says to him, "Come back, make love to me." This is because of the pleasure that she finds in intercourse with him, from the sinews of his testicles—sinew of iron—and from his ejaculation—that of a horse which he shoots like an arrow into her womb. They are united without separating, and he makes love twice and three times in one night, yet the appetite is not filled.

And so he acts with her night after night. The sexual activity emaciates him of his bodily fat, and afflicts his flesh, and he devotes his

brain entirely to women, an evil thing. His heart dies within him; between her legs he sinks and falls. He is unable to see the light of the King's face, because the eyes of the intellect are plastered over by women so that they cannot now see light.

But when a circumcised man desires the beauty of a woman, and cleaves to his wife, or to another woman comely in appearance, he will find himself performing his task quickly, emitting his seed as soon as he inserts his crown. If he lies with her once, he sleeps satisfied, and will not know her again for another seven days. This is the way a circumcised man acts time after time with the woman he loves. He has an orgasm first; he does not hold back his strength. As soon as he begins intercourse, he immediately comes to a climax.

She has no pleasure from him when she lies down on when she arises, and it would be better for her if he had not known her and not drawn near to her, for he arouses her passion to no avail, and she remains in a state of desire for her husband, ashamed and confounded, while the seed is still in her "reservoir." She does not have an orgasm once a year except on rare occasions, because of the great heat and the fire burning within her. Thus he who says "I am the Lord's" will not empty his brain because of his wife or the wife of his friend. He will find grace and good favor; his heart will be strong to seek out God. He will not fear to behold that which is beyond, and when He speaks to him, he will not turn away (1980:97-98).

These extravagant libidinal interpretations have not disappeared with Rabbi ben Yedaiah's imaginative exegesis. As we will explore in later chapters, circumcision or uncircumcision still stirs the imagination of people; the foreskinned or foreskinless sex is still subject to culture-bound attitudes that vary dramatically from one society to another. The connection between circumcision and sexuality is still alive in modern discourse of circumcision, both in the scientific literature, as well as in folklore.

The relationship of circumcision and intellectual or divine commitment, in expense to suppressed sexuality was another fascinating interpretation given by the Jewish mystics. Interestingly enough, yet another novel idea emerged in the rite of circumcision, this time not in the technical but symbolic level. The rite shifted from

promising progeny and land ownership for Abraham and his heirs, into functioning as a marker of personal spiritual growth through suppression of sexuality.

The Phallic Relic: The Holy Foreskin Lost and Found

Ironically Paul's argument of "flesh" vs. "spirit" did not reconcile well with Medieval and Renaissance Christian fascination with Christ's prepuce, which according to one of the legends (there are quite many) was saved by Mother Mary and passed to the apostles via Mary Magdalene. This esoteric relic supposedly remained in disposition of popes until the fire of Rome in 1527 (Gollaher 2000:36). This version of the legend held that one of the soldiers of Charles V stole the foreskin, but that it was miraculously rescued and returned to Rome. This was only one of the numerous legends surrounding the great number of Holy prepuces that surfaced in many different parts of Europe and even made way to Calcutta, India. As with other relics, including Christ's cradle, Last Supper cup, crucifixion nails - the foreskin too, almost always associated with lost and rescue themes (Silverman, 2006). The holy foreskin had also healing and miraculous properties, which soon were rumored to be abused by nuns (Gollaher 2000:36). The Savior's foreskin provoked erotic sensations among the devotees. Consider the mystical experience of Agnes Blannbekin, a Viennese sister, who described her extraordinary vision which led to the eventual censorship of her works:

Crying and with compassion, she began to think about the foreskin of Christ ... And behold, soon she felt with the greatest sweetness on her tongue a little piece of skin alike the skin in an egg, which she swallowed. After she had swallowed it, she again felt the little skin on her tongue with sweetness as before, and again she swallowed it. And this happened to her about a hundred times ... And so great was the sweetness of tasting that little skin that she felt in all [her] limbs and

parts of the limbs a sweet transformation (Wiethause 2002:37).

Supposedly some medieval women experienced pregnancy symptoms after ingesting the foreskin. This oral insemination Silverman associates with “divine fellatio,” (2006:156) as the Eucharist symbolically fulfilled Christ’s mandate “Take, eat; this is my body” (Matthew 26:26). Silverman proposes that “As an earthy materialization of Christ’s body, the wafer eaten during communion could reasonably symbolize Christ’ phallic remnant” (2006:157). Thus, for centuries, this “phallic remnant” became one of the most cherished relics; it appeared and disappeared in many places, it had the power to impregnate and heal, and could even tempt devotees to symbolically swallow it.

Culture Clash in Medieval Europe

Another site that epitomized profound differences in cultural attitudes towards the bodily practice of circumcision was Medieval Europe, where Jewish cultural ideal of the circumcised penis was in utter conflict with European host nations’ denigration of circumcision. The diametrically opposing attitude toward circumcision – Christian condemnation and Jewish veneration was – subject to profound tensions. Glick writes “...how passionately European Jews everywhere were determined to retain their most mysterious practice, the one that outsiders most reviled (2005:56). The foreskin was “anathema to Jewishness”, the site of circumcision “filthy” and “polluted” intact penis “more unclean than all unclean things ... a blemish above all blemishes” (p. 95). Among numerous accounts of theological battles between Christian and Jewish clergy, as well as

intellectuals from both sides, a few stand out; for example, Moses De Leon showed a way out of the “filth” through conversion to Judaism:

You must know that the uncircumcised nations have no soul except from the side of impurity, for they are immersed in the foreskin, and on account of this their spirits are impure.... When they remove from themselves this filth, which is the foreskin, their impurity departs from them....Thus the convert is called the righteous convert....and this is the secret of the covenant and the eternal life (Wolfson, 1999:128).

Among Christians, circumcision was vilified, as evidenced by the proliferation of Pauline ideology, which preached circumcision of the heart and degraded circumcision of the flesh. Paul’s outspoken statement on “flesh” versus “spirit” deemed circumcision worthless. Martin Luther’s tone is no more tolerant than that of Moses De Leon’s:

In addition to cutting off the foreskin of a male child, the Jews force the skin back on the little penis and tear it open with sharp fingernails, as one reads in their books. Thus, they cause extraordinary pain to the child, without and against the command of God, so that the father, who should really be happy over the circumcision, stands there and weeps as the child’s cries pierce his heart. We answer roundly that such an addendum is their own invention, yes it was inspired by the accursed devil, and is in contradiction to God’s command (Luther 1971:152).⁶

Circumcision persisted to be one of the demarcating signs between Jews and Christians through Medieval and pre-modern Europe. In fact, the rite was not only subject of fierce discussion among the priests and the rabbis but also became a common theme in popular imagination and folklore. The Christian anxieties were resolved in jokes and facetious remarks; one of them called the Jews mushroom-suckers (referring to sucking the glans during metzitzah). The ritual was also portrayed in artistic representations and emerged in the genre of farce in Europe, especially in Italy, where it was called *Giudiata* - Jew Drama. One of these farces is *Punichello Plays the Jew*, written by a French traveler that describes a scene where Punichello becomes a Jew. The

spiritual aspect of his ritual conversion is turned into ridicule as the rabbi appears with circumcision knife in hand (Fabre-Vassas, 1997:113-14).

The image of the Jew thirsty for Christian blood, performing ritual murder soon became real accusations and even resulted in executions in Medieval Europe. Kosher slaughtering and circumcision translated into the minds of Christians as bloodletting customs implying ritual murder and crucifixion. These distortions culminated in the popular Christian legends, known as the blood libel. Glick depicts them eloquently:

As Christians saw it ... Jews not only persisted in inflicting this bloody torment on their own children but yearned for opportunities to do the same to Christian boys. The image of the rabbi-circumciser-slaughterer, rooted in actual observation but interpreted in a folk-cultural framework, linked circumcision to beliefs about deicide and blood lust. Perhaps the most vivid personification was the bearded mohel, his mouth stained with blood after he had sucked the wounded infant's penis (2005:101).

In 1144, William of Norwich, a small boy, was said to have been abducted by a gang of Jews and subjected to corporeal torture before his death. In 1255, a Gentile boy, Little Hugh of Lincoln, was said to be found murdered - beaten, nose broken, and circumcised just before his death. These and other accusations with the leitmotif of abduction and circumcision of Christian boys by Jews led to a wide-spread wave of anti-Semitism and executions of Jews. The recurrent myth about the circumcision blood was that it was saved in a bowl and used to make Passover matzohs (Gollaher 2000:38-39; Glick 2005:100-2).

Thus, circumcision epitomized Jewish identity, which was vilified among Christians. For centuries in Medieval and pre-modern Europe the Christian myths surrounding circumcision viewed the ritual as the most diabolical act perpetrated by Jews. Freud argued that male circumcision stimulated castration anxiety triggering anti-

Semitic sentiments among non-Jews (Freud, 1955; 1971; see also Silverman 2004). Explicating Freud's idea Gilman wrote, "The Jewish body, and specifically male body, lies at the heart of anti-Semitism" (1993:182).

However, the profound polarization was meant to be erased; even seemingly the most fixed attitudes of Jews and Christians in regard to circumcision shifted and metamorphosed through time. Let us first explore the change that came about in Jewish precincts.

Voices from within: Enlightenment and Reform

The radical change was set in motion by the European Enlightenment and the French Revolution that entailed modernity in all aspects of social and cultural life in Europe. The repercussions of these complex changes eventually became evident in the Reform movement, which fundamentally questioned many aspects of Judaism, among them the long standing issue of circumcision. In the aftermath of the French Revolution, a society of "citizens" emerged with individual rights and responsibilities, a society in which Jewish particularism and the idea of separate peoplehood was not appropriate. In 1842, the Society of the Friend of Reform in Frankfurt refused adherence to "objectionable commands" and "corporeal practices" and rejected the authority of Talmud and the idea that a Messiah will come and lead the Jews back to Palestine, but rather accepted the authority and the citizenship of the host countries. Moreover, for Reform Jews dietary taboos, pre-modern costume, prohibition of intermarriage, residential self-segregation, restrictive Sabbath regulations, and most importantly,

circumcision – all were anachronisms and remnants of bygone eras (Glick, 2005:118-119).

Among many Jewish voices, Jewish physicians too, raised their voice; first carefully questioning metzitzah then demanding an outright abolishment of the whole procedure. One of the most heated objections to circumcision is voiced in an 1874 publication called “*Israelite Circumcision, elucidated from medical and humane standpoint*”, by Eugene Levit, whose voice was one of the most fervent ones of his time; although many opposed circumcision, few dared to be so openly outspoken. In the publication, he disclosed the death of his first son, as a consequence of circumcision. When his second son was born, he decided to forego the rite but was forbidden by the town rabbi from recording his son in the Jewish registry; either the boy had to be circumcised or baptized. With the utmost agony, he did the latter. Levit defended his cause with his thirty-five-year medical experience during which he had witnessed six deaths and more than twenty mutilations as a consequence of circumcisions performed by physicians. Moreover old and clumsy mohels sucked the wound with unclean mouths and caused bleeding and infections. His tone becomes fervent as he speaks about the religious rite:

What cultivated people would ever consider regarding bloody, mutilated genitals as a divine cultural symbol? Indeed, whenever I have attended this ceremony, I have never perceived a devout, solemn attitude in any participant. Every time, to be certain, I have seen the pale, trembling father offering his sacrifice to the mohel, while the shocked, delicate mother awaits in anxious agony the return of her passionately loved infant. I have seen many of those in attendance fall in a faint-yes, even a simple, coarse peasant servant girl, the wet nurse, shedding tears at the scene she witnessed.... A ceremony dripping with blood, eliciting cries of pain and agony, arousing pity and dread in some, revulsion in others, a sacrificial oath offered with a body part, overcoming considerations of purity, good breeding, modesty, and sensitive feelings, something that only anatomists and physicians should discuss openly, and that even lascivious jesting in

frivolous conversation hardly dares allude to-only fanatic Oriental zealots could call such an event a consecration (quoted in Glick 2005:132).

Circumcision had no place in the enlightened Europe, he continued, and there was no need to be so hypocritical as to look for biblical justification for circumcision when most other biblical mandates are abandoned. He called not only for the abolition but the criminalization of circumcision calling religious circumcisers “fanatical zealots, supposedly honoring God...” who inflict pain on “innocent babies.” He concludes:

Only by doing away with this last remnant of Asiatic custom will every boundary wall finally fall, and Israelites will step openly into the European community. Finally, I hope still to witness [a time when] governments will prohibit circumcision on sanitary principles, and the perpetrators of this grave physical assault will be brought to account (quoted in Glick 2005:133).

Similar protests were put forth across Europe – all for nothing. Already in the New World, where mohels were self appointed and mostly unskilled, botched circumcisions called for attention. In January 1871, a New York City Jewish periodical expressed concern by reporting alarming concern from the registrar of medical records:

Within about a month some half dozen deaths have occurred in this City from hemorrhage after circumcision of Hebrew infants. I am informed that numerous unskilled and unscrupulous persons have taken to performing this operation for a small fee among the poorer Jews. I write to you to beg that you call attention to those having authority in your denomination to so unwarrantable a sacrifice of human life. Permit me at the same time to assure you that no one has a greater respect than myself for all religious observances (Berman 1947:43, quoted in Glick 2005:143).

The Orthodox Rabbis across both sides of the Atlantic were uncompromising; they responded that the custom of Israel is Law, and that the uncircumcised boys would be rejected registration, bar mitzvah, Jewish marriage, and even burial in Jewish cemetery. As Glick puts it “abusive or not, medically dangerous or not, culturally appropriate or not, the rite of circumcision survived every critique, every challenge”

(2005:134). Not only had it survived the pressure of Reform ideology, the rite also metamorphosed into a “medically” benevolent procedure and even challenged the Gentile attitude towards it. This page of circumcision history leads us to the next fascinating time period - the Victorian era.

Notes

1. A procedure referred to as *Milah* by Jews and was practiced by them for approximately 2,000 years. Hence the distinction between Abrahamic circumcision, which removes only the tip of the foreskin, vs. Rabbinic circumcision, which ablates the entire foreskin (Glick 2005).
2. The complete ablation of the entire foreskin in today’s hospital circumcision is essentially the Jewish *periah* (Gollaher 1999).
3. Circumcision of Male Infants Research Paper. Brisbane: Queensland Law Reform Commission, 1993. <http://www.cirp.org/library/legal/QLRC/>, Last retrieved Nov. 2, 2007
4. After extracting blood from the wound, the mohel traditionally expectorates the blood into the goblet, from which the child and the parents then sip. *Metzitzah* is still done in ultra-Orthodox Jewish communities and is responsible for the death of Jewish babies due to infection from herpes virus. Some modified *metzitzah* by including the use of a glass tube to avoid the spread of disease through mouth to genital contact. Recently, with the spread of HIV, the Rabbinate also approved placing cotton in the glass tube to prevent blood from entering the mohel’s mouth (Glick 2005).
5. Silverman (2006) writes that this fact is often taken as a ground by the opponents of circumcision to debunk the traditionalist claims that the rite is divine and not human.
6. It is obvious that Luther knew about the rabbinic invention of *periah*, which he calls an “addendum.”

Chapter IV

Circumcision and “Science”: Victorian Era

Circumcision, the distinctive mark of Jewish male body in Europe and in the New World, slowly became accepted by non-Jews. History proved that even the most extreme Christian attitudes were not fixed “realities” and the cultural winds soon shifted. In the English-speaking countries the practice of circumcision slowly came out of its circumscribed Jewish religious limits and made its way into Christian boundaries. The societal attitude towards circumcision changed, when the procedure emerged as a cure for the moral and physical degradation of sexuality. The 18th century circumcision procedure, both male and female, flowered in the historical context of pervasive puritan Victorian morals antagonistic to sexuality (Gollaher, 2000; 1998).

The scare of the time was venereal disease, especially syphilis. British physician Jonathan Hutchinson, who became one of the most fervent advocates of circumcision, reported that while working at the Metropolitan Free Hospital he found that: “The circumcised Jew is very much less liable to contract syphilis than an uncircumcised person.” With a profusion of biblical and medical knowledge Hutchinson concluded:

Taking then this fact as established, it suggests itself as probable that circumcision was by Divine command made obligatory upon the Jews, not solely as religious ordinance, but also with a view to the protection of health.... One is led to ask, witnessing the frightful ravages of syphilis in the present day, whether it might not be worth while for Christians also to adopt the practice. (1855:542-43).

In the New World Lewis A. Sayre, an orthopedic surgeon championed circumcision for *paralysis*, on the grounds that “excessive venery is a fruitful source of physical prostration and nervous exhaustion, sometimes producing paralysis” (Sayre,

1870:205-06). Sayre proposed that “peripheral irritation” initiated in foreskin led to “an insanity of the muscles” (1870-71:233-34).

Sayre also championed the link between “irritation of genital organs” and such conditions as spinal anemia, hip-disease, epilepsy, hernia, inflammation of the bladder, bad digestion, insomnia, and even mental disorders. Almost always circumcision was the cure. For three decades this most respected surgeon promoted circumcision in hundreds of speeches and papers using his authority as a leading professor, an officer of the New York Academy of Medicine, and the president of the American Medical Association. Sayre warned against the removal of the entire foreskin, which he called “mutilation” but advocated a partial removal – such that would enable the remaining foreskin to cover the glans (Sayre was in essence advocating Abrahamic circumcision, the removal of the tip vs. Rabbinic circumcision, the removal of the entire foreskin) (1887:2).

Other colleagues disagreed: Dr. Love of St Louis recommended that: “all genital irritation should be thoroughly removed” (ibid. 15). Yet another colleague, Montefiore J. Moses, who proposed that circumcision will free the children from the devastating results of “the solitary vice” – as “the devil’ will be “at once exorcised.” (Glick 2005:163-65). Remondino, another important crusader against prepuce, writes:

The prepuce seems to exercise a malign influence in the most distant and apparently unconnected manner; where, like some of the evil genii or sprites in the Arabian tales, it can reach from afar the object of its malignity, striking him down unawares in the most unaccountable manner; making him a victim to all manner of ills, sufferings, and tribulations; unfitting him for marriage or the cares of business; making him miserable and an object of continual scolding and punishment in childhood, through its worriment and nocturnal enuresis; later on, beginning to affect him with all kinds of physical distortions and ailments, nocturnal pollutions, and other conditions calculated to weaken him physically, mentally, and morally; to land him, perchance, in jail or even in a lunatic asylum. Man's whole life is

subject to the capricious dispensations and whims of this job's-comforts-dispensing enemy of man (Remondino 1891:255-56).

