

Circumcision without End?

A Patient

A single, thirty year old man come to me in my office hours. His parents had emigrated from Turkey in search of work. Several years later he was born here in Germany. After giving up several jobs, he is now employed permanently in the social professional field. Under great pressure to perform, he speaks of depressive complaints and erectile dysfunction, which he has suffered from since puberty. Though masturbation is possible despite some difficulties, he was never able to experience sexuality in a relationship due to his erectile dysfunction. In his genital area he has "stimulation barriers". Physically everything is actually fine with his penis; however there is a clearly reduced sensitivity and touching the circumcision scar results in paresthesia.

Due to his afflictions he would retreat as a teenager. As a child he suffered from a phobia of dogs and the dark, there are indicators for further childish fears. The relationship with his parents today is tense and marked by the reproaches made by the patient that they have a lack of understanding and little emotional empathy. When delving further, the patient speaks of his circumcision, which took place at the age of six, shortly before his first day at school. Under promises of lovely "surprises" the patient was taken to a hospital far away, without being informed about what would happen. He was led to a room, had to lie down and then had a mask placed over his face. During the entire procedure he had experienced great fear and was held down. Afterwards he had woken up with an aching/hurting bandaged penis, having no clue as to what had happened. Something had happened which he had definitely not wanted. He had felt particularly betrayed and deceived by his mother, who had encouraged the circumcision, as he later found out. Based on this breach of trust his relationship with his mother has suffered greatly and sometimes he downright hates her for it, which he sometimes demonstrates in menacing ways. After the circumcision there had been postoperative hemorrhage, which is why he had to wear a skirt and was teased by his cousins, who called him "a girl". Contact with his mother always had something repulsively sexual and for a long time he would scare away from being touched by others. During puberty he then saw other boys with an undamaged penis and confronted his parents, wanting to know why they had done this to him. They could offer him no plausible reason and he had been unbelievably angry at them, had even threatened his mother. Today he is ashamed for the non-reflective traditionalism of his parents and their inability to empathize. He himself would never have his own son circumcised.

Retrospectively the patient comments, "One is raped and cannot forget it." Quite fittingly he speaks of recurring nightmares and intrusive, very vivid fantasies of fear. In several horrible childhood dreams he was pursued by giants. At the age of around ten he would lie in bed in

the evening and suddenly hear a high whistling sound, experienced being scared to death and was inert. Then he would perceive four brightly shining spots and very strange, alien-like creatures that came towards him. They had no genital parts. Right before they approached his bed they would dissolve. Suddenly everything had disappeared. Such vivid perceptions, linked with a total sense of helplessness and inertia he would experience again, the last time when he was in his mid twenties. Once with the feeling he would suffocate in the pillow. "I thought I would have to die." The patient himself links these experiences with his circumcision.

The story of this grown-up man traumatized by circumcision is not untypical individual case. This case study strikingly demonstrates possible complications and long-term effects, which can result from circumcision at pre-school age. One should add that during this psychosexual development phase of a child's identity development, the fear of the boy for his extremely significant genitalia is very high. Therefore a fear (of castration) can be increased by a potential external threat, as well as vivid childish fantasies, but especially by a promise of security given by the parents which is questioned.

We can learn a lot from this case study. For one thing, children at this age will comprehend that a grown-up is manipulating them or even when parents betray them. The patient in question has memories of the traumatic circumcision during which he not only lost his foreskin but also the trust in his parents. These memories are no doubt distorted by fear, but at the same are based on facts. In nightmares he remembers the situation of duress in which he was stretched out on a surgery table, the bursting of an illusion of a joyful surprise, the supremacy of the strangers ("aliens"), the respiratory mask, the bright four lights of the surgery lamp. He remembers the ensuing scare he got when sensing the pain and discovering a bleeding penis, he remembers the complications of the post-operative bleeding and that he had to wear a skirt because of it. He was laughed at and felt that his masculinity was questioned a second time. He impressively describes the rupture in the relationship with his parents, particularly with his mother, who represents an especially desirable and much sought-after person of reference for the boy between the ages of five and seven. Even today the patient continues to feel resentment and contempt towards his – as he perceives her – deceptive mother, who at the height of his childish infatuation delivered him to circumcision, anxiety and humiliation. He goes on to describe severe long-term physical effects such as a decreased sensitivity of his genitalia, as well as a paresthesia when his circumcision scar is touched.

