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Male Circumcision in the United States: The History, an Analysis of the Discourse, and a
Philosophical Interpretation

A Thesis Presented in
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by

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I. Why the Topic of Male Circumcision?

Michel Foucault explains in *The History of Sexuality Vol. 1* that in the Victorian era reproductive science regarding plants and animals followed the "general scientific normativity" of the time. However, when it came to humans, there was "a medicine of sex conforming to quite different rules of formation" (Foucault, HS, p. 54). Biology, in this case, became only a style of discourse which had to be there to hold authority, "a blanket guarantee under cover of which moral obstacles...and traditional fears could be recast in a scientific-sounding vocabulary" (Foucault, HS, p. 54). Although Foucault never discusses circumcision directly, his theories fit the topic perfectly. The science behind the routinization of male circumcision can now be seen as morality masquerading as science, with a resulting dramatic loss of knowledge of the body, particularly in matters of sexuality. As Foucault's analyses so often demonstrate, we will have to consider that much of this legacy is still with us today. Male circumcision will give us a dramatic view of this persistence of Victorian morality.

Like many people, for a long time, I had practically no knowledge of what circumcision was, and no awareness of this gap in my knowledge. As I began to research this topic years ago, learning the basics, such as its rarity in industrialized nations other than the United States, the current medical opinions, and the history of circumcision as part of a cultural war on masturbation, it became increasingly obvious to question its current practice, as so many have done. But from an academic perspective, the story of male circumcision is a revealing one, which may become increasingly important to understandings of masculinity, still framed for us in many ways by understandings from the Victorian era. When something is thoroughly normalized,

hidden from view, but then brought into view, it becomes capable of revealing a great deal about society. The story of the institution of routine neonatal circumcision has tremendous potential in any reevaluation of the recent history of sexuality, and in understanding the operations of power related to this, often rooted in the sort of local power operations which Foucault discusses.

This is not a paper about Jewish ritual circumcision, a religious practice which accounts for a small percentage of infant circumcision in the United States, but rather about circumcision in its medicalized form. However, one of the most fascinating stories of the institutionalization of medical male circumcision is the discursive use of the Jews as racial proof of the benefits of circumcision, with a complete ignorance of sociological factors. Meanwhile, as circumcision declines as a practice here, a process well underway, the United States is increasingly a proponent of adult male circumcision in Africa, recently beginning programs to circumcise men in multiple African countries, purportedly to assist in a fight against AIDS. We must investigate this topic to see if it is a true medical practice, with authentic science behind it, or if it is once again morality masquerading as science. From a gender studies perspective, this topic of male circumcision, I believe, can be exploited in order to get broader support for the contestation of a medical world which still has too much ability to go unquestioned in its procedures and authority over the body. Also, it should be used to work towards an understanding from a male perspective that sexual oppression is not the concern only of women.

The current medical statements make clear enough the weak evidence for a role of circumcision in fighting disease, and the history will show how little the institution of male circumcision had anything to do with modern scientific understanding of disease. Thus I will limit the time spent on understandings of circumcision and disease today, in order to focus more

on the origins of the institutionalization of male circumcision, on some further issues within the discourse as found in various media today, and in the placing of male circumcision within the broader field of the medicalization of childbirth. Following this, I will move on to some more general philosophical issues, using theories of Nietzsche and Freud, which may provide more light on how a culture which considers itself scientific with regard to the body may be caught up in very unscientific modes of thinking. Male circumcision has importance for understanding much beyond circumcision itself.

A look at the discourse around male circumcision reveals highly charged forces determining the directions of the current debate, forces which are not always apparent to the participants in the debate. It should be no surprise that, regarding matters of sexuality and the genitals, there may be a great deal of unconscious content in the thinking of individuals and of society as a whole. Thinkers who cast suspicion on our understandings of ourselves, and who seek out hidden meanings, such as Freud and Nietzsche, will be very useful in analyzing this phenomenon of male circumcision. We may wish to look at our period of history as one in which we have moved beyond Victorian understandings of sexuality, but we are not freed from our past so easily. We must look instead at our present as still bound to this past, often in invisible ways. A belief in a linear historical progress is dangerous; it allows us to deceive ourselves about our own culture. Science, just as well, moves in more than one direction. Our science, as Foucault and Nietzsche will help us understand, is a human science, always bound to our cultural existence, never purely rational. Long eras of sexual morality do not disappear overnight - they leave an impact on scientific practice. The forces which preceded institutionalization of male circumcision are in many ways still present.

Male circumcision will serve as an excellent diagnostic tool to pry into understandings of the dynamics of our culture, a culture that sees itself as both scientific and liberated, but one engaged in an often unconscious struggle with itself. Cultural philosophy, added to an examination of discourse, can help us gain additional understandings of the forces which are observable through male circumcision, and help us to reveal something about how we handle our sexuality in the current time. I will begin with an analysis of the statements from official medical authorities and current coverage of male circumcision in the media. Very quickly, we will find contradictions within statements which point to the need for a much more complex understanding of male circumcision than is generally found in official and mainstream discourse.

II. The Male Circumcision 'Controversy' - Media Invention?

Many people may assume that male circumcision is a surgery that is carried out for medical reasons. Mainstream media coverage of male circumcision encourages this belief, often presenting male circumcision as a controversial and ongoing debate, with health benefits and cultural justifications posed against minor risks and the possibility of trauma to the infant. However, this controversy is somewhat of a creation of the media, partly fueled by the need to generate interesting news stories, in order to fill space in newspapers and on television. The appearance of this controversy is supported by the social normalization the circumcised penis has acquired. However, this controversy portrayed in the media, with a medical authority attempting to preserve a space for male circumcision to prevent disease in the face of resistance, is not at all consistent with the view of male circumcision given in the statements of medical authorities.

The American Medical Association's most recent major document on medical circumcision, the "Report 10 of the Council on Scientific Affairs", from 1999, was created by their "Council on Science and Public Health". It provides the statistic that "The prevalence of circumcision in the United States increased from about 30% in the 1930s to nearly 80% by the early 1970s"¹. The rate of male circumcision in the U.S. may have been around 10% in 1880, when it was just beginning to become a legitimate medical procedure, and grew in popularity steadily until its peak in the 1980's (Wallerstein, p. 217). Male circumcision is not routinely reported by hospitals, as reporting of this is optional, and data of this type is inaccurate and generally based on sample studies. As this procedure varies in its performance geographically and culturally, in some regions it may have reached near 100% rates. Claims of needing to circumcise an infant so that he would appear 'normal' in life, while not being a medical justification, has had a basis in fact; to be circumcised was, in many places, to have normal male genitals. This appears now to be changing. The report goes on to state that the "Estimates based on the National Center for Health Statistics indicate that 61% and 65% of male infants were circumcised in the United States during 1987 and 1995, respectively". Recently, the *New York Times* reported a "Steep Drop Seen in Circumcisions in U.S."² This article reports on findings that the rate in the U.S. "had fallen precipitously --- to fewer than half of all boys born in conventional hospitals from 2006 to 2009". The trend is clearly down, which is hardly surprising, given the little medical justification for the procedure.

This *New York Times* article attempts to maintain the appearance of an unbiased, neutral approach, giving at one point a brief quote from the executive director of "Intact America".

1 "Report 10 of the Council on Scientific Affairs (I-99): Neonatal Circumcision". *American Medical Association Official Website*. www.ama-assn.org/ama/no-index/about,ama/13585.page. Accessed May 4, 2011.

2 "Steep Drop Seen In Circumcisions in U.S." By Roni Caryn Rabin. *New York Times*. 08/16/2010.

However, despite this, the article persistently betrays its pro-circumcision bias. The use of the word 'precipitously' implies a danger, and the very first lines of the article state that "Despite a worldwide campaign for circumcision to slow the spread of AIDS, the rate of circumcision among American baby boys appears to be declining". This opening statement is quite untrue, as there is no worldwide campaign of this sort. There is a campaign to provide circumcision to adult males in Africa, but this campaign does not exist in industrialized nations. For example, Report 10 states that "The British Medical Association has a longstanding recommendation that circumcision should be performed only for medical reasons", by which they mean only rare cases that require drastic treatment. Furthermore, the AMA "Report 10" states that "Recent policy statements issued by professional societies representing Australian, Canadian, and American pediatricians do not recommend routine circumcision of male newborns".

The *New York Times* article goes on to report that "Opponents of circumcision hailed the trend as a victory of common sense over what they call culturally accepted genital mutilation. For federal health officials, who have been debating whether to recommend circumcision to stem the spread of AIDS, the news suggests an uphill battle that could be more difficult than expected". This statement seems to contradict the statement of a 'worldwide campaign', suggesting that rather it is only being considered by officials, (although even this is an exaggeration). This contradiction aside, in this sentence, we find the opponents to be characterized by their calling of male circumcision 'genital mutilation'. This term may shock the reader, and posit the opponents to circumcision as extreme. On the other hand, there are "federal health officials" with the other position, opposite to these 'opponents', but, who still have not decided even to recommend circumcision as yet! Still, many people may side with health

officials over the vague 'opponents' whose authority we have little confirmation of. Even though these federal health officials have not even yet recommended circumcision, and so this battle is completely nonexistent! Bear in mind, this is an article, not an editorial, in the *New York Times*, a respectable newspaper. Unfortunately, this type of reporting is often characteristic of media coverage of this topic.

The trend of opinion on routine male circumcision is so overwhelmingly negative in industrialized nations that it would be a very great surprise were male circumcision to be recommended in the United States. This article states that these numbers on the decline of the male circumcision come from a study which was "designed to measure the rate of complications from the procedure", and to this end, it found "a very low rate of complications associated with newborn circumcisions; most were considered mild and no babies died". We are not given specific numbers. We can still draw the conclusion that there were some complications, at least more than one, which were not mild. There were no deaths, in this study of unknown sample size, (a study reported on before official publication, making scientific analysis difficult - a frequent occurrence with male circumcision studies). However, this article neglects to mention that while none may have died in this study, male circumcision is associated with a small number of deaths. This is inevitable - it is a surgical procedure, the infants are made more vulnerable to infection, and hospitals, it is well known, are great sites of infection. These deaths and sometimes severe complications, while rare, exist. A report from the American Academy of Family Physicians suggests "Death is rare, and mortality risk has been estimated to be 1/500,000 procedures"¹ The benefits from the procedure, meanwhile, are not very great. The AMA reports,

¹ "Circumcision: Position Paper on Neonatal Circumcision. Board Approved: August 2007 Reaffirmed". *Official American Academy of Family Physicians Website*. <http://www.aafp.org/online/en/home/clinical/clinicalrecs/children/circumcision.html>. Accessed 5/2/2011.

"Circumcision decreases the incidence of urinary tract infections in the first year of life, and also protects against the development of penile cancer later in life. The circumcised male also may be somewhat less susceptible to HIV infection and certain sexually transmissible diseases. The low incidence of urinary tract infections and penile cancer mitigates the potential medical benefits compared with the risks of circumcision. In the case of sexual transmission of HIV, behavioral factors are far more important in preventing these infections than the presence or absence of a foreskin...Virtually all current policy statements from specialty societies and medical organizations do not recommend routine neonatal circumcision"¹.

Here above, in this passage, is the statement one finds more or less from all medical boards in the United States. Penile cancer is extremely rare, and urinary tract infections minor and easily treated. The HIV evidence is scarce and its significance is questioned and never found sufficient to recommend circumcision. There are frequently cited, highly publicized studies regarding HIV and circumcision - three studies carried out in the mid 2000s in a variety of African nations with high HIV rates. We can say already that if male circumcision was useful in preventing HIV, it is surprising and disappointing that this connection, one which if existing should be quite obvious and evident, was not discovered at the height of the United States HIV crisis not long ago. After the studies in Africa, a new study in the U.S. has focused on gay men, considered the most at risk population in the United States. The results, as stated in a *Reuters* article entitled "Circumcision May Not Cut HIV Spread Among Gay Men", were that "circumcised and uncircumcised men showed no difference in the risk of HIV infection over three years".² Perhaps it is not so surprising, then, that the benefits of circumcision regarding HIV did not become known at the height of the AIDS crisis. Circumcision cannot be recommended for gay men on the basis of HIV prevention. Of course, HIV is not limited to the 'gay population'. The African studies focused on heterosexual men, and, according to this article,

1 "Report 10 of the Council on Scientific Affairs (I-99): Neonatal Circumcision". *American Medical Association Official Website*. www.ama-assn.org/ama/no-index/about,ama/13585.page. Accessed May 4, 2011.

2 "Circumcision May Not Cut HIV Spread Among Gay Men". *Reuters*. 03/09/2010.

the CDC is considering "whether to recommend circumcision for heterosexual men at elevated risk of HIV, and whether there is enough evidence to make any recommendations for men who have sex with men". There is no question here of circumcision being considered for infants. Rather, only specific groups are mentioned, and in the case of gay men, it appears doubtful that circumcision will be indicated as a useful procedure.

This alleged controversy over whether to circumcise infants has little connection with the current question being debated by the CDC over whether there is a medical indication for recommending circumcision to certain population groups of adults, although the mainstream media consistently ignores these differences. And, apparently, even for the groups under consideration, whether circumcision should be recommended is at this time uncertain. The *Reuters* article, which is less ideologically pro-circumcision than many articles, goes on to caution that "other CDC scientists have concluded, based on their own studies, that circumcision would likely have only a 'limited' impact on HIV transmission in the U.S.". As yet, no study within the United States has been able to confirm the effectiveness of circumcision against HIV that was found in the African studies, and many consider even these oft-cited African studies highly flawed. There have been no changes of position on circumcision from respected medical organizations since these famous African studies. The American Academy of Pediatrics currently advises parents on its "Healthy Children" website that the AAP "believes that circumcision has potential medical benefits and advantages, as well as risks. The existing scientific evidence is not sufficient to recommend routine circumcision"¹.

No respected U.S. based medical boards recommend circumcision for U.S. infants. They

¹ Where We Stand: Circumcision". AAP Official Website. 03/23/2011.
<http://www.healthychildren.org/English/ages-stages/prenatal/decisions-to-make/pages/Where-We-Stand-Circumcision.aspx>

all must point to the risks, and they all must state that there is no convincing evidence that the benefits outweigh these risks. To do otherwise would be to take an unfounded position against the best medical authorities of the West, within and outside of the United States. And yet, despite this apparent clarity, an examination of these official statements shows them to be filled with confusing information for parents. The AAP suggests that "because the procedure is not essential to a child's well-being, we recommend that the decision to circumcise is one best made by parents in consultation with their pediatrician, taking into account what is in the best interests of the child, including medical, religious, cultural, and ethnic considerations". But, one wonders, what are the medical considerations then? Potential benefits are listed, and potential risks, but the AAP, while not recommending circumcision, refuses to take a clear stand and state anything more directly negative than "not sufficient to recommend". Still, it seems, they ought to be considered? The way it is worded leaves the impression that there are medical considerations, but it gives no clear guide as to what these considerations are. Instead, with some benefits and risks described, it is left up to the parents to decide for themselves on all of these categories - including the medical considerations.

While the AAP position on male circumcision, just as the positions of the AMA, the AAFP, the BMA, etc, is, with proper interpretation, fundamentally clear, the AAP web pages devoted to male circumcision are particularly filled with inaccuracies and contradictions. They suggest for example on their "Healthy Children" website, a website geared towards parents looking for advice, that "Easier genital hygiene" is a valid reason for circumcision, and yet the AAP "Circumcision Policy Statement", from the "Task Force on Circumcision", published in *Pediatrics* in 1999, and reaffirmed on September 1, 2005, claims quite correctly that "there is

little evidence to affirm the association between circumcision status and optimal penile hygiene"¹. When one examines the official documentation from medical organizations on male circumcision, one finds that medical authority in the U.S. has caught up with its European friends overseas in rejecting male circumcision as routine practice, but the documents sometimes reflect the persistence of old thinking about the foreskin and the influence of doctors who were trained in the benefits of male circumcision and who are reluctant to give it up. It is difficult for organizations that have supported circumcision for decades to turn around and fully reject it. While the basic medical statement of "not sufficient to recommend" is clear, they have a great deal of internal division regarding the specifics of male circumcision, and cannot produce consistent documentation about it even within the same year. Documents appear to be constructed by doctors in disagreement with each other, and they pass this confusion on to parents.

While medical boards now seem to have no idea if male circumcision does more harm or good regarding health, it is clear that they recognize that, at the time when it began to be instituted as routine, there was no real medical validity to the reasons given for it. The "Circumcision Policy Statement" of the AAP reports that "Until the last half century, there has been limited scientific evidence to support or repudiate the routine practice of male circumcision". (This is a bit of an unclear statement - they themselves cannot produce any scientific evidence to generate an opinion in the current time; however, at least the data they are using now, non-indicative as it may be, are generated through empirical means rather than some of the completely unscientific claims made concerning the dangers of masturbation and other

¹ American Academy of Pediatrics: Circumcision Policy Statement; Task Force on Circumcision" *Pediatrics* Vol 103 No.3 March 1999, pp.686-693. (Statement Reaffirmed Sept. 1, 2005).

outlandish medical claims made prior to the last few decades. For example, as we will see, racial groups were sometimes used to provide evidence based on their circumcision status without taking sociological factors into account). Today, while these organizations cannot make a strong statement against male circumcision, they have figured out that they cannot recommend male circumcision, unless some good evidence comes along for it. One must have some positive evidence to recommend surgery. They have, however, discovered lately(!) that it is quite painful to the infant, which has likely helped lead to some of the decline of the surgery.

The AAP "Circumcision Policy Statement" states quite clearly that "There is considerable evidence that newborns who are circumcised without analgesia experience pain and physiologic stress". Furthermore, the pain is quite severe, and requires injections for proper pain management. Sucrose and Acetaminophen "cannot be recommend as the sole method of analgesia". Topical cream is no longer thought sufficient as "the analgesic effect is limited during the phases associated with extensive tissue trauma such as...tightening of the clamp". Penile injections of anesthetic are now recommended by all of the major medical institutions. The AAFP states quite simply in their position paper, "Newborns experience pain during circumcision". This is not a debatable fact, and yet, it is not widely accepted - even by some doctors. It might be hard for some doctors to accept, as they may have been taught that the infant does not feel pain, and may have performed countless circumcisions with this idea. Usage of anesthesia for infant circumcision is still by no means the rule.

The AMA reports on these concerns. In "Report 10" they state "When the decision is made to proceed with circumcision, local anesthesia should be provided for the procedure. Ring block or dorsal penile blocks [injections] are most effective. EMLA cream has limited utility".

But frighteningly, "Despite the clear evidence that newborn males generate brisk pain responses during circumcision...a recent survey of residency training programs found that 26% of programs that taught circumcision provided no instruction on the use of local anesthesia". They also report that "Of physicians performing circumcision, 45% use anesthesia...71% of pediatricians, 56% of family practitioners, and 25% of obstetricians". One only hopes, given just how thoroughly the pain of the operation is now understood to be felt, that use of proper anesthetic is growing. The AAP's Healthy Children website suggests "Your pediatrician (or your obstetrician)...should discuss the...forms of analgesia that are available". Given the problems with current training, this is a bit of a hopeful statement, and still seems unnecessarily vague. Few forms of analgesia are recommended; basically there are two types of injections to choose from. Of course, this is an official website for parents, and they probably don't want to get into the difference between a 'dorsal nerve block' and a 'ring block' injection. Given what is known from these official documents, the website might be more effective if it would say, *make sure your doctor knows of the ineffectiveness of anything short of local anesthesia - make sure your baby is given an injection - this is your responsibility, because the doctor you have may or may not be up to date on the latest understandings of infant sensitivity to pain during removal of genital tissue*. But, this would upset the power relationships between doctors and parents too much for an AAP website, and perhaps cause too much questioning of doctors in general. It is not the kind of advice one would find on a website of this type, and yet, anything less than this is a dangerously weak statement.

There is controversy over male circumcision. But, this controversy is often mischaracterized in the media as a debate between a medical practice eager to improve health, and a

resistant and mistaken opposition. The positions of medical boards, while confusing, are clear in their persistent statements of the lack of medical justification for male circumcision. Rather than giving their support to routine male circumcision, we see official medical organizations fleeing as fast as they can from any responsibility over male circumcision. While the media does not represent this state of things, medical organizations have become very insistent that it is the parents who choose male circumcision, for their own non-medical reasons, and they are saying, *we are just doctors, we can not stop them.*

The AMA also practically disclaims any responsibility of doctors for this procedure.

"Report 10" states

"A majority of boys born in the United States still undergo nonritual circumcisions. This occurs in large measure because parental decision-making is based on social or cultural expectations, rather than medical concerns. Studies from the 1980s suggested that the presentation of medical information on the potential advantages and disadvantages of circumcision had little influence on parents' decisions. This finding was recently confirmed".

Is it any wonder, if all parents are told is that there are advantages and disadvantages, and not given a clear direction, that they turn to 'social or cultural expectations'? In their attempt to evade responsibility, the AMA statement makes an odd claim about the parents ignoring medical advice. Can one follow guidance which contains no guidance? Being told that it is not 'medically necessary', but then being given a list of reasons for and against, which indicates health benefits and risks, without a clear opinion, is not guidance! The AMA goes on to state "Many factors in parental decision-making are the father's circumcision status, opinions of family members and friends, a desire for conformity in their son's appearance, and the belief that the circumcised penis is easier to care for with respect to local hygiene" (they are careful to state 'belief', since, it

actually requires little care beyond ordinary bathing habits).

The odd, but crucial thing is that, upon examining the history of male circumcision, we can see beyond any doubt that it was the medical industry which implemented male circumcision. It did not stem from some previously existing cultural practice. It was instituted by doctors in the United States, where before the medicalized procedure arose, male circumcision was fairly rare and confined to certain religious and ethnic groups. This initial medicalization was based upon the mistaken belief that masturbation was harmful, that circumcision would reduce masturbation, and also an unfounded belief that the foreskin was supposed to be retractable at the time of birth of the infant, leading to a characterization of most infant males' genitalia as defective at birth, an understanding which we will see fits well with Victorian ideas of male sexuality. This will be dealt with extensively in the pages below.

While the AMA, AAP, and AAFP, three respected medical organizations, all reject the idea of routine circumcision for medical reasons, there are some organizations which are more supportive. The World Health Organization has a distinctly pro-circumcision agenda, which they are implementing in African countries. In many cases, these countries already have high rates of male circumcision, and they may do some good in the short run by encouraging male circumcision to be done properly, with higher hygienic standards. The Centers for Disease Control, a government agency, has embraced the recent studies in Africa to a greater degree than the U.S. medical boards, but they still do not recommend circumcision in the United States. There has been much speculation that they will change this position. Articles about male circumcision frequently suggest this is about to occur. In August of 2009, the CDC issued a statement attempting to reign in this media speculation. They state:

"Some recent reports have speculated about the Centers for Disease Control and Prevention's (CDC's) upcoming health recommendations on male circumcision for HIV prevention in the United States. It is important to note that the recommendations are still in development...many options are still being considered...including simply recommending that health-care providers educate parents about the potential benefits and risks...ultimately the decision will rest with individuals and parents"¹.

The CDC is already hinting that they will still, more or less, follow the other medical boards, in... leaving it up to the parents to figure out this giant mess that medicine has created!

While there seems to be some hesitation on the part of medical boards in the United States to make a strong statement against male circumcision, this may be as much due to the variety of pressure on them not to make a statement that will embarrass the many doctors who have been recommending male circumcision. It is easier for medical boards in other countries which never had the high rates seen in the U.S., and which also have had a negative stance on the procedure for many more decades than in the United States. As stated above, the British Medical Association takes a strong stand against routine circumcision, as do many other medical boards outside of the United States. It should be noted that the AAFP has statements more in line with West European opinion. Regarding STD's in general, they state in their "Position Paper on Neonatal Circumcision" that "the association between having a sexually transmitted disease (STD) - excluding human immunodeficiency virus (HIV) and being circumcised are inconclusive"; and regarding HIV, "most of the studies...have been conducted in developing countries, particularly those in Africa. Because of the challenges with maintaining good hygiene and access to condoms, these results are probably not generalizable to the U.S. population". That other U.S. organizations are more conservative in their statements, more likely to embrace the

¹ "Status of CDC Male Circumcision Recommendations". Center for Disease Control and Prevention official website. 08/27/2009. www.cdc.gov/hiv/topics/research/male-circumcision.htm. Accessed 05/07/2011.

idea that the operation they embraced in the past might have some benefits justifying it, is not entirely surprising. We must consider that the statements about male circumcision are being generated in a country that has naturalized infant male circumcision to a degree seen in no other developed countries. It takes time, but, the shift towards a firm stance against male circumcision has been on its way for decades, and the changes are being made visible in the increasingly strong statements by medical boards, as well as the recent statistics on the lessening of performance of this surgery. If the rate of male circumcision continues its decline, we may find this climate of de-normalization makes way for greater efforts by medical organizations to actually provide some guidance to parents. This is badly needed. Allowing a media hungry for exciting stories and thus overly receptive to press releases from medical researchers claiming discoveries in the war against HIV (and willing to print them before formal review) to dominate the discourse is paving the way for many unnecessary circumcisions.

The AAP offers a brief 'Ethical Issues' section in their "Circumcision Policy Statement". Even this brief section, three paragraphs in total, pushes responsibility onto the parents, giving them an ethical imperative but no help in resolving it.

"It is often uncertain as to what is in the best interest of any individual patient. In cases such as the decision to perform a circumcision in the neonatal period when there are potential benefits and risks and the procedure is not essential to the child's current well being, it should be the parents who determine what is in the best interest of the child. In the pluralistic society of the United States in which parents are afforded wide authority for determining what constitutes appropriate child-rearing and child welfare, it is legitimate for the parents to take into account cultural, religious, and ethnic traditions, in addition to medical factors, when making this choice...Parents should not be coerced by medical professionals to make this choice".

It is fascinating to see the medical authorities trying to give parents authority that generally would be in doctors hands - to figure out whether surgery is indicated is surely a medical matter,

not one for every parent to decide! We must keep in mind, religious and ethnic tradition accounts for a small amount of circumcisions in the United States. For most parents, these are not the issues they grapple with. That leaves us with 'cultural traditions' and 'medical factors'. But the cultural traditions were instituted by medical authority - and not very long ago either! This statement of ethics has an evasive attitude, one which wants to avoid the responsibility for a procedure which, once normalized, has taken on a life of its own, beyond the outdated medical rationale which has long ago faded. But this statement is also telling of the deep seated issue that male circumcision is in this country. Medicine has taken much responsibility over bodies, but medical boards are realizing that there is too much danger in male circumcision to allow it to be too strongly recommended, *or* strongly condemned. Pushed into a position where they know they must make statements, but can only lose power with either path, they attempt to proceed with cautious evasion. But, seeing the writing on the wall, with declining medical justification, and with little support from our industrialized neighbors for the procedure in an increasingly globalized world, they must make sure that they instruct the doctors they represent not to push for male circumcision too hard. Coercion is a difficult word here. If you tell parents that the right thing for their child's health is to do this, is that not coercion? The doctors are, it seems, supposed to give the current state of thought regarding benefits and risks to the parents, without expressing an opinion of their own. We can presume that, in reality, this is not always what actually happens between doctors and patients, but these statements are worded in this manner for a reason. The statements of United States medical boards are quite revealing of the politics of medical authority, which will be a key component of this thesis.

Is there a controversy over male circumcision? Looked at medically, this controversy

appears to be resolving itself. The rates of circumcision are declining, and probably in too great numbers now for this to be halted. As the doctors in practice are increasingly trained in the modern opinions of male circumcision, and the procedure becomes less normal, infant male circumcision may before long become something of a rarity. Furthermore, while there is not time in this thesis to do a proper review of the literature, child care books increasingly reflect the views of medical organizations, and are cognizant of the history of male circumcision, and often take a negative perspective on the issue of male circumcision. The media, however, has seized on the recent studies done in Africa, prolonging this falsely medical debate, and slowing down the ending of an unnecessary medical procedure.

There are strong forces which still desire the maintenance of this procedure, particularly in the United States, and there is a very active debate in the media concerning what are imagined to be the benefits. This raises the question, if there is such a lack of medical support for this operation, why does it continue to be an operation which so many desire to be carried out on newborns? What explains the persistence of this procedure? In order to understand this, we may begin by looking closely at the history of the procedure. The medical reasons, we will find, were not valid even by the medical science of their day. Then, we must turn to philosophical and psychological understandings of humanness and sexuality to attempt some further understanding of this issue.

