

Cutting the Edge

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ABSTRACT *This paper addresses the sensitive issue of male circumcision and its psychological ramifications, so seldom mentioned in conversation or addressed in the literature. It explores the emotional significance of circumcision from the standpoint of body psychotherapy. Using a single case study, the author discusses the paradox inherent in circumcision which, on the one hand, claims to be an act of devotion and surrender; but, on the other, implants mistrust in the newborn baby. Finally, the author examines the implications of a lack of dialogue about circumcision and considers how therapists might deal with the issue in their work. Copyright © 2016 John Wiley & Sons, Ltd.*

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My first brother was born when I was four. I remember the excitement and preparation for the circumcision rituals that accompanied the arrival of the new baby. In Judaism we use the Hebrew word for this ritual: *Brit Milah*. My parents, who belonged to the ultra-orthodox community, invited a well-known *mohel* (a rabbi who is trained to perform circumcision) to conduct the ceremony. I remember the rabbi arriving at the synagogue hall. It was full with members of the congregation and family members who came to participate in the joy of the commandment. At such a young age, I was curious; I squeezed between the men until I found an observation post where I could see what was happening. During the ceremony, on a high chair, sat impressively the *sandak*, the godfather. This time, it was my grandfather who was honoured to be the *sandak*. My baby brother was carried on a decorated cushion from the women's section of the synagogue, separated from my mother and put on my grandfather's lap. The *mohel* undressed the baby after preparing the equipment by his side: wine, bandages, diapers, and, of course, a knife. I remember watching my grandfather holding the baby's legs folded up. The crowd started to chant rites and prayers while the *mohel* made his preparations.

Even before the ceremony began, my baby brother burst into hysterical crying. From the women's section, I could hear the quiet pleading voices, while, in the men's area, my father was reading verses which the crowd repeated after him. The *mohel* held his knife, then within seconds made the cut. Screams pierced the room. The crowd raised their voices in the prayer of the Thirteen Attributes of Mercy: "The Lord, God merciful God". My father raised a blessing with a glass of wine and gave my brother his name. To me it seemed that joy filled the room – apart from one broken and painful baby and a mother whose heart ached with pain for her newborn child.

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My baby brother suffered from the surgery for another three or four days. The *mohel* came to our home later that day and two days later in order to replace the pads stuck to my brother's wounded penis. Every diaper change was accompanied by tears, pain, and bleeding. That's how the male baby begins the second week of life. I remember when I was a child I never doubted this tradition. It felt natural that every Jewish boy has to go through this ceremony because it is an integral part of our identities as Jews.

THE BODY REMEMBERS

Psychotherapy, and body psychotherapy in particular, sees a direct connection between childhood trauma and adult suffering, between our personal biography and who we are today as adults. Many books and articles are written on the subject of the memory of the body (for example, see Rothschild, 2000; Schore, 1994) and yet, when I came to write about this topic, I was surprised to find that not much has been written about the trauma of male circumcision. There are many articles and studies dealing with female genital mutilation (FGM) (for example, El-Defrawi, Lotfy, Dandash, Refaat, & Eyada 2001; Goldman, 1999; Kern, 2013). The continued use of FGM raises many questions about the act of circumcision; about the psychological, psychosexual, and mental consequences of intra-cutting and felling that is often done without anaesthesia to young girls.

Goldman (1999) wrote that some physicians believe that the newborn baby's nervous system is not sufficiently developed to register or transmit pain impulses, so he will not be affected by circumcision. According to more recent work, this belief is the major myth of physicians regarding infant pain. Perhaps the fact that babies cannot physically resist and stop the circumcision procedure also makes it easier to dismiss their pain. Anatomical, neurochemical, physiological, and behavioural studies confirm that newborn baby's responses to pain are not only "similar to but greater than those in adult subjects" (Goldman, 1999, p. 1), and, like an adult, the infant may go into a state of shock because of the pain which causes him to freeze rather than cry.

Trauma creates a state of dissociation which splits the association of sensations and emotional pain. To cope with the traumatic experience the baby "forgets" the experience, but, as body psychotherapists know, the experience is preserved and engraved in the consciousness of the baby and in his body. We have searing implicit and unconscious memories in our bodies from birth (Siegel, 2010).

Writing about a ceremony which is embedded in an ancient religious tradition is inevitably difficult. For me, a woman, writing about male circumcision is doubly difficult. It is not from my personal experience that I write, but through the stories of people who touched me and were touched by me. My words emerge through painful parts that my body was able to embody, through the pain of newborn infants, infants who experienced a jarring experience of abandonment, loss, and sometimes of castration.

Until a year ago I lived in London, working with some Jews, some Muslims, and many people who were neither. Over the years I had learnt to recognise by looking at the person standing in front of me if he was circumcised or not. I bring here the story that can emerge through painfully tight muscles. I want to tell you about the tears and cries that often become mute.