The childish horror of experiencing the anesthesia preparations, the inertia, the respiratory distress under the mask, the blinding light of the surgery lamp, the genital pain are all conserved – and hardly disguised - in scenic intrusions in his nightmares. Based on his great insecurity and his fears he would shy away from physical contact as well as relationships. The erectile dysfunction of the patient regarding partners could correspond with a sexual reflex to "play-dead" in order to prevent any additional traumatization. I will mention more examples of such correlations later.

So far however, we can already summarize possible complications and risks of circumcision of boys in elementary school age: traumatic fears, pain, post-surgical bleeding, wound

healing disorder, paresthesia in the area of the circumcision scar, questioning and insecurity of experiencing male identity, neuroticization of the ensuing childish development, breach of trust in the relationship with the parents linked to a chronic contempt and resentment hidden behind a loyal adaptation; enduring post-traumatic stress disorders in the shape of nightmares and intrusive fantasies linked to scenic dissociative reminiscences and death fears; an inhibited development of social competences in regard to forming relationships and a disturbed sexuality.

Historic-Cultural Background

Circumcision of the male foreskin is the oldest and most frequently performed surgical procedure of all. Research on this matter in human ethnology, anthropology as well as religious and culture-historical studies extends beyond the depiction and description in 5000 year old Egyptian artifacts and the much more recent mythological texts of the Abrahamic religions. However, due to the situation of trying evidence these are often of a speculative character.

There are reports on circumcised Indian indigenous South Americans, and African, Middle Eastern oriental cultures, as well as indigenous Australians performed male circumcisions, which indicates that this procedure was performed worldwide perhaps even in prehistoric times. Ancient Egyptian sources document the circumcision of boys. Male circumcision may also have served as a physical trophy, a sub-variation of killing the enemy or performing a castration upon taking captives in war or also to mark slaves. The reconstruction of the archaic aspect and the original function of male circumcision rituals are lost in the dark of prehistoric hunter traditions.

However, today the discourse justifying ritual circumcision of boys is dominated by alleged hygienic-medical benefits, but also especially by religious notions, at times juridically reinforced based on the fundamental right of the free practice of religion. The ritual is justified based on collectively binding laws and traditions, which aim to secure the identity and a behavior agreeable to god. There are authoritative role-models for example in Judaism and Islam, such as the circumcised religious patriarch Abraham or the Prophet Mohammad who was born without a foreskin. Those who follow these role-models and are subjected to the circumcision ritual are promised extraordinary gratification, such as belonging to a special divine community based on a covenant or transcendent joys.

To begin with and in contrast to the above mentioned, I would like to present my cultural-historical view of the development and role of sacred ritual acts in general. Due to missing predictive reality models, the daily existence of pre-historic humans was marked by the terror of unpredictable and inexplicable natural phenomena and fatal dangers. For pre-historic humans, who had an animistic-magical understanding or reality, mastering daily life in face of a constant risk of an early unpredictable death and the state of anxiety connected with it, was only possible by resorting to compulsively repeated ritual acts. The potential of these acts to calm humans most likely also depended on the quality of the sacrifice, with

which the responsible deity had to be satisfied. Early human and pre-historic communities most likely already used rituals as a magical attempt to limit the horror of existential threats by uncontrollable, incomprehensible and passively incurred natural phenomena, illnesses, and death. The dread caused by these threats and catastrophes was intended to be overcome, limited or at least made bearable by transforming the terror into a mode of active ritual design.