III. Sources/Method

Foucault, in *The History of Sexuality Vol. 1*, shows us the striking turn away from

progress in understanding human sexuality in the centuries leading up to the routinization of male circumcision. Discourses on sexuality in the 19th century had "feeble content from the standpoint of elementary rationality, not to mention scientificity, [which] earns them a place apart in the history of knowledge (Foucault, HS, p. 54). Foucault can help us to understand how knowledge of human bodies could so dramatically be lost, and how anti-masturbation attitudes could come to dominate understanding of disease. In addition to the use of Michel Foucault, in setting a ground for understanding the development of routine circumcision, I will rely on four key texts. Despite the vigorous media debate, there are still actually not very many studies of this topic that are of academic quality out there. Some of these texts were groundbreaking when they were first published, at least regarding U.S. practice, but now their claims are largely represented by the statements of medical authorities in the United States. The older books have some limits to their scientific understandings, while the newer ones contain updated scientific research, which improves on the understandings of the body which are still being reclaimed from the loss of knowledge of the Victorian era.

Edward Wallerstein's book *Circumcision: An American Health Fallacy*, published as the "Springer Series: Focus on Men Volume One", in 1980, was the first book to take such a thoroughly researched, medically backed up, evenhanded approach to male circumcision. It was published near the peak of male circumcision in the US, when "about 85% of all American newborn males" were circumcised (Wallerstein, p. 244). At the time, statements questioning male circumcision from medical organizations were beginning to come out, but without much publicity. Its publication marks the beginning of a shift in awareness in the United States of the broader public towards the lack of medical validity of circumcision. The other books used have

since gone deeper in their cultural and medical explorations of the topic, but this book still stands as a landmark. Wallerstein, not a doctor but, amongst other things, a medical professional, had his own son circumcised, but many years later, as he explains, when a young couple asked his advice, he began to research the topic, which eventually led him to write this book.

Similarly, Rosemary Romberg, author of *Circumcision: The Painful Dilemma*, published in 1985, did not come to the conclusion that male circumcision was questionable until she had circumcised all four of her sons. While this book relies heavily on Wallerstein's research, it has a great deal to add to a discussion of male circumcision, as it has qualities which really set it apart from the other histories. She covers her bases, carefully citing her evidence and solidly constructing her arguments, but, unlike the other books, she deliberately speaks from the position of being a mother, and makes passionate statements about male circumcision which the other books avoid in the interest of a more academic tone. She questioned medicalization of childbirth from early on, becoming increasingly resistant to medicalized childbirth with each pregnancy, but she admits that she was very slow in questioning male circumcision. For someone who questioned nearly every element of medicalized childbirth, eventually switching to home birthing, it can be taken as a statement of how normalized male circumcision was for it to have escaped her attention for so long. This is not a purely academic book, but one that combines Wallerstein's academic approach with personal stories and anecdotes from her own and other people's experiences, and statements from many doctors, including some who support male circumcision. It contains much fascinating information that the other books do not, for example stories of circumcision in the military, as soldiers were often encouraged and sometimes compelled to be circumcised (though never technically a requirement) in World War II, the

Korean War, and Vietnam (Romberg, p. 183). One very unusual aspect of this book is that there are pictures, not just diagrams of genitals, but lots of pictures, including many pictures of cheerful naked uncircumcised boys. Though the pictures go without comment, this is clearly Romberg's attempt to re-normalize the intact penis - and it is an important one, especially amidst the fears of children not looking normal, fears which, perhaps, while attributed to children, really represent the parents' insecurities. There are also disturbing images of circumcisions gone wrong. Should we be shielded from these images? The story she presents is perhaps one that is required, alongside more academic texts, to get a broader understanding of male circumcision and the effects it has on peoples lives. Crucially, and to a far greater extent than the other books, Romberg situates circumcision amongst the loss of traditional knowledge about birth which occurred what it came under medical control.

The book which, perhaps, is most important in creating the framework of the too brief, following history that I will give, is *Circumcision: A History of the World's Most Controversial Surgery*, by David L. Gollaher, published in 2000. This book is a particularly compelling read, if conventional in its determination to create a strong narrative flow which carries the reader effortlessly along. If there is one book to read about male circumcision, it would be this one.

Robert Darby's *A Surgical Temptation: The Demonization of the Foreskin & the Rise of Circumcision in Britain*, published in 2005, goes beyond all the above books in the level of detail it provides concerning medical statements made throughout the years. He provides a frightening picture of the extent to which Victorian sexual morality impacted the medical practice of the times. It is not well organized. It is very long, filled with information which seems increasingly redundant, and the information seems at times jumbled together haphazardly, but this is a

weakness and a strength. One never gets the sense that anything was left out to in order to make the story more compact and to force upon it a narrative structure that is in any way artificial. As more books on male circumcision are written, Darby's book may be one in which people may find all sorts of evidence for all sorts of interpretations of this period of medical history. The book focuses on Britain, but as the tales of circumcision in Britain and the United States are highly linked, it was a useful book for this thesis. Written years after Gollaher's book, he is naturally aware of Gollaher's work. While supportive of Gollaher's work overall, he critiques it for its underestimation of the importance of masturbation: "Gollaher recognizes the importance of their determination to prevent masturbation in doctor's efforts to introduce widespread circumcision, but he is imprecise as to the chronology and does not seem to appreciate that it was their prior conviction that masturbation was harmful that inspired them to seek the etiology of common diseases in the condition of boys' genitals" (Darby, ST, p. 8). Furthermore, Gollaher neglects spermatorrhea, "an imaginary disease that designated almost any loss of semen other than in intercourse with one's wife as pathological, and of which masturbation or a long foreskin was held to be an important cause" (Darby, ST, p.8). Each book has its own take on male circumcision, and yet each is united by many basic facts which are indisputable, and which have caused male circumcision to come under increasing scrutiny as a dubious medical procedure. I will begin, however, with a brief look at what is known about the most ancient practices of male circumcision.

IV. Male Circumcision: The Medical Normalization of an Ancient Ritual

While lately extolled by some for its supposed medical benefits, the practice of male circumcision has existed for millennia. It has been found in ancient cultures, including in Ancient Egypt and amongst the Australian Aborigines. There is an Egyptian bas-relief thought to be from around 2400 B.C. that clearly shows male circumcision in practice. David Gollaher, in *Circumcision: A History of the World's Most Controversial Surgery*, calls this “the world's most ancient depiction of a surgical operation” (Gollaher, p. 2). How common this practice was and the reasons for it are not entirely clear, but there is much speculation. According to Gollaher, “Doubtless it was partly about purification,” as the Ancient Egyptian culture was very interested in hygiene rituals (Gollaher, p. 5). In Ancient Egypt, as well as in other cultures, it has been viewed as a rite of passage, and something heavily involved in hierarchy, as it could mark certain people as elite members of society. Gollaher explains how scholar James Frasier viewed circumcision as “an expression of society's desperate drive to control sex and death” (Gollaher, p. 55). Another scholar, Arnold van Gennep, defined circumcision as “a pivotal rite of passage” (Gollaher, p. 57). It can be seen in many lights: as a blood ritual, a rite of passage into manhood, or a test of pain; but generally specific reasons are lost, and rituals of this sort, where still present, are carried out largely from tradition. As one Merina, a member of an ethnic group from Madagascar, explains, “Our ancestors have always done this, so we must do it too” (Gollaher, p. 63).

While the doctors who in the 19th century decided upon male circumcision as a treatment for many ills may have been inspired by some other cultures' practices of male circumcision, it is probably best not to apply today's reasons for circumcision to speculations about ancient practices. We should not make the mistake that doctors in late 19th century made in examining

ancient male circumcision and applying our rationals to them. It is unlikely that there was an intended medical benefit from circumcision in its ritual forms. Circumcision was likely to cause more health problems than it could possibly solve in times when conditions for a surgery were not conducive to health.

Even more than as a practice of ancient cultures, male circumcision is today famous as a religious custom of today's Jews. However, for most of the last few hundred years, with the exception of some religious and ethnic groups, male circumcision has not been commonly practiced in the Western world. It is only a little over a century ago that the practice was instituted medically in the United States, and to a lesser degree in a few other Western nations. This Western version of circumcision is in a form quite different from other cultural appearances, as other instances of male circumcision are not generally carried out on infants. As Romberg states, "With the exception of Judaism, and the medical profession in 20th century America, infant circumcision has been rare" (Romberg, p. 2). Beginning in the late 19th century, circumcision became a practice with the justification of preventing masturbation and a nearly endless list of diseases. At first it was not done at infancy, but on adults and older children. Some adults were willing to submit to the procedure, but many more were not. "Doctors were unable to convince more than a few adult men to undergo the procedure, and they thus focused their attention on the younger generation" (Darby, ST, p. 9). That it became the practice to circumcise infants in the U.S. at particularly high rates has likely helped it to persist, without much awareness of the oddity of this surgical practice. By 1980, the time of Wallerstein's book, it was fading from practice in the few Western countries other than the United States where it had gained some traction, but was still common in the United States. Today, Wallerstein's words are

basically correct, that "No other country follows this practice, except where the operation is a religious ritual or puberty rite" (Wallerstein, AHF, p. 1). There remain many non-Western countries which practice male circumcision, but not on infants.

While doctors could not have picked up male circumcision as a medical practice on infants from older ritual practices, they were inspired by the moral qualities that they found in practices of ritual circumcision. There is much written about the benefits of circumcision in Jewish texts from throughout the centuries. Writings about circumcision in Jewish history often focus on maintaining Jewish identity, but they also often focus on circumcision as something that aids in controlling the sexuality seen as present materially in a dangerous form in bodies. Maimonides, a 12th century Jewish scholar, stated that "moral qualities of the soul are consequent on the temperament of the body" (Gollaher, p. 21). He strongly advocated circumcision for its supposed deadening of unruly impulses. A follower of his in the 13th century, Issac ben Tediah, continued this theme, stating that those freed from their sexual desires would "be strong to seek out God" (Gollaher, p. 22). The discourse of circumcision as a tool for restraint of excessive sexuality continues throughout the centuries. Similar arguments would be used later when the practice became instituted in the United States around the turn of the 19th century. It is really these claims, rather than scientific ones, that served as the basis for a new form of male circumcision, one that appeared medical as it was carried out by doctors, but one which was hardly scientific even by the science of the time.

It is interesting to see how circumcision serves as a metaphor for more general issues regarding the body, and even the soul. Gollaher states, "Moses, for example, who evidently suffered a speech impediment, is twice described in the Torah as being afflicted with

uncircumcised lips” (Gollaher, p. 10). Circumcision could easily represent concerns over dangerously excessive corporeality. It was seen as a necessary maintenance to ensure fertility, like pruning trees, as “Philo Judaeus, an ancient Jewish philosopher stated that 'There is need for (boys) to be purified and trimmed like plants’” (Gollaher, p. 13). Circumcision, as trimming, was seen to establish some control over nature and enhance it in desired ways while restraining its undesirable qualities. Philo Judaeus thought it was good for fertility, but he also saw it as useful for restraining sexuality by reducing pleasure, as it was “good to dock the organ which ministers to such intercourse” (Gollaher, p. 15). These kinds of statements may have become all the more resonant amidst a morality of the Victorian era which held sexual pleasure in low esteem.

Until the resurrection of these moral motivations for circumcision in the late 19th century, now with the aid of a medical authority establishing domination over the body, male circumcision had been thoroughly rejected, to the extent that it had a fairly negative connotation. This can be contrasted with the connotations which an uncircumcised state holds for some now. Christianity did not pick up the practice of circumcision from the Jews. Many Jewish laws were seen by early Christians to be invalid, and Saint Paul proclaimed “In Christ Jesus neither circumcision nor uncircumcision counts for anything” (Gollaher, p. 31). Despite frequent referrals to Jewish practice in current discourse, male circumcision was thoroughly rejected by the West until the 19th century. Until the greater acceptance of Jews, circumcision, rather than being looked on as a custom to be respected, was sometimes held in horror, including racist conceptions of Jews out to circumcise gentiles. Evidence of this is plentiful. For example, Darby explains, "The figure of the knife-wielding Jew, intent on carving off a gentile's foreskin, was a stock image in written texts and popular illustrations, and it helped provide the model for the

money-lender in *The Merchant of Venice*" (Darby, ST, p. 35). The 19th century brought a dramatic change in attitudes towards Jews and circumcision both, and Darby explains that "When, in the 1870's, Richard Burton remarked that Christendom 'practically holds circumcision in horror', the observation was ceasing to be true, but it was certainly the case before the nineteenth century" (Darby, ST, p.32).

Unlike the Bible, there is not a lot of mention of circumcision in the Qur'an, but male circumcision is also deeply rooted in the Muslim tradition. Gollaher explains how "Muhammad is reported to have prescribed cutting the foreskin as a fitrah, a measure of personal cleanliness" (Gollaher, p. 45). Also, just as within the Jewish tradition, modern Muslims see this religious practice as not only morally but medically beneficial. A conference of Islamic scholars in 1987 stated that current pro-circumcision medical studies "[reflect] the wisdom of the Islamic statements" (Gollaher, p. 47). Just as in the case of Judaism, attempts to question the propriety of circumcision have been seen as blasphemous, and yet, there is a recognition that medical validity, even concerning circumcision as a religious custom, is today for many religious people important to maintain justification for the surgery. This reflects the transfer of authority over the body from the religious to the scientific realm.

V. Regaining Knowledge of the Foreskin

To begin a medical discussion of circumcision, it is perhaps appropriate to discuss just what exactly the foreskin is. This is surprisingly not well known, even by medical professionals. Darby explains that "In Britain there were always doctors and relatives who had not lost touch

with the way things used to be”, but in the U.S., the very high rates have meant that there are “few doctors and parents who have any familiarity with the normal penis, and thus know how to manage it” (Darby, ST, p. 313). Wallerstein explains how extreme the normalization of circumcision has become, as studies have found “a high percentage of men...in error about their own circumcision status” (Wallerstein, AHF, p.4). Amongst the books used in preparing this thesis, it is Wallerstein who provides the most detailed explanation of the foreskin. He explains, "The foreskin can be visualized as a soft, pliable, cone-shaped tissue, which is open at the end to permit the passage of fluids from the meatus. The opening is expandable in order to allow for the protrusion of the glans in erection, for washing the glans, and for urination in noninfants...Usually, the foreskin covers the glans completely", but this varies according to the individual (Wallerstein, AHF, p. 198). The foreskin is really a very complicated structure, "composed of two distinct layers of tissue, almost like a lined sleeve...the outer layer of the foreskin is simply an extension of the external skin of the penile shaft", with similar skin, while the inner lining is "more like that of a mucous membrane and it is kept moist by the secretion of smegma, which its cells produce" (Wallerstein, AFH, p. 199).

Certainly, the foreskin is no mere flap of skin, and this has been known for some time. In the mid 1940's, anatomists “showed that (the foreskin), like the rest of the penis...developed a profuse network of capillaries, blood vessels, and nerves” (Gollaher, p. 114). Furthermore, removal of the foreskin does not merely remove this tissue. Rather, it induces changes in the skin of the penis, which, without the foreskin, becomes exposed to the external environment from which it would be otherwise protected. Romberg explains that this results in a process of skin hardening: “In the intact individual the glans looks very much different. In the circumcised

person it looks like the rest of his skin. In the intact person it's like the inside of our vaginas or the inside of the mouth. It's a totally different type of skin” (Romberg, p. 79). Romberg's statement concerning this process of 'keratinization' is today the standard medical opinion and reflected in the official statements of medical authorities.

Hygiene is frequently mentioned in the discourse of male circumcision, and it is well worth briefly addressing the question of the foreskin and hygiene. Official medical statements concerning circumcision usually do not mention hygiene, although, as mentioned above, the AAP does, stating in their "Circumcision Policy Statement" that "there is little evidence to affirm the association between circumcision status and optimal penile hygiene". Despite this, discussions of circumcision's effects on hygiene are not only very prevalent in mainstream articles and other popular sources, but sometimes still make their way into more official sources. For example, the AAP's "Healthy Children" website, written for the benefit of parents, lists "easier genital hygiene" under "Reasons parents may choose circumcision". Some of this stems from old misunderstandings of germ theory, which still get carried along by discourse. Darby explains how "In the excitement of the discovery that many diseases were caused by specific microorganisms, it was not widely realized that most bacteria were harmless or benign, and hence assumed that all were bad and that the body and its organs were meant to be as sterile as Lister's operating table" (Darby, ST, p. 249). This understanding of germs quickly permeated public consciousness. Gollaher explains how "Germ theory ignited germ phobia. The press popularized an an image of the human body as a conveyance for all sorts of hazardous microbial agents” (Gollaher, p. 89). Natural body fluids were characterized as unhygienic, and given the sexual attitudes of the time and the growing problems with venereal diseases, which were poorly

understood, smegma was no exception. While statements of this type are no longer considered accurate, they clearly have not disappeared. Wallerstein explains how “It is rare to find any word or phrase in either lay or medical literature that is remotely positive or even neutral when applied to smegma” (Wallerstein, AHF, p.60).

Naturally, cleanliness is important, and all body parts should get attention in the shower (although it is not necessary and often harmful to peel back the foreskin of an infant or child whose foreskin is not yet readily retractable). It seems that for many, the idea of any basic care for penile hygiene is intolerable, and this may stem from Victorian suggestions that all contact with the penis should be avoided, lest one become stimulated. In the case of men or women, bad hygiene can make infections more likely, but there is no unusual care of the penis needed - only ordinary bathing habits. Wallerstein explains that “In most countries where routine circumcision is not followed and a modicum of hygiene is maintained, there are few foreskin problems. And when such occur, they are usually handled medically, rarely surgically...The threats of dire consequences resulting from neglect of penile hygiene...constitute nothing less than coercive scare tactics to frighten parents into accepting circumcisions” (Wallerstein, AHF, p. 79).

It is not only old Victorian ideas at work, but also the impact of the move to a two-sex idea of human bodies, where male and female anatomy are seen as opposites of each other, rather than variations on a similar human sexual body. (The previous one-sex model understood the vagina as more like a penis, but internal rather than external). This duality reduces consciousness of the similarities of male and female genitals, and allows for a presumption that male and female genitals require fundamentally different care. Because the genitals of the two opposed sexes are considered to be so different, the forms in which Victorian anxieties about hygiene

appear and the ways in which they become exploited differ greatly. Romberg mentions douching, which is thought today to be harmful, but remains a not-unheard-of practice, particularly in the United States. Fears of bad hygiene can be exploited to sell products (and this is of course not limited to products targeting genital hygiene). In the case of male circumcision, most analysts agree that economic interests do not play a particularly heavy role in maintaining circumcision, but hygiene fears are certainly exploited to maintain the practice of circumcision.

While the female anatomy can harbor and emit fluids, these days, one would be careful not to characterize female genitals as unhygienic. Menstruation, for example, has a long history of being used to denigrate the female body. Negative characterizations have not entirely disappeared, but are actively resisted by many. People are usually careful to avoid these, at least in most situations, having learned that it is inappropriate. It is not only a misunderstanding of hygiene, but must be considered offensive to characterize the normal male genitals as unhygienic, just as it is to characterize the female genitals in this manner. To call smegma unhygienic is to mark the male body as unhygienic in a way that is no longer appropriate given current understandings of the body, and it can be used to denigrate the male body in its sexual nature. Although smegma may have an odor, this itself is not an indication of disease. The idea that men should not have any genital odor is a cultural one. Women often have awareness of the way their bodies can be used to denigrate them. Men may not generally see this as a concern for them, and yet the topic of penile hygiene suggests otherwise. While it may not be as crucial an issue for men as for women, it is worth understanding that notions of unhygienic genitals can be used to denigrate men or women. The frequency of hygiene in the discourse shows not only the persistence of thinking about the body in a fashion that is scientifically outdated, but also a

discomfort, highly influenced by 19th century thinking, over aspects of the body which reveal our animal physicality.

When the foreskin was characterized as without function, hygiene became one more reason that doctors could recommend its removal. The foreskin has become thoroughly minimized in importance only recently. Gollaher explains how this was “produced by circumcision advocates toward the end of the nineteenth century” (Gollaher, p. 109). If the foreskin is seen as useless unnecessary skin, or hazardous to health as a place where bacteria can be trapped, it is easier to convince people that getting rid of it is no mistake. Thus, it became useful for doctors to willfully ignore previous knowledge of the body, where functions of the foreskin were assumed as common knowledge. It is only recently that the foreskin has once again been looked at as having unique functions for the body. It seems to have some effect in protecting the penis from dangers it might encounter, as for example, in a young boy, a hair may become tightly wrapped behind the rim of the glans in a way that might damage the penis, or a toilet seat can fall on a young boy's penis during urination, etc, and the foreskin can provide some protection for this (very good protection in the case of 'hair strangulation', while more limited in the case of a falling toilet seat, but, certainly, no boy would mind a little extra cushioning in this incidence, no matter how limited the effectiveness) (Romberg, p. 225).

While the protective functions may not be irrelevant today, doctors in the late 19th century attempted to characterize the foreskin as a relic from prehistoric times. A circumcision advocate, Dr. Peter Remondino, suggested in his 1891 publication *History of Circumcision from the Earliest Times to the Present: Moral and Physical Reasons for Its Performance*, that the penis did not need protection as it may have in earlier times, and states that the foreskin should

already have disappeared, a claim that resonated with new theories of evolution (Darby, ST, p. 170). The removal of the foreskin thus aided in placing us as humans distinct from an animal past, all the more understandable as genitals are a reminder of a reproductive nature shared with other animals. Medical developments in views of biological sex differences also had their impact on views of the foreskin. Darby explains, “As the two-sex model emerged in the eighteenth century...the foreskin tended to be seen as the male equivalent of the clitoral hood...which was not a feature mentioned much nor seen as playing any important role” (Darby, ST, p. 120). This understanding of the foreskin as having its equivalent in the clitoral hood, while imperfect, remains as the current general understanding. Today, as understanding of genitals recovers from the reduction of knowledge in the 19th century, the clitoral hood, just as the foreskin, has begun to be seen as having function, both in protecting the clitoris and in providing or assisting in pleasurable sensations (for example, but not limited, to providing lubrication to the clitoris, as the clitoral hood emits lubrication similarly to the penile foreskin).

This brings us to what many today would value as the most important element of the foreskin - its role in pleasure - if, that is, it has one. If it were to be shown that removing the foreskin reduces pleasure, it would be very difficult to support circumcision, even as a religious custom. But, does the foreskin contribute to sexual pleasure? This turns out to be no simple matter to determine. Pro-circumcision advocates must claim that circumcision does not remove pleasure. If it did, their position would be fatally undermined. (In the Victorian era, of course, this did not need to be a claim, and, as we will see, reduction of pleasure was often held as an advantage of circumcision). Meanwhile, anti-circumcision advocates will, of course, similarly claim that their position on circumcision is what provides for the most pleasure. How are these

two claims not incompatible? The answer is revealing as to the social constitution of sexual pleasure, a constitution not reducible to a matter of scientifically ascertainable data on nerve stimulation.

VI. The Foreskin and Pleasure

Romberg states that “The presence or absence of the foreskin constitutes a dramatic difference in the appearance and nature of the male genital organ. Therefore, circumcision must have *some*, if not *considerable*, effect on human sexuality” (Romberg, p. 170). She claims that “if a man is intact, it is highly doubtful that circumcision will improve his sexual experience, for in most cases the opposite has proven true” (Romberg, p. 175). She has compelling but only anecdotal evidence to back this up. Wallerstein states that “There is absolutely no controversy that the foreskin, particularly the inner layer, contains erogenous tissue. This is true for the penile as well as the clitoral foreskins” (Wallerstein, AHF, p. 56). This is very suggestive that the foreskin adds to pleasure, but it seems somehow still not to be conclusive, as despite the acceptance of the sensitivity of this tissue, a debate over the influence of the foreskin on pleasure continues. To gain some additional understanding of this issue, I will look briefly at official medical statements, historical reports given in the various books used in this thesis, coverage in the mainstream media, and finally, some new information gleaned from one of the recent studies in Africa.

Official medical statements bring little light to the matter. The AAFP in their "Position Paper on Neonatal Circumcision" states "The effect of circumcision on penile sensation or sexual

satisfaction is unknown". The AAP, in their "Circumcision Policy Statement", states "A survey of adult males using self-report suggests more varied sexual practice and less sexual dysfunction in circumcised adult men. There are anecdotal reports that penile sensation and sexual satisfaction are decreased for circumcised males". This is, if not contradictory, at least difficult to decipher. The AMA, in "Report 10", does not even mention the issue of circumcision and pleasure. Perhaps these organizations have a sense that they are really out of their domain when it comes to understanding circumcision and sexual pleasure. There has, as yet, not been an effective way to quantify and accurately measure sexual pleasure.

A look at history shows some confusion, but far more opinion on the subject. Before the 19th century, in less prudish times, the foreskin was not unrecognized for its role in pleasure. Though there is not the abundance of documentation one would like to find, in what has been found, there is frequent mention of the foreskin. Darby explains, "Following the lead of the Renaissance anatomists...English writers of the seventeenth century such as William Harvey, John Bulwer, and Jane Sharp, author of a well-known midwifery textbook, considered the foreskin to be the locus of the most intense pleasure" (Darby, ST, p. 24). There were others who disagreed with them, and identified the glans as the most sensitive area, but the foreskin was certainly anything but ignored when it came to pleasure.

There is, these days, an abundance of discourse concerning the effects of circumcision on sexual pleasure, and it is a very revealing discourse, if not always in the ways which the speakers desire. In late 2009, *New York Magazine* published a dozen articles on circumcision, as part of a special edition called "For and Against Foreskin". These articles presented perspectives for and against circumcision, as well as explanations of what circumcision is, its frequency of

performance, and other interesting data. It attempts a sort of even-handedness through a diversity of viewpoints, but it does not hold back from some serious criticism of circumcision. An article called "How Much Does It Hurt?" explains in no uncertain terms how painful it is for the infant, and details the significant amount of anesthetic needed, but not always given, while "What Can Go Wrong?" points out that serious complications sometimes occur, even mentioning the rare but occasional fatalities. "Jewish But Don't Want to Circumcise?" explores the increasing occurrences of those within the Jewish faith deciding that circumcision is not something they wish to have done to their child, and offers guidance for those who are considering this still, within Judaism, controversial path. An article called "Would You Circumcise This Baby?" gives an overview of the history of male circumcision, making use of Gollaher's book, as it explains how "the quest to justify one of civilization's most curious habits continues".¹ Even the article about HIV, "What About Cancer and AIDS?", while perhaps too readily accepting the recent statistics concerning HIV in Africa, warns, "Whether the same benefits are enough to justify the procedure in the West remains an open question".² Indeed, amidst the still frequent defenses of male circumcision in the media, this issue of *New York Magazine* seems quite progressive, although they present all of this with a gentle, understated tone.

There are actually few articles representing pro-circumcision arguments here. The primary one is called "The Case Against the Case Against Circumcision", by Hanna Rosin. This article defends the practice, and interestingly, the author defends it as if her position is now the more unusual and controversial one to take. Her article suffers from some major flaws. For example, in supporting her position that "the foreskin is a public-health menace", she misleads

1 "Would You Circumcise This Baby?" By Michael Idov. *New York Magazine*. 10/18/2009.

2 "What About Cancer and AIDS?". By Christopher Bonanos. *New York Magazine*. 10/18/2009.

the reader as to the position of Australian doctors. She states that "Australian physicians give a decent summary" of the diseases which circumcision helps prevent, including "STIs such as carcinogenic types of human papillomavirus (HPV), genital herpes, HIV, syphilis and chancroid, thrush, cancer of the penis...", and many more.¹ This information is either outdated or taken out of context in a deceptive manner. Australian doctors can absolutely not be characterized as pro-circumcision. While not as quick as the British to reject circumcision, they took a stance long before the U.S., as in 1971 "the Australian Pediatric Association recommended 'that newborn male infants should not as a routine be circumcised'", while the *Medical Journal of Australia* warned "as neonatal circumcision incurs an appreciable morbidity and occasional mortality, its use as a routine measure cannot be justified" (Wallerstein, AHF, p. 29). Statements from Australian medical authority not only are unsupportive of circumcision, they often take aggressive stances against the procedure. For example, Wallerstein reports that "The editor of the *Australian Journal of Medicine* declared (1971) that some medical procedures take a long time to die, and that of all procedures which should have passed from the scene, neonatal circumcision is 'among the most stubborn'" (Wallerstein, p. 194). Even at the time of Wallerstein's book, in 1980, it was accurate to say, "The world medical profession rejects American circumcision thinking and practices as unsound" (Wallerstein, AHF, p. 31).

Given the current statements from medical authority, it is very difficult to defend circumcision, and so it is no surprise that articles which do defend it, unintentionally or not, make use of outdated or inaccurate information to do so. Though her arguments may be of poor quality, there is still a demand, in a publication of this type, that a counter argument must be given. To not do so, in a magazine this mainstream, which devoted this much space to male

¹ "The Case Against the Case Against Circumcision". By Hanna Rosin. *New York Magazine*. 10/18/2009.

circumcision, would be too much for the current time. It is still too soon to just say, 'we figured out that this surgery is wrong, and we now look at it as a relic of a curious medical past', even if this time is now not far away. Perhaps when U.S. medical authorities make the type of statements that Australian authorities make, actively discouraging circumcision instead of maintaining a cautious neutrality, it will be a reflection of U.S. attitudes about circumcision having moved to a point where mainstream discourse does not demand this issue to be presented as a controversial debate. Medical authority does not operate only with the latest scientific knowledge, but is involved in constant cultural negotiation, and male circumcision gives an unusually striking example of this.