Mohammed was 40 years old when he came to me for therapy. He was a skinny, introverted man; a refugee from Iran. Something in his eyes reminded me of the eyes of a tigress. There was a determination, coupled with an eternal sadness. In the countertransference I felt that sometimes I was his mother and, at other times, his older

sister. Mohammed, who needed my love, relented, and allowed some softness in. However, after surrendering, he would suddenly become alert and tense. Together we explored his fear of intimacy, his difficulty letting go, and his need to feel in control. As a body psychotherapist, some of my work includes working with movement, breath, and touch. Moving to the mattress is often an invitation to engage in such interventions. During one session I suggested to Muhammad that we work on the mattress. Throughout the session Muhammad remained on his back with his eyes closed. While attending to my voice he started sinking into the mat. Together we breathed and slowly his body began to relax. I took Mohammed's hand and his body began to shake. He started to become more alert. This time I asked Mohammed to try and stay with the feelings of relaxation, breathing through it. I felt his hips contracting. I turned his attention to what was happening in his pelvis and I asked him to exaggerate the contraction. I could sense Mohammad regressing to a younger age. I asked him how old he felt, and he replied that he felt three years old. It was at this point he felt that something was going to happen to him. He appeared crumpled with pain and fear. I suggested letting go of the contraction and keeping breathing, using gentle movements if necessary. I could sense the conflict in his body as if it was asking me, "Is it safe to let go?"

A heavy feeling pervaded the room as if something intolerable could happen at any moment. Mohammed remembered the circumcision he had experienced at the age of three. He experienced the fear he feels whenever he starts to sleep comfortably. He could sense the threat of a sharp knife over him, a knife that might touch and injure his penis. Some of this material did not come from explicit memory: it came from his body that told the story of betrayal, fear, confusion, and pain. During the session this pain began to transform into anger. He became angry that his body had to be "repaired", that it was not considered as perfect as it was, anger at the helplessness he experienced as a child. Together we touched upon the trauma very gently and looked at the impact of this experience on his adult life.

CIRCUMCISION AND SURRENDERING

In Judaism the act of circumcision expresses devotion and surrender. It is described as a "covenant between us and God": devotion and sacrifice of the body for the purpose of sanctification. When God commanded Abraham to circumcise he said: "Walk before me and be thou perfect" (Genesis 17:1). Rabbi Dadon (n.d.), who is a *mohel*, wrote that circumcision is not a mutilation, but the opposite, only by circumcision do we become whole.

Obviously, circumcision can only be chosen by the parents, not the baby: the parents acting on the child's behalf so to speak. The baby is too young to be capable of having any say or giving consent (Freeman, 1999). For me the idea of circumcision creates a paradox in that, on the one hand, we invite the baby's body (at eight days old) into a ritual which is supposedly characterised by surrender and devotion, and, on the other hand, the sharp knife, the cut, and the pain introduce the baby to possibly his first experience of mistrust, betrayal, and utter helplessness. In this experience the world becomes an unsafe place. It is difficult to see how it could enable a state of surrender?

Rafi Rosen (1984) wrote:

Why did they cut him with a knife? Why did they hurt him, and why are they happy in his pain? See, we line the bed; dress him in soft clothes worrying, fussing over him, keeping him warm and pleasant. We don't slam doors to not scare him ... suddenly they cut him so ... and he screams with pain ... and they are cheering! So pleased with his pain. My uncle Haim, even if you explain, I'll never understand. (p. 11)

Let us try and imagine the baby's experience for a moment. Let us assume that during the pregnancy the happy parents are preparing for the arrival of their baby; the mother might change her diet, maybe stop smoking. The parents increase their level of awareness of the emotional,

mental, and physical needs of the baby. They choose where and how to give birth. Will it be a natural delivery? They are adapting this process to their needs with the intention of doing the best for the baby. The baby finally arrives, his first week of his life has begun: mother and baby are moving along in a rhythm, in a perfect symbiosis, they learn from each other. Baby has surrendered into his parents' arms. On the eighth day of his life the tumult appears not to touch him at all. The baby continues his routine: feeding, sleeping, crying, and the changing of nappies ... then quite suddenly everything stops. The air freezes. Confusion and deep fear rocks the baby; a stranger's hands and a pain – a deep and incomprehensible pain – a terrible burning sensation. The baby's injured penis will hurt more in the coming days. Any contact with a bandage wrapped around his penis, any nappy change, any wrong posture will touch a nerve, a deep wound was opened there that might ever remain so. The baby then grows up and becomes a child. This is no longer a cognitive memory. What was left from this event is a decorated photo album of smiling faces and gifts. The family came to cheer and rejoice at his birth and the ceremony of entering Abraham's covenant.

What about the wound? Has it really healed? What remains of that significant event he experienced at the beginning of his second week of life? What is the impact on his adult life? Will he ever be released from the sense of betrayal? Will he ever dare to surrender himself completely when the threat of the knife can arise suddenly and without any warning?