It is important to note that both in Judaism and later in Catholicism masturbation was considered a vile act. In Christianity in general, sexuality is suppressed with guilt. The Talmud and Zohar condemned masturbation, going as far as deeming it “a sin more serious than all the sins of the Torah.” The Jewish law discouraged touching the penis: “the unmarried man never, and the married man only in connection with urination.” The Orthodox Jews would train their young sons to urinate “Without hands! Better bad aim than bad habit” (Gollaher 2001:102)

Not surprisingly, these cultural and religious beliefs resonated with Victorian mores. In circumcision literature this time period is often referred to as “masturbation phobia” or “masturbation hysteria” to imply the public fears associated with it. (Wallerstein 1980). Soon many pro-circumcision doctors claimed that circumcision was the magic cure of masturbation “insanity,” which was believed to cause a plethora of physical and mental ills, such as epilepsy, convulsions, paralysis, elephantiasis, tuberculosis, eczema, bed-wetting, hip-joint disease, fecal incontinence, rectal prolapse, wet dreams [involuntary nocturnal seminal emissions], hernia, headaches, nervousness, hysteria, poor eyesight, idiocy, mental retardation, and insanity, to name a few (Hodges 1997:40).

Abraham Jacobi, the organizer of the American Pediatric Society, and M.J. Moses, the president of the Association of American Physicians, championed to rid the American children of the foreskin to save them from the ravages of masturbation. An 1885 editorial in the New Orleans Medical Journal stated:

...Neither the plague, nor war, nor small pox, nor a crowd of similar evils have resulted more disastrously for humanity, than the habit of masturbation (quoted in Wallerstein 1980:36).

Interestingly, Harvey Kellogg and Sylvester Graham were involved in the masturbation crusade advocating both moral and dietary fiber. Here's what Dr. Kellogg recommended:

A remedy for masturbation which is almost always successful in small boys is circumcision. The operation should be performed by a surgeon without administering an anesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment. In females, the author has found the application of pure carbolic acid to the clitoris an excellent means of allaying the abnormal excitement (Kellogg 1888:295).

Not long, circumcision became the most curative procedure in the history of medicine (Gollaher 1994:7-8). The anti-sexual motivations behind circumcision campaign entailed sadistic measures. Bullough summarizes some of the "therapeutic" measures to cure the sexual overindulgence:

Some doctors perforated the foreskin of the penis and inserted a ring or cut the foreskin with jagged scissors. Others applied ointments that would make the genitals tender to touch, and other applied hot irons to girl's thighs. In some cases clitoridectomies were performed and in few cases actual amputation of the penis was attempted to prevent masturbation. Castration was not unusual (from Wayland Young, *Eros Denied*, 1964, quoted in Wallerstein 1980:126).

One American pediatric textbook that merits mention is *Diseases of Infancy and Childhood*, by Dr. L. E. Holt (published from 1897-1936). A standard medical text for almost half a century, it, too, advised treatment of masturbation with mechanical restraint, such as covering the penis with plaster of Paris, leather, or rubber; making boys wear chastity belts or spiked rings, corporal punishment, and circumcision for both sexes. For girls, these punishments included cauterization of the clitoris, blistering the inner thighs, the vulva, or the prepuce" (Wallerstein 1980:123).

Considering the alternatives, circumcision was merciful. These corporal practices were in accord with Victorian ethics and were based on the general consensus of society's antisexual sentiments, fears and guilt. So potent was the influence of the Victorian ideology that it continued until the last decades of the 20th century. Until approximately 1940, long after physicians in other countries had abandoned surgical solutions for masturbation, leading American pediatric and child psychiatry textbooks still recommended infibulations of both sexes. Up until 1977 the National Blue Shield Association covered female circumcision in the U.S as a cure for sexual "dysfunctions." Doctors also administered female circumcision as a "modern" and "sophisticated" way to enhance sexuality. Government Statistics for year 1977 indicate approximately 5000 operations on the external female genitalia, 3000 of which are estimated to be circumcisions (Wallerstein 1980:155).

In the medical (or quasi-medical) discourse of circumcision starting from Victorian era and onward religious, sexual, and political overtones were always present. Glick (2005:161) writes that referring to the Mosaic rite of circumcision "would soon become a standard feature of circumcision advocacy: conflation of medical recommendations with references to the Hebrew Scriptures." For example, when Dr. Love recommended a complete ablation of the foreskin, he said, "I believe thoroughly in Mosaic Law, not only from a moral but also from a sanitary standpoint" (Quoted in Sayre 1887:15). The same position was proposed by Dr. Chapman who viewed Moses as a "good sanitarian" (Glick 2005:162). Another reputable physician MJ Moses (1871:372-73) referred to "the Mosaic code" advocating circumcision, which could "liberate the glans." Still another reference to the biblical Moses written by Dr. Williams (1889:138-

39): “I would follow the footsteps of Moses and circumcise all male children.” Dr. Simes called for the adoption of the age-old “Jewish rite” on hygienic ground proposing that “the first and great teacher of hygienic medicine, Moses, certainly had this view in his mind when he gave forth the order, that all male children of Israel must be circumcised” (1890-91:376).

The biblical characters remained in medical circumcision discourse up until the turn of the century and sporadically reappeared up until 1997. In 1973, Abraham Ravich praised both Moses and Abraham for laying the ground of scientific study of medicine. Ravich wrote that Moses realized the value of circumcision to promote “cleanliness, hygiene and prophylaxis.” Yet, before Moses, Abraham realized that Hebrews were hard hit by “widespread venereal infections,” and thus wisely made circumcision a “God’s Will.” During the “forty-year flight from Egypt” Moses, the “brilliant sanitarian” with his “keen insight into medicine, almost modern in scope,” observed that “his uncircumcised Israelite followers frequently suffered severe illnesses and death after sexual orgies with the native women they encountered on their trek through the Sinai Desert... For this reason, toward the end of their trek he re-instituted compulsory circumcision among his followers and progeny, again as an Act of God, to assure compliance” (1973:9-10).

Gerald Weiss was another physician who championed circumcision in scientific magazines backing up his claims by frequently resorting to biblical wisdom. Among many of his “medico-biblical” accounts, this one, published in 1997 in *Pediatric Infectious Disease Journal* stands out:

As a surgeon in practice for greater than half a century, I find it logical to speculate that it was Abraham’s foreskin that prevented conception with Sarah in his later life... Might it have been the foreskin adhesion problem causing a constriction over the glans that impaired erection and thus

caused unsatisfactory intercourse after a desert life of repeated irritations and infections? (1997:729-30).

The theme of circumcision and the control of sexuality resonating with the old rhetoric of Maimonides and Isaac ben Yedaiah went through revival in the Victorian era and found its way well into the end of the 20th century. In 1994, Weiss, coauthored with Elaine Weiss, writes in *Clinical Pediatrics*:

If circumcision, as the respected physicians Maimonides and Freud contend, reduces the sexual drive – by whatever means – then more self-control of the male organ might promise societal relief from related violent crimes with the associated sexually transmitted diseases... Aside from ritual circumcision, which may benefit specific societies, shouldn't neonatal circumcision be the choice for just the health benefits alone? (1994:729)

Sexual theme infused with defensive political overtones bluntly in Dr. Ravich's 1973 publication, where he proposed that some of his publications were refused in Pediatric journals by those, who had "tenacious desire to retain foreskin," which could be attributable to "false pride, distorted phallic veneration or surrender to misleading propaganda" (1973:130).

To recapture, the ideological battles between Christians and Jews gave way to the common concerns of the time of Venereal diseases. From the Victorian era to early twentieth century circumcision promised to prevent masturbation and numerous associated venereal diseases. The underlying leitmotif was disciplining sexuality through punishment. Victorian era introduced fear tactics: fear of disease, pathologization of body parts, and fear of sexuality, still very much in use in circumcision advocacy today. The quasi-science of circumcision incorporated biblical characters to prove the wisdom of circumcision practice: Abraham and Moses were referred to in medical journals as "proto-physicians." Through time as the "magic" operation would fail to cure the

promised “diseases,” novel reasons were invented to maintain the practice (Hodges 1997). Let us now turn to the subject of popularization of circumcision in the 20th century.

Circumcision in Conventional Medicine

Broad cultural acceptance of male circumcision among the American public came in early 20th century: the old rationale of punishment was replaced with new *raison d'être* reflecting germ phobia and public obsession with “dirt.” The new purpose for circumcision was “cleanliness.” As scientists discovered bacteria that caused diseases, the human bodily functions came to be seen as “dirty” and human body itself as a perfect site for virulent germs. Not surprisingly, the penis was vilified as an infective agent, susceptible to contamination. The uncircumcised penis was perceived as particularly malignant because of smegma – the natural secretions that are produced under the foreskin (Gollaher 2000).

As the history tells us, circumcision became a mark of modernity and sophistication, once again changing its social significance. The institutionalization of circumcision was but one expression of the grand movement, which also promoted medicalization of birth and made cesarean sections popular, discouraged breastfeeding and marketed formulas, disparaged normal bodily functions and secretions and advertised sundry products for personal hygiene. As male doctors took over childbirth from the midwives they launched it as a medical event, relocating it from a domestic to a corporate-run hospital environment. Soon circumcision became a routine procedure for the upper and middle classes, indicating wealth, social status and prestige (Gollaher 1994;

Goldman 1997). Quite descriptive of the cultural attitude of the time is Frank G. Lydston's 1912 treatise on social hygiene, when he wrote, "Parents who do not have an early circumcision performed on their boys are almost criminally negligent" (Gollaher 1994:86). Thus, the foreskin came broadly to signify ignorance, neglect, and poverty and remained intact, most commonly among recent immigrants, African Americans, the poor, and other marginalized populations (Gollaher 1994).

After the U.S. mass military circumcisions administered during World War I, World War II, and the Vietnam War circumcision became a routine procedure of disease prevention. This shifted the function of circumcision from being "therapeutic" to "prophylactic." During this period the incidence of circumcision was dramatically increased, and reached its peak in 1979, when 85-90% of American boys were circumcised (Hodges 2000). Thus, the new public opinion viewed a circumcised penis as "cleaner," "hygienic," "modern," and "prestigious." The public's attitude toward circumcision eventually became internalized as deeply-rooted custom in the American society.

Novel purposes for circumcision mushroomed almost every decade, as the old fears diminished. By the 1940s, with the advent of antibiotics, syphilis and gonorrhea gave way to cancer – the "title-holding disease of the time" (Glick 2005) and understandably, circumcision was the magic bullet for penile cancer, propagated by Abraham Wolbarst (1914; 1936; 1932), along with the call of universal circumcision. Then followed yet new rationales for circumcision - preventions of prostate and cervical cancers (strategically targeting women's health) proposed by Abraham Ravich (1942; 1966; 1973) and his later supporters in the 1950s who largely viewed smegma as a

virulent substance. In the 1980s, another fervent pro-circumcision advocate, Thomas Wiswell (1985; 2000) proposed the link between uncircumcised boys and a higher risk of urinary tract infection (UTI). Later, Edgar Schoen has picked up the UTI claim, and is still widely propagating it (1990; 1993; 2000a; 2000b).

Amidst this aggressive promotion of circumcision there were physicians who became increasingly vocal in condemning the practice, such as William Morgan (1965), Robert Van Howe (1997; 1999a; 1999b), Paul Fleiss (1996, 1997, 2002), and others. However, the advocacy for circumcision was unparalleled.

Last but not least, circumcision aggressively emerged in the medical literature as a prophylactic strategy to battle AIDS and HIV infection. Proposed by Aaron Fink in 1986 (initially based on mere speculation) and his later supporters, this last *raison d'être* swept the media in the midst of public frenzy of yet another incurable disease of our time. Just at the time when previous claims have been losing stance, and public awareness have been rising about the procedure, the rationale for circumcision as a prevention of HIV has emerged (Auvert et al. 2001; Bailey et al. 2001, Halperin & Bailey 1999, Moses et al. 1998) with even more ambitious claims by the World Health Organization¹ (WHO) and UNAIDS² that called for administering circumcision in developing countries, hard hit with HIV, especially Africa.^{3,4}

Given the authority of these organizations, the high-frequency media reports of the proposed link between circumcision and HIV prevention, as well as the seriousness of HIV/AIDS pandemic, this last claim needs a more in-depth discussion.

HIV and Circumcision

A great number of studies suggest that circumcision has a significant protective effect against acquisition of HIV (Moses et al. 1994, 1998; Halperin & Bailey 1999; Caldwell & Caldwell 1996; Weiss et al. 2000; Clark 2001; Auvert et al. 2001, 2005; Bailey et al. 2001; Baeten et al. 2005).

Most data comes from Sub-Saharan Africa. The hypotheses of the proposed link between circumcision and reduced risk of HIV infection were as follows: one argued that the presence of a foreskin might increase susceptibility to HIV because the prepuce contained specialized cells (most importantly Langerhans cells) that were thought to be especially sensitive to the HIV virus (Piguet & Blauvelt 2002). Another argument proposed that the foreskin enhanced the risk of sexually transmitted diseases involving ulcers and open sores, which in turn eased HIV transmission (Caldwell & Caldwell 1996). Yet another hypothesis was that the glans of the circumcised penis developed a thicker and toughened layer of skin cells, which were argued to have resistance against HIV contraction, versus the warm microclimate under the foreskin, which may facilitate the longer survival of the virus, and thus increase exposure to it (Nicoll 1999).

The evidence however, is contradictory. Other studies have found no positive effect or more HIV in circumcised males (Barongo et al. 1992; Chao et al. 1994; Grosskuth et al. 1995; Changedia, Gilada 2002; Moore, Hogg 2004; Dave et al. 2003).

Moreover, the African studies that found circumcision as a protective factor against HIV transmission/reception have been criticized for severe methodological shortcomings. For example Van Howe (1999a) conducted a meta-analysis on the 29 published articles where data were available. He found that:

When the raw data are combined, a man with a circumcised penis is at greater risk of acquiring and transmitting HIV than a man with a non-circumcised penis (odds ratio (OR)=1.06, 95% confidence interval (CI)=1.01-1.12). Based on the studies published to date, recommending routine circumcision as a prophylactic measure to prevent HIV infection in Africa, or elsewhere, is scientifically unfounded (1999:8).

In addition, a recent study by John Talbott (June 2007) claims the African AIDS studies are based on faulty statistical analyses. Talbott re-analyzed the existing data and found that the number of circumcised males is not associated with a country's HIV infection rate; rather, the number of infected commercial sex workers and concurrence sexual networks (several men and women having sexual contact) are factors of consideration.

Moreover, the hypothesis that Langerhans cells under the prepuce create an increased HIV risk has been challenged (de Witte L, Nabatov A, Pion M, et al. 2007), and the contrary is suggested:

Langerin is a natural barrier to HIV-1 infection, and strategies to combat infection must enhance, preserve or, at the very least, not interfere with Langerin expression and function (2007:367).

There is also evidence that the sub-preputial (under the foreskin) wetness may protect against HIV. Prakash et al. (1982) has found lysozyme in the sub-preputial wetness beneath the prepuce, which is an enzyme that Lee-Huang et al. (1999) propose to be effective agent for killing HIV *in vitro*. This is consistent with the results of Dezutti (1998), who has proposed that intact epithelium (skin and mucosa) is resistant to incursion by HIV.

Scientists who do not propagate circumcision for HIV prevention propose other possible factors for HIV epidemic. Some studies report that viral load is a major confounding factor in the transmission of HIV (Gray et al. 1999; Quinn et al 2000). Most

studies of HIV infection failed to control for viral load (see Siegfried et al. 2003). Genital ulcer disease, endemic in parts of Africa, is proposed to be a very strong risk factor for HIV infection (Pepin et al. 1992; O'Farrell 1992; de Vincenzi and Mertens 1994; Dezzutti 1998).

Another confounding factor, ignored in all major studies that propose the link between circumcision and HIV, is the popular African practice of so called "dry sex" - drying and/or tightening the vagina by various methods of douching and/or application of leaves and powders to absorb the vaginal lubrication - to enhance sexual pleasure (Runganga et al. 1992; Gresenguet et al. 1997). Reports indicate that dry sex dramatically increases HIV infection risk (Brown et al. 1993; Kault 1995; Runganga and Kasule 1995; Sandala et al. 1995; Gresenguet et al. 1997).

Still other confounding factors to the study of the relationship of HIV infection to male circumcision include condom use, cultural mores and related sexual behaviors, migration status, education, occupation, and socio-economic status, etc. (Siegfried et al., Protocol for a Cochrane Review 2003). Hrdy (1987) identifies various African cultural practices that contribute the transmission of HIV. He suggests that female circumcision, group circumcisions, contact with non-human primates, ritual scarification, and other such practices are contributing to the epidemic of AIDS.

Some scientists provide compelling evidence that the major cause of HIV infection in Africa is unsafe health care, especially non-sterile injections and other medical procedures (Brewer et al. 2003; Gisselquist, Potterat, Brody 2003; Gisselquist, Potterat. 2003) and that only about 30 percent of the HIV epidemic in Africa would be attributed to heterosexual contacts (Gisselquist, Potterat, Brody 2003). Given this

evidence, introduction of a program of mass male circumcisions in Africa in an attempt to reduce the spread of HIV could be ineffective, and moreover potentially dangerous, in that such measures might unnecessarily expose African males to unsafe health care procedures and may actually increase the spread of HIV. In addition, there is a grave danger that young men misunderstanding their circumcisions as license for risky sexual behavior (Moses et al. 1994; de Vincenzi and Mertens 1994), instead of advocating proven protective measures as for example, condom use (Bonner 2001).

The findings refuting positive correlation between circumcision and acquisition of HIV are more consistent with the data of developed countries. The U.S. has the highest rate of circumcision among the industrialized countries and the highest HIV rate (Storms 1996; Laumann et al. 1997). Similarly, Nicoll (1997) noted that the high incidence of male circumcision in the US did not prevent the spread of HIV and the US remains the industrialized country most burdened with HIV. Moreover, circumcised men in the US are reported to engage “more highly elaborated” sexual practices (Laumann, et al. 1997), which could potentially increase their risk to HIV transmission and reception.