While this may appear as a digression from the topic of pleasure, it may help us to situate the controversy over pleasure within this supposed controversy over circumcision. It may be a particularly thorny problem, but a revealing one. One cannot quite state as a definite fact the medical effects of circumcision. These remain, to a great degree, unknown in their specifics. The existence of statements of medical authority, however, can be given as facts, in the sense simply that it is factual that certain statements were made. One can question the relevance of medical authority, but articles which defend the procedure, using inaccurate or out-of-date facts, can be criticized for this. It is perhaps pleasure, however, which is the most elusive when it comes to presenting facts. Here, the facts seem not to exist; there is not really any reliable authority that can be turned to for a statement on this which, in turn, would hold some authority. And yet, there is no doubt that sexual pleasure is very important to our society, or, perhaps more verifiably, we think it is and devote much effort to maintaining our belief in this.

Two articles in this issue of the magazine dealt specifically with sexual pleasure, and it is

here, where facts are most scarce, that the other arguments in favor of male circumcision are found. One article is by Sara Bernard, called "What Your Sex Partners Think: Uncensored thoughts on the pros and cons of cut versus uncut lovers". This article consists only of the statements of seven individuals, six women and one gay man, on whether it is preferable for one's sexual partner to be circumcised. They do not agree. Some prefer circumcised men, and some uncircumcised.¹ We may ask, isn't the main concern the pleasure of the male who would choose or not choose circumcision for his own interest in pleasure? The discourse shows, clearly not. There is far more coverage of the concern of the partner's pleasure than of the possessor of the penis at issue. For example, a story on *WebMD*, "Male Circumcision Improves Sex for Women, makes use of a survey from a follow up to the Ugandan HIV study. It reports that "only 3% said sex was less satisfying after their partner was circumcised"². We must consider the difficulties in surveying people about sexual enjoyment. There may be resistance to saying, 'I now enjoy sex with my husband less', especially to a doctor who does not want that answer. There are multiple pressures here which may highly affect the answers to surveys. Actually, one suspects these statistics regarding sexual pleasure are fairly useless. But, there is a need to assert that pleasure is not negatively affected, and for it to be done in a scientific fashion, and so statistics must be generated to do this.

The focus of the discourse of pleasure being centered on the partner of the male who may or may not be circumcised raises some concerns. It is, of course, easier to get data from people who have experienced sex with both circumcised and uncircumcised men than to find opinions of men who were circumcised as adults. And, certainly, the pleasure of one's partner is relevant

1 "What Your Sex Partners Think: Uncensored thoughts on the pros and cons of cut versus uncut lovers". By Sarah Bernard. *New York Magazine*. 10/18/2009.

2 "Male Circumcision Improves Sex for Women" By Charlene Laino". *WebMD*. 07/21/2009.

to all concerned; the pleasure of two people can not be neatly distinguished, but generally must interrelate somehow. Still, the preponderance of articles focusing on the perspective of women suggest that a Victorian model of sexuality may still be at work under the surface. This model has it that men have no difficulty with enjoying sex, while women often have disinterest in sex. Thus, it is the threat to the pleasure of the woman which is really crucial in assuring that male circumcision does not have an overall negative effect on satisfaction in sexual intercourse. This discourse unconsciously follows these beliefs, though they are supposedly now outdated.

(Worth mentioning, as an additional concern, is that this WebMD article, which is about an African survey, comes with a picture of a happy, cuddling white couple. Unfortunately, many articles covering the African studies come adorned with images of happy white couples cuddling, or white mothers with happy white sons around them. Whose anxieties are really being addressed here? The anxiety that African couples who may soon include a circumcised man might have pleasure affected, or that our Western practice of infant circumcision might have diminished sexual life in the West?)

This is not to say that the pleasure of the person who is or is not circumcised is ignored, although it is much easier to find reports of the satisfaction of the partners of the men in question. The *WebMD* article does mention that "Men feel much the same way...In a previous survey, 97% of men said their level of sexual satisfaction was either unchanged or better after they were circumcised". The other side of this statistic is perhaps too easily ignored. Three percent of men must have reported lower sexual satisfaction. The 'men', unified into a group, obscure what may be some very dissatisfied individuals. And how unsatisfied? We do not know. Is sexual pleasure even so simple as 'better ... the same ... or worse', as if one is having an eye

examination? Can numbers tell the story? The story they tell instead is one of the desire for some numerical, scientific data which can leave us assured that sexual pleasure is a main concern that we would never dare to interfere with. Perhaps anecdotal evidence, the experiences of people, should be looked at more closely, as Romberg does, even though she was not in the impartial position to do it. Still, she is quite correct in asserting that “for someone who is dissatisfied and prefers a change, the foreskin *can* be easily cut off but *cannot* truly be replaced” (Romberg, p. 174).

While the *New York Magazine* story has the opinion of seven people experienced with both penile states, they rely on the case of a single man to explain pleasure from the perspective of the circumcised male who has also known the uncircumcised state. This article is called "One Man, Both Ways: To understand the real difference between being circumcised and uncircumcised, ask someone who's been cut and uncut". This is perhaps not the desired sample size, but no doubt, this sort of information is not easy to come by. Hugo Schwyzer had some medical issues with his foreskin, but, he explains, "the bigger issue was that I was in a relationship with the woman (at that time, she was my fiancée) who would go on to become my wife. Before her, I'd had something of a promiscuous past. I wanted to feel as if I was starting over sexually. No matter how many people I'd been with, she would be the only woman to see me like this".¹ In response to "Obviously the No. 1 question is, what's sex like?" he states "One thing that's different is that I always used to beg out of oral sex. Even from women who were very good at it. It was too much sensation, too intense. After the circumcision, oral sex became a whole lot easier; the pain was gone but the pleasure remained". Problems with this sample size become evident. How many uncircumcised men experience oral sex as painful? Did he seek

¹ "One Man, Both Ways ". *New York Magazine*. 10/18/2009.

other resolutions to this issue before opting for surgery? Do some circumcised men find oral sex not stimulating to the appropriate social degree? I mention this story, additionally to its being an example of how a case can be made for circumcision while avoiding facts, because it points to what is often a central claim behind increased pleasure from circumcision. We know that the foreskin has some sensitivity, and so how is it that this does not indicate greater pleasure? It certainly seems that for this man, it did not. This requires some further elucidation. The claims of greater pleasure for circumcised men generally lay in the effects of reducing the sensitivity of the penis. His concerns over oral sex are less frequently voiced. More often, it is claimed that there is a longer sexual experience for both partners due to delayed orgasm caused by less sensation. (This is, for example, also mentioned in the *WebMD* article as a reason why women find their recently circumcised partners more enjoyable).

But, we find here a plethora of concerns regarding sexual normativity which in the current age must be examined. For example, there is a value assigned to a capability granted through circumcision that a man can have greater sexual restraint, maintaining an erection for the desired length of time. I am not suggesting that sexual partners of men should be deprived of pleasure, but, rather, that there is the frequent occurrence in discourse over male circumcision of normative expectations of sexual practice. Certain questions come to mind. For example, is sexual intercourse reflected in discourse as the only truly valued or at least primary method of sexual satisfaction? If an operation on one partner can make sex more satisfying to the other, what responsibility is there to have this surgery? Is the intact male body in some way inferior to the circumcised body when it comes to current sexual attitudes towards pleasure, and if so, is it the male body, or social attitudes towards sex, which must be rearranged? If medical reasons

dissipate, leaving issues of pleasure as the main indication, is this a justification for circumcision? One suspects not, and yet, one finds in the discourse over circumcision, that the main defenses of circumcision become increasingly rooted in questions of pleasure and social standards rather than in a medical rationale which has lost its validity. When one examines the path discourse on male circumcision has taken, it becomes increasingly convoluted, from a practice resulting from an anti-pleasure morality which took a barely disguised medical form; to one which lost its moral ground but continued its life as a medical practice, too much a site of power and too normalized to go away; to a state where it now is claimed to embrace pleasure, quite in contradiction to the original motives for its existence.

The case of Hugo Schwyzer confirms that the foreskin is quite sensitive, as it certainly affected his sexual sensitivity in some way. For him, perhaps this procedure was very helpful for his sexual experience, but it is hard to apply this to the general population. Still, he is an example of the growing knowledge, in which the sometimes-stated claim that the foreskin has little function in pleasure, has been replaced with the idea of a foreskin with an out-of-control pleasure that becomes instead pain (or lost opportunity for pleasure), and thus becomes an indication for circumcision. Too much sensitivity is the issue, just as in the Victorian era, only now, the concern is that this sensitivity results not in too much pleasure, but in not enough. "Circumcision proponents acknowledge the foreskin's role in coitus but claim that the tissue is too erotogenic, thereby triggering premature ejaculation" (Wallerstein, AHF, p. 57). Aware of this discourse, Romberg and Wallerstein both address this issue. Wallerstein for example explains that "Psychiatric findings [are] that premature ejaculation has an emotional basis in about 90% of cases", and has a very high success rate in psychiatric therapy (Wallerstein, AHF, p. 121). Some

women may find direct clitoral stimulation painful, but this is not indication for surgical modification of the clitoris - this is rather indication for consideration over how sexual practice can be made more enjoyable by accommodating the nuances of the individual's body. While perhaps it is inappropriate to question a man's judgment about what is right for his own penis, one still might wonder if there were ways that Schwyzer's sexual issue could have been addressed other than surgery, and if it was social understandings of the appropriateness of his sexual being, rather than something intrinsically unsatisfying with the state of his penis, which made the surgery desirable.

One very interesting omission in all of this discussion is the omission of masturbation from any discussion of pleasure in the media, official medical statements, and the above mentioned study in Africa. We hear, instead, only about sexuality with two people involved. This omission is important to note, as the roots of male circumcision are found in a response to the dangers of masturbation which became the focus of intense medical concern in the 19th century. Is it possible that we, in this omission, are still following the lead of Victorian thoughts of sexuality, despite our belief that we no longer find harmless, solitary forms of sexual pleasure immoral? Darby explains how throughout the 18th century, “The officially approved sexual repertoire tended to shrink...as masturbation and sex outside marriage became more heavily stigmatized...as the nineteenth century drew on, marital intercourse itself was increasingly defined as vaginal penetration, man on top, no foreplay, no touching of each other's parts, and all in the dark” (Darby, ST, p. 28). The omission of masturbation from every single report on sexual pleasure and circumcision that I have been able to find is really quite shocking. This very clearly displays that the most legitimized type of sexual pleasure is that which is between two people,

and generally of a limited repertoire, perhaps not much expanded from what Darby refers to. Even the statements of pleasure made by those surveyed may have been made with the understanding that any masturbation that occurred was, if not illicit, in some way not recognized as the pleasure that matters, as the approved sexual pleasure which the surveyor wants to know about. (This may even be a fairly unconscious process, with the surveyed adjusting their accounts of sexual pleasure to that which is most socially approved, and forgetting any instances of masturbation.)

The books concerning circumcision used in this thesis, however, do not fail to mention masturbation, and how can they? They are all well informed as to how linked a crusade against masturbation and the beginning of routine circumcision are. In every other case, masturbatory pleasure is omitted, but the descriptions in these books are revealing of pleasures that are not accounted for in much of the discourse. Darby explains that “circumcised and intact men have different masturbatory techniques and that the latter have a wider repertoire at their disposal” (Darby, ST, p. 212). Romberg explains how more "subtleties and variations" are possible with this additional tissue (Romberg, p. 174). For example, a frequent masturbatory technique of the uncircumcised may involve "no more than the thumb and two nearest fingers...applying only light pressure, [sliding] the foreskin back and forth over the glans" (Darby, ST, p. 213). This is only one technique amongst several which are detailed. It may be that the foreskin makes a greater difference in masturbation than in intercourse. The reduced masturbatory techniques possible after circumcision may have led doctors to believe that removal of the foreskin "discouraged masturbation by removing the mobile sleeve that facilitated it, but that it did not significantly reduce the pleasure of legitimate sexual activity (marital intercourse) because that

derived from the friction of the vagina on the glans" (Darby, ST, p. 214). We may find today that this omission of masturbation from discussions of pleasure facilitates the idea that there is no sexual loss from circumcision. This goes quite well with Victorian standards of appropriate sexual pleasure! Supposedly, masturbatory pleasure should also have been liberated in a rejection of Victorian morality, and yet, this is not the case when society goes about accounting the effects of circumcision on sexual pleasure.

While discourse does not hesitate to address the topic of pleasure, it may be best not to overstate the effects of circumcision on pleasure. The state of one's penis, regarding circumcision, is probably only a minor factor in how much pleasure is had sexually. Hanna Rosin, in the above-mentioned article "The Case Against the Case Against Circumcision", briefly discusses pleasure. She states that "erotic experience is a rich and complicated affair, and surely can't be summed up by nerve endings or friction...More-nuanced studies have shown that men who were circumcised as adults report a decrease in sexual satisfaction when they were forced into it, because of an illness, and an increase when they did it of their own will...Go figure. Surely this is more psychology than science".¹ Despite other flaws in her argument, she may be quite correct in this case. No wonder then that Hugo Schwyzer, who chose the surgery for personal reasons, was so satisfied with the result. His satisfaction, from his own description, extended far beyond matters of physical sensation, even if the operation did give him some aid in this manner. These debates over pleasure and circumcision found in discourse can fail to really connect to any true understanding of sexual pleasure. It is hard to measure sexual pleasure, and it is really understandable that science has failed in this task when it is something so socially mediated and personal, and something which we have received incredible amounts of

¹"The Case Against the Case Against Circumcision". By Hanna Rosin. *New York Magazine*. 10/18/2009.

information about and mental adjustment towards before we ever have sex in the approved sorts of ways that are covered by the discourse over sexuality.

However, behind the discourse on pleasure, as off target as it may be, we can see a steady persistence of Victorian morality about sexuality: in terms of what sexual behavior is worth accounting for; in its emphasis of concern over unsatisfied women, which reinforces stereotypes of 'frigid' women whose sexual pleasure is easily jeopardized; and in its concern over men who are so overly sexually sensitive that their sexual organs must be reduced (rather than seeking other solutions), as they orgasm far too quickly. This gender duality of the quick-to-orgasm man and difficult-to-please woman is presented as a justification for an operation, or at least as a guarantee that, given other justifying medical grounds, the procedure is more likely to benefit than to harm when it comes to pleasure. A more accurate explanation of the issue of circumcision and pleasure must consider what Hanna Rosin claims: that the emotional and social issues of sexuality certainly far outweigh the effects of circumcision. Still, there is fairly substantial evidence that masturbation is very affected by circumcision, and the ignorance of this in discourse shows a persistence of Victorian ideas of sex, as masturbation is not considered amidst the pleasures which count when the effects of circumcision are evaluated. The effects of circumcision on masturbation may be partly what guided doctors to believe (ineffective as it may have been) that circumcision was useful in reducing masturbation, but ironically now circumcision's effect on masturbation is often ignored.

The ending of routine male circumcision will not end the social pressures and negotiations over male sexuality, but examining the strange history of this practice can provide us with much opportunity to examine a discourse which evidences these standards. Masturbation

(which we will see as a prime factor in the establishing of routine circumcision) really is not the moral offense that it used to be. However, there are deep issues concerning society's views of male sexuality which can be revealed in particular by an examination of the discourse over the effects of male circumcision on pleasure. In the case of Hugo Schwyzer, we see circumcision asked to solve not only sexual problems which really are to some degree physical, but moral problems as well, as he desires a 'new' sort of penis for his wife, through a cutting which must be considered symbolic. Morality, symbolism, and pleasure may be connected just as much as nerve sensation and pleasure. This could be an interesting exploration on its own, but from here it is time, finally, to move on to a discussion of the role of Victorian sensibility towards masturbation and its influence on the initiation of routine male circumcision.

VII. Medicine and Morality: The Dangers of Masturbation

There can be no doubt, as strange as it might sound today, that the roots of modern male circumcision lie in a crusade against masturbation. While some may still consider it immoral, we no longer believe masturbation is physically harmful. However, at the time of male circumcision's medical institutionalization, "Masturbation was reprobated with ever-increasing vigor and became central to nineteenth-century understandings of sexual pathology and bodily malfunction" (Darby, ST, p. 95). Michel Foucault was well aware of the great concern over masturbation, mentioning it frequently *The History of Sexuality: Volume 1*. Although he does not mention circumcision specifically, he mentions concern over masturbation, particularly regarding children, very frequently. He discusses "The recent controls through which, since the nineteenth

century, the sexuality of children has been subordinated and their 'solitary habits' interfered with" (Foucault, HS, p. 41). Circumcision is one of only many controls, but one which gained a tenacious grip in the United States. Foucault states that one finds in history, rather than an increasing repression of sex, "a perpetual inventiveness, a steady growth of methods and procedures" including "at the beginning of the nineteenth century, the advent of medical technologies of sex" (Foucault, HS, p. 119). Wallerstein confirms this in the most literal fashion as he points out that "The United States Patent Office issued about 20 patents for medical appliances to prevent masturbation" (Wallerstein, AHF, p. 36).

In *The History of Sexuality: Volume 1*, Foucault explains how in the 19th century, while in some ways discussion of sexuality was repressed, it was not an overall silencing, but instead there were new ways in which sexuality was discussed to an increasingly large degree. There were new limits placed on talking about sex, but, "At the level of discourses and their domains...practically the opposite phenomenon occurred. There was a steady proliferation of discourses concerned with sex" (Foucault, HS, p. 18). Boys were instructed not to discuss their sexuality with each other, lest they learn about masturbation from each other. They were, however, instructed greatly in the dangers of their sexuality. Foucault explains how this "Pedagogization of children's sex...especially evident in the war against onanism... in the West lasted nearly two centuries" (Foucault, HS, p. 104). "The boisterous laughter that had accompanied the precocious sexuality of children...was gradually stifled...it was a new regime of discourses. Not any less was said about it; on the contrary. But things were said in a different way; it was different people who said them, from different points of view, and in order to obtain different results" (Foucault, HS, p. 27). It was medicine, naturally, which claimed the strongest

voice in sexual discourse. Science was called upon to handle sexuality. There was "need to take sex 'into account', to pronounce a discourse on sex that would not derive from morality alone but from rationality as well" (Foucault, HS, p.24).

That we now view morality and science as very different domains makes it hard for many to accept the degree to which morality has influenced science, in ways which still make themselves felt, for example in the practice of male circumcision. Morality and science were, however, not long ago seen as properly linked. (For us, surely, they are still linked, but, in the 19th century, there was not the same hesitation to admit this link.) This link was used consciously by doctors to increase their power. Darby reports that “the *Lancet* stated 'young men are looking to us as men looked to the old type of priests who combined moral and medical functions. If clerical teachers are for the moment in less authority, we are in more’” (Darby, ST, p. 109). This taking on of moral responsibility no doubt added to the ability of doctors to increase their authority over the human body. Meanwhile, as religious authority over the body faded, religious leaders increasingly relied on the help of doctors in maintaining what they thought were proper moral codes. Darby explains how “Doctors took the moral arguments of priests and priests the medical arguments of doctors to fortify their respective positions, and the result was a formidable body of dogma” (Darby, ST, p. 47). Works such as *Onania: Or the Heinous Sin of Self Pollution* (1716), “united the medical and the theological case against masturbation” (Darby, ST, p. 47). “Fifty years later, *Onanism: Or a Treatise on the Diseases Produced by Masturbation*, by the Swiss physician Samuel August Tissot” was printed, “remained in print until 1905”, and was translated into many languages (Darby, ST, p. 51). Tissot proposed that “the shock of orgasm could damage the nerves and brain” (Darby, ST, p.52).

Increasingly, science replaced morality in official discourse in characterizing the harms of masturbation. Masturbatory disease “was supported by nearly all the most eminent physicians of the day, and it continued as an article of faith until the 1930s” (Darby, ST, p. 60). Darby suggests that “The masturbatory hypothesis had too much explanatory power” (Darby, ST, p.61). It offered material explanations for disease where science otherwise had none.

Religious moral arguments thus had new backing from medicine, which associated masturbation with lunacy and a host of other ailments. Masturbation was seen as a dangerous habit, morally and physically, and the statements of medical authority which show this are plentiful. The foreskin was seen as having a heavy contribution to masturbation, and thus it made sense to remove it. Although the evidence is so abundant, it is hard for people to accept that masturbation was the purpose for circumcision. After all, it clearly does not prevent masturbation. However, as the foreskin was previously thought to have a role in pleasure, it did not seem so outlandish at the time. The idea of the foreskin as not having any role in pleasure was produced later, a necessary change when attitudes about pleasure and morality began to shift towards today's views. “A striking feature about eighteenth and nineteenth-century sexual autobiographies is the prominence of the foreskin: it is central to boys' description of their penises, their experience of sex, and their enjoyment of masturbation...The doctors knew what the boys knew: that the foreskin made a difference to male erotic response, especially in solitary or group vice. It thus became the particular target of their campaign to curtail and regulate adolescent sexual activity” (Darby, ST, p. 93). And so, a campaign against the foreskin was initiated. Gollaher explains, “Abraham Jacobi and M.J. Moses (one the organizer of the American Pediatric Society, the other head of the New York State Medical Society, and president

of the Association of American Physicians), crusaded against the foreskin as the primary cause of masturbation” (Gollaher, p. 102). The surgeon John Kellogg (still famous for his cereal) even recommended performing circumcision “without administering an anesthetic, as the pain attending the operation will have a salutary effect upon the mind, especially if connected with the idea of punishment” (Gollaher, p. 103).

Particular focus was given to children in institutions. Foucault explains how "the sex of the schoolboy became in the course of the eighteenth century...a public problem. Doctors counseled the directors and professors of educational establishments" producing "A whole literature of precepts, opinions, observations, medical advice, clinical cases, outlines for reform, and plans for ideal institutions...youth's universal sin" would ideally be removed from these institutions (Foucault, HS, p 29). One finds the most extreme examples of attempts to fight masturbation aimed at these children. In 1894, “eleven boys confined in a Kansas mental institute were castrated for persistent masturbation”, and when the press was critical of this, the “Kansas Medical Journal defended the institute's action” as “this abuse weakened the already imbecile mind and destroyed the body” (Darby, Masturbation). While the worst abuses tend to be found in institutions, it is not difficult to understand how parents were frightened into bringing their children to doctors for a variety of masturbation cures. Regarding the possibility of children masturbating, Foucault explains, "parents and teachers were alerted, and left with the suspicion that all children were guilty, and with the fear of being themselves at fault if their suspicions were not sufficiently strong...an entire medico-sexual regime took hold of the family milieu" (Foucault, HS, p. 42). These concerns over masturbation were not only held by a few extremists, but were held by those who had opinions which were liberal for the time. Charles Knowlton,

author of a popular birth control manual, “famously prosecuted for obscenity in 1877”, warned that “early gratification of the sexual instinct...stunted growth and wrecked health...and that onanism not only impaired the bodily powers but often led to insanity” (Darby, ST, p. 12).

Circumcision, we can see, was not the only tactic for reducing masturbation. “A number of physical interventions were tried before the medical profession settled on circumcision as the most efficient, including chastity devices, infibulation [rendering foreskin unable to retract], blistering, castration, and cutting the main penile nerve” (Darby, ST, p.196). Castration was not often practiced in England, but was tried occasionally in the United States. “Masturbation was considered so serious an affliction that every effort was made to prevent or stop the practice; circumcision was one of the milder solutions” (Wallerstein, AHF, p. 122). However, that it was so much less awful than other solutions no doubt helped it to become popular.

One may wonder why female circumcision did not make the inroads into medical practice that male circumcision did. It was suggested by some doctors. A leading obstetric surgeon in England, Issac Baker Brown (1812-73), advocated clitoridectomy, and became severely attacked for it. Dr. Robert Greenhalgh, for example, a “leader of the reaction against clitoridectomy” responded to his theories with venom. Amongst Brown's offenses included that he “falsely tax our wives and daughters' with addiction to 'filthy habits’”, and “corrupting the innocent” by giving publicity to the possibility of female solitary pleasure (Darby, ST, p. 153). Why didn't women need clitoridectomy? Well, because, they do not masturbate, of course! The polarity of an out of control male sexuality and a minimal female sexuality in this case helped females to avoid at least some operations. Not only did they rarely masturbate, there was even the danger that, “because women were less interested in sex than men and less easily excited, it was important

not to do anything that would dampen their enthusiasm yet further” (Darby, ST, p. 157). And they are much better behaved, and quick to obey their elders, as Surgeon Athol W. Johnson knew when he stated that “Surgical intervention was called for less often in girls because 'the practice seems to be more easily checked by surveillance than it is in males” (Darby, ST, p. 139). These ideas were given biological grounding, of a type that gender studies writers have worked hard to overturn. "A leading gynecologist, Lawson Tait, stated that 'In the human race the sexual instinct is very powerful in man, and comparatively weak in women'" (Darby, ST, p. 157). His argument that women are, due to their reproductive nature of being the receptacle rather than deliverer of seed, a more passive sex, is of course no longer acceptable. This female passivity helped ensure that female circumcision did not become a standard practice, although that is not to say that it was not unheard of, especially in the United States. However, Dr. Greenhalgh's opinion that “women did not masturbate enough to justify such a dramatic response” as circumcision, found much agreement in the medical world (Darby, ST, p. 148).

In an age where scientific understandings of the body were gaining traction, a moral stance against pleasure could have been severely weakened, were it not for the opportunity for doctors to gain power by using moral precedents. Foucault explains that

"the mere fact that one claimed to be speaking about it from the rarefied and neutral viewpoint of a science is in itself significant...It was...a science subordinated in the main to the imperatives of a morality whose divisions it reiterated under the guise of the medical norm. Claiming to speak the truth, it stirred up people's fears...it declared the furtive customs of the timid, and the most solitary of petty manias, dangerous for the whole society; strange pleasures, it warned, would eventually result in nothing short of death" (Foucault, HS, p. 54).

Darby insists that we must understand, the health claims came after the moral issues. “If control of immoral behavior had been the only benefit promised by circumcision it would never have

won acceptance beyond a narrow circle of ascetics. The promise for most people, especially parents, was better health” (Darby, ST, p.16). This promise, however, was made to back up what were really moral concerns. Darby explains, “The conviction that circumcision would alter sexual behavior was...not a side effect of a procedure adopted as a health precaution but its original purpose” (Darby, ST, p.15). Medicine, in order to capitalize on sexual morality, created the physical dangers of masturbation. But, to really attain some of the power which was previously held by moral leadership, they needed to do more than just state the dangers. They also needed techniques to help ward off these dangers.

Old medical techniques such as blood letting were fading away, but new ones were not yet plentiful. Surgery, however, was increasingly safe, with improved sanitation and anesthetics, and so there was lots of what Ann Dally called 'fantasy surgery': “not just circumcision but preventative or curative removal of the appendix, tonsils, adenoids, and even the colon became common” (Darby, ST, p. 17). With the emphasis on sexuality, however, circumcision had particular allure. Various scientific theories of the day were harnessed to justify circumcision as well. “Albert von Haller (1708-77) and William Cullen (1710-90)...made important discoveries about how the nerves controlled the action of muscles” (Darby, ST, p.38). Over time, nerve theory developed the idea that “A balance of nerve force meant health, whereas disease was caused by an excess (sthenic) or a deficiency (asthenic) of nervous excitability” (Darby, ST, p. 38). John Brown (1735-88), a student of William Cullen, “asserted that at birth every person was 'endowed with a fixed quantity of excitability'...the misapplication of these propositions played an important part in the clam of late eighteenth-century doctors that masturbation caused many physical and mental diseases” (Darby, ST, p. 39). The idea became prominent that people had a

limited amount of energy, and sex would dangerously deplete this energy. “Sex was seen as tiring and potentially debilitating for men, since emission of semen meant loss of the hot, dry humor, leading to pale complexions, lassitude, and debility” (Darby, ST, p. 38). The sexual demands of women, still thought to be great at the time of nerve force theory's rise, could prove dangerous to men. “Concern about male exhaustion arose from belief in the greater sexual appetite of women and the consequent fear that men would wear themselves out in attempting to satisfy their limitless desire. Paradoxically, this belief faded toward the end of the century, to be replaced by the completely opposite view by the 1850s” (Darby, ST, p. 39).