Following the behavioral scientist Norbert Bischof (1973, 2009), the life cycle of such a ritual, which is formed under fear-inducing environmental circumstances or seemingly uncontrollable dangerous situations, initially takes shape as a pre-lingual-intuitive staging. On the one hand this enactment uses the elements of the feared threat, at the same time; however, it serves as the functional organizer to protect social bonds and transitions, made insecure by the threat the ritual addresses. Thus a patriarchally forced circumcision of a pubescent boy for example, would serve to control the aggressive and sexual drive in a pre-historic hunting culture with a high degree of daily violence and willingness to kill. Such patterns of behavior in a group which require initial assimilation are then consolidated in normative and legitimizing myths. There is the example of the patriarch who agrees on a pact with a deity, good conduct is then endowed, whilst disobedience is threatened to be cruelly punished. This threat is targeted at one of the greatest fears of men. The ultimate punishment for disloyalty – castration – is addressed in the symbolic act of circumcision: sexuality and reproduction yes – but only under the primacy of the patriarchic control of sexual drive enforced by punishment: a clear threat of castration. Aggression and the willingness to kill on the outside yes – but not within the group which is dominated by the patriarchic leader and his threats.

Burkert similarly assumes that the circumcision of boys served to secure a control of aggression, which was necessary after the young initiated hunter had overcome his inhibitions to kill – compatible with Freud's findings, that the circumcision of a boy by his father can be seen as a threat of castration in order to control the aggressions and sexuality of the son. The inhibition to kill was by no means easy to overcome and for tens of thousands of years of human development posed a necessary requirement for a successful hunt, crucial for survival. The initiation, which guided the young men away from the motherly bond, opened and legitimized the possibility of practicing male, non-violent hunting behavior, usually also marked by an aggressive ritual. This simultaneously offered the initiand a general dispensation for all future guilt for killing. Killing an animal whilst hunting, and a large one if possible, at the same time represents the father symbol in the archaic group's unconscious. The "large animal" secures the survival of the group; it has a crucial place in the particular context of life and as an existentially important object therefore also constitutes the group itself. It is worshipped in cave paintings and other totemic objects and is asked for forgiveness in rituals following the hunt. Due to their emphatic and submissive elements these rituals are also referred to as "comedies of innocence". They are intended to lessen the guilt of the latently committed or at least possibly fantasized patricide of the "large animal". At the level of intra-group aggressive fantasies and impulses, the aggression directed to the outside, i.e. to the hunted victim, is

associated with the possibility – at least in thought – to now also be able to attack the dominating father and to enjoy his privileges. At this point ritual male circumcision at the threshold to adolescence could assume an externally visible threat of punishment and at the same time an exculpating role. This then would help focus and legitimize the necessary aggression for killing, unconsciously associated with patricide, on the animal or the real external opponent. The message of circumcision which would be aimed at the adolescent initiand (and the group of spectators) would then be:

“Look here, I am cutting off a part of your masculinity because you may only be a threat to large animals and our enemies, but never to me, the father of our group. Now that you are becoming a man and hunter you must learn to kill. But because you have given a part of your penis (or a different part of your body), you may hunt without remaining guilty. Should you have the idea to attack your father or another member of the group, you will relive the great fear which you suffered during your circumcision.”

Establishing paternalistic loyalty under such threatening past environmental circumstances may offer a pre-historic reason why religions – among them the Abrahamic ones – continue to entertain such an intensive interest for childish genitalia of boys and the ritual injuring of them.

Consequently, a dogmatic formulation of a rationale was developed, underpinned by sanctions, based on the myth of a covenant between a patriarch and his god - a divine command which is hardly questioned and when reeled off blindly as a ritual law comes to nothing. However, the distinction of the group identity and the exercise of clerical power over the faithful is facilitated. Similar to historic-cultural driftwood, thousands of years later this relic of bygone times is often merely “believed” in and repeated based on a loyalty which is no longer understood as well as great group pressure and “because it has always been that way”, in the case of circumcision at the expense of the affected boy. Evidently, such a cycle can establish itself over a very long period of time.