Dave et al. (2003) studied British males and found slightly more viral infection in circumcised males however, the difference was considered statistically insignificant. Nicoll (1997) of the British Communicable Disease Surveillance Centre conducted a meta-analysis and recommended that circumcision should not be used to control HIV infection for European and American settings. The United States Centers for Disease Control (CDC 2007),⁵ states that the disease vectors are different in the United States, being primarily needle-sharing and homosexual, not heterosexual contact, so circumcision would not offer effective protection. Another study conducted recently by

Greg Millett of CDC found no protective effect of circumcision in U.S. high risk populations, “men who have sex with men” (MSM), the CDC’s umbrella term for gay and bisexual men, as well as men who may not identify as such but engage in male-male sexual activity. The media report states that “circumcision -- long thought to reduce HIV infectivity -- does *not* help shield black or Latino men from the virus.”⁶

The Canadian Paediatric Society (1996)⁷ proposed that more study would be necessary before a recommendation for circumcision could be made. The American Academy of Pediatrics (1999)⁸ concluded that “behavioral factors appear to be far more important risk factors in the acquisition of HIV infection than circumcision status.” The American Medical Association (1999)⁹ came to a similar conclusion by stating that “...behavioral factors are far more important risk factors for acquisition of HIV and other sexually transmissible diseases than circumcision status, and circumcision cannot be responsibly viewed as ‘protecting’ against such infections.”

Some scientists voice their concerns about ethicality and the potential political implications of mass circumcisions in Africa. Ntozi (1997) stated that:

If the experiment fails, Africans are likely to feel abused and exploited by scientists who recommended the circumcision policy. In a region highly sensitive to previous colonial exploitation and suspicious of the biological warfare origin of the virus, failure of circumcision is likely to be a big issue. Those recommending it should know how to handle the political implications (1997:99).

Anti-circumcision scientists pinpoint a Western bias in the scientific discourse of circumcision (Van Howe 1999; Fleiss 1999) and anti-circumcision advocacy sources argue that the subject has received an unbalanced treatment in the popular and scientific press, while pro-circumcision scientists maintain that not enough is done to propagate mass circumcisions in Africa as a means to curb HIV.

In any case, at present the scientific debate of whether circumcision acts as a preventive, confounding, or neutral factor is still ongoing and the data is still quite contradictory and inconclusive (it is likely to remain so for some time to come, given the historic pattern of circumcision discourse).

However, some argue that even if circumcision was proven to be effective at preventing sexual transmission of HIV, the consideration of circumcision with regard to STD and AIDS prevention does not apply to children and would be of no value for at least 15 years, until sexual maturity is reached (Nicoll, 1997). Geisheker et al. (2007) argue that infant or child circumcision cannot be recommended on epidemiological grounds since:

More than 30 HIV vaccines are now under development. Some have advanced to stage IIB trials and are likely to become available between 2015 to 2020. A child born in 2007 has an excellent chance of being vaccinated against HIV before he reaches sexual maturity...

To conclude, neonatal circumcision to prevent future HIV infection is not indicated for the United States.^{5,7} The present paper argues against unnecessary circumcision, especially of newborns. Thus, instead of advocating circumcision, which is the destruction of the healthy and sensory tissue (see the discussion of the prepuce below), and as some suggest, a kind of tissue potentially resistant to HIV infection (de Witte L, Nabatov A, Pion M, et al. 2007; Lee-Huang et al. 1999; Dezzutti 1998), it would be more appropriate to retain the foreskin and advocate better public health education (Ntozi 1997; Bonner 2001), such as for example the “ABC” (Abstinence/delay of sexual debut, Being faithful/partner reduction, and Condom use) approaches recommended by UNAIDS.¹⁰

To tie the HIV section to my theoretical assumptions; Darby and Svaboda (2007) state that WHO and United Nations are Western agencies and as such carry cultural bias of imposing double standard toward female and male circumcisions. The authors state that “the WHO [conducts] two quite separate research projects: one to find evidence for the harm of FGA [Female Genital Alteration], another to find evidence for the benefits of MGA [Male Genital Alteration] (2007:312). They call for a gender neutral scientific discourse of circumcision and treatments of the diseases that are “both effective and ethically based” (2007:313).

Medical and Cultural Attitudes

For most of the 20th century, the circumcised penis was a cultural norm in the U.S. (Hodges 1997, Waldeck 2003; Goldman 1997). Most American textbooks did not even mention the foreskin and illustrate the human penis circumcised, as if that is its natural state. According to Dr. Paul Fleiss (1997) this depiction is an idiosyncratic American way of portraying a part of the human male body, since no other medical community in the world has represented the penis as if naturally circumcised.

While all the English-speaking countries which originally embraced circumcision along with Americans in Victorian times, such as Britain, Canada, and Australia, have long abandoned the practice, the United States represents an idiosyncratic case among the developed Western countries that tirelessly defends the practice with novel rationalizations and circumcises the majority of its male infants for “medical” reasons (Hodges 1997).¹¹

Glick (2005) discusses the strong influence of Jewish doctors in academia and

decision-making positions, along with their vocal advocacy in promoting circumcision. He proposes that, whether conscious or not, the religious/ethnic bias has undoubtedly affected the way many of these physicians defended their rite. For instance, some physicians mirrored the ancient rabbinic condemnation of the foreskin.

Some pinpoint peer-review bias regarding circumcision in American medical publishing (Van Howe 1999; Fleiss 1999). Goldman (1997) further argues that non-Jews are conscious not to insult Jewish sensibilities at workplace or in other settings and commonly refrain from any discussion or questioning of the procedure.¹²

However, the situation is changing: from the early nineties circumcision was under assault by human rights activist groups, medical professionals, mothers, and other advocacy groups, who started to challenge the medical validity, as well as moral soundness of the practice. One source of the pressure against circumcision has been the growing American emphasis on the “natural” way in childbirth and infant care. For parents who rejected forceps and episiotomy, who insisted on as little medication as possible during labors, who hire labor coaches, *dulas* and breast-feeding consultants, the idea of surgery to remove a healthy part of their baby’s body became irreconcilable (see Mothers Against Circumcision, Israeli Parent’s Group, and other advocacy groups’ websites listed below). Also, claims have been made for the complex structure and exquisite sensitivity of the foreskin by doctors, nurses (Doctors Opposing Circumcision – DOC; National Organization of Circumcision Information Resource Centers NOCIRC; Nurses for the Rights of the Child - NRC) and lay people. On the Internet circumcised men have begun to mourn publicly their lost foreskin or to report, sometimes with accompanying photographs, on the week-to-week progress of their laborious attempts at

foreskin restoration - the long-forgotten practice of *decircumcision* or creation of pseudo-foreskin (National Organization of Restoring Men - NORM).

As a mirror image of the vast range of health benefits attributed to circumcision in the late 19th and early 20th century, the anti-circumcision or *intactivist* (intact-ivist) movement began to ascribe an equally vast range of personal and societal problems to the deleterious effects of circumcision (see the list of anti-circumcision websites below). This development in the public opinion toward circumcision is very much present in Jewish community, which also raises medical and ethical questions vis-à-vis circumcision (Jews Against Circumcision, Israeli Mothers Against Circumcision). In fact, according to Mark Reiss, the vice-president of DOC, Jews are the driving force of anti-circumcision movement in the U.S as evidenced by the disproportionately large numbers of scholarly efforts by Jewish authors, as well as high numbers of individuals active in advocacy groups.¹³

Medical organizations, too responded to the social pressures of changing attitudes toward circumcision. Assessing data that support both sides of the argument the American Academy of Pediatrics Task Force on Circumcision (1999) states that despite the recognition that the procedure has potential medical benefits "...these data are not sufficient to recommend routine circumcision." Likewise, the American Medical Association (2003) concluded that "There is no medical reason for routine circumcision of infants" (See list of medical organizations cited below).

From this overview of medical history I want to revisit my theoretical postulations. Circumcision has been played out in medical history displaying cultural/religious bias with unfounded prejudices against normal bodily parts and

functions. It would be hard to pinpoint the source of such constructions, since medical/cultural attitudes and biases are intertwined. Through interviews and participant observations, questionnaires and other exposure to the views of the Americans I further disclose the hegemonic nature of circumcision practice that facilitated and firmly reinforced the advancement of mass acceptance of circumcisions.

The Circumcision Debate in Contemporary American Culture:

Subverting the Dominant Beliefs

As mentioned in the introduction, circumcision issue brings about deep rooted cultural beliefs and often results in passionate debates. Circumcision persists notwithstanding documented medical risks and the absence of conclusive evidence of medical benefits (Williams and Kapila, 1993; Hodges et al., 2002). This persistence is evidence that circumcision is as much cultural and medical as it is scientific (Goldman, 1997; Waldeck 2001).

Below is a summary of “dialogic rebuttal” – a statement and answer or a question and answer on circumcision. These dialogues come partly from my participant observations with David Bradt, the *intactivist*, who has an anti-circumcision booth in Venice beach and spends his weekends with active advocacy displaying anti-circumcision pamphlets, photos and books. Others come from my personal communication with Danielle Gladding, the leader of Pasadena chapter of NOCIRC, with whom I conducted two public seminars on circumcision. I summarized some of the most typical arguments of both sides. These dialogic arguments have probably been crystallized throughout the time and been learned by heart by intactivists, many of whom contest pro-circumcision arguments with their ready-made (and sometimes identical) pro-

intact responses. I have included the most representative sample of questions, comments and statements of the pro-circumcision side and the most challenging, and unexpected responses of intactivists.

Isn't there anything sacred left? (an elderly woman).
Is cutting the penis a sacred act?

Female circumcision is satanic (Jehovah's Witness).
Yeah! And cutting male genitalia is "angelic"!

Yuck, Leonardo De Caprio is not circumcised? I'm not watching his movies any more (young woman).
Yeah, intact penis makes for a bad acting!

Women will not go down on you if you are not circumcised (a young man).
Will women modify their genitalia for men to go down on them?

I don't want to talk about it (young male).
If you can't talk about it then you shouldn't be doing it to your son.

I don't need to see a picture (a young mother).
If it's too awful to look at a picture why you would want to do it to your child?

It's just a little snip (an ObGyn doctor).
No, it's an amputation!

I do it for cosmetic reasons (an ObGyn doctor).
Are you a cosmetic surgeon?

It protects against penile cancer (an elderly woman).
You're more likely to be struck by lightning than to suffer from penile cancer.

It protects against penile cancer (an elderly man).
You need to cut off the whole penis to prevent penile cancer.

Circumcised penis is cleaner (a young woman).
A circumcised vagina is cleaner too. No nasty skin folds, no smegma buildup, flat and clean and no chance of ever developing cancer!

Circumcised penis is cleaner (a young boy).
Yes it is cleaner, a mouth with no teeth is cleaner too, no brushing and flossing necessary.

It protects against AIDS (a homosexual male).
The US has the highest rate of circumcision among the industrialized nations, and the

highest rate of AIDS. Obviously, it hasn't protected Americans.

I'm against circumcision, unless it's done for religious reasons (a middle-aged woman).
Why, do you think Jewish and Muslim boys should suffer? Are you anti-Semitic?

I'm circumcised and I'm fine (a young man).
You're not fine, a movable and sensitive part of your penis is missing, and you're not even aware of it.

I don't think it's a torture; it's a personal opinion (a mother).
A child going through circumcision shows all the signs of an adult undergoing torture: muscle contractions, excessive screaming, losing consciousness, increased heart rate, elevated blood pressure, sometimes, defecation... How else is torture defined?

Mind your own business! (a Christian cleric).
Preventing child abuse is everybody's business!

It's a futile pursuit (a Christian cleric).
Since when protecting children is a futile task?

I don't have an opinion on circumcision.
Do you have an opinion on child abuse or rape, or on female circumcision?

It's the Covenant between Abraham and God!
Circumcision wasn't in the original scriptures.

It's the parents who request circumcision (a doctor).
What you permit, you promote.

He'll be teased in the locker room (a pregnant woman).
Who teases who? Tell your son that he's got something they miss.

You are biased (a medical student).
The irrational desire to cut off pieces of children's sexual organs is the bias.

Nowadays we use anesthesia for pain (a doctor).
Is rape under anesthesia OK?

I prefer circumcised penis (a mother).
Are you planning on having sex with your son? It's illegal to impose your sexual fetishes on your child.

My husband insists on it.
It's easier for you to get a new husband than for your son to get a new foreskin.

It's the parent's decision (mother).

A parent doesn't have the right to harm a child.

Jesus was circumcised!

He was also crucified. The question is not what was done to Jesus, but what would Jesus do?

It's just an extra fold of skin.

It's fifteen square inches, the size of an index-card with ten thousand nerve endings.

It's useless skin!

Men who still have it find it very useful.

It's an easy surgery.

Ask the baby, who screams in agony while part of his penis is cut off.

Are you anti-Semitic? (an Armenian history scholar).

95% of infant circumcision in the US is medicalized circumcision

Also, don't you care about Jewish boys?

Why are you so interested in penises?

Because babies can't speak for themselves!

Pervert! (an elderly woman).

Who are the perverts - us, or the people who are obsessed with cutting babies' genitals?

Too late for me (a man).

Sorry about that, but not too late for more than a million US babies a year.

So you're equating FGM with male circumcision? (a teacher).

Anatomically, clitoral hood is equivalent to male foreskin. How much of the body of a child has to be cut off before it becomes a mutilation?

Sorry, I don't have a penis (a teenage girl).

Male circumcision changes the mechanics of the sex for both sexes because the moving parts of the penis are gone and you have an immobile stick instead.

I'm a lesbian!

Does it mean that gay men should not be concerned about FGM?

But it's disgusting! (a young girl).

That's what they say in countries where they cut little girls, too.

Circumcised penis is prettier (a teenager).

The fashion has changed.

It was years ago (a middle-aged man).

Has your foreskin grown back yet?

From the above circumcision debate it is apparent that the norm of circumcision is based on social beliefs that are entirely culture-bound. A teenage girl, who comments about uncircumcised penis by referring to the foreskin as “Uhh, gross, those nasty skin folds” makes a typical cultural statement, as does the European woman, who gets shocked at the sight of circumcised penis and asks, “But part of it is missing!”(Quoted in Waldeck 2003). Fascinating anecdotal evidence is the case of an American woman, who reports being shocked to see the natural penis on David’s sculpture during her early years in art school, which she assumed was the result of Michelangelo’s artistic genius.¹⁴

The arguments that usually revolve around the aesthetics of circumcision have no “scientific” bearing. Unlike the majority of cultures in the world, in American culture the foreskin is considered dirty and unsightly and has to be removed immediately after birth to provide aesthetic appeal. Consider for example the following excerpt from a recent article on circumcision:

“Circumcision doesn’t offer much of a medical benefit,” says Dr. Vicken Sepilian, who has performed more than 500 circumcisions. “My feelings on it is that it is purely cosmetic. It does not offer much of a medical benefit, however, it is easier to keep the penis clean with the foreskin removed....” “I counseled my patients at the time as that the procedure was purely cosmetic. Most Caucasian and black patients had it done anyway; most Hispanics opted out.”^{15,16}

Where does science start and culture end? As I argue throughout the paper, cultural belief systems undoubtedly reflect scientific discourse.

The concept of “unnecessary skin” very often expressed by Americans is incomprehensible by Europeans. At the booth of David Bradt a girl was talking to him

about the “the extra skin,” or the “excess skin.” A young French man, who was following the discussion, earnestly asked, “But how do people masturbate without foreskin?”

The notion of “excess” skin is also challenged along the growing scientific (as well as lay) findings that deem the male prepuce as an erogenous zone consisting of nerve endings (Lakshmanan and Prakash 1980) and that “the prepuce is primary, erogenous tissue necessary for normal sexual function” (Cold, CJ, Taylor, JR. 1999:34-35); which are destroyed as result of the procedure (Taylor, JR et al. 1996). The most recent study suggests that the most sensitive part of the penis is the preputial opening, the lips of the foreskin (Sorrels, et al., 2007). The results also confirmed that the frenulum and ridged band of the inner foreskin are highly erogenous structures that are routinely removed by circumcision, leaving the penis with one-fourth the fine-touch sensitivity it originally had. According to the results, the glans of the non-circumcised penis is significantly more responsive to pressure stimulation than the glans of the circumcised penis. From their findings, researchers conclude that circumcision ablates the most sensitive parts of the penis. Furthermore, Fink’s (Fink et al., 2002) study of American men also found significantly worsened erectile function. Circumcision has also been claimed to destroy the “natural gliding mechanism helpful with [sexual intercourse];”

O’hara (2002) describes the gliding action:

During intercourse, the natural penis shaft actually glides within its own shaft skin covering. This minimizes friction to the vaginal walls and opening, and to the shaft skin itself, adding immeasurably to the comfort and pleasure of both parties. Friction is not entirely eliminated during natural intercourse but it is largely eliminated. Friction can take place in the lower vagina, but only if the man uses a stroke that exceeds the (forward and backward) gliding range of the shaft's extra skin. And in such a case, there will be friction only to the extent that the shaft exceeded its extra skin, which is uncommon since the natural penis has a propensity for short strokes. Primarily, it is the penis head that makes frictional

contact with the vaginal walls, usually in the upper vagina where there is ample lubrication....The gliding principle of natural intercourse is a two-way street—the vagina glides on the shaft skin while the shaft skin massages the penis shaft as it glides over it (2002:72).

As stated above, most American textbooks depict the penis circumcised and medical students' knowledge of the anatomy and functions of the prepuce is marginal (Fleiss 1997). The lack of knowledge of the anatomy of natural penis is accompanied with the underlying suggestion that circumcised penis is the “natural” one and the uncircumcised is the “odd” the “deviant” and culturally stigmatized one. These perceptions are evident in popular culture: in one of *Seinfeld* episodes, Jerry asks Elaine if she ever has seen an uncircumcised penis. She replies, “You wouldn't recognize it if you saw it!” The social stigma associated with foreskin is emblematic of the American circumcising culture, whereas the European assumes a negative association with lack of it. In a study, where American college women were shown pictures of the circumcised and uncircumcised penis, 87% responded that they preferred circumcised penis (Williamson & Williamson, 1988).