Even with these outdated theories, this would not have been reason to place sex at the center of nerve force theory, were it not for not for a moral code as well as a new understanding of humanity which gave a central place to sexuality. Sex was given an extraordinary power when it came to the human body and the human mind. "In the space of a few centuries, a certain inclination has led us to direct the question of what we are, to sex...Sex, the explanation for everything" (Foucault, HS, p. 78). Nerve force theory thus could be applied particularly to sexuality. “Nervous connections regulated all bodily organs...disorder in an organ or body part could produce effects at distant locations”, and, as the sexual organs were of particular concern, “In the female these sites often turned out to be the uterus or clitoris, and in the male the penis and particularly the foreskin” (Darby, ST, p. 103). Foucault, in *The History of Sexuality*, gives a "Postulate of a general and diffuse causality...The most discrete event in one's sexual behavior...was deemed capable of entailing the most varied consequences throughout one's existence; there was scarcely a malady or physical disturbance to which the nineteenth century did not impute at least some degree of sexual etiology. From the bad habits of children to the

phthises of adults...the medicine of that era wove an entire network of sexual causality to explain them" (Foucault, HS, p. 65). Nerve theory made this possible, but it was really a change in understanding of the importance of sexuality which placed the genitals at the center of the physical existence of humans. It did not seem outlandish to doctors at the time when John Kellogg wrote not only that masturbation caused many physical ailments, but that "a masturbator could be detected by a variety of 38 suspicious signs", including such things as acne, or, in females, "lack of breast development" (Wallerstein, AHF, p. 34).

Darby explains how, stemming from nerve theory, the idea of spermatorrhea, the 'disease' of losing seminal fluid, was used to justify seeing masturbation as harmful. Rarely heard of today, it was taken seriously as a disease for quite some time. Masturbation was the chief culprit, but accidental emissions, such as during sleep, were also seen as harmful. Even men who resisted temptation to masturbate could thus have spermatorrhea. Cruel treatments were created to help control this, and practiced on children, and sometimes adults, such as catheterism, "the introduction of a catheter through the urethra and into the bladder" (Darby, ST, p. 66). Severe pain was seen as a benefit, particularly for children, as it would discourage masturbation. Circumcision, next to these procedures, seemed a blessing. The French surgeon Claude-Francois Lallemand (1790-1853) "seems to have been the first physician to employ this procedure as a standard treatment for masturbation, spermatorrhea, and associated problems, and certainly the first to recommend it as a precautionary measure in children" (Darby, ST, p.67). Lallemand's clinical practice "established...that it was legitimate to alter boys' genitals, and even amputate parts of them" (Darby, ST, p. 69). Any non-reproductive sexuality was seen as bad, but nothing was as bad as masturbation.

William Acton (1814-75), a British doctor, was greatly influenced by Lallemand and Tissot. He “considered that retention of semen was essential to normal development and that boys who masturbated...stunted their growth and became 'pitiable wrecks’” (Darby, ST, p. 126). He “propagated the idea that prepubertal children should be asexual” and “evidence to the contrary” was an indication of “disease or deviance” (Darby, ST, p. 129). The ideas of childhood asexuality which would soon need to be refuted were not necessarily long existing truths, but ones which became an important part of sexual knowledge in the 19th century. While pointing to physical dangers, Acton also refers to controlling our sexuality as a method of distinguishing us as humans, separate from animals. He wrote in *The Functions and Disorders of the Reproductive Organs* that “man is not a mere animal, and the nobler parts of his nature cry out against this violation of their sanctity” (Darby, ST, p. 130). The theme of controlling sexuality to separate ourselves from animals occurs frequently in the history of circumcision.

A surgeon Lewis Sayre was one of the first to popularize circumcision in the United States. A boy was suffering from paralysis, and also complained of genital irritation. Dr. Sayre, in 1870, cured this case with circumcision, and from this “he convinced himself that genital irritation was the hidden culprit in many types of paralysis” (Gollaher, p. 75). Darby explains that “Other doctors in the United States were quick to take up Sayre's impressive findings and push them further” (Darby, ST, p. 221). In rare cases, circumcision may have been helpful, but it began to be seen as a cure for everything. According to one study, these included “prevention or cure of impotence, phimosis, sterility, priapism, masturbation, venereal disease, epilepsy, bed-wetting, night terrors, 'precocious sexual unrest' and homosexuality” (Darby, Masturbation). James Beard also did much to popularize circumcision in the U.S. as he “touted circumcision as

an effective treatment for a swag of neurasthenic manifestations” in the 1880s (Darby, ST, p. 105).

Another doctor, Peter Remondino, followed up on the work of Dr. Sayre. This well respected doctor associated almost any malady with an uncircumcised state, and warned that “The prepuce seems to exercise a malign influence in the most distant and apparently unconnected manner ... beginning to affect him ... physically, mentally, and morally; to land him, perchance, in jail or even a lunatic asylum” (Gollaher, p. 91). Wallerstein explains that Remondino's influence was not quick to disappear. He wrote the *History of Circumcision From the Earliest Times to the Present*, in which he claimed that “circumcision will cure or prevent about 100 diseases or conditions” and “this book went through many printings, the last of which was in 1974” (Wallerstein, AHF, p. 17). The dangers of masturbation were not theories of a few quacks, but rather the overwhelmingly dominant belief until well into the 20th century.

Darby explains how “The field of nervous illness remained firmly under the reign of old ideas...concepts of nervous or nerve-related disease became less scientific as the fanciful theories of James Cullen and John Brown were spun into wonderful new syndromes such as spinal irritation, reflex neuroses, neurasthenia, and masturbatory insanity...There was scarcely any disorder that at one time or other was not blamed on imbalance in nerve force, and the prevention or cure of nervous disease became a major justification for operations on the genitals of both males and females” (Darby, ST, p. 101). It may seem odd that science was able to support the claims of the dangers of masturbation. However, it must be understood that these theories were forced into service to support a moral stance. As obsolete as these theories are, they were still stretched far to create the kind of claims which were made about the dangers of masturbation.

Foucault explains that "The learned discourse on sex that was pronounced in the nineteenth century was imbued with age-old delusions, but also with systematic blindnesses" (Foucault, HS, p. 55). Progress in science has frequent setbacks, and mistaken theories can send research down wrong paths, but rarely is it so dramatic as in the loss of knowledge of the body in its sexual functions as in the 19th century. Darby explains that "The rise of circumcision depended first on a serious regression in medical knowledge, including loss of understanding about the normal development of the penis and the pathologization of the normal male sexual function-the production and emission of sperm-as spermatorrhea...The long careers of spermatorrhea, masturbatory illness, and circumcision itself show just how easy it is for modern medicine to retain irrational elements from its variegated past" (Darby, ST, p. 318). These theories concerning the function of the body persisted for quite some time. "Nerve force theory remained influential until the 1920s" (Darby, ST, p. 113). All this history is largely forgotten or ignored by mainstream media, which rarely mentions masturbation's role in the practice of male circumcision.

The presence of smegma can cause a slight irritation to the penis which can cause an infant or young boy to touch his penis. (This touching can actually help the foreskin to loosen.) Lallemand stated that this area should be kept clean to avoid this touching from occurring. However, when attempts at cleaning were made, in many cases the foreskin often did not seem to retract easily. Doctors "came to view the natural condition of the infant penis (tightly covered in a nonretractable and often adhesive sheath) as a pathological deformity requiring surgical correction" (Darby, ST, p. 121). A condition known as congenital phimosis became applied to many infants and "identified as the source of many diseases (from cancer to epilepsy) and a

trigger for circumcision” (Darby, ST, p. 121).

Changing morality, however, would eventually cause a reevaluation of this condition. “It was only when the case against masturbation collapsed in the 1930s...that it became possible to investigate sexual function in an objective, and thus truly scientific, spirit – one immediate fruit of which was Douglas Gairdner's demonstration that 'congenital phimosis' was not a birth defect” (Darby, ST, p. 20). An English pediatrician, Gairdner researched this condition of congenital phimosis, discovering that “even at six months ... the foreskin was non retractable in four out of five boys” (Gollaher, p. 115). This information made it clear that many boys had been misdiagnosed as having a defect, when they were in fact developing normally. "Gairdner's study was replicated in Denmark in 1968” and confirmed, and his "research was widely disseminated and frequently quoted in medical journals in all English-speaking countries. Although his findings caused a dramatic reversal of the practice [of circumcision] in England, the effect upon the United States' practice was almost nil (Wallerstein, AHF, p. 29).

This knowledge about the foreskin did not need to be discovered anew so much as relearned. Darby explains that 18th century medical texts contained information about normal prepuce activity (Darby, ST, p. 234). Prior to the 19th century, phimosis was not seen as an issue, and for the rare problems, nonsurgical means such as oil for its loosening effect were sufficient. Darby explains how “Once it was accepted that the natural phimosis of the infant penis was a pathological abnormality, the stage was set for close to universal circumcision” (Darby, ST, p.225). Any infant or young boy, upon examination, was likely to have the condition. From estimations of 60% of boys having phimosis in 1870s, “today the condition is nearly as unheard of as spermatorrhea” (Darby, ST, p. 219).

But, this message was not received by many doctors in the United States. For example, “Jane E. Brody, writing in the New York Times (1979), quoted a pediatrician who urged that preputial adhesions be broken by the physician at 3 or 4 weeks of age” (Wallerstein, AHF, p. 66). When Romberg stated in 1985 that “The proscribed time for the foreskin to loosen varies greatly with the individual” (Romberg, p. 340), as Gairdner had long ago shown, many American doctors still had little knowledge of this. Romberg details an account of the foreskin being torn back by a doctor abruptly, causing great pain to the boy. The doctor, who had probably rarely seen an uncircumcised penis, was surely unaware of the harm he was doing. He did not understand that “the infant's [or young boy's] foreskin is normally adherent to the glans, artificially breaking these adhesions literally involves tearing one layer of skin away from another” (Romberg, p. 336). The intact penis can recover from some incidences of this, but eventually will not heal correctly, causing foreskin problems. For children in this era, being circumcised, being 'normal', may often have been the best for them, not so much because they might have been teased, or had trouble identifying with their parents, but because doctors could not be counted on not to hurt them (Romberg, p. 336). It can be noted, this misinformation is rarely to be found these days, and the number of doctors who lack this basic knowledge is steadily decreasing. That the understanding of the intact male penis is no longer one of a naturally dysfunctional state which requires correction is a major reason why circumcision is becoming less common. The length of time for this change to occur, caused by the level of normalization it achieved in the United States, helps explain why it has taken longer for the U.S. to begin to reject circumcision than other countries. The norm of the circumcised penis is not yet completely dismantled, but the dropping rates of circumcision indicate that this is about to

change.

We can turn here to a topic that I find particularly interesting. There was some powerful evidence which assisted the creation of the knowledge that circumcision was effective against masturbation. People associate circumcision strongly with Jews. This association is partly due to the use of Jews as evidence that circumcision was effective at reducing masturbation.

VIII. The Jewish Evidence For Medical Circumcision

Many articles about male circumcision mention its place in the Jewish religion. In a way, this makes sense, as the Jews present a rare example of infant circumcision. Though many other groups practice circumcision, it is not usually done at infancy. Although Jewish circumcision did not originate as a medical practice, the tradition of using Jews to support circumcision is found at the beginnings of routine male circumcision. Wallerstein explains:

“The idea that Jews had acquired mystical powers and medical protection via circumcision was believed for centuries. As plague after plague swept through Europe, Jews appeared to succumb in fewer numbers than Christians. The alleged reason: Jews were circumcised. No one understood that confining Jews to a ghetto was, in effect, a crude quarantine. The prevalence of this attitude helped make it possible for physicians to accept what was probably the first epidemiological study of venereal disease. Conducted in 1855 at the Metropolitan Free Hospital in London, the study showed that of all religious groups Jews had the lowest venereal disease rate. The reason, they concluded: circumcision. This myth about circumcision and venereal disease is still being peddled today” (Wallerstein, AHF, p. 12).

While this methodology is clearly deeply flawed, as this causality was not established through any scientific fashion, at a time when Jews were rapidly gaining entrance into mainstream society they could serve as a powerful example of the effects of circumcision. But what was it about circumcision that gave Jews this protection? There can only be one answer. Because

masturbation was the central motivation for circumcision, thought to be at the root of a wide variety of afflictions, the only conclusion for doctors to draw was that circumcision helped lead to very low rates of Jewish masturbation! Darby explains, “The main reason for the sudden enthusiasm for Jewish child-rearing practices was the impression that Jewish boys did not masturbate...eagerly confirmed by Jewish physicians, who were understandably pleased that the gentile world was at last beginning to see virtue in a rite it had traditionally abhorred” (Darby, ST, p.7).

The evidence of this is abundant. Darby explains how the *Medical Times and Gazette* reported one doctor's claim that “his extensive contact with Jewish people had convinced him that they were less beset by this trial [masturbation] than other communities...The editor replied that he had been informed by a 'Jewish surgeon' that the practice was 'virtually unknown in Jewish schools” (Darby, ST, p. 201). (It may be important to note that “The writers who advocated neonatal circumcision during the late 1800s, such as Remondino and Hutchinson, were not Jewish”) (Romberg, p. 104). There is much discussion of this impressive restraint of Jewish boys. A Dr. Robert Fowler “could not recall even a suspected case among his Jewish clientele [of masturbation] but regretted he could not say the same about Christian boys” (Darby, ST, p. 139). The circumcision advocate Dr. Remondino quotes Dr. Vanier that “in general the practice can be asserted as being very rare among the children of circumcised races” (Darby, ST, p. 205). At this time, tuberculosis was amongst the diseases thought to be prevented by circumcision. “Remondino was a particularly ardent advocate of the tuberculosis link...he was able to cite French statistics from Algeria, showing its incidence was highest among Europeans and lowest among Jews” (Darby, ST, p. 253). The surgeon Jonathan Hutchinson, in 1854,

presented influential statistical evidence regarding a frightening sexually transmitted disease, showing that “the circumcised Jew is...very much less liable to contract syphilis than an uncircumcised person” (Darby, ST, p. 262). As basically all Jews were circumcised, there was no control group. Jews, though they had made gains in respectability, were not assimilated. They were an 'other' population that could be studied. The narrowness of the supposed cause and effect is surprising, but doctors wanted support for their masturbation theories, and the Jews were able to provide it.

The use of racial populations to prove things, without taking into account sociological factors, is no longer acceptable. So, certainly, citing this type of irrelevant evidence has disappeared from the discourse, right? Of course...not. A recent article in the *New York Times* reports on findings that male circumcision, by reducing HPV transmission, reduces cervical cancer in female sexual partners. (Along with HIV, the recent African studies, suspiciously, seem to indicate that transmission of some other STD's, heavily studied and previously shown to be little impacted by circumcision, are actually greatly reduced as well.) This brief article explains that "Doctors have long suspected that having circumcised husbands protected women against cervical cancer. A 1901 study in *The Lancet* noted that few British Jewish women died of it (although it erroneously concluded that they were protected by avoiding bacon). Later research in Israel found that stronger protection comes from a variant gene common in Jewish women all over the world".¹ One might wonder how this sort of thing gets printed. Clearly, this research was greatly in error, as was later found to be the case. Rather, it was hereditary protection, - as is stated within this very paragraph from this article! That doctors 'long suspected' something

¹ "Uganda: Male Circumcision May Help Protect Sexual Partners Against Cervical Cancer". By Donald G. McNeil Jr. *New York Times*. 01/17/2011.

makes little difference, if the basis for this suspicion was the sort of 'positive racism' so clearly seen in using Jews to prove scientific theories. However, neither the 'bacon theory', nor questionable use of statistics based on an ethnic group, nor the later discovery of hereditary influence, seems to invalidate the credence of the long running suspicions of doctors. It is truly bizarre that this gets printed - in 2011!

However, bizarre articles of this type aside, the way in which Jews are now used to promote circumcision is generally far more sophisticated. They are today given a place in the discourse over male circumcision, but instead of through statistics based on cultural rituals, rather through being granted a voice of authority in this debate, as long-running experts of circumcision.

On November 10, 2009, the *Today Show* aired a segment called "A Parent's Choice: The Circumcision Controversy". The Jewish "Writer and Humorist Joel Stein" explains how he struggled with the decision over whether to circumcise his son. He acknowledges the pain of the procedure and the growing unpopularity (the news anchor interrupts at this point to explain that circumcision rates have fallen from 90% in the 1970's to 55% today, and interestingly shows a great deal of restraint by stating that recent studies in Africa only show circumcision "might reduce HIV transmission").¹ Then two female reporters, mothers who both circumcised their sons, discuss this report. One suggests the son being able to 'identify with the father' as being important, and she gets chastised by the other, who says, "It's not a good enough reason". The first reporter defends herself, stating, "Well, it's one reason given...it's controversial...it's interesting". In the end, we learn, Stein eventually comes to the decision to circumcise his son, but has very mixed feelings about it. "He just hopes his son doesn't hold it against him".

¹ The Today Show. *NBC Network*. 11/10/2009.

There is certainly an attempt at fairness in this report. It is in many ways also typical, as, along with the great reduction in popularity of circumcision, news media coverage is often more mixed, portraying uncertain attitudes towards circumcision. It seems that, as Americans cannot decide, neither can the media. This makes a certain amount of sense, as the media telling its audience what they want to hear is surely the most profitable path. I mention this video not only because it is a typical example of some of the recent 'unbiased' in that it takes no stance but only portrays the controversy coverage, but also because it has a not untypical use of a liberal Jewish parent, one who is open to the latest medical knowledge as well as in touch with cultural tradition, in the role of the one who has this difficult decision. This is not a news story aimed at Jewish issues, but rather seeks to address American circumcision in general, but it is very often the case in mainstream discourse that a Jew is chosen as the example of the parent who must make this difficult decision, despite that Jews have additional cultural reasons to circumcise which most parents do not have.

Most male circumcision in the U.S. is not done for religious reasons, but the Jewish religion is ever present, lending some justification to it. Since being used as evidence of the benefits of circumcision, Jews have long been given a prominent cultural place in this debate. Jews, like, anyone, do not mind a little media attention and have been happy to participate in this discussion (although more conservative Jews who do not include contemporary concerns in their decisions are not as rhetorically useful). The methods have changed, but, Jews are still used in some fashion to support non-Jewish circumcision, perhaps because they are thought to be experts on circumcision from their religious background, but also because they can express the dilemmas of a traditional practice struggling with modernity, as the Jews are presented as both modern and

in touch with their cultural traditions. It must be kept in mind that Jews have a long cultural tradition of circumcision, but that Christians rejected circumcision for many centuries and frequently disrespected Jewish circumcision until its medical/moral implementation in the late 19th century. Jews now are used to provide cultural support for the practice, but it is wrong to conflate Jewish tradition with a quite different circumcision tradition which arose in the late 19th century, even if that tradition quickly made use of Jewish tradition. Non-Jewish Americans have no basis for appropriating Jewish traditions as if they are their own traditions. There was some growing respect for a Jewish culture which was seen as particularly moral, but circumcision proponents made use of this to affirm their growing power.

The strategy of using Jews to support circumcision is, after 150 years, quickly falling apart. Circumcision has been contested many times over the centuries within the Jewish religion, but never to great success. The last two centuries, however, have seen the domain of authority over the body shifted from religion to medicine. Medicine has supported Jewish male circumcision for much of this time. Without this medical blessing, this practice could quickly change. Influential Jews are already speaking out about the practice, and there is a growing literature from within the Jewish community which resists circumcision. An increasing number of famous Jews are making statements against male circumcision. For example, Michael Chabon has recently made his opinions known. The *New York Post* reports how "the Pulitzer-winning author who explored Jewish culture in '*The Yiddish Policemen's Union*' and '*The Amazing Adventures of Kavalier and Clay*' - is set to deliver an unkind cut to the sacred practice of circumcision. 'Mutilation [is] the only honest name for this raw act that my wife and I have twice invited men with knives to come into our house and perform'... Chabon writes in his memoir,

'Manhood for Amateurs,' out in October from Harper".¹ Another example is that of the book *Questioning Circumcision: A Jewish Perspective*, by Ronald Goldman. Goldman claims for many reasons, such as the pain involved to the infant, that circumcision is actually quite opposed to the values of Judaism. No less than five Rabbis give him supporting blurbs on the back and inside covers of the book, and this was published in 1998! If Jews turn against circumcision in great number, it will have a strong effect on the circumcision debate. Jews have a position of extra authority in the discourse when they support circumcision, or when they oppose it. The granting of this authority seems not so generous when one considers their historical use in substantiating a link between circumcision and masturbation, but this authority is well entrenched, and so the attitudes of Jews will bear an impact on circumcision practice far outside of the Jewish community.

This Jewish authority over circumcision was granted to the Jews not out of respect for their customs, but because they were useful in supporting the growing power of doctors over the body. Given this past, we must be a little suspicious that they are now being used by the media to maintain a discourse of 'controversy' that suits the interests of the media. The image we receive is one of reasonable people talking about issues of the day and of respect for Jewish tradition. But this use of the Jews to present the cultural dilemmas of circumcision hides the real history of the use of Jewish populations in the expanding of medical authority over the body. A granting of religious cultural relevance, through use of Judaism, is given to all American circumcision; but this serves to cover the real history of the roots of medical male circumcision (masturbation etiologies and improper use of ethnic populations) which, within these media stories which make

¹ "Cut this Baloney, Author Says". *New York Post*. July 29, 2009.
http://www.nypost.com/p/pagesix/item_LOgaGCUoumLOyKm1qI6m1H#ixzz1OI1cWpql

use of Jews, is rarely discussed.

At this point, it is clear that male circumcision extends far beyond a medical debate, but reaches deep into cultural issues. The discourse is a revealing one. And yet, this topic cannot be complete without a brief look at the recent studies from Africa, as there is much media coverage of these stories, and they seem to have brought new legitimacy to male circumcision, and then to a brief look at Romberg's situating of male circumcision amongst medicalization of the body.

First, male circumcision and the African studies.

IX. Circumcision and Africa (and the United States)

I must let statements of medical authority speak for themselves when they come to disease. Over the years, from tuberculosis, to syphilis, to cervical cancer, etc, circumcision has been claimed to have any disease-resisting power one can imagine. Despite being one of the few places in the developed world where circumcision is prevalent, “The United States leads the developed world in STD's” (Gollaher, p. 147). Even if there is some prophylactic effect from circumcision, it seems to be greatly outweighed by other factors, and if we really wish to control STD's, we must look for answers other than circumcision. As Wallerstein states, “The increased circumcision rate in the United States has not caused concomitant decreases in venereal disease rates...Blaming the foreskin for the high incidence and complications of venereal disease obscures the real issues” (Wallerstein, AHF, p. 87). While the mainstream press may frequently and uncritically report any study that shows circumcision to be beneficial, the statements of reputable doctors and medical boards make clear the most up-to-date scientific understanding of

the usefulness of circumcision as a routine procedure. However, as there is constant reference in the media to three recent studies on HIV and circumcision in Africa, this must be addressed in this thesis.

According to Gollaher, since 1870, “medical periodicals have printed more than 4000 papers pertaining to circumcision” (Gollaher, p. 127). Gollaher explains that this volume of studies helped maintain belief in the use of circumcision, but presented an inaccurate picture of its effectiveness. The media much prefers to print stories about the studies that do show effectiveness. They are, after all, more interesting than stories about studies that fail to get results. But, this bias is not confined to mainstream media. Gollaher explains how in the 19th century, doctors who experimented with circumcision would send reports of success stories to journals, while “failed experiments remain unpublished. The result of the professional preference for good news was to make it seem ... that circumcision was remarkably effective for a long list of complaints” (Gollaher, p. 83). Similar problems exist today. A recent article in the British paper *The Guardian* explains how “Scientific journals can be as bad as newspapers in preferring eye-catching stories to negative findings”.¹ The author's example is of a recent study that showed evidence of precognition. It received wide coverage. The study was replicated, and the findings this time were negative. They submitted the results to the same journal that published the earlier story, but “the journal rejected their paper out of hand”. Studies that show that people have no extrasensory ability to predict the future are not interesting to laypeople *or* scientists.

Over the years, circumcision has been thought to prevent nearly every malady. HIV is a relatively new one however, and it is extremely present in today's circumcision rhetoric. Lately in the media there is constant coverage about recent studies about circumcision done in Africa,

1. "Backwards Step On Looking Into The Future". By Ben Goldacre. *The Guardian*. (UK newspaper). 04/23/2011.

which showed dramatic results in reducing HIV transmission, as well as in reducing transmission of some other sexually transmitted diseases. The repetition of the circumcision articles makes it appear as though there has been an accumulation of evidence, but most articles in the recent media which mention disease use only these three studies, all of which have similar methodologies, as their evidence.

A *New York Times* article, "Officials Weigh Circumcision to Fight HIV Risk", states that "Studies showed that in African countries hit hard by AIDS, men who were circumcised reduced their infection risk by half".¹ This type of statistic has lately appeared in many articles covering circumcision. Three recent studies were done, in Kenya, Uganda, and South Africa, two of the studies being led by U.S. research teams. Naturally, with the HIV studies in Africa showing impressive results for reducing HIV transmission, confirmation was sought. It made sense in the U.S. to study the gay male population, as they have been particularly at risk. The results were negative. For gay men, "circumcision showed no effect on the odds of HIV transmission"². While articles about circumcision often mention the successful HIV studies, they sometimes neglect or downplay that this follow up study in the U.S. failed to show results within the most at-risk community.

In Africa, HIV rates are higher amongst women than men. The oft-cited African studies only tested the likeliness of men being infected. Naturally, it is useful to see the effects of circumcision on female partners, and so a study was undertaken. The BBC reported on the results of this study in 2009. They enrolled Ugandan HIV-infected men and their female partners into the study. "Men were then selected to have immediate circumcision (474 men) or to be given

1 "Officials Weigh Circumcision to Fight HIV Risk". By Roni Caryn Rabin. *New York Times*. 08/23/2008.

2 "Circumcision may not cut HIV spread among gay men" *Reuters*. 03/09/2010.

circumcision after two years (448 men)". The results were a surprise, as "Circumcision of HIV-infected men did not reduce HIV transmission to female partners over 24 months". Rather, "It was found that a higher proportion of women were infected with HIV in the intervention group (18%) versus the control group (12%)".¹ Women become infected from the circumcised men at a higher rate. "The trial was ended early because of what the researchers called the 'futility' of carrying on, and the second group were not circumcised ". The study was supposed to continue for two years, and then the rest of the men were to get circumcised at the conclusion, as it was expected to benefit their partners. The positive circumcision-confirming results were not arriving, so the researchers decided it was 'futile' to continue, and stopped the study early. It has since been pointed out by some that stopping this study was not sensible. The other men were only to be circumcised after the study. They could have continued for the two years, to determine the full extent of the negative result, generating more meaningful statistics. If men may be protected from HIV by circumcision, but women placed at greater risk, this could cancel out the overall benefits of less transmission to men. This is not the information they wanted, so they stopped the study. The researchers added, "It's inevitable that men who are infected with HIV will also require to be circumcised, partly to avoid stigmatization". This argument of stigma is one which is familiar to many Americans, although an increasingly outdated one here. It would not be so true in Uganda, which has a particularly low for Africa (around 25%) circumcision rate;² though it would be true in some parts of Africa, and thus true for some African men, but even so, is that a good reason not to attempt to uncover information about HIV transmission?

1 "HIV circumcision study ends early". *BBC News*. /7/16/2009.

2 "Male Circumcision: Global Trends" PDF available on Official WHO website:
http://whqlibdoc.who.int/publications/2007/9789241596169_eng.pdf

Additionally, this type of study, where circumcisions are performed as part of the research, raises ethical concerns. It is sometimes justifiable to experiment on people, knowing it may harm them (or in this case others), when the dangers of not experimenting seem drastically greater. We are familiar with this dilemma in the U.S. from trials of AIDS drugs, for example. Some people had to be first to try experimental treatments, and there was no time to lose. It would not be such an issue, if Africans weren't being made so many promises about how circumcision can protect them. The presumption, maintained in the U.S. since the 19th century, that circumcision is always medically beneficial, and does not ever increase likelihood of disease, is a constant assumption in these studies, hence the plan to circumcise the rest of the men once the positive results were in. It is good that they did not follow through on the circumcisions for the other group; with these results; it could actually further endanger their female partners. Circumcision is more experimental, and less proven, than U.S. researchers often indicate.

These studies do not directly contradict the oft-cited African studies on the susceptibility of heterosexual African men who do not have an HIV infection, although they do challenge the overall usefulness in the fight against AIDS. There are some studies that challenge even these studies, however. They use a different but not necessarily less effective methodology. One study, "Male Circumcision in the General Population of Kisumu, Kenya: Beliefs about Protection, Risk Behaviors, HIV, and STIs" follows directly in the wake of the successful studies, attempting to confirm them. This study tested individuals within a Kenyan community for HIV status and circumcision status and attempted to eliminate behavioral and sociological factors. The researchers expected confirmation of the prior Kenyan study, but instead found "circumcision status was not associated with HIV or HSV-2 seroprevalence or current genital ulceration

controlling for age, lifetime number of sex partners, marital status, and ethnicity"¹. No association was found to link circumcision and HIV. It is a different sort of study than the more famous studies, and a more traditional one (although not necessary less significant), testing the existing population, rather than circumcising them and studying the results. It was carried out by researchers from the University of Illinois Chicago, the school which also led the Kenya study which produced the prior positive results. It was supposed to be a complementary study, and they are disappointed in the lack of agreement. Results of a lack of circumcision's effect do not make good press, and so, little attention has as yet been paid to it. Six months have passed, and there is no barrage of articles questioning the validity of the studies which showed effectiveness. Many other studies which do not confirm the more famous, successful studies exist. Is it possible that there are faults in the frequently reported, successful studies?