Originally rituals thus had the function of securing a binding loyalty and controlling impulses and they served to magically overcome the existential fears and dangers by means of actively repeating symbolic stagings of the occasion suffered through primarily passively which caused the fear. Religious rituals therefore possess a social regulative, magical-archaic central aspect and represent – similar to myths – stagnant archives of early social organization. Due to their unquestioned tradition, equipped with a sanctioning backdrop of threat they can however also be misused to exert power.

From a psychoanalytical and history of religion perspective, pursuing a personal relationship to a god poses a progressive development of the relationship between a helpless human and the potentially as well as arbitrarily destructive nature. This relationship is mainly manifested in the ritualized offering of a sacrifice which has a double nature. The intermediary function of the latter is secured on the fact that the gift which is offered belongs to the god; however it is sacrificed by the human. The sacrifice serves to maintain the sustaining foundation of life, fertility, influence on the weather and preventing natural catastrophes in an environment in which the functional laws are opaque, and therefore serves the survival of the individual, but more importantly that of his group of reference.

In its archaic form the sacrificial offering corresponds to a human sacrifice. The ritual human sacrifice makes the intended reversal of the existential fears in the sacrificial ritual very clear: "I cannot die at any time or be torn to shreds, but rather through my ritual I shall soar to the master over life and death and at the same time shall appease the unfathomable wrath of nature and the gods by feeding them with sacrifices."

All three Abrahamic religions, Judaism, Christianity, and Islam have a central reference to a special ritual, namely the holy blood sacrifice of the first born son, which has been attenuated and modified in different variations and sacrificial practices (circumcision, animal sacrifices, feast of sacrifice, crucifixion with resurrection, holy communion), but in its cultural latency has lasted up until modern times.

The disburdening conversion of a real dread into a sacred cruelty is the functional core of sacrificing. The control of powerful and potentially dangerous (natural) forces and of the gods believed to be behind them is performed in a sublimate way in civilized versions such as animal sacrifices, food or incense sacrifices or in the shape of circumcision. In any case the god is nourished or fed by the human – usually at a special table or altar. Perhaps this also offers the deeper reason why during an orthodox variation of the Jewish circumcision the bleeding penis of the circumcised boy is taken into the mouth by the mohel and sucked clean – a process which poses a substantial risk of infection.

In analogy to the oral mode of how infants experience relationships, pacifying the threatening and terrifying natural phenomena which are to be found within the deity in the animistic exterior world can also be identified in the devoted feeding. An archaic form of this oral manipulation and magical appeasement exists in numerous cultures, namely in the form of human sacrifices – in a way as the most significant "food of the gods" for gods who fortunately are not too erratic and at least to some extent controllable by way of their thirst and hunger.

Similar to the orally determined constellation of the relationship of a helpless baby and the powerful mother, the sacrifice serves as a caring re-feeding of the bond and control projected onto the deity, but clearly found in the reality the terrifying aggression of pre-historic nature. The historic-cultural progress of this manipulative feeding of the powerful deity with a sacrifice lies in the fact that an inscrutable catastrophically acting nature and the paranoid fears connected to it are pacified, at least to some extent.

In any case in the history of religions the universality of human sacrifices, especially child sacrifices, can be attested to in numerous cultures and religions. The own impotence of the one sacrificing in the face of a terrifying exterior world reanimates and represents the childlike-traumatic circumstances, which are relived as seemingly real in a magically threatening outside world. In an environment perceived as so strikingly threatening, the sacrificed child assumes the role of a symbolic medium and container of the individual's own fears and state of powerlessness.