The spate of publications promoting circumcision on the rationale of HIV prevention, as we saw above, in a sense has pathologized foreskin and its wet environment, proposing it to be susceptible to viruses, however, the contrary has been suggested; certain features of the preputial tissue may in fact have protective effect (de Witte et al. 2007; Lee-Huang et al. 1999; Dezzutti 1998). (For an in-depth scientific discussion on prepuce see a video called *The Prepuce*).¹⁷

The other fascinating theme is the American perception of what constitutes dirt and cleanliness. Smegma, the natural white substance produced under the foreskin, has

been vilified both in scientific discourse and in the popular imagination as a malign substance and dirty substance. Fleiss challenges these perceptions:

The white emollient under the child's foreskin is called smegma. Smegma is probably the most misunderstood, most unjustifiably maligned substance in nature. Smegma is clean, not dirty, and is beneficial and necessary. It moisturizes the glans and keeps it smooth, soft, and supple. Its antibacterial and antiviral properties keep the penis clean and healthy. All mammals produce smegma (1997:45).

As my discussion is implying, "dirt" is a cultural phenomenon, and does not have universal conceptualization. Mary Douglas, in her *Purity and Danger* (1966), talks about cultural categories of "dirt" and "pollution." Douglas writes:

[D]irt is essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the beholder... (1966:2-3).

She develops the idea further; by defining what is polluted people classify their social life into opposite categories, what is acceptable and what is unacceptable:

Dirt then, is never a unique, isolated event. Where there is dirt there is a system. Dirt is the by-product of a systematic ordering and classification of matter, insofar as ordering involves rejecting inappropriate elements (1966:44).

Few Americans question the norm of the circumcised penis, and some confess that they have never seen otherwise. The studies and anecdotal evidence help us appreciate the extent of social constructions surrounding uncircumcision as culturally "abnormal" and "weird," and the extent of circumcision as "natural" and "normal." Challenging the mainstream notions becomes then a tremendous task.

Deconstructing the Norm

It has been my experience that as a rule, parents who chose circumcision for their son are ill-informed about the procedure. However, to what extent do parents want to be

informed? From personal observation I have noticed that parents shun away from any new information that might potentially reveal more than they would like to know. Research findings confirm that parents are inclined to avoid information advising against the procedure. For instance, in a study where physicians provided mothers with verbal counseling, which suggested that risks associated with circumcision outweighed its benefits, parents showed apprehension to such information. The parental reactions are summarized by the authors:

Several mothers were visibly uncomfortable having to listen to the 5-10 minute presentation of all the information. On several occasions they seemed to express guilt about their decision and resentment toward the physician for creating doubt about their previously established beliefs regarding circumcision. One mother even informed the pediatrician that the process of being told about all the medical complications and risks of the procedure was so aversive that she had decided not to bring her child to his pediatric clinic for subsequent well-child visits (Jay J.J. Christensen-Szalanki et al., 1987:16, quoted in Waldeck, 2002).

Drs. Nune Simonian, and Vigen Zargarian, both Armenian pediatricians, who actively advocate against circumcision, report parental discomfort when exposed to information on circumcision. Both had lost clients, when their patients' parents did not bring their children back for regular visits, once challenged about their choice of circumcision. Dr. Zargarian explains the psychological mindset of the parent who is advised against circumcision choice:

The word circumcision brings out negative charge instantaneously. The only time parents want to hear it is in the hospital from ObGyn doctor. Once circumcision is done they want to forget about it altogether. When confronted, most parents are so visibly angry and shaken, as if they are charged with crime. Under such highly emotional circumstances it is quite challenging to convey any information that goes against their belief. Most of my unsolicited lectures end with my helpless frustration, when a parent uses a broken record technique with me: "It's the parent's choice."¹⁸

According to the above study (Jay J.J. Christensen-Szalanki et al 1987), parental

decision-making is always accompanied with cognitive restructuring in favor of the existing custom. In this study, those parents who were inclined to choose circumcision also were predisposed to disregard the pain and traumas associated with circumcision, and exaggerate its potential health benefits.

This tendency is not confined to lay parents but is characteristic feature of pro-circumcision discourse of scholarly sources in medicine (Benatar and Benatar 2003), as well as in anthropological literature. Consider the position of Eric Silverman (2006), a serious scholar of anthropology who, after conducting fascinating psychoanalyses of the underlying themes associated with circumcision practice -- violence, castration anxiety, oedipal complex, blood ritual, etc. -- lands to an unexpected defensive position as he deals with the contemporary opposition to circumcision. While he acknowledges the pain inflicted on the child he still attempts to belittle it, stating that “properly performed neonatal circumcision” should not cause adult distress (2006:217). In another instance he quotes Wine (1988:7) “a little foreskin removal ... hardly deserves the hostility it receives.” Silverman goes on saying: “I agree” (p. 235).¹⁹

The strategy to downplay the risks and amplify the benefits also has been a hallmark of medico-legal language used in reference to circumcision; as Fox (2005:167) notes, “the emphasis was placed on harms risked by not circumcising rather than the risks inherent in the procedure.”

The rhetoric of risk of negligence is largely employed by Dr. Edgar Schoen (1997) one of the most ardent advocates of circumcision. He denounces the latest “genital chic” of uncut boys, which he associates with the latest social trends of “organic, back-to-nature movements” (1997:44-46). Yes, circumcision is a “little” painful but by failure to

circumcise parents risk higher vulnerability of their sons to UTI and HIV infections. Schoen proposes that according to one study women prefer the more “cleaner” and “more natural” look of the circumcised penis. He only hopes that “the current phenomenon of Jewish boys with foreskins” will be eradicated in the near future (1997: 68-69).²⁰

Fox (2005:168) argues that the tactic of focusing on harms of negligence “is a typical feature of law, which tends to differentially construct harms, attaching weight to some, while downplaying others. In a society characterized by a proliferation of risks, the notion of ‘harm’ remains conceptually fluid.”

Fox’s idea of the “harm” as “conceptually fluid” can be extended to illustrate the perception of pain in reference to male circumcision. Expressions such as “it’s just a snip,” “quick removal of excess skin,” “infants don’t feel pain,” “infant’s nervous system is not fully developed to feel pain,” etc. represent rationalizations that are specifically culture-bound and psychologically speaking act as defense mechanisms to block negative associations with circumcision on the parents’ behalf, or defend the practice on the physician’s behalf (Goldman 1997). Since pain is a subjective feeling, the classification of the degree of pain sensation has remained “fluid.” Morgan further suggests that:

Although the sensation of pain is entirely subjective, how it is perceived, configured, communicated and, explained, relieved or amplified, and its effect upon a person’s relationship to others and themselves, are shaped inter-subjectively by cultural beliefs and social practices, including, not least by prevailing medical categories and beliefs (2002:88).

Moreover, pain in neonatal circumcision is associated with nonverbal infants, and since neonates may not have memories of painful experiences, they are not perceived capable of feeling pain in a manner adults do. Thus, when dealing to neonates, non-verbal physiologic responses are considered. Anand & Hickey found that:

Numerous lines of evidence suggest that even in the human fetus, pain pathways as well as cortical and subcortical centers necessary for pain perception are well developed late in gestation, and the neurochemical systems now known to be associated with pain transmission are intact and functional.... Physiologic responses to painful stimuli are *similar to but greater than those observed in adult subjects*. Other responses in newborn infants are suggestive of integrated *emotional and behavioral responses to pain and are retained in memory long enough to modify subsequent behavior patterns*....[I]n decisions about the use of these techniques, current knowledge suggests that *humane considerations should apply as forcefully to the care of neonates and young nonverbal infants as they do to children and adults in similar painful and stressful situations*. (1987:1325) [emphasis added].

Pain and physiological distress associated with circumcision are well-documented and compelling. It has been found that “circumcision of the newborn causes severe and persistent pain” (Howard et al. 1994). Elevated cortisol (stress hormone) level, prolonged, high-pitched crying, elevated blood pressure, change in heart and respiratory rates, all are markers for pain (Sachar et al. 1970; Emde et al.1971; Tennes & Carter 1973; Anders & Chalemian 1974; Talbert et al. 1976; Rawlings & Miller 1980; Gunnar et. al.1981).

First of all, most hospital circumcisions are performed without administration of anesthesia (Lander J et al.1997). While local anesthetics are strongly recommended (Ibid.) they do not entirely block the pain of circumcision; EMLA cream commonly applied to the penis has been proved to be the least effective (Stang, et. al. 1988). While ring and dorsal blocks, which are local injections into the penis, are more effective than EMLA, these injections themselves are assessed to be painful for the infant (Lander J. et al. 1997). Presurgical hospital preparation involves restraining the infant on a special plastic board called the *circumstraint* and sterilizing the genitals. Since the foreskin is attached to the glans in infancy it must be forcibly separated from the glans; then the

foreskin is grasped with a clamp (usually Gamco clamp or Plastibell) away from the glans while:

[o]ne blade of a scissor (or a scalpel) is inserted between the foreskin and glans and the foreskin is cut along its full length.... The incision is spread apart to expose the glans. Then using a scalpel or scissors, the foreskin is completely cut off close to the groove (Wallerstein 1980:187).

The behavioral changes following circumcision have been misinterpreted in popular understanding; some parents and even doctors think that the procedure is so minor that the infant falls right asleep. In fact, the deep sleep - a non-rapid-eye-movement sleep cycle that many infants fall into after circumcision is not a “normal” behavioral pattern but is a strong indicator of neonate’s physical distress (Anders & Chalemian, 1974; Emde, et al.1971).²¹ In addition, changes in infant-maternal interaction were observed during the first twenty-four hours after circumcision, including extreme irritability (Marshall, et al., 1982) and disruption of breast-and bottle feeding patterns (Howard, et al.1994). Circumcision has been also associated with long term behavioral changes as exemplified with vaccination response of infants. One study suggests that a “significant linear trend on all outcome measures, showing increasing pain scores from uncircumcised infants, to those circumcised with EMLA, to those [who received no anesthesia during circumcision] (Taddio, A., et al., 1997:347).²²

Beside pain, other adverse consequences of circumcision can occur, such as most commonly:

...bleeding..., infection..., and in rare cases wound separation, concealed penis (when too much skin is taken and penis is partially hidden in the abdominal wall), urinary retention, meatitis (inflammation of the opening of urethra), meatal stenosis (narrowing of the opening of urethra), chordee (scar lines), inclusion cysts, and retained Plastibell devices. Case reports have been noted associating circumcision with such rare events as scalded skin syndrome, necrotizing fasciitis (flash eating bacteria), sepsis, and

meningitis, as well as with major surgical problems such as urethral fistula, amputation of a portion of the glans penis, and penile necrosis (AAP Policy Statement, March 1999) [my explanations]

While complication rates from routine circumcision are low, the chances of these adverse consequences being mutilatory, infective or haemorrhagic are quite high (Williams & Kapila, 1993; Gerharz & Haarmann 2000). Indeed, complications are potentially calamitous (see online pictures)²³ since death, gangrene, and total or partial amputation are known adverse outcomes (Hodges et. al., 2002). In cases of botched circumcisions, amputation of the whole penis or the glans penis sex-change surgeries have been administered, a most well publicized case being that of David Reimer, (who committed suicide at age 39) featured in Colapinto's book, *As Nature Made Him: The Boy Who Was Raised as A Girl*.²⁴

Thus, the issue of neonatal circumcision is not only scientific but it is also humanistic; in recent years circumcision fails to pass ethical scrutiny. While advocates of neonatal circumcision have claimed that circumcision is a valid public health prophylactic measure akin to immunization (Schoen EJ. 1993) it has also drawn sharp criticism from medicolegal experts who challenge the ethicality and the legality of the procedure. Despite the common law assumption that, provided both parents' consent, the procedure is lawful, the legality is not uncontroversial and has been challenged by some (Somerville M. 2000, Brigman WE 1984, Price C. 1997; Chessler AJ. 1997; Povenmire R. 1998; Svoboda JS, 2000; Boyle GJ, Svoboda JS, Price CP, et al. 2000; Smith J. 1998; Fox M, Thomson M. 2005b). Hodges et al. propose that:

Routine circumcision is, by definition, performed on a healthy organ in the absence of disease, deformity or injury. It is not in the best interest of the individual to undergo surgery for a disease he does not have and is not likely to develop... [Thus] Routine circumcision fails to satisfy the criteria

necessary to justify it either as a public health measure or a procedure performed in the best interest of the individual. The human rights burden posed to the individual is severe and is not outweighed by any appreciable public health gain (2002:13, 15).

A 2004 College Essay Contest offered by National Organization of Circumcision Information Resource Centers provides with 281 essays under the rubric *Is Circumcision Ethical?* These college essays employ highly sophisticated arguments on ethical, legal, human rights issues in regard to circumcision.

While circumcision literature abounds with articles, studies and books, discussing the multiple aspects of circumcision, most lay people's knowledge is still limited to few perceptions - most commonly, "it's hygienic," "it's clean" or "it's the parents' choice." Moreover, if college level students can raise highly nuanced issues regarding the controversial nature of medico-legal, ethical and humanistic aspects of the practice, what accounts for the naiveté of American public and their strong inclination to chose circumcision for their sons? Why is the practice still so ubiquitous in the U.S.?

Goldman (1997) engages the topic and explores various psychological processes associated with circumcision decision. Goldman applies Kumpf & Gotz-Marchand's (1973) idea of *cognitive dissonance* to circumcision practice; since people usually need coherence and consistency in their beliefs and experience, "if inconsistency occurs, called cognitive dissonance, we tend to align our beliefs to fit our experience." Goldman proposes, that since circumcision is a serious decision, to defend their choice, people adopt certain beliefs in support of it, and if necessary alter the previous beliefs to erase any inconsistency (Goldman 1997:41).

The *cognitive dissonance* is nowhere most striking than in regards to female and male circumcisions. The double standards created to support the differential treatment of

male and female children is a prime example of such incongruity constructed on all levels - legal, medical, cultural. Goldman (1997:73-75) demonstrates that Female Genital Mutilation (FGM) is in more ways similar than different from male circumcision. While FGM is normally performed under worse operating conditions and has more adverse consequences, they still share the following common features:

1. About 100 million procedures have been performed on current populations.
2. The procedure is unnecessary and extremely painful.
3. It can have adverse sexual and psychological effects.
4. It is generally done by force and without anesthesia.
5. The practice is supported by local medical doctors.
6. Pertinent biological facts are not generally known where procedures are practiced.
7. The procedure is defended with reasons such as tradition, religion, aesthetics, cleanliness, health.
8. The rationale for the procedure is connected to controlling sexual pleasure.
9. It is believed to have no effect on normal sexual functioning.
10. The practice is accepted and supported by those who have been subjected to it.
11. The decision is controlled by men.
12. The choice may be motivated by underlying psychosexual reasons.
13. Critical public discussion is taboo where the procedure is practiced.
14. The procedure can result in serious complications that can lead to death.
15. The effects are hidden by repression and denial (Goldman 1997:74).

Darby and Svaboda (2007:308) argue that the American hospital circumcision and the Jewish rite of circumcision constitute a much severe form of MGA (male genital alterations) (type 4 or 5) than was previously suggested by the classification of Abu-Sahlieh (type 2) (2001:9). Moreover, Darby and Svaboda argue that some MGA is worse than some FGA and disapprove of WHO's and United Nations positions of deploring the FGA as an atrocity and promoting MGA as a means of disease prevention (2007:312). The American Academy of pediatrics (AAP) opposes all forms of FGA as examples of genital mutilation (AAP, Committee of Bioethics 1998). On the other hand AAP does not

regard MGA as a mutilation (AAP, Committee of Bioethics 1998). Moreover, while AAP acknowledged that male circumcision was “not essential to the child’s well being” it still found it “legitimate for parents to take into account cultural, religious and ethnic traditions... when making decision” (Darby and Svaboda 2007:314). The Western position angers the traditional communities that practice FGA. They point out that “American parents circumcise their newborns so that the sons will look like the fathers....What, they ask, gives Americans the right to apply a different standard to African women?” (Gollaher 2000:200).

Despite the obvious ethical violations, Americans still readily accept male circumcision as a positive interference in the health of the child, as demonstrated by the U.S. national statistics of 60% of neonatal male circumcision, and the Western anthropologists calls for universal circumcision of males (Halperin & Bailey 1999, Moses et al. 1998) and impassioned condemnation of female circumcision (van Der Kwaak 1992; Oboler 2001; Shell-Duncan & Hernlund 2000). Moreover, in 1996 the United States Congress passed several legislative measures relating to FGM, most importantly defining it as a federal criminal offense. The Legislation proposes that FGM violates the human rights of girls and women to non-discrimination, health and physical integrity.²⁴ (The U.S also supports the movement against FGM in other countries).²⁵ Baby boys in the U.S. do not have equal rights as girls to their body integrity. There have been efforts to challenge the unequal protection of boys and girls (see the MGM Bill)²⁶ with repetitive failure.

The discrepancy of this selective distortion is clearly culture-bound. Warren Farrell (1993) in his book *The Myth of Male Power* explores the psychology and the

politics of the double standard of the anti-male American society. In the chapter *War Hero or War Slave? The Armed Prostitute*, Farrell contends that the psychological draft of boys among other things also “begins with unconsciously teaching infant boys to endure pain when we cut an infant boy’s penis without anesthesia but not an infant girl’s clitoris...” (1993:123-24). Farrell sees circumcision as a way of desensitizing boys to pain – preparing them as “warriors” and “protectors,” evident in the American society, consistent with other cultures that circumcise their males in preparation to warfare. He questions the fact that the long term consequences of circumcision trauma is not studied, although “a nationwide study on the long-term impact of male circumcision could be conducted for less that it cost us to conduct any two minutes of the Persian Gulf War.” While much importance is given to females and their bodies, male bodies are “disposable” along with their foreskins (1993:222-23).

The differential treatment of male and female circumcisions reflects the larger societal attitude, to the construction of “male” and “female,” their gender roles and societal expectation. Evidently, the American inclination to male circumcision should be given a special status in that selectivity, partiality, and preconceived notions underlying the practice seem to be culturally-specific and not fit to rational schema. Unfounded cultural belief system that has gained a status of normalcy is the only explanation for the gross asymmetry and unethicity that is largely discounted in the scientific and legal discourse of the practice that have shaped the parental choices in the U.S.