Many people, not just anti-circumcision activists but medical professionals, believe that the successful studies are inaccurate, and that it is a mistake to base circumcision recommendations on these studies. Reasons are abundant. There is no time for a complete analysis, but I will give a quick rundown of a few points. Small sample sizes are an issue in all of these African studies, and play a role here, but it is mostly unusually poor scientific method which may have caused the studies to vastly overstate any positive benefits. In a paper in the journal *Future HIV Therapy* (now called simply *HIV Therapy*), many concerns are highlighted. Dr. John Travis states “The African studies were conducted in atypically sanitary clinics with highly skilled operators and cannot be extrapolated to the general population. The studies have been criticized for their poor science including: the men were paid to be circumcised, received

¹ "Male Circumcision in the General Population of Kisumu, Kenya" Public Library of Science website. <http://www.plosone.org/> December 16, 2010.

free condoms and extensive education and the studies were halted after only 21 to 24 month periods”¹. This article points to possible behavioral changes as responsible for much of the preventative effect, as “the circumcised group needed to refrain from sex to recoup from surgery, and they were receiving extensive monitoring and counseling about sexual behavior. Also, hundreds of study participants were lost to follow-up”. *The Journal of the Royal Society for the Promotion of Health* states in an article, “HIV Infection and Circumcision: Cutting Through the Hyperbole”, that “the medical literature supporting mass circumcision for the prevention of HIV infection is inconsistent and based on observation studies...Even if effective, mass circumcision as a preventative measure for HIV in developed countries is difficult to justify”.² The *International Journal of Men's Health*, in “The Cost to Circumcise Africa”, with an extensive analysis, claims “Behavior change programs, not surgery, are more efficient and cost-effective ... In addition, condom usage provides protection for women as well as men. This is significant in an area where almost 61% of adults living with AIDS are women”.³ The claims of 50% reductions take account of no behavioral effects, and there is really no doubt that they are overstated. It is possible that the greater efforts that went into getting the newly-circumcised to use condoms, due to the greater risk of transmission in the six weeks following the procedure, may have acclimated men to using condoms, and they may have continued condom usage at different rates than the uncircumcised men.

It is well known that the two best ways to reduce the spread of HIV are condoms and

1 “Male Circumcision Ineffective in HIV Battle”. *Attorneys for the Rights of the Child Newsletter*. Berkeley: Summer 2008. Vol. 6, Iss. 3; pg. 8.

2 “HIV Infection and Circumcision: Cutting Through the Hyperbole”. Van Howe, Robert S., J Steven Svoboda, Frederick M. Hodges. *The Journal of the Royal Society for the Promotion of Health*. Vol. 125, No. 6; pg. 259, 11/2005.

3 “The Cost to Circumcise Africa”. McAllister, Ryan G., John W Travis, Dan Bollinger, Claire Rutiser, Veeraraghavan Sundar. . *International Journal of Men's Health*. Fall 2008. Vol 7, Iss. 3; pg. 307.

lower risk behavior. It is a concern that the call for African circumcision is coming from “North American physicians and researchers, most of whom had a long history of vocal advocacy of mass circumcision in the U.S.”¹ While no organization is suggesting circumcision be used to fight HIV in developed nations, as no studies have shown that to be effective, there is still a large crossover effect, as these studies are used in popular media to reinforce the idea of male circumcision as beneficial medical procedure. *Science Daily*, for example, helps contribute to this in their article “Circumcision Rates Lower In States Where Medicaid Does Not Cover Procedure”. They explain that “In 1999, the American Academy of Pediatrics stated that the medical benefits of male circumcision were not enough for the group to recommend that the procedure be made routine...Some states began withdrawing Medicaid coverage for circumcision”.² This article suggests that this “could lead to an increased risk of HIV infection among lower-income children”, and extrapolates that “16 states ... not reimbursing male circumcision is generating future disparities in health between children born to rich and poor families”. While there is little doubt of health disparities between rich and poor, circumcision is obviously not a major factor in this. The African studies are often improperly used by the media to indicate that circumcision is a good strategy for Africa *and* the United States, which is even farther from proven.

It seems a matter of common sense that circumcision might have some effect on HIV. After all, it significantly changes the male genitals. However, we just do not know about the effectiveness of circumcision. Some studies suggest it may help, some do not. All of the

1 “HIV Infection and Circumcision: Cutting Through the Hyperbole”. Van Howe, Robert S., J Steven Svoboda, Frederick M. Hodges. *The Journal of the Royal Society for the Promotion of Health*. Vol. 125, No. 6; pg. 259. 11/2005.

2 “Circumcision Rates Lower in States Where Medicaid Does Not Cover Procedure”. *Science Daily*. 1/27/09. University of California Los Angeles. <http://www.sciencedaily.com/releases/2009/01/090128092346.htm>

circumcision and HIV evidence is based on observation, studying existing populations, or circumcising some and not others and studying how many people then contract HIV. With matters of sexuality, good studies are very difficult to design. Behavior can be unpredictable, and the studies which showed effectiveness were particularly prone to inducing behavioral changes. Nobody can question that unsafe sexual practice, circumcised or not, can result in infection eventually. Nobody suggests circumcision as a replacement for condom use. But, backing the use of circumcision is the belief that Africans will not use condoms, and so it is thought necessary to seek out other measures. This is not necessarily true, as there are reports of growing use of condoms.

A *San Francisco Chronicle* article reports, "Uganda's HIV rate drops, but not from abstinence...Research from the heavily studied Rakai district in southern Uganda suggests that increased condom use, coupled with premature death among those infected more than a decade ago with the AIDS virus, are primarily responsible for the steady decline in HIV infections in that area...Uganda's 'ABC' prevention formula -- standing for Abstinence, Be Faithful, and use Condoms -- has been widely credited with lowering that nation's infection rate from 30 percent in the early 1990s to below 10 percent today". It was, of course, the 'C' which worked, as "Reports of consistent condom use by men rose to more than 50 percent by 2002, compared with 10 percent a decade earlier. Among women, reports of condom use rose from virtually zero to 25 percent".¹ HIV is not going away anytime soon, and in many places, even in parts of Uganda, it continues to increase, but condom promotion can be effective, and is the only known way, other than HIV drugs which are also known to reduce transmission, or abstinence, to ensure a decline in HIV. Circumcision would not be looked to as a solution, were it not that the U.S. and Africa

¹ "Uganda's HIV rate drops, but not from abstinence" By Sabin Russell. *SFGATE* 02/24/2005.

both already have high rates of circumcision, and so it has great social acceptability. The World Health Organization states, "Male circumcision is common in many African countries and is almost universal in North Africa and most of West Africa".¹ Most U.S. researchers are undoubtedly circumcised. The U.S. and Africa both have a willingness to see their cultural practices and bodily status vindicated by having medical relevance.

The history of circumcision is one of regular reports of benefits, which always, in the end, get overturned. We may simply be experiencing a pattern that has continued for over 150 years. After decades of HIV research, it takes only three African studies to overturn prior attitudes, and justify circumcision for an entire continent. One wonders when scientists might learn from the history of circumcision. What Romberg states, that "socioeconomic factors, lifestyle, values, sexual practices...have considerably greater effect on whether or not one will contract a venereal disease than the presence of absence of one's foreskin", likely remains true (Romberg, p. 251). Ali Rizvi points out in *Huffpost Living* that "In countries like Nigeria and Kenya over 80% of males are circumcised, yet they contain the second and fourth largest HIV-infected populations in the world respectively...Among industrialized nations, the highest prevalence of HIV/AIDS is in the United States...the USA ranks number one among all industrialized nations in its number and percentage of circumcised men".² This is also only observational evidence, it does not prove anything, but, it should not be ignored. Circumcision seems not to have much significance on HIV patterns. The African studies instantly drew waves of funding for circumcision in Africa, and calls to maintain circumcision practice in the United States. Further studies in the U.S. have effectively put an end to the official calls to continue practice in the United States, but not media

1 World Health Organization Official Website. "Information Package on Male Circumcision and HIV Prevention. http://www.who.int/hiv/mediacentre/infopack_en_2.pdf

2 "Male Circumcision and the HIV/AIDS Myth. By Ali A. Rizvi. *Huffpost Living*. 08/03/2009. http://www.huffingtonpost.com/ali-a-rizvi/male-circumcision-and-the_b_249728.html

reportage of its effectiveness, and this rhetoric is used to delay, to a small degree, the ending of routine circumcision in the United States. However, it is in Africa that the effects of these studies will be most strongly felt.

If the study results were more from behavioral changes which may not be repeated in other implementations of circumcision, this is a problem, as the African studies have led to a massive U.S.-assisted campaign for implementation of male circumcision (it is an international effort, with involvement as well from the World Health Organization). We are paying for a great deal of African circumcisions lately, and will likely soon be paying for more. For example, a new program has begun in Zimbabwe. A recent article reports, "The Zimbabwe program, begun in May 2009, has carried out 12,000 circumcisions. The U.S. spent \$6.6 million on it in the first year and more money is promised as the program scales up".¹ Additionally, a press release from the United States government describes how "In 2011, the United States has allocated over \$8 million to male circumcision services in seven regions across Tanzania".² More plans are underway. The circumcision plans come from a genuine desire to help, but also from a desire for something cheap, effective, and reaffirming of our cultural beliefs. Circumcision is acceptable in the U.S. and in Africa, and in many ways it is less controversial than condoms, so there are not great hurdles to implementation.

It is worth noting that circumcision in the U.S. and Africa is not quite the same. Africans are generally not circumcised with the state of the art circumcision devices used in the United States and in the African studies. To be cost effective and provide sterility, the new circumcision

1 "US Funds Circumcision To Fight AIDS In Zimbabwe". By Angus Shaw. *Huffpost Health*. 11/14/2010. http://www.huffingtonpost.com/2010/11/15/us-funds-circumcision-to-_n_783440.html.

2 "U.S. Government Supports Launch of Mobile Male Circumcision Services on Lake Victoria Islands". Press Release: Embassy of the United States. 01/23/2010.

campaigns often use cheap plastic single-use circumcision kits. Recently, one widely used circumcision device, the 'Tara Klamp', has fallen out of favor, as it is causing too much pain and too many complications. The South African government has discontinued its use, and "Treatment Action Campaign, a Cape Town-based advocacy group for people with HIV, welcomed the government's decision, calling the device dangerous and painful".¹ However, in some places this device is still continuing to be used. It is much harder to ensure proper circumcision in African countries than in the U.S., and when accidents do happen, we are unlikely to hear about them and be troubled by them. If male circumcision was truly effective, some pain would be worth it, but we owe it to the Africans to find better evidence first.

HIV is a recent problem, it is scary and hard to combat, and so it is the latest target as a disease for circumcision to cure. As HIV is poorly understood, scientists have room to theorize, and there is plenty of funding for questionable studies to be generated on an 'other' population, although at least in this case with the intent of helping that population. Still, in our studies and implementation of circumcision programs in Africa, we see male circumcision history played out again and again. We are learning not to circumcise ourselves, but there is enough circumcision support left for us to assist Africa in sustaining, and even increasing, their male circumcision practice. No question, circumcision kits that cause some pain and complications are not as bad as awful practices of 'female genital mutilation', but we are actively responsible for the male circumcision, and it is a little hard not to see something of a contradiction in these two stances: to be so very anti-"FGM", and so very pro male-circumcision, all the while being in a process of a broad cultural redefining of male circumcision in the United States as unnecessary, painful,

¹ "S. Africa Halts Rollout Of Circumcision Device Used For AIDS Prevention". By Jenny Gross. (AP Reporter). *Huffpost Health*. 12/08/2010.

dangerous and highly questionable.

So many circumcision studies have been overturned throughout the years. The studies that show benefits usually are found to have errors in methodology or found to be so minimal in their benefits as to not outweigh the risks. The official statements over male circumcision in the U.S. make this clear. An understanding of the history of male circumcision makes it even clearer. Routine neonatal circumcision has never really been a medical procedure; it was implemented for moral reasons, and has been sustained by a medical discourse which always is being proven false and then followed with new claims, in a repeating pattern - a pattern which will likely end as soon as it becomes more thoroughly de-normalized. It is still easy for not just laypeople, but researchers, to be ignorant of this history. Many researchers have, no doubt, bought into understandings of circumcision as a medical procedure, given a constant medical rhetoric uninterrupted for 150 years and support from the media. This understanding of male circumcision as a legitimate medical procedure for things other than foreskin problems allows it to be studied, but given a historical understanding, this legitimacy must be questioned. At least, we should have better evidence before being convinced that it is worth implementing routine circumcision amongst any population. Medical implementation of circumcision also relies on the idea that the foreskin has no value, or a negative value, hygienically, aesthetically, and regarding pleasure. If it were not already a normalized practice in the U.S. and Africa, it is doubtful these studies would have been enough to embark on aggressive circumcision campaigns, but, as circumcision is already so prevalent, due to non-medical reasons in both places, it is easy to maintain or implement medical circumcision, while pretending it is only medical and not a result of the various social and moral justifications which led to the heavily circumcised state of the

U.S. and African nations.

As the efforts to circumcise Africans increase, official discourse in Africa about circumcision is increasingly being generated. There is a recently published report from a medical and a governmental board in Tanzania, called "*Situational Analysis For Male Circumcision In Tanzania: Final Report*". In it, there is much evidence that the way that Tanzanians and Americans view circumcision is not very different. The document explains, "Higher rates of circumcision are seen among men with higher levels of education, and higher socio-economic status, and those living in urban areas" (p. 10).¹ That circumcision is associated with wealth makes it more appealing. A similar effect was seen in U.S. history, as circumcision became associated with hospital births and thus a more wealthy status. Similar reasons are given by laypeople in both places for circumcision. The report explains, "Of those who were circumcised, reasons for circumcision were to prevent STIs (25%), tradition (24%), hygiene (17%), pressure from peers (7%) and religion (2%)" (p. 35). This resonates with American reasons. STI's, tradition, hygiene, peers, religion - these are very much the American reasons as well. Sexual reasons are not neglected, as, "Of the 606 females who were interviewed, 89% preferred sex with a circumcised man compared to a non-circumcised man...A circumcised man was preferred because his penis is cleaner (14%), gives pleasure during sex (33%) and is at reduced risk of acquiring STIs (37%)" (xii). Hygiene is a very present concern. "Many FGDs [focus group discussion] participants in all three sites said circumcision is associated with penile hygiene. Some participants had the view that circumcised men are hygienic in their penises because they

¹ Official Document: Situation Analysis for Male Circumcision Tanzania National Institute for Medical Research Mwanza, Tanzania; and Ministry of Health and Social Welfare, Dar es Salaam, Tanzania. September 2009. Available at http://www.malecircumcision.org/programs/documents/TanzaniaMaleCircumcisionSituationAnalysis_September_09.pdf

do not have the foreskin which keeps dirt (uchafu)...The following excerpt from Bukoba rural highlights how circumcision is perceived positively: 'For me a circumcised man is not dirty because his semen is not so dirty...he is clean in his private parts'. The normalization of male circumcision, in understanding male hygiene, is present in a similar way as in the United States. The circumcised penis is the standard one. The World Health Organization reports that statistically for the most wealthy segments of Tanzanian society, circumcision rates are over 90%, but even the poorest segments are above 50%. Misunderstandings of smegma as dirty are prevalent. It is the penis without smegma which is possessed by the wealthier, while the poor are more likely to be uncircumcised, which only adds to the uncircumcised penis being seen as dirtier and less desirable.

The goal of this Tanzanian report is very much on understanding current attitudes, to determine strategies for encouraging more circumcision, and so there is a focus on getting Tanzanians to understand the medical benefits. This is very appropriate in the 21st century. African nations, though less developed, are not unaffected by a medicalization of the body and procedures done to the body. They must circumcise, as we must, for reasons deemed appropriate in this era. They already accept the medical reasons for the most part, but there is some disagreement...

"However, 5 (14%) informants, irrespective of their educational levels categorically stated that they disagreed with the relationship between HIV infection and circumcision. The following two interview excerpts illustrate the disagreement:

'It is silly to think that there is relationship between the two... once you put your penis in a woman, the fluid from a woman comes into contact with a man, and hence one can get infected with HIV. But circumcision cannot at all prevent HIV'.
[A male KI, Bukoba, Kagera]

'There is no relationship between HIV and circumcision. There has been

circumcision from time in memorial... I was circumcised in 1960 together with my age mates and many other people who later on died of AIDS. I don't see the relationship between the two. On what ground do the researchers base their argument?'
[A Male KI, Musoma, Mara]" [sic]

This document is from people who wish to reeducate these African men on their views. These statements are presented as evidence of hurdles to be overcome. But is it at all possible that these laypeople, in their common sense statements, with their experiences of living in a society where male circumcision is prevalent, may be showing more intelligence than the American and African researchers and government officials with whom they disagree? There is much sense to what 'A Male from Bukoba' says, and that is why condoms, which create a seal to keep out fluid, are so very effective at stopping HIV transmission. There has been circumcision from time immemorial (seemingly) in the U.S., and yet we had a terrible HIV crisis. Circumcision did not save 'A Male from Musoma's' friends. If one believes the African studies without any questioning, then the researchers are right. But there is much indication that these laypeople, in their common sense views, are right, and the officials wrong, only giving false hope to people and wasting effort that should go towards promoting condom usage, drug distribution, or other more proven methods.

Just as African male circumcision (or male circumcision anywhere) is not dissimilar to the United States, the same is true of female genital mutilation. One may argue that it is a far more harmful practice, but one still finds that the cultural motivations are in many ways the same. Romberg explains that "The origins of female circumcision and the justifications for its practice are very much similar to those of male circumcision" (Romberg, p. 17). Ease of keeping the genitals clean and reduction of odor are frequently cited. To please the other gender is frequently cited, and this is no different than male circumcision. There may be additional

reasons, such as infibulation being done to maintain virginity. This has somewhat of an analogue in male circumcision being done as a tactic to prevent masturbation, in that they both fall under the theme of sexual control. Male and female genitals are not as different as society defines them, and though standards for men and women can be very different, societies often seek to reduce signs of animality and to control sexuality, and it is really no surprise to find many of the same reasons stated in the discourse behind various genital procedures. It is not necessary to compare which practices are worse to make the point that reasons for each are grounded in social understandings that are increasingly unacceptable by modern standards. 'FGM' is in most forms far more dangerous than male circumcision. The only point I am trying to make is that, though we have medicalized our understanding of male circumcision, this medicalization is false. It was a discursive change, not a scientific development, and male circumcision in the United States must be understood as having significant relation to the various practices of genital procedures around the world.

X. Circumcision and the Medicalization of Childbirth

Circumcision resulted from concerns about masturbation, but Romberg also focuses on the aspects of circumcision as a part of a greater medicalization of childbirth. Romberg explains that "Infant circumcision...became increasingly widespread during the earlier part of the 20th century. The practice went hand in hand with another phenomenon – routine hospitalization of all births. In 1900 less than 5 percent of American women delivered in hospitals...By the early 1930s between 60 and 75% of the births in various cities were in hospitals" (Romberg, p. 101). Before this routinization of hospital births, people had to go get a circumcision for their children.

Quickly, for doctors, it became an easy opportunity to provide a health service to children that parents could not, thus increasing the essentiality of their services. Class played a role here, of course, as a hospital birth became something desirable, though not cheap. Circumcision helped to indicate a hospital birth, and thus, "having one's foreskin removed became a sign of having been delivered by a physician" (Gollaher, p. 107). Darby quotes Gollaher as stating that "Circumcision became a token of the medicalization of childbirth [and] a symbol of the rising authority of the medical profession over the laity" (Darby, ST, p. 9). And, indeed, the uptake of circumcision was highly related to class. As the wealthy took up new birth practices first, old practices became seen as less civilized. (Interestingly, now the process continues in a similar but reversed process, as the better educated and more wealthy may be the first to embrace resistance to medicalized childbirth.) This was true not only of medicalized childbirth, but the concerns of controlling sexuality as well. Foucault explains, "the most rigorous techniques were formed and, more particularly, applied first, with the greatest intensity, in the economically privileged and politically dominant classes" (Foucault, HS, p. 120). He in particular mentions masturbation: "As for the adolescent wasting his future substance in secret pleasures, the onanistic child who was of such concern to doctors and educators from the end of the eighteenth century to the end of the nineteenth" was "not the child of the people...but rather the schoolboy, the child surrounded by domestic servants, tutors, and governesses, who was in danger of compromising not so much his physical strength as his intellectual capacity, his moral fiber" and his obligations to "his social class" (Foucault, p. 121).

Foucault suggests that power is a complex thing. One must not merely look at obvious figures of power, such as the heads of medical boards, but local power relations must be

considered as well. He tells us we must ask, "what were the most immediate, the most local power relations at work?" (Foucault, HS, p. 97). This is key to understanding how medical science seized control over childbirth so quickly. Doctors made themselves essential by becoming authorities over birth. They now had knowledge not accessible to the average person. In many ways, this was a good thing. Infant mortality rapidly declined through the first half of the 20th century.¹ However, along with these gains, much knowledge about traditional childbirth was lost. The more that traditional knowledge of pregnancy was devalued, the greater the power of doctors was assured. There was little incentive for doctors to learn lessons from traditional knowledge. In many ways, we are still recovering from this loss of knowledge today. The knowledge of parents was imperfect, but the new knowledge from medicine, in seeking to completely replace traditional knowledge, made many errors. For example, Romberg explains, "suddenly during the 1920s and '30s mothers were being told that artificial formula was 'best' for their infants", and told to feed them at specific time intervals, rather than responding to the babies cries, and "parents were admonished not to cuddle or rock their babies, or handle them any more than necessary for fear of 'spoiling' the child" (Romberg, p. 103). This theme of ignoring natural experience, and instead attempting a scientific, unemotional attitude, came fraught with problems. It appears that not only was the natural experience of mothers ignored, it may have been actively rejected, in order to all the more add to the power of doctors. Once in place, attitudes have not changed easily. Romberg explains how even recently, "Mothers who have pleaded with the doctors that they might nurse, hold, and touch their babies immediately after birth have been countered with the argument that the baby will get chilled unless he is

¹ *The Journal of Nutrition* Official Website. <http://jn.nutrition.org/content/131/2/401S/F1.expansion.html>. Accessed 06/03/2011.

quickly taken to the nursery and put in a baby warmer...only lately has the warmth of the mothers body been recognized as “an excellent 'baby warmer’” - and direct contact with the mother seen as beneficial (Romberg, p. 116). How did this regaining of knowledge happen? Not because science decided to give some value to mothers' desires, or from a reclamation of older knowledge. Rather, the route had to be through science, it had to be scientifically established. Thus, “It took two male doctors, Marshall H. Klaus and John H. Kennell, to convince the medical profession of the importance of bonding... [they] researched and made in-depth observations of the interactions between mothers and their infants”, and scientifically determined how important the mother-infant bond is (Romberg, p. 127). It really is shocking, because it seems like this information, that a mother should hold a baby after it is born, should be obvious. But it was esoteric knowledge, rather than obvious emotional knowledge, which added most to doctors' power.

The science was also, of course, highly influenced by the morality of the time, which did not necessarily hold pain as something to be avoided. And, not only because of morality, but because of what was convenient. This can be seen in the way that attitudes about infants and pain have changed. As the 20th century progressed, it became less acceptable to think that infants should be trained not to touch their genitals through pain. Thus, doctors began to state, without basis, that circumcision was not painful, as infants' brains were supposedly not mature enough to feel pain. This became part of medical knowledge, and many doctors today still underestimate the infant capacity for pain. Parents who heard the screams of their babies were told that their instinctual responses to protect their children were in error. Of course, it took *scientific* proof to show that infants do feel pain. Because the pain of babies could not be shown to be true or false,

doctors could say whatever they wanted about it, whatever was useful. This is not possible any longer, as eventually science regained knowledge that parents might have otherwise already known. In 1987, Harvard Medical School published a paper “in which they observed that pain pathways ... are in fact well developed in the newborn child” (Gollaher, p. 136). Further studies have shown that the surgery is very painful, and mild pain relievers often used in hospitals like Tylenol “had no effect on pain response during or immediately after the operation” (Gollaher, p. 137). Of course, Tylenol is not suitable pain medication for an operation, but this common sense statement was not convenient to operating on babies who could not easily, due to safety concerns, be anesthetized.

It is not only circumcision that is at issue here. It has long been thought that giving babies something sugary would reduce pain, which was useful when babies would get injections or other procedures. Upon getting something sugary orally, facial expressions change "from puckered-up to relaxed" as they get a small dose of sugar (or, presumably, sugary wine at a Jewish circumcision, as is sometimes the custom). It turns out that just recently, medical thinking on this may be overturned. An article published less than a year ago states that:

"Newborn babies should not be given sugar as pain relief...it does not work and may damage their brains, new research in the Lancet warns today...'Our findings indicate that sucrose is not an effective pain relief drug...'If it's confirmed that sucrose doesn't work, we have a problem because we don't have any effective treatments for acutely painful procedures in newborns...drug companies should speed up the development of treatments".¹

Medicine has gotten more sophisticated, and now levels of pain are measured by monitoring brain and spinal cord activity. But one wonders, did we really need to be told that sucrose is not an effective pain relief drug for infants? It made the job of treating infants easier, and so there

¹ "Newborn Babies Should Not Be Given Sugar As Pain Relief, Says Study". By Denis Campbell. *The Guardian*. 09/02/2010.

was a desire to believe what really, from common sense, does not add up. It will not be surprising if this finding is confirmed. No wonder then, with these attitudes, it was possible to ignore the pain of circumcision, even though this is a surgery on a baby's genitals! We are clearly still partially in a dark age of science, an age where, amidst impressive gains, there is still a troubling loss of knowledge of old understandings of the body, when it has been useful for medicine to lose knowledge. Romberg states that “earlier medical writings about infant circumcision unquestioningly state that the operation is indeed extremely painful for an infant” (Romberg, p. 285). They did not need studies of brain anatomy to know this. Circumcision went from being painful (but this was a good thing), to being painless (when this became a good thing), to being painful again (bad, but now unavoidable knowledge).

Slowly, perhaps, we are crawling out of this dark age. Medicine is being forced to accept the limits of its knowledge, but it is a slow process. Romberg explains, “Within recent years we have striven to re-humanize birth...Professionals have often been reluctant to change or listen to lay people...questioned and attacked...have been fetal heart monitors, unnecessary Caesarian deliveries, episiotomies, enemas, pubic shaves, and routine separation of mothers and infants”. However, she relates, "Somehow, circumcision of infant boys has been one of the last things for us to question” (Romberg, p. 103).

Perhaps the questioning of episiotomies is less famous than that of recent questionings of Caesarian deliveries. An episiotomy, a cut made at the bottom of the vaginal opening, and then later sutured, was thought to make childbirth easier. (It is also made more necessary by the birth position used at hospitals, which may give doctors a good view of things, but is not necessarily the most efficacious for the woman and arriving infant.) While this can sometimes prevent

vaginal tearing, episiotomy itself has numerous side-effects. Romberg explains how “Expectant mothers in America have been led to believe that they cannot give birth vaginally without episiotomies...The rate of episiotomies for vaginal births in American hospitals has been nearly 100%...Doctors...tend to assume that this is a necessary procedure...massaging a woman's perineum seems too personal and time consuming. Doing a quick surgical cut and repairing it is a more impersonal “medical” procedure, which more readily fits into his way of thinking” (Romberg, p. 25).

It is so very interesting and relevant to male circumcision, as male circumcision and episiotomy both involve an unnecessary cut to the genitals, both of which may cause complications. Male circumcision has a special place in medical childbirth, as its original purpose was to reduce masturbation, a particularly fallacious and unscientific claim, and it has far less justifiable medical usage than episiotomy, as circumcision is hardly ever medically indicated, while Romberg admits that episiotomy "is justified in a small percentage of cases, perhaps 5-10% of all vaginal births". Sometimes a birth will be too difficult without it, but just as male genitals do not need a quick operation at birth, women do not generally need a vaginal operation to have birth. Episiotomy should be based in “true need rather than...a routine procedure” (Romberg, p. 26). But in both cases, doctors have shown little hesitation to cut up genitals as they think best. And now, we see the procedures falling away at similar rates. Statistics from 2001 show a great decline from the near universal use of the 1970s. "There is considerable international variation in the rate of episiotomy. According to the Royal College of Obstetricians and Gynaecologists (RCOG), it is 8% in Holland, 14% in England, 50% in the USA and 99% in Eastern Europe".¹ While on the decline here, like circumcision, rates are much

¹ Patient.co.uk website. <http://www.patient.co.uk/doctor/Episiotomy-and-Tears.htm>. Accessed 06/03/11.

lower still in many other industrialized nations. Also, like circumcision, whether one gets an episiotomy today depends not always so much on personal need, but also on how up-to-date one's doctor and one's hospital are in the latest birth practices. Clearly, doctors in the United States are still performing far too many episiotomies.