The practice of offering a child sacrifice to Baal Kanaan or Tanit in Carthage during the Late Bronze Age in the cultural sphere of the Mediterranean region was still in place in Carthage of the second century before Christ. The meeting of the local west-Semitic and Phoenician

population in Canaan with the immigrant Israeli followers of the monotheistic Yahweh-faith led to a high degree of pervasion and borrowing of Canaan elements in various areas. The offering of a child sacrifice to the Canaanite Baal, for example, was temporarily also practiced in Israel. King Ahaz of Judah (741-725 B.C.) as well as King Manasseh (696-642 B.C.) are reported to have sacrificed their own sons "in the fire" (2 Kgs 16,3 and 2 Kgs 21,6). Abraham's initial attempt of sacrificing the first born, which was only averted at the last moment by God's refusal to kill Isaac, appears to be a hardly disguised and actually intended archaic child sacrifice. The fire sacrifice of the first born was penalized in later Judaism, especially in the time following exile (Lv 20,2-5 2Kgs 23,10) and superseded by animal sacrifices.

The patriarchal circumcision of a male newborn child in Judaism can also be viewed as a A ritualized minor MINDER form of child sacrifices. The ritual practice most likely borrowed from the traditional circumcision of boys in Egypt latently replaced, symbolized and maintained the blood sacrifice of the male firstborn. Equating circumcision with killing is also indicated in the story of the massacre of Shechem (Gn 34) or the killing of 200 Philistines by David, who had to present their cut-off foreskins to Saul as bride price (1 Sm 18,25-27).

According to Maciejewski, the Jewish criticism of child sacrifices led to its replacement by circumcision of Jewish male children. Maciejewski points to the traditional moment of circumcision as evidence,

"This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised. You are to undergo circumcision, and it will be the sign of the covenant between me and you. For the generations to come every male among you who is eight days old must be circumcised [...] Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant." (Gn 17,10-14).

The archaic firstborn sacrifice was also offered on the eighth day after birth, "Do not hold back your grain offerings or wine offerings. You must give me the oldest of your sons. Do the same with your cattle and sheep. Let them stay with their mothers for seven days. But give them to me on the eighth day." (Ex 22,29-30).

The Bible passage Exodus 4,24-26 is identified by Maciejewski as a disguised depiction of the overcoming of child sacrifices. The issue of killing the firstborn son is already addressed in the previous passage Exodus 4,22, Moses, who lives in Midian with his wife Zippora and their son Gershom, receives the command from God to return to Egypt in order to demand from the pharaoh to release the Israelites. He shall pressure the pharaoh by threatening, "Let my son go. Then he will be able to worship me. But you refused to let him go. So I will kill your oldest son." Moses sets out on his way and this is followed by a passage in Ex 4,4-26 which at first seems difficult to comprehend,

"On the way to Egypt, Moses stopped for the night. There the Lord met him and was about to kill him. But Zipporah got a knife that was made out of hard stone. She circumcised her son with it. Then she touched Moses' feet with the skin she had cut off. "You are a husband who has forced me to spill my son's blood," she said. So the Lord didn't kill Moses. When she

said “husband who has forced me to spill my son’s blood,” she was talking about circumcision.”

Freud understood this text as a threatening punishment for the negligence with which Moses breached the command of circumcision, which is then hastily performed by Zippora. Freud sees the tactical tendency of this construction to cover up the Egyptian origin of this Jewish tradition of circumcision.

Maciejewski however supports the hypothesis that the bridge of the superficial plot of this text is determined by the traumatic quality of the subtext, since child sacrifices which are frowned upon in Judaism are addressed here and attributed to Moses. The seemingly fragmentary scene of the text could be associated with the issue of an intended killing of the firstborn by Moses, based on a linking of motives. Going by the content of the passage, it would appear to primarily depict Moses’ journey and his arrival, however then Moses is - almost incomprehensibly – attacked by his master. Even more difficult to discern is why Zippora, the wife of Moses, who is removed by this scene of attack both by space and time, circumcises her son Gershom in no apparent context with the previous text.