Sarah Waldeck’s (2002) norm theory has great explanatory value; it explores the power of cultural perceptions in relation to circumcision. Her model suggests that norms are variables that have impact on every other factors involved - in this case the

circumcision practice - including how individuals are grasping the information and “thereby encouraging an individual to either exaggerate or discount the significance of other considerations.” As a result of this influence “behavioral outcome is weighted in favor of the predominant social norm” (2002:526).

Waldeck suggests that the parental choice of circumcision is highly path dependent: parents conform to the established custom and perpetuate the practice. What is familiar becomes a norm. Parents avoid challenging highly internalized values, reject any new information that threatens their belief systems and choose to conform to the norm, which is what circumcision has become in the American culture. Waldeck argues that although “Americans generally view themselves as free of conformity, circumcision choice shows otherwise.” Since the highest medical authorities have stated that the potential benefits are not enough to merit routine neonatal circumcision (AAP 1999; AMA 2000), then it can be concluded that the decision of circumcision is custom-based.

In fact, it will be accurate to argue that *all* the proposed benefits of circumcision are norm-based and culture-bound. To be more concise, the constructed cultural norms and values that are deeply internalized directly influence the ways scientific discourse produces knowledge. It is quite naïve to exclude scientists, including physicians from their culture. A brief cross-cultural comparison will further demonstrate this point. In Scandinavian countries, where routine circumcision is non-existent and widely perceived as an assault on the child, medical need for circumcision is insignificant. (Wallerstein 1980). For instance, a well-baby clinic in Oslo, Norway, reported that in the course of 26 years 20,000 baby boys had been cared for, of these only 3 circumcisions have been administered, and even these 3 cases, according to the retrospective analysis of the head

of clinic, could have been avoided with more conservative treatments. This represents circumcision prevalence of about 0.02% (Wallerstein, 1980). Conversely, in the U.S. the estimated prevalence of the medical indication of circumcision (therapeutic circumcision) is 8% (To, Agha, Dick, 1998).

As I have tried to demonstrate throughout the paper historically many religious and cultural beliefs - from “Moses the good sanitarian” to concepts of “hygiene” and “aesthetics” to social perceptions such as “babies don’t feel pain” - have permeated into the “scientific” discussion on circumcision, making it what I call a “folkloric science,” where boundaries between science and social convictions are noticeably blurred. One impacts the other and both provide each other with novel themes to engage. For example, Gross and Levitt’s constructivist view of science is an ideal vehicle of understanding medical circumcision discourse:

Science is a highly elaborated set of conventions brought forth by one particular culture in the circumstances of one particular historical period; thus it is not, as the standard view would have it, a body of knowledge and testable conjecture concerning the real world. It is a discourse, devised by and for one specialized interpretive community, under terms created by the complex net of social circumstance, political opinion, economic incentive and ideological climate that constitutes the ineluctable human environment of the scientist. Thus, orthodox science is but one discursive community among the many that now exist and that have existed historically. Consequently its truth claims are irreducibly self-referential, in that they can be upheld only by appeal to the standards that define the scientific community and distinguish it from other social formations (*Higher Superstition* 1997:189).

The scientific discourse of medical circumcision perfectly fits to Gross and Levitt’s definition; circumcision is not universal - only 20-30% of world’s population circumcises its male infants.²⁷ Further, “*social circumstance, political opinion, economic incentive and ideological climate*” all act to use Waldeck’s term, a “multipliers” in

circumcision discourse. The U.S. is an idiosyncratic case among developed countries that routinely circumcises its male infants for “medico-religious” reasons. The American Academy of Pediatrics’ position is phenomenal; it states that there is not enough medical data to support circumcision practice but still makes the choice of circumcision legitimate on the grounds of cultural and religious traditions (1999). This is exactly a case of “folkloric” science and bioethics.

Gross and Levitt fairly promulgated skepticism on universalistic science. In the case of circumcision science, it is nothing more than institutionalization of culture-bound social conventions that have been produced by members of that particular society and, given ongoing legitimacy by its cultural institutions. Thus, the history of circumcision discourse is a social construct par excellence.

One might argue that scientific discourse that refutes the benefits of circumcision and deems it unnecessary is as much culturally conditioned and possibly biased as the one, which supports it. This is a valid argument, in that I have agreed that *all* scientific discourse is socially constructed – it is produced by humans, who are members of a particular social matrix entailing the bias of “*social circumstance, political opinion, economic incentive and ideological climate*” (Gross and Levit 1997:189). The anti-circumcision discussion is produced under specific social circumstances, in that it has historically attempted to counterbalance the circumcision campaign; it is politically motivated, as exemplified by strong advocacy; may have potential economic incentive, such as monetary compensations for books and publications, monetary compensations derived from law suits to the individual and their lawyers; and is produced in a certain ideological climate, for instance the heightened sense of human rights, body integrity,

pain infliction or other ethical and moral considerations (this paper shares most of the features listed).

Moreover, one might fairly argue further that the anti-circumcision discourse, too, is subject to biased interpretations; the “norms,” to use Waldeck’s theory, created and shared in this discourse will act as multipliers that will impact on every other factor involved, thereby encouraging to either exaggerate or discount the significance of other considerations. As a result of this influence the scientific conclusions will be weighted in favor of the created norm. This is exactly fair. In that case what sets pro-circumcision discourse from anti-circumcision discourse? Here I argue that the latter has an ontological reality - which is the prepuce – on its side, an essential component of the argument. The prepuce is an anatomical feature in mammals, which is likely to be over 100 million years old, and present in primates for at least 65 million years, with undisputed evolutionary functions (Cold & Taylor 1999). The prepuce is not a social construct; it is a biological fact, an ontological reality, which is not denied its status as such under the premise of social constructionism. Ian Hacking (1999) fairly asks in the title of his book *The Social Construction of What?* This means that there must be an essential component upon which we construct cultural meanings. Similarly, I argue that while foreskin is a biological fact, it is our conceptualization of it that is ultimately socially constructed. Thus, foreskin is ontologically objective but epistemologically subjective. In light of postmodern constructivism, which goes beyond deconstructing what is constructed, to a position of cultural critique, I, too argue that the human prepuce is an irreducible ontological reality, and as a culture Americans would be better off to accept it complete.

Notes

1. World Health Organization official website
<http://www.who.int/hiv/topics/malecircumcision/en/index.html> last retrieved Nov. 2, 2007
2. USAID/AIDSMARK. 2003. Male circumcision: Current Epidemiological and Field Evidence; Program and Policy Implications for HIV prevention and Reproductive Health. Conference Report. Washington, DC: AUSAID.
[http://www.rho.org/men+rh%209-02/menrh-mc-conf-report\(rev\).pdf](http://www.rho.org/men+rh%209-02/menrh-mc-conf-report(rev).pdf) last retrieved Nov. 2, 2007
3. The “altruistic” circumcision along with single-use circumcision surgical kits is being exported to the developing countries, as a global tool for prophylaxis against HIV endemic. See SmartKlamp circumcision disposable kit:
<http://www.smartklamp.com/medorpar.html> last retrieved Nov. 2, 2007
4. Dr. Goldman asserts that these organizations’ committees and meetings are highly secretive. Dr Goldman and other activists attempted to find out the identities of the members and wrote letters asking for the disclosure of such data and were consistently ignored. Personal communication, October, 2007
5. CDC HIV/AIDS Science Facts: Male circumcision and risk for HIV transmission: implications for the United States. Atlanta: Centers for Disease Control, March 2007 <http://www.cdc.gov/hiv/resources/factsheets/PDF/circumcision.pdf>
Last Retrieved Nov. 2, 2007. Page numbers are not available on electronic version.
6. ABC Eyewitness News One-Third of HIV-Infected Gay Men Have Unsafe Sex: CDC http://www.kcautv.com/Global/story.asp?S=7446138&nav=menu110_5
Last retrieved Nov 2, 2007
7. Fetus and Newborn Committee, Canadian Paediatric Society. 1996 Neonatal circumcision revisited. Canadian Medical Association Journal 154(6):769-80.
<http://www.cps.ca/english/statements/FN/fn96-01.htm#SEXUALLY%20TRANSMITTED%20DISEASES>
Last Retrieved Nov. 2, 2007. Page numbers are not available on electronic version.
8. American Academy of Pediatrics Task Force on Circumcision. 1999 Circumcision Policy Statement, *Pediatrics* 103(3):686-93.
<http://www.cirp.org/library/statements/aap1999/#STD>
Last Retrieved Nov. 2, 2007. Page numbers are not available on electronic version.

9. Council on Scientific Affairs. 1999 *Report 10: Neonatal circumcision*. Chicago: American Medical Association <http://www.cirp.org/library/statements/ama2000/> Last Retrieved Nov. 2, 2007. Page numbers are not available on electronic version.
10. The “ABCs” of HIV Prevention: Report of USAID Technical Meeting On Behavior Change Approaches To Primary Prevention of HIV/AIDS http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/abc.pdf so that individuals can make appropriate decisions regarding their own sexual behavior.
11. The other country that circumcises the majority of its males for non-religious reasons is South Korea, which had strong US influence in the Korean War; 1950-53 (Waldeck 2003). Also see *The strange case of Circumcision in South Korea* at <http://www.circumstitutions.com/Korea.html> Last retrieved Nov. 2, 2007
12. I propose that it is not as much the sensibility as the fear of intimidation and accusations of anti-Semitism that are readily ascribed to anyone, who questions the practice. A few of my interviewees disclosed personal experiences of hostility from Jewish colleagues. One of them was fired for bringing up circumcision topic in cafeteria. He said, “Everyone is talking about anti-Semitism, when in fact we should be talking about anti-Goyimism.”
13. Personal communication, March, 2004
14. A story told by *Intactivist* Danielle Gladding. Personal Communication, October, 2007.
15. Forum Examines Ancient Practice of Circumcision, Armenian Reporter, Intl’ The Forum, October 13, 2007.
16. While circumcision of male infants should primarily be the concern of Pediatricians, most circumcisions are being performed by the ObGyn doctors. Pediatrician Dr. Zargarian, tells that during his regular visit to a child after hospital birth, he has been attacked by an OB doctor, who mistakenly thought that Zargarian was there to circumcise the child, “I’m the one who does circumcisions not you!” Understandably, circumcision, a 10 minute procedure at a cost of \$200-400 (anecdotally can reach to \$800) cash is a lucrative and competitive business.
17. For an in-depth scientific discussion see a video called *The Prepuce* <http://www.doctorsopposingcircumcision.org/video/prepuce.html> Last retrieved Nov. 2, 2007
18. Personal communication, March, 2004
19. The rationalization exercised by Silverman, the downplaying of the importance of circumcision act coming from a Freudian anthropologist, who devotes the first half of his book depicting the violence and unconscious urges and complexes

inherent in the act, then shifts to tireless rationalization for clinging to the rite, and even resorts to a more aggressive tone as he equates the opposition with the anti-Jewish hegemony, anti-Semitism in the second half of the book. This is as Freudian splitting par excellence.

20. Dr. Edgar Schoen, whom I quote at the beginning of my paper, is not a small voice in the history of circumcision and should be taken seriously. In fact, his professional and personal impact has been huge in enforcing the norm of circumcision. Schoen was chairman of the American Academy of Pediatrics (AAP) task force on circumcision that published in 1989, he did not serve on the AAP task force on circumcision that published in 1999. That second task force distanced the AAP from the views published by Schoen's task force a decade earlier. *Penn and Teller show: Bullshit of Circumcision* portrays Schoen in a grotesque image of a circumciser, who shows his expensive and shiny lancet, with which he circumcises baby boys.
21. Dr. Denniston calls it a neurogenic shock.
22. Dr Zargarian refers to EMLA cream as something for parents and not for the infant. More seriously EMLA cream is not approved by the FDA for use in the first thirty days of life due to the threat of methemoglobinemia, a blood disease. The U.S. Food and Drug Administration lists the current EMLA documentation (updated February 4, 1998)
23. For pictures of botched circumcisions see

<http://www.circumstitutions.com/Botched.html>
24. For two other cases of sex change surgeries following botched circumcision see Charles Seabrook *\$22.8 Million in Botched Circumcision* Atlanta Constitution, Tuesday, March 12, 1991.
25. United States Code, Main Page <http://www.gpoaccess.gov/uscode/index.html> last retrieved Nov. 2, 2007
26. See Center for Reproductive Rights
http://www.reproductiverights.org/pdf/pub_bp_fgmlawsusa.pdf
last retrieved Nov. 2, 2007
27. MGM Bill <http://www.mgmbill.org/usfgmlaw.htm> last retrieved Nov. 2, 2007
28. Different statistics are available for the percentage of circumcision; WHO estimates 30% http://en.wikipedia.org/wiki/Circumcision_worldwide last retrieved Nov. 2, 2007

Chapter V

Circumcision among Armenian Americans

Introduction

A significant number of Armenian Americans are adopting the practice of circumcision, a procedure that historically has not been a custom among Christian Armenians. In the past four years I have researched circumcision among Armenian Americans, who joined the minority of world community in practicing circumcision. The following ethnographic account is based on my research and observations of circumcision practice among Armenians.

The circumcision issue among Armenians has not been subject of a scholarly examination. Undertaking my research in Armenian community I was astonished to find out that there had been virtually no written and published sources about a-century-old practice of circumcision. Due to the lack of statistical data and scholarly sources, my study of circumcision practice has been based on my own data collection; in my analysis I relied mostly on the exegesis offered by the members of the Armenian American community, and based my suppositions on individual interpretations. I reviewed the historic sources that refer to circumcision, collected data from medical professionals, interviewed literary figures, social activists, religious leaders, and lay members of the Armenian American community. I also collected statistical data from day care centers and practicing Armenian pediatricians, conducted surveys, in the form of questionnaires, as well as collected huge body of anecdotal data. Among the diverse Armenian Americans, who emigrated from different countries a multi-group comparison was made and analysis of variance model was used. I organized two seminars entitled Circumcision

Awareness Evening for a primarily Armenian public, in participation with pediatricians Paul Fleiss and Vigen Zargarian, Child and Adolescent psychiatrist Arthur Pogosyan, other intactivists, and myself. I appeared in two Armenian TV shows aired nationally, together with pediatrician Vigen Zargarian.

Before going into specifics, a few general comments can be safely made. The practice of circumcision among Armenians serves no religious purpose and is mainly performed for “hygienic” reasons mimicking the American rationale of hospital circumcision. Some parents have been victims of negligent doctors, who circumcised children at the hospitals without the parents’ informed consent, most of them recent immigrants with limited command of English.

Others have been aggressively solicited by hospital staff, and have fallen prey to the medical institutions that promote the procedure for financial incentives. Still others people in Armenian community seem to be inclined to assimilating into the dominant American culture by embracing its custom of circumcision: complying with the American accepted norm, as well as in admiration of Jewish tradition of circumcision. While routine circumcision of male infants has been a much debated issue in the U.S. for many years, it is now being questioned in an unprecedented way. Nonetheless, it remains an especially uncomfortable topic of discussion among most Armenians.

In the following section of my paper I present a review that will aim to elucidate the role of circumcision among Armenians from a historical perspective.

The Circumcision Issue in the Lives of Armenians: Symbolic Mark of Islam

Historically, circumcision has not been a custom among Armenians. In fact, for centuries, non-circumcision has been a crucial factor in their lives. Leaving their children intact was a significant aspect of ethnic identity and religious association among Armenians, who have been surrounded by Islamic circumcising countries and often lived under their domination.

It is known from history that the preservation of Armenian cultural and religious identity was continuously at stake. The Muslim rulers led systematic and coercive policies to convert Armenians to Islam (Daranaghtsi 1965; Papazian 1971), part and parcel of which was ritual circumcision (Davrizetsi 1988; Dadrian 2003). For example, under the Ottoman Empire, starting in the 15th century and through the 19th century, young Armenian boys (as well as males of other ethnic groups) were cruelly apprehended and forced into slavery, considered the property of the Sultan as a form of “human taxation.” This “child levy” and the resulting slavery was called Devshirme, (Turkish for “gathering”), and was one of the defining institutions of the Ottoman Empire (Daranaghtsi 1965). The institution of the Devshirme served an agenda: steering the Armenian population (as well as other Christians living in the Balkans) into accepting Muslim rule. Every three to seven years, all healthy male children between the ages of eight and twenty were forcibly taken from their families and made into slaves for the Sultan. They were forced to take a ceremonial oath to convert to Islam and were given Turkish names. These children were then forcibly circumcised. Eventually, these Armenian boys were brainwashed into becoming fanatic followers of Islam, and were

placed in the Sultan's Yeni Cheri (New Army) (Janissaries). As the Sultan's standing army, Janissaries were instrumental in the conquest of the historic Armenian homelands: trained by the Ottoman Turkish officials as Janissaries, these Christian children were brainwashed to kill their own people (Papazian 1971; Hakan and Erdem 1996).

Circumcision in Arakel Davrizetsi's *History*

Given the historical anxieties about forcible Islamization, Armenians associated circumcision as a threat to their Christian identity. The 17th-century historian Arakel Davrizetsi [of Tabriz] in his *History* writes about the martyrdoms of Christian Armenian youth who resisted conversion to Islam and circumcision, as well as sexual transgressions of Mohammedans, and chose death instead. These martyrs were venerated as saints among Armenians (1988:408-431). Davrizetsi often uses disparaging language, such as equating Mohammedans to "dogs" (1988:157) who provoke conflicts in public places to humiliate the Armenians. In one of these stories Davrizetsi refers to a homosexual advance of a Mohammedan man on an Armenian youth:

One day, when Nikoghayos was walking in the market, one Mohammedan, whose name was Mahmed, approached Nikoghayos, caressed his face with his hand, and was treating him with a lustful desire, as it is always evident among Mohammedans, who have this habit toward males (1988:408) [my translation from Armenian].

Nikoghayos rejects this transgression and insults the perpetrator, albeit knowing that his actions would lead to his prosecution. Mohammedan judge offers a deal to Nikoghayos – to accept Islam and save his life, with many more rewards of money, and property and beautiful woman if he converts to Islam. Nikoghayos chooses martyrdom

over his life and is said to “die with Christian faith in his heart” (408-412). This is a typical end in Davrizetsi’s stories of martyrdoms.

Interestingly, the circumcised Mohammedan is homosexual and acts in a sexually deviant manner (remember that these themes were present in Hellenistic times as well as in Medieval Europe, where the image of the circumcised Jew was often related with homosexuality and public indecency).