It is not hard to understand how male circumcision has been overlooked. Romberg explains, “Usually mothers in labor upon admittance to the hospital are bombarded with many routine procedures. Amid haste and excitement she signs a number of papers, including a consent form for circumcision. Sometimes consent for circumcision is written into the general admission form. Usually she signs it without thinking...Parents have frequently been harassed when they have decided against circumcision” (Romberg, p. 117).

Romberg clearly was unhappy with her own failure to recognize the lack of necessity of male circumcision. She considered herself a resister of harmful medical childbirth practices, a woman in the know about the latest understandings of a more wholesome birthing process - but this one eluded her, male birth after male birth. She switched to home births, and yet, still took the action of bringing her sons in for circumcisions. She searches for an understanding for her own failure, as she states “The childbirth education movement is still young. Too many other concerns have had to be aired, such as medication during birth, father participation, breastfeeding, and maternal infant bonding – before we could get around to questioning circumcision” (Romberg, p. 121). It seems that though she says this, she still feels that she has made an error, and thus it is understandable that she was driven to write a book about male circumcision, taking an active role to prevent other circumcisions.

Childbirth is a time of many procedures, some more necessary than others. Silver nitrate

eye drops (now replaced by gentler antibiotics), given to an infant after birth, radically reduced blindness caused by eye infections contracted at birth; this is why there are so fewer blind people today than there once were. There is no question that it is better to lose a foreskin but keep one's eyesight. There are many other examples of the benefits of giving medicine a role in childbirth. But the medicalization of childbirth must continue to be a contested field, and male circumcision must also be contested as a part of this process. While there is not time to get into all the details, we are still suffering from the overuse of many medical procedures. It is hard not to get the feeling that many, many more medical practices need improvement. If medicine discovers that sugar does not work as an anesthetic - in the 21st century, that is really troubling. And, as male circumcision also indicates, while harmful medical practices may particularly effect women, the male body is in no way exempt from a medical practice that is too quick to use the latest procedures without truly understanding their effects on the individuals who give medicine a good deal of control over their bodies.

In a world where medicine wields a powerful control over the body, questioning this control is essential. The willingness to allow male circumcision helps medical authority to maintain low standards for efficacy of surgery. Thus, male circumcision is an issue that impacts general concerns of medicalization of childbirth, and really the entire field of medicine.

Nietzsche explains in *The Gay Science* that our scientific ability is the result of a combination of drives. "The doubting drive, the denying drive, the waiting drive, the collecting drive, the dissolving drive"; individually, he states, these drives can be poison, but together they make scientific thought possible. But, our existence as scientific creatures is not the end of human evolution, for Nietzsche. This science, that our drives together enable, is itself still to be

combined with other abilities: "How far we still are from the time when artistic energies and the practical wisdom of life join with scientific thought so that a higher organic system will develop in relation to which the scholar, the physician, the artist, and the lawmaker, as we now know them, would have to appear as paltry antiquities!" (Nietzsche, TGS, p. 113.113). A recent article, "Send in the clowns to boost IVF success?", describes how researchers discovered that women who were trying to become pregnant through in-vitro fertilization "found the odds of success were greater among women who were entertained by a professional 'medical clown' right after they had the embryos implanted in the womb...those who'd had a laugh were more than twice as likely to become pregnant".¹ It's possible the effectiveness might relate to stress, as the process of IVF is stressful, although they are not sure yet, and it was only a small study. While it is hard to fully imagine the kinds of abilities Nietzsche points towards, here we have science combining with art and common sense to create a better scientific practice. This attitude is not one so often seen in the history of the medicalization of childbirth, but perhaps, slowly, we are seeing science catch on to the need to treat people in their whole being, their body and also their mind and emotions, with more than scientific tools, but also with art and an understanding of human nature as well. A science of the body that resists art and practical wisdom will always remain to some degree impoverished.

XI. Circumcision and Masculinity Studies

While Wallerstein and Gollaher present history and general overviews of the story of male circumcision, it is Romberg and Darby's books which most directly and aggressively

¹ "Send in the clowns to boost IVF success?" By Amy Norton. *Reuters*. 01/12/2011.

discuss gender studies aspects of male circumcision: Romberg in her situating of male circumcision within the medicalization of pregnancy, but Darby as well as he takes on myths concerning Victorian attitudes towards male and female sexuality. He sees male circumcision as relating to various historical forces, but believes that the main cause of male circumcision really was due to attitudes about male sexuality. He explains that “Although the causes reach deep into the history of medicine, disease, religion, and morality, the fundamental reason was a change in attitude toward male sexuality and the male body between the mid-eighteenth and the late nineteenth century” (Darby, ST, p. 3). He explains that the characterization of women as lacking in sexual desire was really more about a definition of male sexual desire as excessive. It was not so much that men did not believe that women experienced sexual pleasure, but rather that, “men's sexual desires were increasingly condemned as lustful urges” (Darby, ST, p. 143). Men were expected to limit their excessive sexual pleasure. while women were not considered to need these constraints.

Darby rightly criticizes the failure to see this perspective in most books which report on the sexual trends of this era. There have been “easy assumptions that 'sexual discourses operated exclusively for his benefit,' and that Victorian sexual anxieties fell far less heavily on men than on women” (Darby, ST, p. 10). There has been a lack of awareness of “spermatorrhoea and the discourses of masturbation”, and perhaps this has been encouraged by the continued unconscious restraint on viewing masturbation as legitimate pleasure (although the limits on male sexuality were of course not limited to masturbation). W.F. Bynum writes that "maleness was rarely pathologised; femaleness could be and was” (Darby, ST, p. 10). Darby's book has ten times more evidence than needed to prove just how untrue this is. Literature on sexuality in the Victorian era

consistently neglects the willingness to perform cruel operations on men, often citing surgeons operating on women, while not mentioning at all the operations those same surgeons were doing on men. Not just circumcision, but “infibulation, cauterization, or castration as treatments for male sexual problems” were used, and the histories “entirely suppress the fact that some of the authorities they cite were as keen to take the knife to men as to women” (Darby, ST, p. 11).

Particularly interesting is Darby's deconstruction of a remark of William Acton's, often used as evidence of the Victorian attitudes of female sexual desire, which Darby believes has been misinterpreted.

“This obsession with male sexual energies, and men's greater risk of exhaustion as compared with women, emphasizes the point that the most serious sexual problem of the period was...the male sex drive and how to control it...When William Acton, in his best-known and most misunderstood remark, wrote that 'the majority of women (happily for them) are not very much troubled with sexual feelings of any kind', he was not primarily making a comment about women at all; he was dramatizing the problem facing men. The key words are *happily* and *troubled*. He did not mean that women lacked sexual feelings or could not enjoy sex, but that, unlike men, they were not *troubled* by sexual urges” (Darby, ST , p.13)

Men, rather, were tormented by the restraint they had to maintain – for example not to masturbate, as yielding “was dangerous to health and character” (Darby, ST, p. 13).

Darby acknowledges that some writers have recognized this state of affairs, such as Janet Oppenheim, who acknowledged that “Victorian sexual repression 'fell heavily on men,' reminding us that 'more printers' ink was devoted to censuring...masturbation than to any other topic” (Darby, ST, p. 14). And Ellen Rosenman points out “in her recent account of the spermatorrhea panic...that middle-class men as much as women lived under 'the oppressive abstractions of 'patriarchy' and 'masculinity' and that 'their bodies were equally subject to appropriation in the name of the phallic ideal'” (Darby, ST, p. 14). Darby wishes to make quite clear how extreme the prohibitions on male sexuality were. He states that “The central aim of

nineteenth-century sexual medicine was to control and regulate the penis, to make it more predictable and better behaved” (Darby, ST, p. 14).

It may sound strange in today's society, where men may be more encouraged to embrace their sexuality, but, at the time, men believed and internalized the warnings about masturbation, and so these medical statements about the dangers of sexuality should not be interpreted as some moralizing that was easily ignored by men. Men often took these warnings to heart, sometimes showing up at doctor's offices worried about their failures to control their own emissions of semen, and ready to accept drastic cures for this problem, lest worse harms befall them. One does not need to interpret Darby's stance as claiming that men had overall a particularly more oppressed state than women at this time. But it is important to see that the control over bodies as they became increasingly medicalized certainly fell greatly on both men and women. Romberg's explanations of medicalization of pregnancy make it clear how readily doctors took authority over women's bodies, but her investigations into male circumcision made it clear to her as well that male circumcision was not the totality of territorialization of the male body, but only one of the most symbolic results of the history of male sexual repression.

For this reason, male circumcision is a topic that should be used to enlighten men about the effects of medicalization of the body. Women may more readily understand how they have had their bodies subjected to the authority of male doctors. Men should understand as well that giving responsibility over their bodies to doctors, while often necessarily, comes with a threat to their bodies, and should be done with an awareness of the troubling history of medical control over the male body. The male body may historically have served as the model body, but it is still an artificial, social construct to which complete adherence is impossible, and demands are made

upon it for particular behavior that were not only of concern in the Victorian era, but continue, in hidden ways, today. For gender studies to underestimate the significance of the history of male circumcision, and the history of repression of male sexuality, is a lost opportunity. If men gain an understanding that society has wronged them in this manner, they could be sympathetic to other understandings as well of the oppressive possibilities of power. Thus, male circumcision could be an issue around which consciousness is raised. As the extent of repression over men in the Victorian era, and this era, is not well recognized, it is a lost opportunity to extend awareness of oppression to those who might consider their bodies sexually free, and exempt from social controls over their sexuality.

One can see how the female genitals have, in a sense, been reclaimed by women. Where before there may have been an erroneous model of the female lacking what the male has (characterized in Freud's notorious penis envy), this has been replaced by a construction of female genitals as organs of unique and equal status. This may remain based in a modernist model, with the female genitals seen as a phallus of now equivalent stature to the male's; two phallusized types of genitals, which may for both be an unnecessary characterization. Female genitals reclaimed can grant a sensation of valuing one's genitals in what is still a patriarchal model. Still, one can not argue that women should not be able to value their genitals in the same way as men, as a part of themselves, and yet as an organ with an existence almost separate existence from the body, thought of in ways different than other parts of the body. (For example, men or women may humorously name their genitals, something one would not do with their ears, arms, etc.) In this society certainly we reject Victorian notions that we should emotionally reject our sexual organs, and if our methodology is more modernist than postmodernist, that does not

mean progress is not being made. But the idea that the penis is already fully liberated, while the vagina is an organ whose liberation is only just beginning to be achieved, granting women some more equal sexual status, is not quite accurate. The penis as well, with male circumcision, hygiene concerns, expectations of erectile function (suggested by the need for Viagra, male enhancement advertisements, etc), must be considered, along with the vagina, or any sexual organ whatever form it takes, as an organ whose alienation from the self, an alienation produced through a long history, needs to be actively contested.

Certainly, our society will maintain a focus on the genitals as something which receives special attention, symbolizing our sexuality in perhaps an unnecessary way. Male circumcision must be situated amongst broader concerns over genitals. Genitals may be asked to do things for our sexuality, even when the true sexual concerns cannot necessarily be neatly reduced to a single physical presence. For example, just as some men look to male circumcision to improve their sexual sensations or performance, women sometimes do similarly. Wallerstein explains how “true female circumcision, currently practiced in the United States...is elective and its objective is enhancement of a woman's sexual pleasure” (Wallerstein, AHF, p. 165). This female circumcision refers to removal of the clitoral hood, a procedure which is the most analogous to male circumcision. “In November 1976, *Cosmopolitan* magazine published an article describing operations that are now being performed more frequently to improve sexual response. Female circumcision headed the list-with the claim that it could benefit 10% of all women with a noncooperative clitoris” (Wallerstein, AHF, p. 183). One enters here into the same territory as elective male circumcision done to increase pleasure. A survey of the internet shows that doctors still offer this procedure, and there are anecdotal reports of women happier without their clitoral

hood. Like male circumcision, this operation does not have much scientific grounding. As before, one might wonder which problems are truly physical and which ones have their grounding in social expectations, but pleasure limited by social expectations is still pleasure limited. No doubt, it is the freedom of the adult to seek out whatever procedures are available (although it must be noted that people desiring a 'sex-reassignment' operation may find greater obstacles in their path). These operations are, of course, elective (although they may stem from the feeling of various pressures), while male circumcision is done in the U.S. generally to infants who have no say in the matter.

Given the condemnation of 'FGM', were male circumcision to become seen as mutilation, as many, like Michael Chabon, now claim, it would quickly become impossible for the practice to continue. Thomas Szasz, the Professor Emeritus of Psychiatry at the State University of New York Health Science Center, a critic of much medical practice, explains that “We call the removal of the foreskin of the male newborn 'routine neonatal circumcision' and the removal of parts of the female genitalia 'female genital mutilation' (FGM). Language thus prejudges the legitimacy (or illegitimacy) of the practice” (Szasz, p. 86). Mutilation is a powerful word, and recognition of that power may lead many to use it as they state their opinions, so that the statements have more force. Of course, use of that word can also reduce the power of the speaker, if it makes them seen as an extremist. When someone within the Jewish community, like Chabon, uses the word, it may have extra power, because, as a Jew, he has extra authority about circumcision. He is a writer, and he certainly made a careful choice of the words he used. Others may hesitate to use this word, aware that it may alienate people, but when people like Chabon begin to call it mutilation, it opens up the way for more people to do so. The language which is

used to discuss male circumcision will have much to do with whether rates of male circumcision will drop at a slower or faster rate. Whether it is considered mutilation or not is important, but what is most important, for us to understand our own culture, is to understand that infant circumcision, though performed by doctors, has never really been a valid medical practice. It has always been a cultural practice, which appeared in a medicalized form. We thoroughly believed it was medical, but this belief always rested on irrational assumptions only made possible by our cultural being. As Szasz states, the "premise that the only mammal in creation born in a condition that requires immediate surgical correction is the human male" is a premise that is absurd (Szasz, p. 88).

Doctors today cannot be held responsible for the past, but it is their responsibility to help de-normalize what medical authority normalized. Wallerstein points out how generational change will have an effect, as newer doctors regain understanding of intact male genitals (Wallerstein, AHF, p. 195). If doctors gave parents more history of the procedure, along with their claims of it being a cultural practice, or gave clearer statements about the inadvisability of the procedure, it might hasten its decline. Romberg explains, "Most doctors today agree that infant circumcision is *unnecessary*. The next step is to deem it *unethical*" (Romberg, p. 129). The burden should not be on parents themselves; the medical community should provide better guidance. Darby explains that male circumcision in England lost its routine status because of too many complications and deaths from the procedure, changing morality and medical understanding of masturbation, and an understanding of the natural non-retractability of the foreskin in young boys (Darby, ST, p. 288). However, "At the height of its incidence circumcision affected only 30 to 40 percent of British boys" (Darby, ST, 288). In the United States, the much higher rates can help us understand the

delay. Darby explains that "Routine circumcision in Britain ended with neither a bang nor a whimper, but gradually amid the grumbling of those who still believed in it and the sighs of relief from those who had ceased to regard it as valid medical treatment" (Darby, ST, p. 311). It appears that we may be undergoing a similar change now, although it is possible that the heavy media attention and the activism around this topic may accelerate its decline.

The type of male circumcision we have here is only one amongst many genital procedures done in the world. Not just Africa and the U.S., but many other, primarily non-Western countries maintain this practice, although it is not generally done at infancy. According to the World Health Organization, "Male circumcision is almost universal in the Middle East and Central Asia and in Bangladesh, Indonesia and Pakistan"¹. *Huffpost World* recently reported on a "Manila Mass Circumcision 'Party'", at which Manila "hopes to establish a world record for the number of people attending a mass circumcision".² This article, unquestioning of this practice, calls circumcision both a "rite of passage" and a "surgery". These are not opposing terms. Surgery and culture can clearly be linked. While fairly unique in its U.S. form, it is wrong to completely dissociate it from other forms of genital modifications. As we have seen, the motivations for these procedures are often similar. Thus, there is a need to explore deeper forces that are behind these genital procedures. Our history alone does not explain our male circumcision practice entirely. Circumcision is an obvious operation; it takes only a little creativity to realize that the foreskin can be removed, and so it is an ancient procedure. The genitals have special significance in most any society, and thus will become the focus of cultural rituals. Many different historical conditions can cause a modification like circumcision to appear.

1 World Health Organization Official Website. "Information Package on Male Circumcision and HIV Prevention. http://www.who.int/hiv/mediacentre/infopack_en_2.pdf

2 "Manilla Mass Circumcision 'Party' Promotes Procedure". *Huffpost World*. 05/07/2011. http://www.huffingtonpost.com/2011/05/07/manila-mass-circumcision-_n_858964.html

We have a particularly medical form of cultural male circumcision, when it comes to the discourse, but this is appropriate to the way our culture approaches the body.

Although the philosophical speculations I will now embark on may seem farfetched to some, the elaborate history of the development of male circumcision as detailed in the excellent books used for this thesis cannot provide a sufficient explanation, when so many histories of so many cultures have similarly led to genital operations. Any telling of the history of male circumcision in the United States has difficulty avoiding placing a linearity on the development of male circumcision which is somewhat artificial. Instead, there was a combination of forces which a linear history cannot fully reveal, which brought about in multiple ways a variety of statements along with a medical practice of unnecessary genital operations. The impulse towards male circumcision resulted not only from Victorian morality and an increase of technology, but more primal factors as well. After all, routine male circumcision is really incompatible with modern understandings of the body, and even at the time of its initiation into medical practice, it arose as an exception to a medical practice that was in other areas making rapid gains. The genitals are highly symbolic of our sexuality, and customs which result concerning the genitals are the result of complex forces, for which cultural philosophy is invaluable for gaining a more complete understanding.

XIII. Who Are We? Male Circumcision and Culture

Having established the history of male circumcision in the United States, and understanding the impact of our cultural ideas about gender on scientific studies, still leaves us

with many questions concerning the prevalence of this operation. There was a time when the dominant medical thinking was that male circumcision is medically beneficial, but this is not currently the case. Medical organizations do not recommend the practice, but point to cultural reasons for its performance, and all the more reason, then, that to understand male circumcision's persistence, we must look to an understanding of culture. What non-medical purposes does this custom have? What is behind this ritual that sustains its practice, even when medical institutions themselves by and large do not recommend it? Ideas about the body and about sexual identity have their place in an attempt to answer these questions. However, when it comes to questions of understanding current cultural actions, it may also be necessary to look at the more basic question of who we are, or who we understand ourselves to be.

But, the very first, and by no means flippant response to this question, must be that we do not know who we are. In *On the Genealogy of Morality*, Nietzsche states "We remain strange to ourselves out of necessity, we do not understand ourselves, we *must* confusedly mistake who we are" (Nietzsche, GM, p. 3). That it is out of necessity that we do not understand ourselves is a clue that answers will not come easily to this question. Not knowing who we are serves a useful function. And this is by no means just a lack of understanding about our minds, but rather, this lack of understanding concerns the body as well. Philosophy's frequent emphasis on issues of the mind over those of the body may lead to misunderstandings of both. In *The Gay Science*, Nietzsche asks "whether, on a grand scale, philosophy has been no more than an interpretation of the body and a *misunderstanding of the body*" (Nietzsche, GS, p. 5). Freud would likely find sympathy with this statement, as he formed so many of his theories based on cultural developments stemming from physical realities. One cannot separate body and mind, and an

examination of male circumcision can have much to say in both realms. Understanding male circumcision may give us clues as to how we misunderstand our bodies, and our culture.

XIV. Ricoeur and the School of Suspicion

Using the theories of Freud and Nietzsche in this pursuit is not unprecedented. The philosopher Paul Ricoeur suggests that they are both members of what he terms the 'school of suspicion' (Ricoeur, p. 23). One can describe phenomena, phenomenologically paying attention to an object, while putting aside metaphysical doubts about the object, and accepting the testimony of the physical world as we receive it, but Ricoeur states that while this is a good tactic for a scientist, "the philosopher as such cannot and must not avoid the question of the absolute validity of his object" (Ricoeur, p. 29). Meaning can not always be taken at face value, as one's own senses are open to doubt, and the possibility must be considered that things mean, or even are, something other than what they appear to be. And so, Ricoeur warns against a "rational faith", which he posits as the opposite of an attitude of suspicion (Ricoeur, p. 28).

For Freud, the beginnings of suspicion were found in dreams. "Dreams attest that we constantly mean something other than what we say; in dreams the manifest meaning endlessly refers to hidden meaning" (Ricoeur, p. 15). It becomes the job of the analyst to decipher the real meanings of the dream, "The dream account is an unintelligible text for which the analyst substitutes a more intelligible text" (Ricoeur, p. 25). But this is no easy task, these meanings do not give themselves up readily. It requires time and patience, and an understanding of the ways that human consciousness may mask real meaning. Ricoeur states that "Real meanings are

indirect; I attain things only by attributing a meaning to a meaning" (Ricoeur, p. 23). Thus, we cannot stop at the first meaning that appears, but must move along a path of interpretation. The first meaning may only mask real meaning, and so "the use of interpretation as a tactic of suspicion and as a battle against masks" is required to find a meaning which is not merely a deception (Ricoeur, p. 26). There is no easy guide to this, as there are no strict rules to interpretation, "but only disparate and opposed theories concerning the rules of interpretation" (Ricoeur, p. 27). Still, the first step is surely the "Willingness to suspect, willingness to listen" (Ricoeur, p. 27). One must listen, but not take what one hears at face value, as one must always remain in a state of suspicion.

Freud is not alone on this journey, as both Marx and Nietzsche make a suspicious attitude to the usual interpretation of phenomena as central to their methodology. Each of these figures appears to operate in their own distinct realm, but they all are united in "the decision to look upon the whole of consciousness primarily as 'false' consciousness" (Ricoeur, p. 33). Ricoeur explains that Descartes' 'I think, therefore I am' still contains a faith that "consciousness is such as it appears to itself" but, "since Marx, Nietzsche, and Freud, this too has become doubtful" (Ricoeur, p. 33). With Nietzsche's broad philosophical investigations, even "the whole of philosophy becomes interpretation" (Ricoeur, p. 25). It becomes necessary to develop a hermeneutics of "tearing off of masks, an interpretation that reduces disguises" (Ricoeur, p. 30). Cartesian explorations become no longer sufficient, as one cannot rely on consciousness as the straightforward beginning of knowledge. "To seek meaning is no longer to spell out the consciousness of meaning, but to *decipher its expressions*" (Ricoeur, p. 33).

Naturally, the one who investigates cannot bring the investigation from an objective

place. "The philosopher does not speak from nowhere: every question he can pose rises from the depths of his Greek memory; the field of his investigation is thereby unavoidably oriented" (Ricoeur, p. 48). This contradiction poses difficulty: there is no way to remove all the masks, as we always approach issues from a perspective which gives us bias. Objectivity is not possible, and so we must be suspicious even of ourselves. This adds to the difficulty, but it does not make the journey worthless. Consciousness deceives us, but consciousness can be expanded. Through suspicion, through investigation, we can extend our awareness of hidden meanings. This is complicated; there will be contradictions. "Not one but several interpretations have to be integrated into reflection" (Ricoeur, p. 54). But, there is a point to this, even without the possibility of concrete answers. Consciousness may deceive us, but then, we should, as best as we can, attempt to grasp this deception, in order to gain a less deceptive view of the world. That is why Ricoeur states about Marx, Nietzsche, and Freud: "All three, however, far from being detractors of 'consciousness,' aim at extending it" (Ricoeur, p. 34). Consciousness may deceive us, but we must use our consciousness against our consciousness, to extend it in ways that will be beneficial for us.

XV. The Limits of Consciousness

One might think that to understand why male circumcision is a common practice in the United States, one can look at the reasons that people give for opting for this procedure for their children. There are many reasons other than disease given for male circumcision. A fundamental claim of this paper, however, is that these explanations will not give us an accurate explanation

for this custom. Our conscious understandings of male circumcision may only mislead us, although they can also be examined for clues that may give us better understanding of what it means to be human in our society.

Despite living in an age where the idea of an 'unconsciousness' is a commonplace assumption, we still often trust in our surface, consciousness-based explanations for understanding events. Understanding the external world is, in a sense, an easier challenge than understanding ourselves. Nietzsche explains in *The Gay Science* that "The great certainty of the natural sciences in comparison with psychology and the critique of the elements of consciousness - with the *unnatural* sciences, one might almost say -- rests precisely on the fact that they take the *strange* as their object, while it is nearly contradictory and absurd even to *want* to take the not-strange as one's object" (Nietzsche, TGS p. 214.355). The external world can be subjected to tests much more readily. We know ourselves, we think; our consciousness gives us a view of ourselves, and it is the outside world that needs exploring. (Of course, these truths of the external world are still relative truths, human truths, but they are provable things within the realm of science). Thus, it is easy to continue to focus on the scientific issues in the debate over circumcision, rather than focus on psychological concerns. Topics such as sexual pleasure become increasingly esoteric and hard to prove, although they are sometimes discussed. Surveys can be done, but they rely on humans reporting about their own feelings. Because sexual experience cannot be reduced to a purely bodily experience, but is also a personal, psychological experience, non-disease aspects, less scientifically experiment-able aspects, cannot go ignored in discourse. They follow in the wake of the scientific studies, to fill in this gap. But they do not become the reason itself for circumcision. They instead maintain the validity of the scientifically

provable areas, as seen in the previously mentioned *WebMD* article, "Male Circumcision Improves Sex for Women: Survey Results Are Part of Study That Showed Circumcision Reduces a Man's HIV Risk". It is necessary to dispense with concerns beyond disease about sexual pleasure, but this is in service of protecting the most official discourse, which is the scientifically provable, external issues concerning the body. This discourse, effectively, excludes the possibility that it is non-bodily concerns, non-scientifically provable concerns, which exert the greatest force in maintaining the procedure of male circumcision in the United States.

The desire to maintain the procedure does not stem primarily from medical concerns, but it is a much more promising endeavor to conduct continuous scientific studies about circumcision, because they can be used to prove a fact about the external world, which our bodies are a part of. The studies may have their psychological motivations, but they produce concrete evidence. The rhetoric that extends into the non-scientific areas that follow the studies gives us a clue that there is something more going on here. Exploring our hidden motivations about the procedure will not result in facts, but only unprovable theories. But, if we wish not to mislead ourselves about why we have certain customs, we must consider the limits of our conscious understandings, which are explained thoroughly by both Freud and Nietzsche.

For an understanding of Nietzsche's attitudes about consciousness, we can look to a key text of his, *The Gay Science*, from 1882. In this work, he advances some of his most central concepts, such as 'eternal recurrence' and 'the death of god'. David Alison suggests that the "main concern of *The Gay Science* is to "question the position and significance of human existence within an age that no longer seemed to have a discernible center" (Alison, p. 72). The 'death of god' is fundamental to this disorientation of human existence. This 'death of god' is not

something that happens instantaneously, but rather something that humanity will struggle with for a long time to come. However, Nietzsche does not leave us without any suggestions for how to proceed. He commences with "his task of establishing a "joyful wisdom" by "investing human existence with the active desire to desire itself, to serve itself in its own name - to joyfully legislate its own human values, vocations, and ends" (Alison, p. 72). Much of what has been held to be true is no longer relevant, but it is no easy thing to clear away the ideas which for so long have been the bedrock of human existence. A reevaluation of the meaning of consciousness, so central to an understanding of what it is to be human, is a necessary part of beginning this journey.