A further story unfolds in the background: Moses who has planned to sacrifice his son Gershom is prevented from doing so by the latter’s mother Zippora, who knows of the Midianite ritual of circumcision of boys (blood groom), thereby modifying the intended sacrifice by Moses (master) and holding the bleeding foreskin towards him as though saying, “enough is enough”. Moses is content with the foreskin – just as God is satisfied with the ram and the Mountain of Moria or the Olympic gods were content with the shoulder of Pelops. In order to be able to retell the story of replacing the child sacrifice with the ritual of circumcision in a mythological dense manner, the text of Exodus 4,24-26 on the one hand had to address infanticide, at the same time it had to offer a logical bridge in the plot, since at this point in time child sacrifices were already penalized.

Maciejewski regards infant circumcision as an innovative synthesis of two rituals: first of all the traditional practice of the circumcision of boys as a masculine initiation and secondly overcoming the Canaanite-Phoenician juggernaut sacrifice converge in the aggression-binding infant circumcision of the monotheistic Yahweh-faith. Maciejewski should be given credit for the fact that Jewish circumcision is no longer viewed as an expression of a patriarchal threat of castration in order to create obedient and sexual abstinence of the father’s son as Freud regarded it. Freud interpreted male circumcision as a sign from pre-historic mankind, in which the father performed castration as a means of sanctioning and preserving his sexual domination in the primal horde and then reduced it later to circumcision (Freud 1918, p.119).

Freud was one of many, in a line of innumerable generations who had the trauma of circumcision carved into their individual physical memory and also the religious Jewish identity. According to Maciejewski, due to his partiality, Freud was not in a position to identify the real-traumatic background of Jewish infant circumcision and the sacrificial act behind it as the true reason behind what he identified as an exclusively conflicting oedipal fear of castration. In his concept therefore he did not allow for the real traumatizing injury of the child in his drive theoretically derived from an oedipal complex.

Maciejewski goes so far as to assume that Freud's unconscious motive for discovering psychoanalysis lies in the implicit addressing of the circumcision trauma and its intended elimination. In other words, with the help of the psychoanalytical drive theory focused on the oedipal castration complex, Freud actually attempted to find a way to articulate and thereby make his own circumcision trauma, the loss of his foreskin perceivable. »Wo Es war, soll Ich werden.«

Thus the possible – and certainly precarious – idea arises that Freud's psychoanalysis and its focus on the meaning of phantasmal castration fears, at least in its beginning, poses a specifically Jewish response to a traditionally real traumatization of infant circumcision. Moreover, since according to Maciejewski the motive of a child sacrifice which is actually ward off is implicitly still expressed by infant circumcision, the latently traumatic potential of circumcision is a significant central construction for Freud's psychoanalysis, based on the Oedipus complex. This may be addressed in the injury of the Oedipus who was abandoned as a child, Freud however uses the later dramatic entanglement of Oedipus with his father and its universalisation of an estrangement and rejection of the own real trauma. Maciejewski speaks of an intercultural labeling of the Hellenistic Oedipus myth, which is assigned the role of a cover-up memory. From this perspective the Jewish traditional circumcision trauma is addressed in a concealed and disguised manner, which represents a transformation of the child sacrifice in its own right. The traumatic long-term effects of such a process determined Freud's widely-known limited analytical view of reality and the consequences of traumatic childhood experiences as well as the exclusive underlining on the oedipal phantasm, due to his own trans-generational concernment.

In footnotes in his *Analysis of a Phobia in a Five-year-old Boy* as well as his essay *Leonardo da Vinci and a Memory of His Childhood* Freud himself identified the fear of castration as a result of Jewish male circumcision in non-Jews who were still unharmed and not circumcised and assumed an unconscious root of Anti-Semitism in the denial of this fear. The pathological reaction to circumcision then, according to Freud, results in those who are not circumcised and not in the Jews who experienced it as a survivable reality and an identity-establishing masculine physical sign which they learned to accept.