Conversion to Islam went hand in hand with circumcision. There is ample evidence of coercive circumcisions referenced by Davrizhetsi (Davrizetsi 1988:129-135, 136-38). Under the Persian king Shah-Abas the stateless Armenians have been systematically tortured and subjected to circumcision as a prerequisite for conversion to Islam. In one passage Davrizetsi describes how Shah-Abas sends a group of circumcisers to Armenians to carry out massive circumcisions and convert them to Mohammedan religion, as they failed to return their debt to Shah. The circumcisers subject the Armenian population, both lay and clergy to unimaginable corporeal punishments. Out of the fear of the circumcisers many Armenians run away to the mountains, change their names and appearance (1988:137-38). In a gut-wrenching detail Davrizetsi describes how one of the leaders, Gharabash Melik, refuses to convert and is beaten to death upside down until his toenails fall (1988:131). Here is another excerpt of forceful circumcision:

Those Persians, who did all the evil to [Armenians] understood their strong determination and realized that they would rather die but accept the Mohammedan religion. Thus, they forcefully hung them upside down, circumcised them and made them recite benedictions according to their religion (Davrizetsi 1988:131). [My translation]

Some manage to escape bribing circumcisers. An Armenian named Nurinjan, calls for armed resistance but remains alone in his battle against the circumcisers. While he

manages to destabilize the enemy and run away; the latter find Nurinjan, beat him to death and circumcise him post-mortem. Another priest, Father Avetis is beaten to death for his refusal to convert and is circumcised “despite that he was out of his breath” (1988:136). Davrizetsi romanticizes the resistance to conversion and circumcision. He tells how the witty priest, Father Baghdasar, speaks “through the spirit of savior” and challenges the Shah, “If you tell me to renounce my religion with my own will, I will not do it. If you force me, it is not what your religion mandates.” The Shah retreats -- the priest with his people escape conversion (1988:133). In Davrizetsi’s *History* traitors circumcise (1988:129, 132) but even *they* regret; out of scruples, Ghrchyalan Melik goes to pilgrimage to Jerusalem to ask for forgiveness from (1988:134-35).-----

Thus, the circumcision status is strongly correlated with religious identity and ethnic survival. Davrizetsi’s narrative of resistance represents the deeply embedded anxiety of Armenians about forceful conversion and circumcision. The fact that Davrizetsi’s stories often end with martyrdoms is an unequivocal assertion of such cumulative ethnic response; it is better to die (or see their young die as “saints”) than be subject of forceful Islamization and circumcision by Mohammedans.

The Circumcision of Eliaz Beg (1603-1644)

Another fascinating source about the issue represents that following excerpt that has been translated from History of Nazarian Family (1475-1988) on the personal experience of one of the members of the Nazarian family, Eliaz Beg, of New Julfa (1988):

Khoja Nazar’s second son was Eliaz Beg who was a person endowed with noble qualities and was greatly loved for his joyful personality, exemplary joy of living and audacious behavior. Owing to all these advantages, he

had become a greatly beloved and sought-after figure at the Persian court. He was a great lover of art and music.

A German diplomat, Adam Olearius (1603-1671), writes in his diary upon visiting Isfahan in September 1637: "... On November 29, 1637, the two brothers, Sarfraz and Eliaz Beg, came to visit the diplomats. The diplomats insisted that they stay to dinner. Eliaz Beg did everything to be light-hearted, but we easily detected that what he did was forced, that his heart was not in accord with his outward behavior. We learned the reason from his brother, who said that the king [Persian Shah] had a great love for them and did great favors for them but that it was dangerous to joke with him, proof of which was the extremely tragic episode that occurred involving his brother. Being highly respected in the court for his free, jolly and pleasant conversation, the king told him one day that he wished nothing but his conversion to Islam, and that nothing could cause him greater joy than his being subjected to circumcision ... However, it wasn't possible [for Eliaz Beg] to dispatch those who had been sent to him by the king with the desired answer; those emissaries took him and forcibly circumcised him. Eliaz Beg confirmed what his older brother had told us but assured us in protest that he was nevertheless a Christian in spirit and that he would die with that religious faith."

Eliaz Beg died seven years after that incident, and it is evident from his epitaph that he died and was buried as a Christian. (Nazarian 1988, p. 36).¹

Genocide and Circumcision

The circumcision issue, as it was played out in the Ottoman Empire, should be placed in the historical context to understand the depth of it. The Armenian Genocide of 1915 designed by the Ottoman Turkey claimed an estimated 75% of the Armenian population. While most men perished in mass killings in death squads, Armenian women and children were coerced and "escorted" by Turkish Gendarmes in death marches across Anatolia (Dadrian 1995; Balakian 2003). Dadrian (2003:421-27) documents the "variety of ferocious and sadistic methods with which thousands of Armenian children were murdered" during Genocide. Dadrian describes the "atavistic impulse for genocide" that led to these killings in "serial rapes," "burning alive," "burying alive," "mass poisoning" and "en masse drowning."

Survivors who escaped the death marches (mostly children) received assistance from those who have come to be known as “good Turks” (Balakian 2003). There were cases when local Turks spared young Armenian children and adolescents from prosecution and death. However, these children had to pay a high price. Dadrian (2003:224) writes about a Swiss pharmacist Jacob Künzler who throughout the war remained in Urfa and reported widespread homosexual rape, which occurred both in connection with genocidal killings and in Turkish homes where young Armenian boys were kept as adoptees. Künzler writes: “nobody can imagine the magnitude of crimes of unnatural sex inflicted upon hundreds, yes thousands, of Armenian boys...” and “long after the killings had stopped, rapes, acts of deflowering virgins and other forms of sexual violations, especially of young boys, continued” (1921:77, 87).

Despite the appalling torture of the Armenian children, Turks had also another *modus operandi*: massive assimilation of Armenians through coercive conversion to Islam and entailing name change and for boys - circumcision. In other words – the making of Turk:

...whenever possible, Muslim Turks, and orphanages run by governmentally appointed Turks, were encouraged to collect multitudes of Armenian orphans, mostly male, and to raise them as Turks after some nominal rituals of conversion to Islam, including serial circumcisions and name changes (Dadrian 2003:225).

In another instance, where Dadrian talks about the unspeakable acts of the Turkish Governor makes a passing note about the relationship of circumcision and shift of ethnic identity:

During one of his boastful narrations about this debauchery, Governor Azmi told the following to *the young Armenian, whom he believed to be a Turk as the latter had by then assumed a complete Muslim Turkish identity*, including the Turkish name Mehmed Ali, a thorough study of the

Kuran, the Islamic Sacred Law, and *circumcision*: “Among the most pretty Armenian girls, 10-13 years old, I selected a number of them and handed them over to my son [who was then 14 years old] as a gift; the others I had drowned in the sea.” (2003:227). [emphasis added]

Thus, among other measures to make one Armenian is circumcision. After these ceremonial acts the person then officially is assumed to have become a Turk. Dadrian proposes that such a tactic was encouraged, since Turks appreciated the incorporation of the Armenian gene pool into theirs (Ibid). Sarafian (2001:221) estimates that between five and ten percent of the Ottoman Armenians escaped the death marches by converting, either voluntarily (if one can call it that, in view of the circumstances) or under government pressure, but the practice of (forced) conversion is usually associated with Armenian women and children who were taken into Muslim households or orphanages. This is supported by another source that brings up the subject of coercive Muzlimization - circumcision and name change of Armenian soldiers and road laborers:

The practice of forced mass conversion seems to have existed in the army... Some Armenian soldiers seem to have escaped deportation by converting to Islam... Apparently, quite significant numbers of Armenian soldiers agreed to become Muslims, change their names and be circumcised in field hospitals and dressing stations and this was an occasion for official celebrations (Zurcher 2002).

Survivors Speak

Genocide survivors describe Turkish ultimatums: Armenians either had to renounce their Christian identity or die. The following are two personal stories of Armenians who escaped circumcision as young boys.

...They said, you either have to become Muslims or you will be sent out to a death march. My aunt said, “Let's become Muslims, it's better than dying. So they took us to the mosque and placed our hands on a Koran. They changed our names. My new name was Khalim. They recorded it in

the ledger and reported to the government that all were Islamized and there were no longer any Armenians left. Now I was supposed to be a Muslim...and Muslims had a practice of circumcision. When the man came to circumcise me I ran away to the hills” -- Hogop Jamgojian, from the documentary *The Armenian Genocide*.²

Another Genocide survivor, Grigor Alajajian, shares a similar story in his memoir, *Four Years in Der-Zor*. Grigor was only nine years old when he was forced to join a death march in the Syrian desert of Der-Zor with his mother and twelve brothers and sisters. Grigor lost his mother in the march and witnessed the brutal killings of all his brothers and sisters. He spent four years wandering in the Der-Zor desert until a Turkish family adopted him. His stepfather wanted to make him his legitimate son, which entailed an official ceremonial circumcision. However, the circumcision ceremony never took place: the night before, Grigor, then 10 overheard his stepparents’ talk about the plans of circumcision and ran away at night.³

Adopting Circumcision: Embracing Modernization

It could be speculated that circumcision, the characteristic sign of Islamic dominators, was thus perceived by Armenians as the bodily mark that stigmatized them as forcibly Islamized. Circumcision denoted assimilation; resistance to it ensured Armenian survival. This cultural meaning, however, was soon destined to be erased with the medicalization of the procedure, when circumcision slowly made its way into Armenian communities of the Middle East with the same rationale and through the same sources as they emerged in the English-speaking countries. Repeating the scenario of the West, where the Jewish rite was normalized and incorporated into the routine hospital practices of English-speaking countries, Armenians too, slowly embraced the practice of

circumcision. As in Western picture of circumcision history, Armenians with higher social class and standing came to associate circumcision with medical sophistication, and inconspicuously circumcision lost its cultural/religious stigma attached to it. It is fascinating that the genocide survivors, who once escaped circumcision, would later circumcise their sons and grandsons as a health and hygienic measure in Middle Eastern communities, where they established after genocide.⁴ Dr. Kabakian informs that:

During 1940s and 50s the wealthy Armenians who had children in English or American hospitals of the Middle East were automatically circumcised as a health measure.⁵

The circumcision that Armenians were adopting was not the Muslim practice, it was the new circumcision, the “medical,” the “scientific” introduced from the west. Once the Middle Eastern Armenian communities immigrated to the U.S., the practice was further reinforced in the American milieu, where circumcision was a norm.

While the manifest *raison d'être* normally given by parents is on hygienic and medical grounds, there seems also to be also a latent implication of social prestige associated with the practice. Since circumcision is largely a norm in American society, many Armenian parents whom I spoke to mention with pride that the majority of Americans and Jews circumcise their boys, too. Stepan Topchian, an Armenian author and literary figure, interprets circumcision to be a “cultural introjection that has emerged as an unspoken sign of sophistication and a mark of higher social standing.” Topchian holds that “by embracing the custom of circumcision for their sons Armenian parents attempt to assimilate with the dominant American culture, and try to make sure that their sons will fit in, too.”⁶

A multi- group Analysis of Circumcision Practice

There appears an intriguing statistical discrepancy between different groups of Armenians. According to the estimates of two pediatric doctors, Vigen Zargarian, M.D. and Nune Simonian, M.D., the incidence of circumcision among their clients varies dramatically from 3-5% among *Hayastantsi* (*Armenians from Armenia, recent immigrants*) to 70% among Western Armenians.⁷ Data collected from a day care center yields comparable figures: 10% among Hayastantsis and 70% among Western Armenians.⁸ Beyond this statistical data, I attempted to find out the underlying attitudes associated with different groups. I designed two different surveys in the form of questionnaires: A list of questions was given to two groups of Armenians: Western and Hayastantsi. The questionnaire was designed to test the automatic response to the word circumcised, which was carefully hidden in other culturally obvious expressions.⁹

Questionnaire

Place of birth _____

Sex _____

Please fill out the blanks without too much thinking:

Santa _____

North and _____

Paris _____

Armed _____

Shaved _____

Circumcised _____

Wicked _____

Out of 30 respondents of Glendale college students, who identified themselves as Iranian Armenians, Lebanese Armenians, or their parents as such (Western Armenians in my classification) the following data emerged:

Circumcised:	Number of responses
Penis/dick	19
Baby	1
People	2
Clean	2
Jews	2
Ouch/Uhh!	2
No	1
Circle	2 (probably in confusion with geometric term “Circumscribed circle”)

Thus, the majority of Western Armenian youth associated circumcision with penis, implying a normalcy of penis to be circumcised. A similar questionnaire in Armenian language (with minor changes) was given to 30 students in the campus of the Yerevan State University, Armenia (who would fit the category of Hayastantsi). The results of the comparison group were quite different:

Circumcised:	Number of responses
Turk	9
Mohammedans/Islamic	7
Dog	3

Worthless Turk/person	2
Non-Armenian/Muslim	1
Suffered	1
Persian	2
Jews	2
Unprotected- Muslim, Jew	1
Baby	1
No	1

As I hypothesized, the majority of respondents among Hayastantsis associated “circumcised” with Turkishness, Muslims, and Jews. Some responses were value laden, such as “dogs,” “worthless,” repeating centuries old (Davrizetsi was a 17th century historian) perceptions about circumcision and the circumcised. One respondent used all the available white space to add comments that were scattered throughout the questionnaire; he answered: circumcised “defilement,” “Turk – nation of murderers” and added “the word Turk comes from *trik*” (*trik* - dung in Armenian). In opposition to Muslims, no derogatory language was used about Jews in reference to their tradition of circumcision, but was referred as a neutral cultural fact.

Most interestingly, after completion of questionnaires, I asked respondents about the reason behind their choice of words in regard to circumcision. Most responded that they know from history that Turks or Muslims were circumcised. One said, “Everyone knows that our grandfathers said to Turks, “You can cut my head but I won’t let you circumcise me.” Another replied, “It was sort of a passport, this is how they identified

Muslims from non-Muslims.” Most of the respondents could not identify any historical source; “I just know it,” or “It’s known from history,” was the most common answer. One referred to Paul’s words: “Even the bible says, watch out for those dogs, the mutilators of the flesh.” Five people referred to a popular Armenian film called “*Ourselves, our Mountains*” in which circumcision was mentioned. The main characters steal a sheep and “ritually” slaughter it. One of the six heroes asks the one with the knife to recite something before killing. “What should I recite?” he asks. After some thought he starts with Othello’s famous verse (Act V, Scene II at the end of which, Othello stabs himself):

Aleppo.... Aleppo....
Once in Aleppo
Where a malignant and a turban’d Turk
Beat a Venetian and traduced the state, 400
I took by the throat the circumcised dog,
And smote him, thus.
[Instead of stabbing himself stabs the sheep]

This data presupposes that the respondents’ knowledge about the topic is not coming from formal educational sources but is acquired through informal cultural learning most probably through, pop culture, anecdotes and personal accounts. This knowledge is perceived as self-evident; most respondents showed amazement at my “naïve questions.”

Recently I administered another two sets of questionnaire surveys among a mixed group of parents in Glendale, California before and after a seminar on circumcision. While the survey was mainly designed to test the parental attitude toward circumcision before and after the seminar (which I will cover later), it also indirectly

provided with some valuable data on the construction of religious and cultural identity. Here is the first question asked in both English and Armenian on the same page.

1. Is infant male circumcision a necessary procedure? **Yes** ___ **No** ___

Please explain _____

Most Hayastantsis, who were recent immigrants and responded in Eastern Armenian Dialect, were against the practice and deemed it as “Muslim,” something that “does not belong to Christian belief,” “it is not our cultural practice,” etc. Most Western Armenians, on the other hand, who responded either in English or in Western Armenian dialect, were for circumcision and regarded it as “medically beneficial,” “hygienic,” “clean,” etc.

As in the time of Davrizetsi, among Hayastantsis, both in Armenia and among recent U.S. immigrants, circumcision is not taken as a neutral cultural fact of the “Other” - the Turk, but rather is associated with more generalized historical context of repression and anger, as expressed by the derogatory language used by the young Armenians.

This kind of rhetoric is typical for the latest Hayastantsi immigrants, who are largely unaware of the fact that their Western counterparts have adopted circumcision on medical grounds. Any association of circumcision with Armenians shocks the average Hayastantsi. For instance, I sent my seminar information page, which neutrally stated “Circumcision Awareness Evening” to a big email list and received the following email:

Everything is great, and only one problem is left. Let’s circumcise our sons and all the issues will be resolved.... I’m reporting your email address as a spam.

Again, circumcision is not a medical issue for this Hayastantsi (I know his identity, since later I exchanged email letters with him), it is clearly an ethnic/national issue. Moreover,

he deplores it and perceives it as a threat. In very rare cases, such position is evident among Western Armenians; in four years of research I came across two instances that presented an analogous attitude, as for instance exemplified in the following Genocide denying blog:

“THERE NO ARMENİ GENOCİDE
THERE NO ARMENİ GENOCİDE
THERE NO ARMENİ GENOCİDE”

“There [are] victims from that Genocide. And IF they exist (some of them are still alive) I am sure there was a GENOCIDE. My family left their home because of GENOCIDE. How can all of you, miserable, impotent turks still deny it and still circumcise the history?!

Somewhere I found a sentence that a crime is double because of denial. And i agree... My grandfather [left] his home in Turkey in 1918 with his parents because of Genocide. My granny’s didn’t sell their house in Istanbul. And if they didn’t it means that I am an owner of a house. I am asking you kind and ‘european’ circumcised killers, can I come back to take what is mine?”¹⁰

The metonym used, “circumcise the history,” could be read as “distort history,” “butcher history,” “alter history.” All notions could be used with circumcision – circumcision can distort, butcher and alter (the penis). But even more fundamentally, the metaphoric speech uses circumcision as a signifier of the “miserable,” the “impotent,” and the “denialists.” In the second passage the respondent employs irony in “kind and ‘European’ circumcised killer.” “The circumcised” is equated with the criminal, the “killer.” This passage mimics the old narrative of Davrizetsi.