Nietzsche expounds at length about the limits of consciousness in *The Gay Science* in an aphorism entitled "On 'the genius of the species'". Consciousness may give us a mirror into ourselves, or at least it feels this way to us, but, "the predominant part of our lives actually unfolds without this mirroring". Consciousness does not give us a full view of our individuality, and there is no reason for it to, as this is not its purpose. Nietzsche, instead of positing consciousness as the thing which grants us individuality, or which allows us to access our individuality, suggests consciousness rather as stemming from our social development. (Freud will see things similarly). He states, "*consciousness in general has developed only under the pressure of the need to communicate*" (Nietzsche, GS, p. 212.354). Consciousness serves its purpose, but our personal experience of it causes us to misunderstand its role. Although biological creatures do not develop in any linear way, according to what is most useful, and chance plays a strong role, it is a mistake to think that consciousness is what fundamentally defines us as creatures. It may instead be a useful (or not useful) side-note to existence. Nietzsche

continues, later in this passage, stating that "man, like every living creature, is constantly thinking but does not know it, the thinking which becomes conscious is only the smallest part of it, let's say the shallowest, worst part - for only that conscious thinking *takes place in words, that is, in communication symbols*; and this fact discloses the origin of consciousness". Some might argue that communication symbols do not entirely encompass what is felt as consciousness. But it is hard to deny that we are social creatures, and that social development has a lot to do with the consciousnesses that we wind up with. H. Peter Steeves, for example, considers feral children, children raised by animals. "They neither use human language to communicate nor understand how humans interact with each other"... "Perhaps, though, humanity is something that is not taken from feral children, but rather something that is never bestowed upon them" (Steeves, p. 32). (Other issues he explores regarding the supposed human/animal divide will be returned to soon). This backs up how the use of human communication, within human society, helps form our consciousnesses, which we then use when we analyze social phenomena. There is nothing 'truthful' about this consciousness, nothing developed on a rational basis, but it is rather a social phenomenon. It contributes to what makes us human, and may even define it for us, if we choose, but it is a thoroughly social process, not a rational process which grants us some unique human capacity to establish truth. Without social training, the mirror of consciousness will reflect quite different truths. So, our consciousnesses may indeed wind up serving the interests of society; we may, through unconscious processes perhaps, develop consciousnesses which, despite our desires to think things through independently, turn out to serve unconscious needs of the group. Nietzsche draws a conclusion that "each of us, even with the best will in the world to *understand* ourselves as individually as possible, 'to know ourselves', will always bring to

consciousness precisely that in ourselves which is 'non-individual', that which is 'average'" (Nietzsche, GS, p. 213.354). This may be cause for people taking up the rhetoric around male circumcision, medical and other, at face value. It speaks in the mass consciousness language, which may actually be distinct from the ways that individuals really relate to the institution of male circumcision, ways that they have no conscious tools for understanding. Nietzsche also states, concerning the limits of consciousness in establishing these *individual* truths, that "We simply have no organ for *knowing*, for 'truth': we know (or believe or imagine) exactly as much as is useful to the human herd, to the species: and even what is here called 'usefulness' is finally also just a belief, a fiction..." (Nietzsche, GS, p. 214.354). Our consciousnesses cannot point us to individual truths, because they serve a social function, not an individual 'truth of ourselves' function. And, even these social truths are not true in any absolute way. Just because consciousness can support the institution of male circumcision, in a social process, does not give male circumcision any credibility. It may be a fiction, which produces a great amount of rhetoric, due to certain social needs (to be explored later). There is nothing very surprising about this, as humans often use their communicative power to support actions that turn out to be detrimental to human society. One does not have to look hard at history to find examples of this.

Freud also considers these issues of the limitations of consciousness, and he makes use of a more scientific language than Nietzsche to do so. But, just as Nietzsche does, Freud calls into question whether we understand who we are. He warns us that, "Like the physical, the psychical is not necessarily in reality what it appears to us to be" (Freud, Unconscious, p. 577). He divides the activity of our minds into different sections. We obviously do not have constant presence of all our memories in our conscious thoughts all the time. There is a preconscious from which we

draw thoughts into consciousness, but not all thoughts are acceptable to the conscious mind. Much remains in what is known as the unconscious. We must assume that our brains do a great deal of thought management regarding male circumcision. This is not to say anything about the actual benefits or disadvantages of male circumcision, but instead to describe the limitations we encounter as we attempt to sort out our feelings about it. In a paper about the unconscious from 1915, Freud explains that "at any given moment consciousness includes only a small content", as much remains in "a state of latency" or "psychically unconscious"; "to require that whatever goes on in the mind must also be known to consciousness is to make an untenable claim" (Freud, *Unconscious*, p. 574). Nietzsche in 1882 in *The Gay Science* had already made much the same claim, stating that "by far the greatest part of our mind's activity proceeds unconscious and unfelt" (Nietzsche, TGS, p. 186.333). Few would take issue with these statements now, although at the same time, despite this knowledge, people are not able to account for this factor in their everyday lives. Instead, it is actually impossible to do so, as there are forces which prevent things from entering our minds. "The unconscious comprises, on the one hand, acts which are merely latent"..."and, on the other hand, processes such as repressed ones, which if they were to become conscious would be bound to stand out in the crudest contrast to the rest of the conscious processes" (Freud, *Unconscious*, p. 577). Freud suggests "a kind of testing (censorship)", which prevents certain thoughts from becoming conscious. If something is not allowed to become conscious, "it is then said to be 'repressed' and must remain unconscious" (Freud, *Unconscious*, p. 578). Many thoughts must be repressed, and there is no easy escape from this, no quick way to access the unconscious and discover who we are in all our complexity. It is not possible just to point out to someone what they are repressing. Telling someone what they are repressing "does

not remove the repression nor undo its effects"...on the contrary, all that we shall achieve at first will be a fresh rejection of the repressed idea" (Freud, Unconscious, p. 579).

Furthermore, this is no simple process, no simple duality between thoughts which are sufficiently harmless, and those which must be repressed. Many different psychological activities may be going on unconsciously at any time, and they can even contradict each other. "The different latent mental processes inferred by us enjoy a high degree of mutual independence, as though they had no connection with one another" (Freud, Unconscious, p. 576). Thus, we should not look for a single unconscious activity which operates in male circumcision. There may be many feelings concerning male circumcision, and there must be, as we are given vast and contradictory messages about genitalia, and also have wishes related to our genitalia. The unconscious, Freud explains, contains "wishful impulses", which can contradict each other. They do not "cancel each other out, but combine to form an intermediate aim, a compromise" (Freud, Unconscious, p. 582). We wind up with feelings which are an amalgamation of a variety of unconscious impulses. The simplifying of our diverse unconscious activity is necessary for us to function, but, necessarily deprives us of any way to clearly trace a linear path back to our unconsciousness, to discern some original and authentic thought. Such a thing does not exist. We are too complex for that.

Interestingly, and central to male circumcision, is that "the objects to which men give most preference, their ideals, proceed from the same perceptions and experiences as the objects they most abhor"...it is possible for the original instinctual representative to be split in two, one part undergoing repression, while the remainder, precisely on account of this intimate connection, undergoes idealization" (Freud, Repression, p. 571). With attitudes about the state of

genitalia, we may see this process at work. People are quite concerned with the genitals, but are admonished from an early age from contact with them, etc. At the same time, genitals are idealized, symbolizing a potent sexuality that is valued by the community. Conscious thoughts will occur concerning the genitals, but only after highly selective unconscious processes have made the thoughts that enter consciousness acceptable. Sexuality is both repressed and idealized. This is readily evident in our society, which does not absolutely restrict any mention of genitalia, but carefully, and to a degree unconsciously, controls the ways they can be discussed publicly, guiding us to correct forms of discussion from an early age. We may consciously have a mix of positive and negative feelings about genitalia, and thus feel that we are getting a balanced and full view of our attitudes towards genitalia, but this does not preclude the possibility that much repression has already taken place. Only thoughts which our internal censorship allows through will be consciously held.

It is interesting to note how male circumcision can be a source of humor. There are no shortage of male circumcision jokes on the internet. This should not be taken as a sign that we are comfortable with the topic, that there is not need for a great deal of repression here. Freud mentions jokes in this account of repression, and suggests, "As a rule the repression is only temporarily removed and is promptly reinstated" (Freud, *Repression*, p. 572). Jokes can be a way to handle discomfort about male circumcision, but this is not to be mistaken for true consciousness of unacceptable thoughts. It may serve as a temporary outlet, but one that is made harmless for people. Repression is not a one time activity for a thought, explains Freud, as "repression demands a persistent expenditure of force"... "the repressed exercises a continuous pressure" (Freud, *Repression*, p. 572). There is no easy way to become somehow 'mature' about

genitalia, and our culture reflects that.

That these individual restrictions on access to oneself are carried through in the social realm, as a kind of mass behavior, is not surprising, if we accept with Nietzsche that consciousness developed due to social factors. Our very consciousness itself is already geared towards maintaining effective social behavior. Individuality is greatly reduced already in the things we say, and so a body of discourse around a topic reflects that we are, when it comes to consciousness, thoroughly social beings. We censor ourselves to protect ourselves, but we also censor ourselves in a way that is geared towards what society, whether in its best interests or not, demands.

XVI. Human and Animal

It is perhaps not necessary to say more about the limits of consciousness. We know fully well at this point that we must pry deeper into understandings of who we are, if we are to elucidate the meanings of male circumcision, but that searching for clues in unconscious thoughts will not yield easy answers. The discussion of 'who we are' cannot end here however; there are a few more things to consider. For example, we may think of ourselves as humans, distinct from animals. This feeling certainly extends to our ideas about ourselves as sexual beings. Our elaborate culture seems to be a sign of this, along with our heightened sense of the specialness of our consciousness, a consciousness we do not typically credit other animals with. However, this divide of human and animal must be called into question. Nietzsche suggests in a brief aphorism in *The Gay Science* entitled "The Four Errors", that we have been "educated by

our errors". This includes seeing ourselves "only incompletely", which can relate to the above issue of consciousness. But he also suggests in this passage that we place ourselves "in a false rank order in relation to animals and nature" (Nietzsche, GS, p. 114.115). This mistake may allow us to see male circumcision as a uniquely human cultural artifact, but this may actually be called into question. Of course animals do not circumcise, but is our approach to our genitalia, our attitudes overall, completely different from other animals? Thinking of ourselves as separate from nature can give us a feeling of humanness, and this feeling can 'ennoble' our drives and conditions (Nietzsche, GS, p. 114.115). But, it can also cause us to value our own customs too highly, while failing to give them proper reflection. These mistakes may lead us to cling to culture which is not as specially human as we imagine. Understanding just how often we falsely distinguish ourselves from animals could give us a humility that will help us to avoid overvaluing cultural institutions.

Freud states that "If we go back far enough, we find that the first acts of civilization were the use of tools, the gaining of control over fire and the construction of dwellings" (Freud, Civ, p. 42) Through our tools, we gain a god-like power over nature, which seem to elevate us above animals. H. Peter Steeves, in "Illicit Crossings", found within *The Things Themselves: Phenomenology and the return to the Everyday*, shows how every way we have come up with to separate ourselves from animals relies on distinctions that can be shown to be false. For example, we may think ourselves special as we make great use of tools. This is conventionally seen as a huge step towards a dominance over nature which separates us from animals. But even "chimps and bonobos carefully choose tree limbs and methodically strip them of leaves and protruding stubs in order to fashion "dip sticks" to retrieve ants and termites from holes in the ground and in

stumps. This is not simply tool-use, but tool making" (Steeves, p. 23). Language as well, cannot divide us from animals, as animals have complex forms of communication. "It cannot be denied that animal languages abound, whether in the subsonic level of elephants and whales, in the intricate language of birds, or in the patterns of a dancing bee" (Steeves, p. 25). And if our consciousness has formed alongside our communication, then we cannot rule out that animals have some sort of consciousness, which has a form determined through their social development. There is possibly even nothing uniquely human about using tools to modify the genitals; at least, there is no reason to assume so. Animals make use of tools, and are concerned with their own sexual organs as well. Male circumcision, just like any cultural item, may be uniquely human, but it is not going to be able to eradicate our concurrent existence as animals. Freud discussed the use of tools, but points out that this alone does not make us civilized; there are more requirements than this to be considered civilized. We have much greater demands for proof of civilization than this, including such things as cleanliness and order, whether they have any survival purpose or not (Freud, *Civ*, p. 46). Cleanliness, and cleanliness not for medical purposes, but for ideals of beauty, and as a mark of civilization, are frequently quoted as reasons for male circumcision. A dirty animal becomes transformed into a clean human through tools and mastery over nature. Male circumcision thus seems to serve the purpose of indicating that we are civilized. Just because there need not really be anything uniquely human about a ritual concerning the genitals, does not mean male circumcision is not one of the ways we seek to limit our animality. Why is it necessary to preserve the feeling that we are not animal; why do we need this distinguishing from animals to be ennobled?

David Allison writes about Freud and Nietzsche, "For both thinkers, civilization would

consist in a process of "taming" the aggressive "barbarian" instincts, through their repression and sublimation, such that peaceful coexistence could eventually prevail among their constituent members" (Allison, RTNN, p. 214). When we tame ourselves, we do not necessarily accomplish this presumed goal of peace, as, after all, we are hardly in a society which has eliminated violence. Rather, we have channeled violence into its modern forms. Foucault suggests that "Humanity does not gradually progress from combat to combat until it arrives at universal reciprocity, where the rule of law finally replaces warfare; humanity installs each of its violences in a system of rules and thus proceeds from domination to domination" (Foucault, NGH, p. 151). But, this very control, our modified, channeled forms of violence, are perhaps a mark of our 'civilization'. Violence caused by humans persists, but more often it is carried out in a tamed, civilized, non-barbarian manner. The individual is constrained to direct their violence into certain socially permitted channels. Thus, we can be tamed and still violent at the same time.

Nietzsche in *The Genealogy of Morals* takes issue with the idea that "it is the *meaning of all culture* to breed a tame and civilized animal, a *household pet*, out of the beast of prey 'man'". He warns that this is a persistent belief, something held to be true. The "'tame man'"..."has already learned to view himself as the aim and pinnacle, the meaning of history" (Nietzsche, GM, p. 24.11). There is a danger to this, which Nietzsche discusses in *Twilight of the Idols*. Domesticating humans should not be mistaken for improving them. Nietzsche states, "People have always wanted to 'improve' human beings; for the most part, this has been called morality". But, "To call the domestication of an animal an 'improvement' almost sounds like a joke to us. Anyone who knows what goes on in a zoo will have doubts whether beasts are 'improved' there" (Nietzsche, TI, p. 183.2). After a period of massive technological and population growth, the

world may seem to be more and more of a zoo, with an increased need to tame the human animals within. The idea of a noble state of civilization for humans helps maintain order in the zoo.

We can have a godlike power over nature, although never entirely so, as nature can still wield its power over us at any time. And we at the same time have a sort of animal nature that we cannot escape, which society calls on us to reject, in order to be civilized, and male circumcision can be a sign of this rejection of animality. We cannot escape our animality, which we must also, consistently and visibly, reject. Therefore, we are in a position where we must perform what Nietzsche calls a balancing act between these two positions. He states there is "no need for it" (chastity and sensuality) "to be a tragic antithesis. This ought to be true for all healthy, cheerful mortals who are far from seeing their precarious balancing act between 'animal and angel' as necessarily one of the arguments against life" ... "Such 'contradictions' are what makes life so enticing" (Nietzsche, GM, p. 69). Perhaps part of what gives us our humanness is this balance that we maintain. But if we are controlled by false ideas of our own nature, we will needlessly waste energy on distinguishing ourselves from our false ideas of what an animal is, and trying to rise above this into something more uniquely human. Male circumcision, in part, seems to be a result of a desire to separate ourselves from animal sexuality, but while it may serve a symbolic purpose, it does not actually have the power to do this (although the symbolism may effectively serve the purpose we want from it).

But, are these reasons for circumcision maintained in the present era? Does circumcision still play a role of controlling our animal side, or are we now too rational, too in control of our own cultural history? We must be wary about a belief that we have changed, due to our

civilization, into something completely different from what we were before. Instead, we may find our past contained within us. We have not moved from being animal, to barbarian, to civilized in any neat and exact sort of order. Nietzsche and Freud both view the past something that we carry with us in a very real way.

XVII. Persistence of the Past

Much of our understanding of the external world must have changed with our greater scientific understanding. And yet, we have not all of a sudden become rational creatures. We carry the past around with us. Nietzsche explains, in an aphorism entitled 'To the realists':

"You still carry around the valuations of things that originate in the passions and loves of former centuries!"... "That mountain over there! That cloud over there! What is 'real' about that? Subtract just once the phantasm and the whole human *contribution* from it, you sober ones! Yes, if you could do *that!* If you could forget your background, your past, your nursery school - all of your humanity and animality!" (Nietzsche, TGS p. 69 - 57).

The way we perceive the external world can never be in some pure, scientific fashion. Science deals with systems of facts, knowledge gained from the external world, and is supposed to be free from individual bias, from opinion; it is supposed to bring us a picture of *reality*. Science defines, as Ricoeur explains: "The function of definition is to explain meaning and thereby eliminate ambiguity: the only definitions that succeed in doing this are scientific ones" (Ricoeur, p. 50). But this objective, unambiguous reality is not quite reachable, because it does not exist for us as humans. What we consider reality, Nietzsche explains, always has a human element in it, which the humans who experience the world bring to it, and there is no way to escape this. All of

our perceptions are colored by our culture, our history, and our bodies, all of which are factors in the way we experience the world. Eliminating this human element is impossible, and so eliminating this element can be questioned as a goal, but most importantly, it should not be forgotten that it *always* exists. We can look through our history and find plentiful examples of how what appeared to be objective truth turned out to be a truth highly conditioned by the humanness of the people who performed the scientific work. The science which led to the institutionalization of male circumcision in the early 20th century was quite clearly influenced by the moralities of the time, even though the people involved may have thought they were making proper use of scientific method. It made sense to at many people at the time that masturbation was the source of health problems, and that male circumcision would reduce masturbation. There is a long history of seeing sexual pleasure as immoral. These old valuations from the past are within us, and they are combined with the current situations and technologies of the day. We have not leapt into some scientific age cleanly, but are still humans with a past which saturates our view of the world. Our official scientific reasons for male circumcision may have changed, the thought of it as a masturbation cure is now laughable, but we cannot be certain that something of the past does not remain in our motivations. Nietzsche states that "we still live in the age of tragedy, in the age of moralities and religions" (Nietzsche, TGS, p. 28.1). The reasons why male circumcision are performed, including the results of the scientific studies given as justification, do not position us as modern people, separate from an unscientific past, but instead reflect this jumble of ages within us.

Freud, once again, can give us a more scientifically arranged view of these issues. He sees a development of the ways we think about the world around us, but also details how we

never simply move onto the next phase, but instead, they remain with us, under the surface, even if rarely seen. A religious age preceded this more scientific age we are in now, and Nietzsche suggests we are still in this age. But religion too had its roots, for example in animism. Freud delves into these issues in *Totem and Taboo*. "Animism is a system of thought" which "allows us to grasp the whole universe as a single entity from a single point of view. The human race, if we are to follow the authorities, have in the course of ages developed three such systems of thought -- three great pictures of the universe: animistic (or mythological), religious and scientific" (Freud, TT, p. 97). Animism has its use as a psychological approach to the world, but this approach, this ability to have a method of thinking which can encompass the entire world, making it approachable and accessible, is also a need satisfied by religious or scientific understandings of the world. They all serve the same purpose, essentially. Freud continues; "This first human *Weltanschauung* is a *psychological* theory. It would go beyond our present purposes to show how much of it still persists in modern life, either in the debased form of superstition or as the living basis of our speech, our beliefs and our philosophies". "Animism", he explains, "contains the foundations on which religions are later built" (Freud, TT p. 97). He does not explain all the ways it persists, but, he is clear that it does, and that he even mentions the importance of speech, of communication, is no accident, as it is so fundamental to our consciousness.

So, animism gives us a psychological way to approach the world, but Freud explains that this is not just to satisfy some uniquely human desire for knowledge. It has a practical element. Freud explains that animism did not come from "pure speculative curiosity. The practical need for controlling the world around them must have played its part" (Freud, TT, p. 97). While

science uses empirically grounded understanding to manipulate the world, animism has its earlier, unscientific form of this. There were procedures appropriate to the era to control the world around us. Thus there was "Magic", which "must subject natural phenomena to the will of man, it must protect the individual from his enemies and from dangers" (Freud, TT, p. 98)

We are scientific now, overtly, but, science can be perhaps less satisfying than the previous approaches to understanding the world. A scientific understanding of sexuality continues to elude us. Science cannot control sexually transmitted diseases, of which many are incurable. And, certainly, it cannot control human behavior. When science fails to protect us, it is no surprise that we turn to earlier forms of thought. Religion can give us sexual laws to follow, codes of behavior to help us deal with the physical dangers of sexuality (from STDs to overpopulation). But when science fails to protect us, is it a surprise we turn to magic? Though we cannot view it as such, being in a scientific age, magic is still what we *desire* from science.

Freud states: "At the animistic stage men ascribe omnipotence to themselves". But, "The scientific view of the universe no longer affords any room for human omnipotence"... "None the less some of the primitive belief in omnipotence still survives in men's faith in the power of the human mind, taking account, as it does, of the laws of reality" (Freud, TT, p. 110). Thus, there is no pure animism that operates. There are always the scientific understandings of the world that exert influence on us, moderating our hopes. But, animism has the ability to give us power that science cannot. We do not see it working, but, it still has an influence over us. This shows in our desire to see an effective cure to sexual problems through male circumcision, one way or another. We still desire what animism was able to do for us, to allow our will to influence the world directly and according to our wishes, despite the limitations we know of from our scientific

understanding of the world. It is perhaps this desire to control troubling sexuality which sustains male circumcision, even as the medical reasons fall away, and less and less medical organizations support the procedure. None of this may be explicitly stated today in the rhetoric around the procedure, but the history of the procedure gives us ample opportunity to see our desires for wish-fulfillment working under the guise of science. Can we really call the health concerns over masturbation in the early 20th century scientific? It appeared as science at the time, however, we can see in it that it was not pure science, but had an animistic will to control the world behind it, and a will that was guided by, or made use of, the power inherent to the morality of the time. This morality helped make the faulty science palatable. It had a surface of empiricism on it, as there was an attempt to found ideas in a material understanding of the world, but it did not take long for the values of the times, in combination with a need to combat increasing sexual issues due to industrialization, to appear as the more dominant, but previously covert, reasons for the scientific statements that were issued.

Freud explains in *Totem and Taboo* his theory of the Oedipus complex, in which he sees "the beginnings of religion, morals, society and art converge" (Freud, TT, p. 194). While Freud seems to believe in an original murder of the father that precipitates feelings of guilt, and has a great effect on the development of consciousness, a belief in this is not necessary to see its effects played out. It may at least be a useful metaphor or taken as a more general statement of a human condition. What is key here may be the simultaneous love and hatred of the father, or really, of authority in general, which we depend on but which also restricts us. This ambiguity, Freud suggests, this "simultaneous existence of love and hate towards the same object - lies at the root of many important cultural institutions" (Freud, TT, p. 194). Male circumcision can

reflect this ambiguity, which ought always to be considered when we think about the customs we carry out, and who we are as a species. We glorify male sexuality, but at the same time fear and blame it for many problems in the world. We want to control it, but also want to revel in its power. This ambiguity may show itself in the persistence of male circumcision. We are not sure what to do about male sexuality, but there is felt a need to do something about it. Science does not hold the answer, and yet, to carry out our will, it is science, at least officially, that we must turn to. Thus we need a scientific procedure, even if it may really be a magic procedure masked as a scientific one.

Freud did not neglect studying healthy individuals, but (just as someone such as Merleau-Ponty), he finds unhealthy ones often can give insight into what normality consists of. This can be useful in trying to figure out questions about who we are. "What lie behind the sense of guilt of neurotics are always *psychical* realities and never *factual* ones" (Freud, TT, p. 198). Healthy individuals pay more attention to real, not imagined reality, but Freud suggests that the distinction between reality and wish-based imagination was weaker in earlier eras. Today, we still feel guilty about things we have not done, about our desires, if we think they are immoral (when they may even penetrate to consciousness), but we are unhealthy if we are too extreme in this way. It is what we actually do that really matters. For Freud, to believe that the Oedipus complex still dominates our minds, requires us to believe that "The sense of guilt for an action has persisted for many thousands of years and has remained operative in generations which can have had no knowledge of that action" (Freud, TT, p. 195). This requires that there be a collective mind. Otherwise the guilt would end with the death of the guilty individuals. But believing in a collective mind should be no problem, if we consider the roots of consciousness

itself are linked to communication in a social world. Freud states that "Without the assumption of a collective mind, which makes it possible to neglect the interruptions of mental acts caused by the extinction of the individual, social psychology in general cannot exist" (Freud, TT, p. 196). How this happens is not clear: "what are the ways and means employed by one generation in order to hand on its mental states to the next one?" is not a question we can completely answer (Freud, TT, p. 196). However, Freud offers one clue when he states that "Psycho-analysis has shown us that everyone possesses in his unconscious mental activity an apparatus which enables him to interpret other people's reactions"..."An unconscious understanding such as this of all the customs, ceremonies and dogmas left behind by the original relation to the father may have made it possible for later generations to take over their heritage of emotion" (Freud, TT, p. 197). Whether one believes in the Oedipus complex is not essential. We do interpret other people's behavior, trying to discern things they are not trying to tell us. We learn to interpret others from an early age. Attitudes towards the world, values, get carried on, and they will show up in the customs we have, even if they do not seem to really be of the time we live in now.

Animism, religion, or science; we need something to help give us some power in our orientation to the threatening outside world. This has to be fundamental to who we are, consistent no matter how we divide up our eras of psychological existence. Male circumcision is not just a medical procedure - that is what the AMA itself suggests. It is for some a religious practice, but it is also something that is a more general cultural practice beyond religious affiliation, and something that has appeared at various times and places. Freud states in "Obsessive Actions and Religious Practices" that "In all believers, however, the motives which impel them to religious practices are unknown to them or are represented in consciousness by others which are advanced

in their place" (Freud, *Obsessive*, p. 433). Perhaps we can extend this statement to the cultural practice of male circumcision, even when it is not religious, as it is a cultural practice (especially if we characterize as religious more than that which is officially religious). Many motives are advanced as justification for the procedure (STDs, hygiene, beauty, sexual pleasure, etc). Perhaps too many motives.

Freud suggests that in neurotics "a ceremonial starts as an action for defense or insurance, a protective measure." (Freud, *Obsessive*, p. 433). In the modern day, this is irrational, while in an age of animism, this may have been appropriate. But in a situation where a family has a new baby, they will certainly have some fears about the physical health of their baby. It is enough to make anyone, to a degree, 'neurotic'. Everyone wants some comforting at this time, and doctors are suited to provide this in some ways. Issues of sexuality and gender are a huge part of this. For example, people often want to know about which gender their child will be. It is not the parents who fill in the 'sex' on the birth certificate, the sex which once assigned cannot be easily changed¹. Categorizations of gender already help us to order the natural world, and the medical world and scientific world help us maintain this kind of order. Anxiety will be great in this situation. People want their babies to be healthy and normal. A ceremonial may be helpful to accomplish this, even if it is not any longer considered to be a medical necessity. Male circumcision must be considered as ceremonial, even if it is done most often in hospitals. That it is done with a scientific veneer may not mean it is not a ceremonial. It still serves the purpose as a quasi-scientific, but also animistic, procedure to defend against nature's uncontrollable sexuality. We need the sex to be fixed at birth; with official documents, documents which will

¹ <http://www.idph.state.il.us/vitalrecords/gender.htm> : proof of actual gender reassignment surgery is required in Illinois. If the procedure is done outside the U.S., verification is required by a U.S. doctor. Accessed 03/06/2011.

not be changed except grudgingly. It is perhaps, for the infant, the beginning of the sexual regime of control, but one that has been developing through eras of human social development.

XVIII. Nietzsche and Foucault's Challenge to Traditional History

Circumcision is an ancient practice, but is it the same now as it was long ago? Things are never the same when done in different places and times, and yet we cannot eliminate past reasons from the current ones. Freud explains in *Civilization and Its Discontents* that "In the realm of the mind"... "what is primitive is so commonly preserved alongside of the transformed version which has arisen from it that it is unnecessary to give instances as evidence" (Freud, Civ, p. 16). Freud uses the example of the ruins of a destroyed city. It remains there, underneath the newer constructions, and "In suitable circumstances (when, for instance, regression goes back far enough) it can once more be brought to light" (Freud, Civ, p. 17). Where better than in the sexual realm, for the psychic past to show itself again? It is a central part of life, and it is hard to imagine a society which does not place some emphasis on the sexual. We can look to sexuality as a site where the past may resurface. We may think that our sexuality is different, separate from our ancestors and certainly from our animal heritage. But, we cannot separate ourselves cleanly from the past: "It is the rule rather than the exception for the past to be preserved in mental life" (Freud, Civ, p. 20).

The past persists in us, but this does not mean that it is easy to understand our own histories. Nietzsche devoted a great deal of effort to reconsidering what history can mean for us. Foucault took up this novel historical approach up where Nietzsche left off, creating a kind of

scholarship known as genealogy, one which rejects the traditional forms of history. Historical study produces knowledge, but knowledge can never be something objective. Foucault states that "The traditional devices for constructing a comprehensive view of history and for retracing the past as a patient and continuous development must be systematically dismantled. Necessarily, we must dismiss those tendencies that encourage the consoling play of recognitions" (Foucault, NGH, p. 153). We generally form for ourselves the sort of history which pleases us, one which we can see ourselves in, and see the things we care about as having a sensible, suitable history according to what they are used for now. We may however look first to Nietzsche to find the roots of the kind of history that Foucault develops.