THE PUBLICLY UNASKED QUESTION

Around 80% of the world's male population has not been circumcised, with Muslim and Jewish men making up most of those who are circumcised. The USA is the only country that circumcised most of its male babies for non-religious reasons (60% by 1985) (Goldman, 1999; Wallerstein, 1985). Across the 32 year period from 1979 through 2010, the national rate of newborn circumcision declined 10% overall, from 64.5% to 58.3% (Owings, Uddin, & Williams, 2013). Many articles (for example, Faber, 1974; Rosen, 2010; Wynder & Licklider, 1960) look at circumcision from the medical and aesthetic perspective. Some support the conclusion that circumcision protects against sexually transmitted diseases and other infections. For example, The Joint UN Programme on HIV/AIDS reported that circumcision significantly reduces the risk of HIV infection and reduces the risk of STDs and other infectious diseases (Barton-Knott, 2011). On the other hand, the Doctors Opposing Circumcision (n.d.) website includes a range of statements from international medical associations against circumcision, and, according to the British Medical Association (BMA):

The medical benefits previously claimed, however, have not been convincingly proven, and it is now widely accepted, including by the BMA, that this surgical procedure has medical and psychological risks... The BMA considers that the evidence concerning health benefit from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it. (BMA, 2004, pp. 261–262)

I am struck, however, by how society remains relatively quiet about this phenomenon that touches nearly every Jewish and Muslim male as well as many Western families; many of us non-observant Jews and Western people still choose circumcision for baby boys without questioning it.

For Jewish and Muslims who keep the commandments of their religion, there is no question: circumcision is one of the most important commandments and its existence cannot be questioned. Therefore, even if the father is afraid, even if the mother is pained by the pain of her son, the purpose and religious meaning covers all the fear and pain, and the ceremony goes on, perhaps not without any conscience, perhaps with concern for the baby's health, but with full confidence that this should happen.

It is not in my intention to argue against a ritual that is thousands of years old. My agenda here is not simply to say that I am right, or that I understand the social implications for a boy who was circumcised or uncircumcised; it is not my job, nor in my interest. My hope is simply that we may develop an open and constructive discussion about this subject.

If we dare to stop and ask ourselves what is happening to us as mothers and fathers during this ceremony, we might discover that we do not allow ourselves to experience the intensity of the horror and pain our baby boys are themselves experiencing; possibly we disconnect from our bodies, leaving parts of ourselves behind. In addition, perhaps we use so-called rational explanations to help us bear the unbearable event we are witnessing and sharing.

In my experience, some sub-cultures in Israel ponder this matter, discussing arguments for and against circumcision. However, we mostly do not dare question circumcision for it is an integral aspect of our tradition. What then is the meaning of this ceremony for us and for our children?

As parents and therapists who live in and with a particular tradition and culture, it is our duty to ask and investigate this issue just like we would question and investigate any other choice in our lives or the lives of our patients. Why is it that most of us do not ask questions privately or publicly about this offensive and traumatic ritual? If we are not able to ask the difficult questions, this suggests that there is no difference between this Jewish ritual and FGM. Without questioning, we are essentially removing social, personal, and moral responsibility from our choices. As Shapira (2013) said, in his lecture "A Man and the Meaning of Life": "If you do not ask questions about faith and religion then it becomes fanaticism".

CIRCUMCISION IN THE THERAPEUTIC ROOM

Eva Illouz (2012), a sociologist and anthropologist, has written about the role of psychology in silencing society and preventing social rebellion. She emphasised that, for example, in psychological perception, anger is experienced as something individual and, therefore, relates to the biography of the person – but, from her perspective, it is a political matter and, as such, must be expressed in a public forum. The cumulative impact of psychological ways of resolving problems leads people to think that their mind and their problems are their personal responsibility, and that there is no value in thinking about those problems in a collective and political language.

As a body psychotherapist and as a Jewish woman, I wonder what happens to the man who comes into my therapy room. How much do I allow the embodiment of his deep wound and encourage talk about circumcision. My first response is to shrink, to focus on something else such as birth trauma, the trauma of childhood or of later stages of life. So much courage is required of us to allow the wound of circumcision to be seen, to acknowledge the helplessness of our choices, to allow the presence of what we would most like to forget. It is present. It is here in the room, down the street, and all around us.

Dare we examine the physical trauma of circumcision, the impact it has on the baby and on the man he will grow up to be? I hope we can agree to look at the deeper levels of trauma and meaning embedded within the ritual of circumcision. For instance when a client comes to us while she is expecting a boy, we might investigate her concerns about the pregnancy and birth, about her readiness for motherhood, but how many of us would ask her whether she intends to circumcise her baby if it is a boy?

When I am sitting in the therapy room with a client who is expecting a boy part of the reason I wonder if I might ask about circumcision is because I feel that this question might be viewed as inappropriate, illegitimate, and invasive. After all, I know this culture, I know what can be spoken about; all my brothers and nephews, all the men I know intimately are circumcised. I and all therapists working with circumcised men need to consider whether we are willing to think about the topic, whether we are able to examine it with our clients, and what sensations, thoughts, and memories are stirred up for us when we do so.

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