Another case is associated with a family of a Genocide survivor, who put an ultimatum on his son and daughter-in-law, “If you circumcise the child, don’t walk into my house.” A personal friend of the family told me about the huge dilemma that the couple faced with their strong desire to circumcise the child on medical grounds

(especially the mother) and the persistence of the grandfather who wouldn't retreat: "I don't care about the medical benefits, if you circumcise the child he is not my grandson anymore!"¹¹ As I mentioned above, such cases are quite rare among Western Armenians; in fact circumcision has become so ubiquitous among them that some state that it's a "family tradition." Consider Zaven's case, an Iraqi Armenian, who together with his wife struggled for years with infertility problems and finally succeed with in vitro fertilization. They had a son, who was born prematurely; as soon as the child gained a little weight, the father had him circumcised. The child had been upset for days -- so was the father. Here is our dialogue from an interview:

- How did the circumcision go?
- It was brutal man, it was just brutal. When you circumcise yours (I was pregnant myself) don't go yourself. Let your husband be with the child. It's just brutal, you can't take it. It took almost 30 minutes... The dumb-headed Chinese was so clumsy... the baby was screaming his lungs out.
- Why did you choose to circumcise?
-It's hygienic...isn't it? Everyone I know is circumcised... I don't know, I guess it's a tradition.
- Was your grandfather circumcised?
- No (laughs).
- Your father?
- Yes, my father was circumcised. And all my cousins are circumcised.¹²

Thus, it took only two generations for circumcision practice to become a "tradition" among Western Armenians. The centuries-old tradition had invisibly gone and the new one had replaced it radically. Here was another case of a Western Armenian woman who argued that circumcision was not preferred for medical reasons but because of concerns of family "tradition:"

I know that circumcision is painful; we were there with my son. I read your article, and I also saw the Penn and Teller show, (*The Bullshit of Circumcision*). And to be honest with you, if there was a public referendum today, I would vote "no." But since it's a tradition in our

family, and in my husband's family, if I have ten sons I'll circumcise all ten of them.¹³

Thus, the two groups of Armenians are deeply committed to two different “traditions” - one to the centuries-old (which is now too old), and one – freshly invented. The difference in attitude is quite intriguing; ironically, the Western Armenians, whose fathers and grandfathers escaped forceful circumcision, are those who have adopted the practice of circumcision. On the other hand, Hayastantsis, who never suffered the threat of coercive conversion to Islam or circumcision (whatever the implication might be) and only indirectly were familiar with those narratives that largely applied to the historic regions of Western Armenia, are the ones who frown at the proposed medical benefits and refer to cultural taboo of circumcision.¹⁴

If we have to make inferences from the above chapters, we could summarize the following: the multiple facets of data confirm the disproportionately high rate of Western Armenians and extremely low rate of Hayastantsis who favor circumcision. Further, circumcision as a body mark is perceived differently by Hayastantsis and Western Armenians. Hayastantsis' attitude toward circumcision still remains naïvely “pre-modern,” not implying lesser educational level but in a sense that they still associate circumcision to “pre-modernization,” “pre-medicalization” period of Davrizetsi narrative of circumcision as a “Mohammedan” mark. For Hayastantsis circumcision still is the outwardly expressed bodily mark that defines the Armenian and the non-Armenian. This is why refusal to circumcise is not a dispassionate, culturally indifferent individual decision but is linked with deep resentment related to a particular historical context. Interestingly, Hayastantsis have been only indirectly associated with the historical matrix where circumcision have been forced upon their Western counterparts, but at present

relate to what have been experienced by their Western brothers and sisters much more strongly than those who were affected by it.

Thus, Hayastantsis display a higher degree of cultural continuity with the historical attitudes of Armenians to circumcision (in this case lack of it) as a marker of religious/ethnic/cultural identity, whereas Western Armenians of the same generations have been on different path of cultural developments: The old identity of the Western Armenian male, Christian, not-circumcised, ready to die for the preservation of this identity, and repeatedly victimized, was an antithesis of his neighbors from all four sides – Mohammedan, circumcised and aggressors. However, right after the Genocide this Armenian identity has vanished giving way to a new construction of Western Armenian - “modern,” “scientifically inclined” and “not-so-ready-to-fight” for his identity along the construction of circumcision status. While most cultural features have been strongly preserved in the Middle Eastern Armenian communities (Western Armenians) – language, inter-group marriage, religion, customs of everyday life, the strict line between the circumcised and uncircumcised has been crossed.

The Latent Aspects

As has been stated already the shift from the position of stigmatizing circumcision to a position of holding the practice in high regard is by and large the result of “medical modernization” that swept the elite Armenian communities in the Middle East, for whom birth became a hospital event from the mid-20th century, in imitation of Western developments. This is the manifest rationale, however; the choice for circumcision is

clearly multi-factorial and there are latent features that could be examined anthropologically and psychologically.

As has been proposed above, that information is grasped and internalized, in accordance with one's own personal and cultural predispositions, which act as permeable barrier between the information and the informed. If a cognitive dissonance, an incongruity occurs, it is usually balanced by an internal mental and psychological negotiation, which aligns the discrepancies to fit the decision or any other behavior to the belief system (Goldman 1997; Kumpf & Gotz-Marchand 1973). Moreover, these cultural predispositions according to Waldeck's (2002) norm theory, have a powerful impact on the way information is filtered and incorporated, and act as multipliers that lead to either exaggeration or understatement of other factors involved. An example will illustrate these theoretical presumptions: a physician's recommendation on circumcision will be differentially perceived and internalized by a Western Armenian and Hayastantsi, since their predispositions are right at the outset poles apart on the issue, and moreover, these predispositions can lead either to embellish or trivialize the information, to land on a psychologically convenient position.

Moreover, the behavior, in this case, the choice of circumcision is not merely a cognitive process; such behavior is also deeply conditioned by the psychological climate under which the individual or the group acts. The challenge is now to understand the psychological mind-set of the Western-Armenian group, who would logically be inclined to reject the medical argument given the centuries-old denigration of their forefathers toward "the circumcised." If the theory is right, then it should have been the Western Armenian who would be skeptically and conservatively inclined toward the propagated

medical arguments. However, this is not the case among the Western group. How to make sense of this duality?

Psychiatrist Dr. Arthur Pogosyan comments on this paradoxical finding:

Western Armenians have rooted historical anxieties, resulted from systematic threat of prosecution, coercive religious conversion and forceful circumcision. The unrecognized fears are reconciled with the acceptance of circumcision practice on “medical” grounds. The historical anxiety is conveniently resolved in the ‘medical’ justification of the practice.¹⁵

To what extent is this postulation valid and convincing? I suppose that whether these psychological elements played role or not, the fact is that Armenians have adopted the practice anew; something that has been forced on them, marked them as religiously and culturally robbed, a source of dishonor, and shame, now becomes a body mark of “medical sophistication” and “modernism.” In anthropology, a phenomenon called *reclamation* has been described by Magliocco (2001-02:168):

Reclamation happens when subjugated groups reclaim or re-appropriate, for the purposes of identity creation and maintenance, (re)presentations of them created by the dominant culture.

A typical example of reclamation is branding practice reclaimed by African American college students within fraternities and sororities. Brands are generally third-degree burns that burn the skin open and heal as a scab. Once used by plantation owners during the era of slavery branding marked slaves as property for identification purposes. The practice was revived by Black Greek-letter organizations as a permanent signifier of allegiance and brotherhood, as well as a way of identifying those blacks able to gain higher education (Brown T., Parks G., Phillips C. 2005). The practice emerged anew not as a sign of subjugation but as a sign of “dominance” and “honor.” While extremely painful and often times dangerous submitting to an act of violence inflicted on the flesh

in a loving context and on one's own terms has shifted the meaning radically.¹⁶ Branding is reclamation of the body on a broader level. Willful body inscription implies empowerment and resistance to the alienating domination of the "Other."

Jewish circumcision is another prime analogue. Circumcision among Jews was prevalent long before the formation of formal Judeo-Christian religion and subsequently the covenant. Moreover, some theorists propose that it was mark of subjugation and slavery (deMio, 1992; Eilberg-Schwartz 1992, Golman 1997). If this is so, then Jews reclaimed the practice by ascribing a divine commandment to it and thus, shifted the meaning fundamentally – what was a mark of suppression became an honor badge – a sacred law upon which the Jewish identity is constructed.

Let us juxtapose reclamation with Dr. Pogosyan's hypothesis. Western Armenians embraced "medical" argument en masse to justify their choice of circumcision, while Jews adopted divine commandment for the same purpose; remember that both have been forcefully circumcised prior the acceptance. How "conveniently resolved"- to use Dr. Pogosyan's expression – are the "anxieties" behind these culturally appropriate justifications? Let us explore the anxieties in the next section.

"It's a medical issue!"- The Psychological Dimension of Circumcision

Most of my sample of Western Armenians did not find circumcision to be in any case a historical matter but regarded it as purely a medical issue; out of over 20 in my list only a few deemed circumcision as related to history or ethnic identity to a various degrees. Among those who denied any relationship were Genocide historians, a documentary filmmaker engaging Genocide issues, a newspaper analyst, members of

clergy, activists of Genocide resolution in the US, and other culturally active individuals. These were members of the Armenian American community, whom I deemed as a potential source of further expansion of my knowledge on the historic/ethnic/religious aspects of circumcision. However, the general stance of these respondents - avoidance, denial, defensiveness and slight aggression - were highly intriguing and begged further exploration (much more, than I intended initially). Consider the following short dialogues between me and the aforementioned people (some are from interviews, others are from informal talks, and may or may not be verbatim but are very close to the original dialogues):

Genocide historian #1 (May, 2004, truncated telephone conversation, that was meant to be a telephone interview)

- ...You mention circumcision accompanying forceful conversion by Turks. Do you know other historical sources that engage the theme of such forceful circumcisions by Turks?
- What circumcision. I never wrote about circumcision! And I'm not interested in the topic at all!
- But you *did* write about it in your... (I mention the article).
- Why are you pursuing this?" (hung up the phone)

Genocide historian #2 (February, 2005, at a conference, greeted me with much delight)

- Hi, my name is Astrik Vardanyan... I'm researching circumcision issue among Armenian Americans, and I wanted to ask you if you know historical sources that deal with circumcision among Armenians.
- I saw your article in the Reporter.
- Oh, what do you think?
- I was surprised that they published it.
- Why?
- Studies show that circumcision prevents STDs and HIV.
- Well, studies can sometimes be flawed and culturally and religiously biased.
- Are you anti-Semitic?

(Note that I did not mention Jews).

A Documentary filmmaker: (September, 2004 at a cultural event)

- I'm researching circumcision issue and I'd like to talk to you about it.

- Well I'm not a doctor.
- I know, but you've worked with genocide survivors.
- Yes...
- Did you come across with personal accounts of forceful circumcisions?
- Circumcision is a medical issue; I don't know anything about it.

(I found later that the filmmaker had indeed used a survivor's account on circumcision in his documentary).

A newspaper editor (Nov, 2006, from the podium)

Speaks about how recently two dead bodies were found in the mountains of a Turkish village, and they were debating whether these were Armenians or Turks. The corpses were not circumcised and Armenians were arguing that the dead were Armenians. It turned out that they were Kurds.

(After the event I approached the editor with a question).

- You mentioned that the dead bodies were not circumcised and that's why were thought to be Armenians.
- Yes.
- Do Armenians in Turkey still associate circumcision status with ethnic identity?
- No, it's a medical issue. It really doesn't matter.

A Middle-ranked clergy (June, 2007, at a wedding party, sitting next to me. All guests have pocket bibles on the table as a wedding gift. The clergy starts the conversation)

- What are you reading?
- I'm reading Paul's preaching on circumcision.
- Paul said neither circumcision nor uncircumcision matters to Christ!
- Paul said many things about circumcision, not just that.
- Why are you interested on the subject though?
- I have professional interest; my thesis in anthropology is on circumcision....
- How interesting is that! I know that it's medically beneficial.
- Not necessarily. I think Armenians were wise to reject it.
- What exactly is your purpose?
- I want to bring more awareness about this issue among our community.
- You're wasting your time.
- Why?
- It's a futile pursuit!
- Why is it futile?
- Don't waste your time!

There are a wide range of defense mechanisms used in the above situations, the most obvious ones - denial and repression - so shockingly evident that I would be negligent not to explore it.

Kaplan and Sadock's *Synopsis of Psychiatry* (Sadock, B.J. Sadock, V.A, 2007) defines denial as: "avoiding the awareness of some painful aspect of reality by negating sensory data... Denial abolishes external reality" (2007:202). Repression is defined as: "expelling or withholding from consciousness an idea or feeling. Primary repression refers to curbing of ideas and feelings before they have attained consciousness: secondary repression excludes from awareness what once was experienced at a conscious level" (2007:203).

These Freudian defense mechanisms are documented in circumcision discourse and are best framed by Ronald Goldman, a psychologist, author of *Circumcision the Hidden Trauma* (1997). Goldman writes that psychological numbing, repression, and rationalization are often used by adults to cope with deeply incongruous or disturbing feelings about circumcision. Denial, blocking and avoidance are exercised sometimes on unconscious level to evade facing the topic altogether by adult males in regard to their own circumcisions or by parents in regard to their sons'. Doctors too, use the same defense mechanism; to be able to conduct the procedure they block the stimuli, in this case the scream of the infant, and employ rationalizations about the potential benefits of circumcision (1997:52-54).

In regard to the above-mentioned cases of Western-Armenians, I suggest that there are double-layered defense mechanisms employed, one on the individual and one on the level of cultural identity. First and foremost, questioning circumcision brings out

deep personal issues with it; second, it also brings out concerns about the historical context. To encapsulate and conceal the anxiety, one has to establish an emotional distance from the topic, which is exactly the case with many of the people whom I talked to. The persistent denial that it is not a cultural or ethnic issue but is purely a medical issue is exactly establishing such distance. The scholars who evidently came across the topic in cultural context but would deny it, were consciously or unconsciously blocking the potentially disquieting feelings; at least it will not be questioned from cultural perspective. However, I argue that the very insistence to deny cultural, ethnic, or religious components of the issue is done exactly by those, who are familiar of such connection, and moreover, who have probably deep conflict with it, since those who are earnestly unfamiliar about the historic context are quite forecomming to talk about it. Based on my observations, the latter are much more likely to fast change their position, given adequate medical information, then those who have unresolved conflicts around it. I conclude this discussion with Dr. Pogosyan's argument:

Conflicts around circumcision can be resolved by first acknowledging what is disturbing, then trying to deal with it. Hiding behind religion, "modernity" or medical justification does not seem to relieve the trauma. It is better to face it once and heal the psychological discord then suppress the feelings endlessly.¹⁷

Culture Clash

The attitudes Hayastantsis and Western Armenians hold about circumcision come to life when the two groups meet, and nowhere is the culture clash more evident then on the internet blogs. Anonymously, void of sensibilities, internet provides a "safe" space to articulate what is otherwise culturally inappropriate. While interviews, questionnaires, surveys are the most useful conventional sources, the following blog, for

example is no less a valuable medium to go deep into the modern debate among younger generation Armenians:

Stormig [small storm]
Nov 9 2003, 11:23 PM

....You are one boring dude.

I think we should create a forum thread and pin it to the homepage so that it is visible all the time. it will have all your answers in it.

1. I am bi-curious sexual whatever...
 2. My Armenian wife left me...
 3. My Armenian wife aborted my 2 children...
 4. Those Republican so and sos...
 5. My conservative relatives...
 6. I look 20 years old...
 7. I can pick up much younger women...
 8. The Turks slaughtered by relatives...
 9. blah blah blahhyebruin
- And I am circumcised

America-Hye [American Armenian]
Nov 10 2003, 12:09 AM

How did you know

Stormig
Nov 9 2003, 11:23 PM

Why is that so funny? I have yet to meet a Parska-Hay [Iranian Armenian] who is not circumcised... You're not alone...

Nairi
Nov 11 2003, 03:36 AM

I think we *should* start a new thread: Armenian men and circumcision. Go ahead if you've got the balls.

America-Hye
Nov 11 2003, 10:15 AM

...Some were attacking my Judophilia, claiming that I could NEVER be a Jew UNLESS I went to some Rabbi and had a briss at my relatively older age (OUCH!!). That is when

stated that all I had to do was, as my brother did, go to Jewish religious classes since I was already circumcised. By the way, my brother is now on his second marriage to a Methodist. I do not think he still practices the Judaism that his first wife and son practice.

For your information, after World War II almost all American babies were circumcised. It was standard practice in hospitals especially in the larger cities and especially in the more affluent areas. There are thousands of Armenian-American men born in the US until approximately 1980 who are circumcised.

Stormig

Nov 11 2003, 10:26 AM

Infant Circumcision: Crime Against Humanity

It's time someone said it, loud and clear: that infant circumcision -- including so-called "religious" infant circumcision -- is an atrocity and a fraud; that it's a brutal, perverse, outrageous violation of a helpless human being's right to his own body; that it's child sexual abuse in its most vicious, most destructive, most cunningly disguised form; that it literally censors a child's life -- kills part of the child -- even if he never realizes it, because it severs him from a uniquely specialized, uniquely sensitive means of perceiving, experiencing, sharing and enjoying his existence; that the reasons given to justify it are myths and lies; that it's the ugliest, saddest, most sickening scandal in the history of medicine and an infamy to societies that tolerate it and to institutions that sanctify it; and that anyone involved even remotely with cutting, tearing, crushing or burning off the foreskins of babies -- or anyone else by force, coercion or deceit -- is as guilty of causing human suffering as the monsters of Auschwitz and in the name of humanity should be exposed, confronted, stopped, brought to trial, and imprisoned. Regardless of anyone's "reason" for circumcising a baby, the fact remains that infant circumcision is foreskin amputation by force -- the deliberate, irreversible destruction of a normal, natural, functional part of someone else's body -- living, protective, erogenous tissue that is rightfully his and that he instinctively wants to keep intact -- at a time in his life when he can't understand what is being done to him -- or why -- and can't speak for or protect himself.

Infant circumcision is, in other words, human vivisection -- legalized, institutionalized, sanctified human vivisection.

Reason and attempts at persuasion will not deter those who, driven by the compulsion to destroy what they secretly envy but can never have, and desperate to make their own tortured partial penises seem normal -- and for who knows what other god-awful reasons -- persist so relentlessly in defending, promoting, misrepresenting and performing this crippling, disfiguring mutilation.

The birthright of males -- all males -- to keep all of the penis they are born with must therefore be secured by law.