Nietzsche explains in a passage called 'What Knowing Means' that "only the ultimate reconciliation scenes and final accounts of this long process rise to consciousness, we suppose that intelligere must be something conciliatory, just, and good, something essentially opposed to the instincts, when in fact *it is only a certain behavior of the drives towards one another*" (Nietzsche, TGS, p. 186.333). We have only human knowledge, to a degree a result of unconscious mental activity, and our knowledge of history is shaped by this. There is no objective approach to history, but it is instead the result of a very human, non-objective process. Given the complications of understanding human history, a look at a specific cultural procedure is going to be complicated as well. Male circumcision must relate to ideas of gender; it is the result of an understanding about what a part of the male anatomy should be, for health, beauty, or whatever reasons. But gender itself is something that is far more our creation than anything natural. Nietzsche, in a passage called "Only as creators", states "*what things are called is unspeakably more important than what they are*"..."The usual measure and weight of a thing -

originally almost always something mistaken and arbitrary"... "has, through the belief in it and its growth from generation to generation, slowly grown onto and into the thing and has become its very body: what started as appearance in the end nearly always becomes essence and *effectively acts* as its essence!" (Nietzsche, TGS, p. 69.58). This easily applies to gender. Of course, it has some basis in biological development, but our ideas about it quickly go far beyond what nature imposes on us. We have now created two genders that, generally speaking, are pretty different, but this difference has been established over time through our beliefs and needs, and has become quite real (even though it is a struggle for people to fit the definitions that have been created, and it is of course a continual negotiation). Society has great reason as well to utilize gender to maintain order. People contest our notions of gender, but they are not easily overturned, when they have developed alongside the growth of society. Later in this passage Nietzsche gives us a clue how we can change what we have created: "in the long run it is enough to create new names and valuations and appearances of truth in order to create new 'things'" (Nietzsche, TGS, p. 69.58). Thus, if we change gender, it will not be back to some more natural order, but to another creation of ours. But this is not a negative thing. Instead, it could be positive, to create something that we determine we want. It will have to be created though, it cannot just be found.

We can act as creators, but, generally speaking, the customs we have are not created for some reason, which is then constantly present over time. Male circumcision is a perfect illustration of this. The practice is ancient, but just in the last 100 years its meaning has constantly changed. Its current usefulness, and it must have some, has little to do with why the practice began. Nietzsche states:

"the origin of the emergence of a thing and its ultimate usefulness, its practical application and incorporation into a system of ends, are *toto coelo* separate; that anything in existence,

having somehow come about, is continually interpreted anew, requisitioned anew, transformed and redirected to a new purpose by a power superior to it; that everything that occurs in the organic world consists of *overpowering, dominating*, and in their turn, overpowering and dominating consist of re-interpretation, adjustment, in the process of which their former 'meaning' [sinn] and 'purpose' must be obscured or completely obliterated" (GM, p. 51)

Male circumcision, being an ancient practice, may serve all sorts of purposes, for all sorts of ends. What people think it may be used for now might make no sense at all to those who practiced it millenia ago. Customs can even have an official meaning quite opposite in one time from another. Male circumcision can be used to enhance or limit male sexuality, depending on the conditions of the times. But the former meanings, the history of male circumcision, must necessarily be forgotten, in order for it to serve its new purposes. Otherwise, if its whole history could be known, it would lose much of its usefulness as a cultural thing. Nietzsche continues, "No matter how perfectly you have understood the *usefulness* of any physiological organ (or legal institution, social custom, political usage, art form or religious right), you have not yet thereby grasped how it emerged" (Nietzsche, GM p. 51). The last thing anyone should think is that male circumcision emerged in the United States as a modern medical practice, but this is posited frequently as its usefulness. Belief in this use depends to a degree on forgetting about the emergence, which would give it quite different meanings, and add skepticism about its usefulness. Nietzsche also states, "The whole history of a 'thing', an organ, a tradition can to this extent be a continuous chain of signs, continually revealing new interpretations and adaptations, the causes of which need not be connected even amongst themselves, but rather sometimes just follow and replace one another at random" (Nietzsche, GM p. 51). This is so perfectly illustrated by male circumcision, which can be said to limit sexuality, and then decades later to enhance it. Thus, a genealogical approach to male circumcision is necessary to gain a significant

understanding of it. That it concerns human operation on the genitals, just makes it a site with power which will be seized often and made use of by many forces. Nietzsche remarks in *Twilight of the Idols* that "to *destroy* the passions just to guard against their stupidity and its unpleasant consequences strikes us as itself a particularly acute form of stupidity. We have stopped admiring dentists who pluck out people's teeth just to get rid of the pain" (Nietzsche, TI, p. 172). And yet, this is not always the case, as in the times following a moralistic Victorian era, destruction of the passions was seen as a legitimate way to control masturbation. A century later, this reasoning becomes impossible, but the procedure persists, with an entirely new set of reasons.

Michel Haar, in "Nietzsche and Metaphysical Language", further clarifies Nietzsche's historical method. "Contrary to Plato's method (consisting in gathering sensuous diversity into a unity of essence), Nietzsche's method aims at unmasking, unearthing, but in an *indefinite* way -- i.e., without ever pretending to lift the last veil to reveal any originary identity, any primary foundation." Accumulating the various reasons for male circumcision, and the various times, places, and specifics of its practice, will still not be able to get us a definition, because it is always in flux, a practice constantly open to new definitions. Haar explains, Nietzsche is "Hostile to the idea of an ultimate revelation of truth" (Haar, NN, p. 7).

And so, we find power within the body, it is a site of power, but male circumcision itself is without any single essence. Foucault states of the genealogist that "if he listens to history, he finds that there is 'something altogether different' behind things: not a timeless and essential secret, but the secret that they have no essence or that their essence was fabricated in a piecemeal fashion from alien forms" (Foucault, NGH, p. 142). At this point, many reasons are given for male circumcision, assembled from various places, and serving unknown forces. And even if we

look to the beginning of male circumcision in the U.S., we will find no one answer, but a variety of forces. "What is found at the historical beginning of things is not the inviolable identity of their origin; it is the dissension of other things. It is disparity" (Foucault, NGH, p. 142). Foucault, usefully for a consideration of male circumcision, is quick to put the body at the center of things. He states, the task of genealogy is "to expose a body totally imprinted by history and the process of history's destruction of the body" (Foucault, NGH, p. 148). He explains, for example, how the use of the eye has changed. "The eye was not always intended for contemplation" (Foucault, NGH, p. 148). Other uses have developed over time; original uses have faded. Computers, texting, various technology, and social needs, no doubt continue to change the use of the eye. It is destruction, but perhaps creation as well. Foucault tells us, "In placing present needs at the origin, the metaphysician would convince us of an obscure purpose that seeks its realization at the moment it arises. Genealogy, however, seeks to reestablish the various systems of subjection: not the anticipatory power of meaning, but the hazardous play of dominations" (Foucault, NGH, p. 148). Can there be any doubt, that, despite its necessity in procreation, the use of the penis itself, as a site of interplay of forces, has changed? There are needs for it now to be something that may not have been needed in the past, to represent and serve its function according to modern expectations, which must have changed over time. Society dominates the body, the penis is no exception, no part is; but something so tied into sexuality will, if anything, be a site of greater domination, although, perhaps, a site of struggle against domination as well. That genitalia readily serve as a locus of struggle when it comes to the domination of history and society over the body can be seen, for example, in the way that female genital mutilation can symbolize for us repression of women in cultures where it is found. Whether male circumcision

exists or not, there will always be operations on the body, and the temptation to operate on the genitals will remain, due to the power inherent in the body which can be used as a source of power. At the same time, these operations have also the power to alert people to the ways the body is constrained by society, although anything that is normalized, no matter how extreme, can be surprisingly easy to ignore, until a force comes along that is strong enough to upset the state of what is normal.

Foucault, in his essay "Nietzsche, Genealogy, History", warns us not to look for any clear path through this cultural development. He tells us that the duty of genealogy "is not to demonstrate that the past actively exists in the present, that it continues secretly to animate the present, having imposed a predetermined form to all its vicissitudes". He points to "accidents, the minute deviations--or conversely, the complete reversals--the errors, the false appraisals, and the faulty calculations that gave birth to those things that continue to exist or have value for us; it is to discover that truth or being do not lie at the root of what we know and what we are" (Foucault, NGH, p. 146). This appears to contrast with what Freud says. This claim about truth would not be an issue for Freud, who does claim any automatic self knowledge: we do not know ourselves, too much of who we are is unconscious. But being, for Freud, stems from what we are biologically. For Freud, if there is chance, it is the happenstance of biological development in the world which results in culture. Foucault throws this into question. Instead, what we are is always more elusive, because we cannot trace back through history in the sort of linear fashion that Freud does. Still, they may both be useful theorists when it comes to male circumcision, because Freud can show the psychological drives and biological forces at work, but Foucault can add a needed element of instability to this. Much can be learned from history, but not if we look to it

for origins and a linear development that brought to where we are now.

Male circumcision exists some places and not others, there is certainly nothing necessary about it. But that it appears in various places and at various times, in cultures that would seem to be very different from each other, indicates that a variety of conditions can allow for circumcision to be a practice. In the case of the United States, human error and a medical science conditioned by the morality of the time had their clear role to play in the institution of male circumcision. One may add to this more specifics, as hygiene concerns, the germ theory of disease, social conditions caused by industrialization, and medical improvements in technology such as improvements in anesthesia making more operations possible, all as conditions that meant male circumcision was a procedure that made sense at the time. But, these historical events cannot give us any simple answer as to why male circumcision now exists. If these historical conditions were the true origin of male circumcision, we would easily have ended the practice once these conditions had changed, such as with new medical understandings that complicated an overly simplistic germ theory of disease. Also, we would not expect to see male circumcision appear in such a variety of places, if we could point to such specific conditions as the origin of male circumcision. Rather than these specific conditions alone, we must look to other forces which caused this custom to appear. This operation, and not other rituals, were initiated, and the conditions of the time do not fully explain this. In hindsight, the scientific reasons for the normalization of male circumcision in the early 20th century seem very slight.

Because of this difficulty in tracing back the origins of a custom based on historical events alone, what actually materializes is difficult to trace back to its origin. These historical conditions cannot sum up the origin of male circumcision in the United States, because there

were other forces operating which took advantage of historical events. And so, even as conditions change, male circumcision may still have its use for forces, as the underlying forces which encouraged the procedure may still remain with us, or new forces may be making use of the procedure. Depending on where one is, one may be circumcised or not - but either way one will be highly sexually conditioned by society. The forces which cause this sexual conditioning as a whole may be exerting pressure as male circumcision becomes institutionalized. The culture that we see cannot give us any truth about who we are, if we look at customs for signs of a linear, rational development, stemming neatly from historical events. But behind what customs we do have, perhaps we can see forces at work that might have made one custom, or another, appear. Foucault says that "we should not be deceived into thinking that this heritage is an acquisition, a possession that grows and solidifies; rather, it is an unstable assemblage of faults, fissures, and heterogeneous layers" (Foucault, NGH, p. 146). Perhaps this is a reason why customs may appear, disappear, and reappear, with different meanings and justifications, but it also makes a genealogical approach necessary to understanding male circumcision.

XIX. Deleuze's Interpretation of Nietzschean Forces

Forces have been mentioned in this paper, but perhaps clarification of their operation is needed. To gain a better understanding of the functioning of forces in Nietzsche's works, it is useful to turn to Gilles Deleuze, and his book *Nietzsche and Philosophy*. Deleuze informs us that "We will never find the sense of something (of a human, a biological or even a physical phenomenon) if we do not know the force which appropriates the thing, which exploits it, which

takes possession of it or is expressed in it. A phenomenon is not an appearance or even an apparition but a sign, a symptom which finds its meaning in an existing force" (Deleuze, NP, p. 3). We must look to the forces behind something to understand it, and yet they are elusive, as they can never be seen, remaining always immaterial. Still, they are, in a way, more important than the actual events, at least if one wants to understand the history of something. Deleuze explains that "The history of a thing, in general, is the succession of forces which take possession of it and the co-existence of the forces which struggle for possession. The same object, the same phenomenon, changes sense depending on the force which appropriates it" (Deleuze, NP, p. 3). Circumcision, in the last 100 years, need not remain the same thing. Instead, the unseen forces behind it have changed, as different forces have taken possession of it. Some forces may not have changed, male circumcision can be driven by bodily and sexual forces that have maintained their presence, but other forces may have been more ready to use something like male circumcision for a people coming out of a moralistic Victorian era than they would be now; but the balance of forces must still result in a situation that allows for the continuation of the ritual. Deleuze explains that "There is no event, no phenomenon, word or thought which does not have a multiple sense. A thing is sometimes this, sometimes that, sometimes something more complicated - depending on the forces (the gods) which take possession of it" (Deleuze, p. 4). Circumcision can be something quite complicated, and with many senses. It would be a mistake to try to attain some clear, simple explanation for its existence. But, it is well suited to be made use of by forces which are quite primal, as it concerns bodies and sexuality.

It is no surprise however to find the medical explanation as persistent. Changing forces can still allow for a consistent appearance. Even as the forces behind male circumcision may

change, the new forces use the power in what is already there in a custom, borrowing from the old force to gain power. Deleuze explains "a new force can only appear and appropriate an object by first putting on the mask of the forces which are already in possession of the object" (Deleuze, p. 5). This creates a continuity, an appearance of consistency throughout time, which may mask the actual changes that have occurred. "A force would not survive if it did not first of all borrow the feature of the forces with which it struggles" (Deleuze, p. 5).

There is never just one force in operation, but rather, what we see is always the result of forces in relation to each other. "The being of force is plural, it would be absolutely absurd to think about force in the singular" (Deleuze, p. 6). In male circumcision, there must be other forces resisting those that encourage male circumcision to appear. For example, people are territorial about their bodies, and will not just relent to any interference, unless forces make it necessary to do so. But the forces that can trigger this resistance will not be clearly seen, unless the force relations change and cause a change in what is seen materially. Forces work against other forces, before material results are seen. "Nietzsche's concept of force is therefore that of a force which is related to another force: in this form force is called will...The will is not exercised mysteriously on muscles or nerves, still less on 'matter in general', but is necessarily exercised on another will" (Deleuze, p. 7). It is necessary to ask from male circumcision therefore, not just a material history, because this will not reveal the real history, but rather a history of which forces were using male circumcision. "According to Nietzsche the question "which one" (qui) means this: what are the forces which take hold of a given thing, what is the will that possesses it? Which one is expressed, manifested and even hidden in it?" (Deleuze, p. 77). Foucault gives force an equal importance, as he too sees events as the result of forces relating to each other. He

states that "An event, consequently, is not a decision, a treaty, a reign, or a battle, but the reversal of a relationship of forces, the usurpation of power, the appropriation of a vocabulary turned against those who had once used it" (Foucault, NGH, p. 154). If male circumcision is for some reason stopped, as some people desire, the real event will be the change of force relations which caused this halt to the custom.

Forces are hard to identify. Deleuze interestingly compares them to gods, and this makes a certain sense. They are not quite with us, we can not see them, and yet they are there, causing things to happen. Still, we can try to identify some of them. This is a useful pursuit, as it can help us to understand ourselves better. The gods, after all, had their purposes; we may need force to make things sensible to *us*. Force may be what makes events appear, but with an understanding of forces, we can exert an influence over our own customs, and in this way work to make them something that accords with who we want to be. True, this still will be, at root, the result of the operation of forces, but, the existence of gods need not be a reason to simply give into their will, either. Rather, we must try to work with these gods, to make it a happy relationship, rather than one where we simply allow ourselves to be at their mercy.

It is no easy thing to understand the development of our species. Our customs could be false clues to a linearity that does not exist. We must incorporate Foucault into Freud, and be clear that there is no simple progression through cultural development, but this is all the more reason to accept that the forces that led to animistic beliefs may still operate, not constantly, but appearing now and then. We must just modify Freud's development into something less linear, while still making use of the territory he explored.

XX. Can a Species Have Goals?

There is one further topic to explore within the realm of the question of who we are. Perhaps it is necessary to look not only backwards, but forwards into the future as well, in trying to understand ourselves. What is it that motivates us? Do we have goals as a species? Are we moving towards something? How does male circumcision fit into this?

It is natural to suggest that pleasure is what motivates us. There is no doubt some truth to this. Freud states about humans "What do they demand of life and wish to achieve by it? The answer to this can hardly be in doubt. They strive after happiness; they want to become happy and to remain so" (Freud, *Civ*, p. 25). Who does not want to be happy? It is practically a tautology, because even if someone did not want to be happy, it would be in some sense still true then that this unhappiness they seek would be making them happy. Otherwise they would not 'want' it. The pleasure principle is unavoidable. "What decides the purpose of life is simply the programme of the pleasure principle" (Freud, *Civ*, p. 25). Of course, pleasure is no easy thing to achieve. Reality, including the threat of suffering, must be dealt with. Often, "The task of avoiding suffering pushes that of obtaining pleasure into the background" (Freud, *Civ*, p. 26). But, it is far too simple to see ourselves as this uncomplicated. Thus it was a needed development when Freud questioned the preeminence of this pleasure principle in *Beyond the Pleasure Principle*. It appears these days (if falsely - as Foucault shows) that we have embraced sexual pleasure, clearing it of the immorality that it used to contain. Thus, it would be nonsensical now to contend that we would knowingly limit anyone's sexual pleasure. Nobody would stand for it. We consider it a fundamental right. Thus, a practice like female genital mutilation is considered

one of the most atrocious of customs, not only because of the dangers involved, but especially as it presumably limits someone's capacity for pleasure.

Unlike female genital mutilation, the effects of male circumcision on pleasure are debatable. Some claim that the foreskin is filled with nerves, and important to pleasure. Those who support male circumcision, must, simply must, given our attitudes on pleasure, insist that pleasure is not effected or is increased by male circumcision. But the rhetoric, from either side, is consistent. Pleasure is a goal of life, and it should not, without good reason, be inhibited. Thus, either side in this debate will claim pleasure as on their side, in accordance with the social acceptance of the tenants of the pleasure principle.

But, the search for pleasure as a goal of life cannot give us much answer as to who we are. Why is it that though we can control our conscious actions, and aim them at pleasure, we find that we have often been our own enemies, failing to get the pleasure we wanted even when we carry out the actions we intended? We do not know how to create pleasure for ourselves, and instead seem to have no clear drive to pleasure, or at least no effective one. Relating this to male circumcision, we will not get any consensus on its place as a custom concerning sexual pleasure. It seems unlikely that it will have no effect on pleasure, but, most likely, pleasure is a secondary concern. At least, since it can be harnessed on either side of the debate, this may be a clue that pleasure is secondary, that there are stronger forces at work which override any matter of physical receptivity of pleasure via nerve endings. And this may even be true of when, in the early 20th century, people advised male circumcision specifically to limit pleasure. Morality over pleasure was, in that case too, likely a secondary concern, driven by other forces. We will, temporarily at least, have to settle for the idea that there are a diversity of forces behind what

occurs, and pleasure is only one of them.

Life can be difficult, however, and this must help form who we are. Freud points to the need for us to take some measures to deal with this reality. He states, "Life, as we find it, is too hard for us; it brings us too many pains, disappointments and impossible tasks. In order to bear it we cannot dispense with palliative measures" (Freud, Civ, p. 23). Naturally, religion is one of these, with its capacity to give suffering a purpose, but - science is as well. Our entire culture can be seen from this lens of attempts to grapple with the outside world. Freud suggests that it is "the superior power of nature, the feebleness of our own bodies and the inadequacy of the regulations which adjust the mutual relationships of human beings in the family, the state, and society" (Freud, Civ, p. 37). Circumcision should be seen not as relating to pleasure perhaps, but more as concerned with a grappling with our sexual being in society, and the dangers that it poses. Thus, it is a custom which stems from the same place as everything in civilization. As Freud explains, "'civilization' describes the whole sum of our achievements and the regulations which distinguish our lives from those of our animal ancestors and which serve two purposes -- namely to protect men against nature and to adjust their mutual relations" (Freud, Civ, p. 42). A strong force behind circumcision may simply be, at root, the danger we feel behind sexuality, which is present in the newborn, if only because they themselves are obviously the result of a sexual act, one which may both benefit and harm society, and may lead, one day, to even more babies.

If pleasure cannot explain who we are, and help us in that manner to understand male circumcision's persistence, then perhaps it is worth looking at health, the nominative reason still given despite the decreasing medical support. Does our goal of health still motivate us when it comes to this procedure? Are we also a species in search for health, as a part of the process

which encourages us to have civilization which protects us from nature and other people? But, health must be considered as a relative concept. Nietzsche, who himself struggled with health from an early age, devoted much thought to this. In an aphorism "Health of the Soul", he suggests that physical health is a product of more ephemeral things. There is, he will insist, no simple, normal health. Each individual is different. "There is no health as such...Deciding what is health even for your body depends on your goal, your horizon, your powers, your impulses, your mistakes and above all on the ideals and phantasms of your soul. Thus there are innumerable healths of the body" (Nietzsche, TGS p. 116.117).

Of course, the discussion of male circumcision completely neglects this idea. In a society so regulative of gender, so insistent on neat categories, we have a rigid definition of sexual health. Not only is male circumcision common, but there are operations for anyone whose genitalia does not come out as within acceptable lines, done often with the reason that the baby must look normal to have a normal life. Nietzsche states that "The more one unlearns the dogma of the 'equality of men', the more the concept of a normal health, along with those of a normal diet and normal course of an illness, must be abandoned by our medical men" (Nietzsche, TGS, p. 117). Despite the growing concerns over sexual normalization from Gender Studies writers, the variety of genital operations done shows that health is something that continues to be very linked to normality - this powerful normality is not easily disrupted. In the end, whether male circumcision has a place in health must be seen as something without one right answer for every culture, but as our understandings of health have changed, it no longer fits in with our culture well, and survives amidst contradictions, which reveal themselves in the discourse. Health always will depend on what we think of health to mean. Even if it were to be shown that male

circumcision really prevents serious disease, this would not make circumcision healthy, but it would rather depend on what health means to our particular culture, which is not as simple as diseased or free of disease.

Still, health, pleasure, and other concerns like this, become more the topics that we consider when we consider who we are, when we consider what is important in our lives. Nietzsche points out how our increasingly scientific age can dim our lives, reducing things to a baser physical level. In a passage called "The greatest change" he states: "All experiences shone differently because a god glowed from them; all decisions and prospects concerning the distant future as well...What was joy in an age when one believed in devils and tempters! What was passion when one saw the demons lurking nearby" (Nietzsche, TGS, p. 131.152). Our pleasure now may seem increasingly a mere physical phenomenon, and thus somewhat of a matter of indifference in the long run. And yet, what may be so compelling about male circumcision, and sexual issues in general, is that (and perhaps this relates to the inability of science to make much headway in understanding sexuality), sexuality may still hold much mystery. It still may hold the taint of sin, the potential of danger, even somehow beyond physical danger. Sex may have an enchantment that the 'death of god' has not yet greatly effected. Despite that many people may think that sexuality and sin are not so closely linked, these old associations are not so quick to disappear. People may make a willful attempt to disbelieve that sexuality is immoral, and yet still are effected by this lengthy past which has characterized it as that. Nietzsche explains that the death of god is not an instant phenomenon, (Nietzsche states that "Gods, too, decompose!"), but one that takes time for the effects to show, and perhaps in areas that are more mysterious and less easily conquered by science, the changes will happen even slower. (Nietzsche, TGS, p. 120.125)

This is all the more reason that we will still have non-scientific approaches to managing sexuality that may seem odd or out of place in a scientific age.

So, to begin to sum this up, we can say that people are something more than individuals. We are a society which contains people inseparable from the whole, as our very consciousness stems from our need to communicate in society. Philosophy is a product of this society, and thus it can naturally produce conformist work. Deleuze states that "What has happened in modern philosophy is that the theory of values has given rise to a new conformism and new forms of submission" (Deleuze, p.1). When we evaluate, we are not really able to step back and see ourselves. Instead, this evaluation is part of who we are, it is further being. "Evaluations, in essence, are not values but ways of being...This is why we always have the beliefs, feelings and thoughts that we deserve given our way of being or our style of life" (Deleuze, p. 1). We may think that we are creating change, standing opposed to the norm, when all that is happening is forces are causing some realignment in who we are. We do not have conscious control over events. Deleuze states: "Religion often needs free thinkers to survive and adapt. Morality is the continuation of religion but by other means; knowledge is the continuation of morality and religion but by other means. The ascetic ideal is everywhere, but its means change" (Deleuze, p. 98). The path through our development does not necessarily evidence the progress we would like to see. This stands in the way of thinking about a goal for society. What appears like change is not really change. Alexander Nehamas in "Nietzsche, Modernity, Aestheticism" discusses this problem. "Having abandoned an uncritical reliance on tradition, particularly on religion, in order to find grounds legitimating its various practices, Modernity, Habermas claims, 'can and will no longer borrow the criteria by which it takes its orientation from the model supplied by another

epoch; *it has to create its normativity out of itself*" (Nehamas, p. 224). "But", Nehamas asks, "can anything we do be of any value if all external or objective standards of value - traditional, religious, or rational - have become suspect?" (Nehamas, p. 225). This loss of value may posit us as now goalless, although there is the possibility that we can create a goal for ourselves. "Though the past may no longer be considered a source of standards of value, one might well believe that the future can play that role" (Nehamas, p. 225). But this too, will, given our knowledge of history, be unlikely to work. "Faith in the existence of such all-embracing goals is difficult to maintain in the light of the evidence of history" (Nehamas, p. 225). There are many skeptics of progress these days, and for good reason. Freud himself asks tough questions about the increasing restrictions on sexuality as we progress through history. He points out the effects of technology on sexuality, as he questions the notion of progress. He asks, "What is the use of reducing infantile mortality when it is precisely that reduction which imposes the greatest restraint on us in the begetting of children, so that, taken all round, we nevertheless rear no more children than in the days before the reign of hygiene, while at the same time we have created difficult conditions for our sexual life in marriage?" (Freud, Civ, p 40). Technology makes the domination of the body by history seem all the more inevitable. Male circumcision could be a part of the goal to create a healthier society; but, more likely, it is a product of forces driving society to regulate sexuality, and/or a product of a civilization still stuck in primitive modes of being, primitive by their own standards, in that it desires to exert some control over sexuality in unscientific ways (though made to appear scientific), which cannot be controlled through the more scientific methods appropriate to the age. Eradicating the normalization of male circumcision could be a part of a liberal goal of keeping in check society's control over our

bodies, or, it too could become suspect for any number of reasons. But Nehamas seems not to have given up on goals. It may not be possible to have any one defining goal, in the sense of a linear path that we are following towards something, some predestined purpose of humanity, but there can still be goals. He explains that Nietzsche "denies *the* goal, but not goals; how could he, when he writes, 'The formula of my happiness: a Yes, a No, a straight arrow, a goal'" (Nehamas, p. 231). It must be important to find them, but we have to create them ourselves, and it need not be a purely individual process. "Goals exist only insofar as they are established by individuals and, perhaps, by cultures...goals, like values and processes, are not already there in the world to be discovered -- they are not 'in themselves': they are to be made" (Nehamas, p. 232). This problem is still to a degree unresolved, especially when it comes to the problem of societal, and not just individual goals. But, at least, it is possible for us to view ourselves as a species, and rightly so. Foucault quotes Nietzsche stating "the species must realize itself as a species, as something - characterized by the durability, uniformity, and simplicity of its form - which can prevail in the perpetual struggle against outsiders or the uprising of those it oppresses from within" (Foucault quoting Nietzsche in NGH, p. 149). There are not noble reasons for it, but we can say at least that, even amidst diversity, we are still a 'we', we can recognize ourselves as a we, and this makes goals on the species level possible. The cultural discourse over male circumcision is confused, but not without meaning. Male circumcision, promoting it or ending it, could be a part of our goals. At the moment, people interpret its meanings differently, while they cannot even truly see what forms their own opinions about it, and there is no shortcut through to clarification of the unconscious, but rather it is a laborious project. Male circumcision is something that will resist an understanding of what it is; it is very powerful, as can be shown by

its ability to survive though non-scientific in a scientific era. There will be arguments about it for some time still. Our culture may be increasingly moving towards a stance which may allow it to be used in pursuit of goals that will unite, rather than divide us, although for male circumcision, this may be still some time away. But we still have a responsibility to look at it and see what it says about who we are, and, attempt as best as we can to find some deeper understandings of our culture through it, and perhaps not be too naive when we twist the meanings of our history into usable forms for ourselves in the future.

These philosophical discussions are only intended to indicate some directions which need to be explored, when considering the topic of male circumcision. It is clear that to fully understand the meanings of male circumcision, we should not look only at our own specific history and practice, or we will be deceived as to its meanings, and perhaps one day give ourselves a continuation of a comfortable narrative of progress. Still, we must attempt, while always on the lookout for self-deception, to see how the procedures that we carry out on our genitals fit into possible understandings of our culture.

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(All italics within quotes are as originally printed in the sources quoted)

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