John A. Erickson

Biloxi, Mississippi
March 1998

Harout

Nov 11 2003, 11:14 AM

i ain't giving up any bit of my

Gamavor [volunteer]

Nov 11 2003, 11:27 AM

Tell me that this is a joke. The only circumcised Armenian I know is circumcised for medical reasons (very bad infection). I thought that only Muslims and Jews are circumcised but here in US many so-called "Christians" also circumcise their kids. I even met a Roman Catholic who said he is circumcised.

America-Hye

Nov 11 2003, 11:41 AM

This topic is TRULY clarifying the issues of the great Diaspora. Armenian-American men in their prime career years are almost ALL circumcised, while few of the foreign born are. This is just one indication of the great divide between the two groups. Now multiply this by each of the Armenian diasporas around the globe and you can see how difficult it is to have all work as a group. The Turks killed 2/3 of us and insured that the remainder would be so very disparate.

hyebruin

Nov 11 2003, 09:48 PM

imo uncircumcised is just gross and disgusting!! (sorry to those who are not!)...it's the truth!! it's just...uhhhhhh....it's like women who don't keep "theirs" clean and shaven, i am beginning to suspect this!!... that in some cultures women just let it grow and men...well, they need to "take off the hat"...sorry/bad joke!! that last part! i know!! 😂😂

gamavor

Nov 11 2003, 11:07 PM

Bruin, I think you and Khodja would make a great aesthetic couple. He - circumcised rifle and you - clean shaved holster 😂

America-Hye

Nov 11 2003, 11:52 PM

My ex for all her maddening controlling ways "inherited" from her Lebanese Armenian parents was extremely clean in this regard. I really appreciated this, having had some very unclean girlfriends before her. I can tell you an unshaved woman is a turn off... My Dad was not circumcised and would state sometimes that if he didn't keep it clean that it would smell down there. I agree with you hyebruin on all points.

gamavor

Nov 12 2003, 12:08 AM

Hagarag [on contrary], it will smell if you don't take shower frequently which I know for many Jews and Moslems during certain periods of the year is an offense. Moslems and Jews (like you) are not the most hygienic people in the world. In Europe we take shower (same is in Armenia), and do not cut off parts of our bodies to please somebody or to save some precious time by not taking a shower.

As to women being clean....wrong again. Some shaved "holsters" are equally smelly as non-shaved, but that is totally different issue. Shaving among women (I mean total shaving:) is only popular among Moslem women (Koran says so) and porno stars.

BTW in Europe one of the ways to tell weather someone is Christian, Jew or Moslem is by figuring out weather he is circumcised or not.

Back in the Army we had few Jews and Moslems and they were extremely embarrassed to take shower with the rest of the soldiers.

America-Hye

Nov 12 2003, 12:23 AM

Here you go again with the "Moshe" comments. I was not referring to women being totally shaved, just cleanliness. And if I was truly a Jew, then why was my Dad uncircumcised? Your brain remains in the ROA [Republic of Armenia] and in Europe. You do not understand or want to understand American ways. My Dad came here, quickly learned the American ways, changed his name, left his Armenian Catholic roots and became a Pochcagan [Protestant]. When we had to take showers after our track and field events in high school and college, it was the uncircumcised athletes who were embarrassed by the look of their manhood.

gamavor

Nov 12 2003, 12:29 AM

This is what I'm saying. I, for example cannot tolerate ladies with UNshaved legs. Makes me think that I'm in Prague 1981. 😊

If one keeps high standards of hygiene, then all b/s requirements from all kinds of books are not necessary.

gamavor

Nov 12 2003, 12:31 AM

Moshe, count me out. I'm not going to learn the American ways no matter what. The opposite is more likely. Americans will learn my ways. 😊

America-Hye

Nov 12 2003, 12:40 AM

Gams.

You are such a typical Armenian, pigheaded to the MAX. You remind me of my ex-wife. I will DEFINITELY marry an odar [non-Armenian, stranger] next time around as I am clearly more of the "America" portion of my "handle" than the "Hye" portion.

gamavor

Nov 12 2003, 12:48 AM

Pighead!!! I love it. It is better than being ...OK let me think of a proper term...yes... ostracized 😊 In this forum I have learnt that there are black Armenians, circumcised Armenians, even American-Armenians, and I still 'm privileged to call myself Armenian

THOTH

Nov 12 2003, 12:23 PM

Wow...all these comments...pretty wild...

Well I'm very typical of males born in the USA these past I don't know 40-50 years maybe (don't know when the practice came widely into vogue)...and thus am circumcised...and also after much discussion/debate we decided to have our two boys cut as well (the docs wouldn't let me participate/view which I thought was a pretty primitive attitude.. they said too many folks get upset ..etc).

Anyway there are pros and cons (from many aspects)...but I'm happy with the decision (for me/my boys) as I do think hygiene is better - even if perhaps a non-issue if you are properly attentive etc. I can also see why it would be more appealing to gals (particularly those such as hyebruin...with such sensibilities)...but perhaps Stormy also has a good point (but is it just the point that matters? LOL....perhaps a poll is in order eh? LOL (literally? LOL) (for ladies only to answer of course)

Twilight Bark

Nov 12 2003, 02:21 PM

This topic should be filed under the "Dark Humor" section.

And in that spirit ...

I propose that we come up with a list of unnecessary body parts with the view to correct what the evolution forgot to delete. I mean, most people use either the right or left part of their brains. I can see an opportunity to reduce brain cancer by a whopping 50% by a wide scale targeted lobotomy campaign. ...Men that are uninterested in sex, due to old age for example, should have all the now-irrelevant gear taken out as a preventative measure. This evolution thing sure has left a lot of baggage around. Yeah, it's obvious that we are smarter than nature. It's time to take action.

gamavor

Nov 12 2003, 01:56 PM

Here is the sad part of whole this circumcised business.

What the bloody turk, by the means of bloody jatagan, didn't achieve in six centuries, Uncle Sam did it. The turk, wanted you to be as turk as he was. The turk, wanted you to be circumcised, the turk wanted you to become Moslem, the turk wanted you to forget your language, your culture, your glorious past, your philosophers, scientists, men of honor and grace. The turk, wanted you to give up your faith, your dreams and become servant of his administration.

All of this was achieved in less than 100 years by Uncle Sam. He wanted you to dream about your wooden house, your American car, your blond wife, your credit cards and the fake feeling that you are better than others. Uncle Sam ordered his doctors to circumcise you, to become enlightened protestant, to become more American than he is, instead of building a stone mansion for the generations to come.¹⁸

One of the bloggers above, America-Hey [the Armenian American] fairly articulated the diversity of Armenians as a group. Without deeper understanding of the profound differences within Armenian subgroups – their historic and current articulations in regard to circumcision – any attempt to communicate with what we collectively call Armenian Americans would be a failure. Panossian (2006) explores the multi-local development of the Armenian identity and demonstrates how fragmented these developments were due to the different historical context in which these groups lived. Circumcision issue by itself is a prime example of the multi-local developments of ethnic/national identities.

As I mentioned above, there has been no scholarly endeavor in Armenian community to address over a century old practice of circumcision among them. The bits and pieces that I have put together in this paper is still quite “partial” and “incomplete;” since: a) there are many more sources to explore, b) this presentation should be taken as an account given by a Hayastantsi ethnographer with an inheritance of cultural tradition that deplores circumcision practice. It would be fascinating if the topic is entertained by, for example a Western Armenian scholar.

To conclude, it is important however to note that in no case is the crux of my research aimed to merely restate the historical evidence that *all* Armenians have rejected and deplored circumcision in the past. And in no case do I aim to revitalize the forgotten Armenian identity that was once constructed around the circumcised and the

uncircumcised. Just the opposite is true; employing the social constructivism schema I attempted to show the arbitrariness of *all* social meanings that have been historically attached to circumcision. Ultimately, in the American multi-ethnic society, as well as the Armenian diverse community, people are shifting toward the ethical and moral standards not circumscribed by particular cultural/religious identities. Moreover, as I have proposed, foreskin is a natural fact present in all human males; this fact too, is beyond cultural and religious boundaries. In the same sense, pain is pain, whether inflicted to Armenian, Jewish, or African boys.

Personal Politics: What to Do and How to Do?

Circumcision practice is haunting the American society, including the Armenian Americans. The mental dissonance described above, has reached its threshold and most attempts to align the psychological incongruity with circumcision choice is failing. In fact, all the defense mechanisms are failing. This is because the rising awareness among the public is constantly provoking the deep concealed, tightly repressed emotions and more and more people, voluntarily or not, have to face the issue in the American social matrix.

Circumcision also haunts me personally. In 2004, when I published my article in the Armenian Reporter, I thought I would be done with “the project.” What I have realized in the past years is that I have gotten involved in what may amount to a “life-long project.” Before I talk about the possible modes of application of my research I need to explain my position and orientation. It is stated by the Code of Ethics of the American Anthropological Association (1998)¹⁹ that “Anthropologists may choose to move beyond

disseminating research results to a position of advocacy,” which is very much a moral choice that may be made by individual anthropologists. From the paper, it is evident that I have a distinct position on circumcision practice and do not particularly adhere to the notion of “scientific neutrality.” I sincerely think that anthropology of circumcision that remains on paper and is read only by intellectual elites, has not served its purpose, in that ideally it should be aimed to reach out to the public. I would not enter into such an endeavor without precedent however; an array of brilliant scholars from various disciplines have worked vigorously and contributed immensely towards the goal of eradication of genital mutilation – Ashley Montague, Leonard Glick, Frederick Hodges, David Gollaher, Ron Goldman, Marilyn Milos and many others. In the spirit and shadow of their work, and with the gradual expansion of my knowledge I feel that my responsibility, too, is growing, especially in the Armenian community. In my case, my research of circumcision is socioculturally based; apart from participating in academic seminars in University settings (wherever I could make circumcision topic heard), I also embrace action anthropology focusing on factors important in guiding interventions; such as disseminating information through public seminars, discussion groups, individual counseling, distribution of pamphlets to parents, video materials, TV programs, etc.

Despite the ideological support from professionals, as well as from the lay public, there are multiple challenges in conducting research or disseminating information. Raising awareness of circumcision is not analogous to raising awareness about breast cancer or other health issue; it is far more political. First and foremost, accusations of anti-Semitism often create a hostile environment for anyone who questions circumcision, akin to the Soviet regime (from where I emigrated), when people were not able to discuss

social issues without fear of intimidation and prosecution. This challenge has accompanied me from academic setting to research arena. Fortunately, with growing experience, as well as advice from intactivists, I have learned how to handle such accusations, or to avoid them altogether.

Next challenge is the fact that circumcision is a personal and sexual topic, and thus – for many - not suitable for public discussion. For example, there was an outpouring of telephone calls and emails to the editor of the Armenian Reporter, who “dared” to publish such an “inappropriate” article. After the TV programs, where I discussed circumcision together with Dr. Vigen Zargarian, some adult males called and made derogatory remarks that implied that a woman should not get involved in men’s issues. Seminars and group talks, in their turn, sometimes result in parental anger, which could be channeled on those who disclose the material.

In addition, in the American *Intactivism* most are “victims” of circumcision, in that they are either parents, who circumcised their sons, or adult males, who grew conscious about their own loss and became active about it. Moreover, the case of those who have been victimized through circumcision seems to be quite potent in impacting fellow citizens. None of this is present in my own case. In certain instances, the fact that nobody is circumcised in our household raises suspicion about the impetus of my research among some Intactivists.²⁰

However, the overall success of impacting public decision-making, especially among Armenians, has been rather high. My inquiries about the historical and current attitudes of these diverse groups have helped me to find effective strategies to communicate with each group, having the knowledge of different sensibilities. For

example, I recently administered two sets of questionnaire surveys among a mixed group of parents in Glendale, California before and after a seminar on circumcision. The survey was designed to test if there would be a change in the parental attitude toward circumcision after being exposed to educational materials on circumcision. Out of 11 parents who were initially for circumcision, all 11 reported in questionnaires that they changed their position. The other 34 parents, who were against the procedure right from the start, exited the seminar much more informed. These parents are potentially agents for change. The results of this seminar confirm that the key is in educating both - the pro-circumcision and anti-circumcision groups; both benefit and consequently contribute.

Summary

To summarize, the history of circumcision reveals a chronicle, wherein the motives and rationale of circumcision has been continuously changing. The meanings attached to the practice - mark of subjugation and slavery, divine power and progeny, tribal belonging and more recently, disease prevention – have changed through time and space. The practice has endured and metamorphosed itself despite heavy criticisms throughout time span. Applying social constructivist theory I attempted to deconstruct the “invented” nature of the practice and show the arbitrariness of the reasons behind it. Moreover, I aimed to demonstrate that the scientist is part of the cultural matrix and inevitably impacted by the same cultural beliefs that promote and perpetuate circumcision. Consequently, the scientific discourse of circumcision is laden with cultural and religious bias. Theoretically, I suggested that while arguments around circumcision,

both pro and con are ultimately socially constructed, the prepuce is an irreducible ontological reality.

Hayastantsis (Eastern Armenians) and the Western Armenians have markedly different statistics on circumcision reflecting their dissimilar cultural attitudes. Hayastantsis still perceive circumcision as a defining feature of their Muslim, primarily Turkish and Persian historic dominators and thus, medical arguments found little support amongst them. Western Armenians, on the other hand, largely accepted circumcision on the rationale of hygiene and medical reasons. However, other, less implicit motivations underlying parental choice such as social prestige, assumed superiority, as well as conformity to the social norm has been offered. From a psychological perspective, it has been suggested that Western Armenians are more inclined to accept medical reasoning supporting circumcision than Hayastantsis (Eastern Armenians) because of their psychological anxieties rooted in their history. These anxieties are hypothesized to be resolved in reclaiming the practice anew. Deeper appreciation of the mixed identities of Armenians and their attitudes is necessary. Circumcision issue presents many challenges among American public as well, given its political and personal nature. A more nuanced knowledge and strategy is required when engaging the topic for educational purposes.

Notes

1. This excerpt was added to my article *Circumcision Among Armenian Americans* (2004) by the editor of *The Armenian Reporter* Intr'. It has been translated from *History of Nazarian Family (1475-1988)* compiled and edited by Elie H. Nazarian, published by Garbis, Nubar and Nazar Nazarian Brothers, Beirut: Zartonk Press, 1988, p. 36. The book as a whole is in the process of being translated into English by Aris G. Sevag. Olearius's diary has been published in German and Russian, as well as English, London, 1662.
2. Hagop Jamgojian, from the documentary *The Armenian Genocide*, Atlantis Production 1991

3. Grigor Alagagian, an excerpt from his unpublished memoir
4. Personal communication with a family member of one of the genocide survivors (March 2004)
5. Personal communication with Dr. Kabakian (March 2004)
6. Personal communication with Stepan Topchian (March 2004)
7. Armenians refer to themselves Hye [hi] (same as English hi for greeting), and call their country Hayastan, while all other people use Armenia and Armenian, respectively. Instead of using Armenians from Armenia I have chosen to use an emic term *Hayastantsi* (the suffix - *tsi* denotes belonging – from Armenia) used by Armenians in reference to people who have lived in Eastern Hayastan historically, in Soviet times and in the present day Republic of Armenia. This term is also extended to recent immigrants from Hayastan to the US. I refer to all other Armenians as Western Armenians, who mostly comprise the old and new Diaspora from the Middle-Eastern countries and Armenians still living in those countries. Some of these territories are part of historic Western Armenia, hence – the name - Western Armenian. This is a rough classification, but serves the purpose to differentiate between Hayastantsi - Eastern Armenian and non-Hayastantsi - Western Armenian.
8. Artek Child Educational Center, information given by the director, March 2004. Comparable statistics persists as of October, 2007.
9. Surveys in Armenia (Hayastantsi group) and in US (Western Armenians) are done May 2006, and September, 2007, respectively
10. Armenian Genocide - 91 Years Ago
<http://armenianeagle.com/2006/04/24/armenian-genocide-91-years-ago/> last retrieved Nov. 2, 2007)
11. Personal communication with a family friend, May, 2004
12. A Pseudonym is used. Personal Communication, July 2005. The child was circumcised with no anesthesia and no clamp was used, which normally reduces the chance of accidental amputation. Instead an old-fashioned method of circular cutting was used which Zaven described as “bit by bit” cutting.
13. Personal communication Sept. 2004.
14. According to Drs. Vahe Babakhanyan and Artak Musheghian the medical benefits were widely propagated in medical literature of the time by Soviet scholars, along tonsillectomies and appendectomies. While, tonsillectomies and appendectomies in Armenia were done indiscriminately, along with many other unnecessary procedures, as in the West, the benefits of circumcision were laughed upon and discarded as flawed science. Personal communication, June 2003.
15. Personal communication October 2006.

16. Branding may not necessarily be administered in willful and loving context. Sometimes it accompanied with extreme violence. "These practices of branding and beating each other mirror the experience we went through during slavery," says Dr. Sandra Lewis, an African American clinical psychologist in Newark, New Jersey. "The saddest part is that instead of identifying with the slaves, these young men are identifying with the slave masters."
From the 1998 Archives of Black Issues, *In Higher Education: The persistent Madness of Greek hazing*.
http://www.diverseeducation.com/artman/publish/article_8520.shtml
Last retrieved Nov. 2, 2007
For more on branding see also:
http://www.oswego.edu/other_campus/stud.org/pbs/theta_xi/branding.htm
17. Personal communication October 2006.
18. I was not participating in this blog. I found it long after it had been posted.
19. American Anthropological Association (AAA) 1998 Code of Ethics of the American Anthropological Association.
<http://www.aaanet.org/committees/ethics/ethcode.htm> Last retrieved Nov. 2
20. David Bradt, the intacitvist, who has a booth in Venice beech asks adult males who approach him, whether they are circumcised. If they say yes, he gestures his hand, but instead of saying "give me five" he says, "victim!" He also greatly doubted my motivation in anti-circumcision cause. He repeatedly asked if my husband and my three boys were circumcised, and seemed disbelieve me, when I said no. He was perplexed about our inspiration for genital integrity without the presence of victimhood.

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National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM) <http://www.noharmm.org/>

Organizations Indorsing *Uncircumcision*

National Organization of Restoring Men (NORM) <http://www.norm.org/>

NORM-UK Foreskin Restoration

Non-Surgical Foreskin Restoration

Foreskin Restoration---a growing movement

NORM Southern California

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