In this context Maciejewski, in reference to Freud, underlines the correlation between the early protagonists of the psychoanalytical movement who were exclusively Jewish. They shared the "secrecy of a similar construction of the soul" (Freud 1941) so that the reference of psychoanalysis to the collective circumcision trauma was intuitively evident. As a not yet explicable (secret) reference, however, this correlation also determined the exclusive group identity of early psychoanalysis.

Historic-cultural and psychoanalytical observations therefore provide various powerful archaic motives of the circumcision ritual:

- the patriarchal regulation of sexuality by means of a threat of castration,
- the protection and order of the group from impulsive aggression,
- the channeling of aggression into hunting and securing territory,
- the trans-generational consolidation of masculine identity and group identity,

- the magical domination of existential dangers through sacrifices to god responsible for safeguarding.

The impact of this ritual is found in the immensity of the fears which are addressed in both its explicit as well as implicit power. At the very core of this violence is the child which experiences a feeling of being abandoned and attacked in its emotionality and a central body part by its own parents.

The denial of force in the ritual circumcision in religious Judaism

In Judaism the circumcision of a newborn boy serves as a trans-generational, traditional, physically harmful inscription which consolidates the binding group religious identity in the sense of an ethnically exclusively sign of a divine bond and the willingness to make a sacrifice. In my eyes the subtext of Genesis 17, which introduces circumcision, makes the implicit patriarchal force of the circumcision very clear: following several crucial transgressions Abraham receives the permission and the consent to have a multitude of children - i.e. to have generative sex with his wife. However, only under the conditions set by God, who as a sign of the covenant of loyalty demands his foreskin of all things, thereby indicating the possibility of castration. In Genesis 17 God is unusually referred to in Hebrew as "El Shaddai". Seen from a religious history and etymological perspective, "El Shaddai" is associated with an Ugaritic-Syrian mountain deity with a phallic-aggressive destruction potential. In this context it represents an ancient deification of a patriarchal claim to power. Several Bible passages later this God then threatens quite robustly with the ultimate castration, "And the uncircumcised male child, who is not circumcised in the flesh of his foreskin, that person shall be cut off from his people; he has broken My covenant" (Gen 17,14).

This explains why Jews, in the face of the innumerable catastrophic historic persecution of Jews including the Shoah, even today have a strong sense of fear and outrage when the issue of circumcision is once again up for debate.

One could also paraphrase this entire Biblical scene regarding its sadistic aspects of the view of God in the following way: "Look here, God. I fear that you actually want to cut everything off. I have seen that that has actually happened to some men. Which is why I am now prepared to make myself very small. I shall, under pain, give you a part of my penis (which is not necessary for the success of begetting demanded by god). Then you will leave me the rest and with it I may procreate in the name of your glory (albeit less sensually). Other than that I shall always abide by your rules, for if I do not you will cut off the rest or exterminate me completely. And so that I may never forget that, I will also do this to my sons. They will recognize that even their father is afraid of you, since he is also circumcised. Which is why later they will also be afraid of your power and they will also follow your numerous laws very closely."

Until today many - though no longer all – Jewish parents are subjectively convinced that they are doing something in the best interest of their boys by circumcising them. They believe

that they are placing their boys in the tradition of a covenant with their God as well as their social group of reference, thereby creating the requirements for generativity, life and survival, bearing in mind the Egyptian captivity, the Babylonian exile, the destruction of the second temple and the ultimate crimes of the Nazis. As parents they want the best for their child and of course do not seek to primarily harm them. But in fact there is no doubt that this is what they do. They are prepared to accept immediate considerable pain, medical risks reaching from a wound healing disorder all the way to death, a reduced genital sense of feeling, and indirect fear by a continued witnessing of violence.

The aspect of force, however, which depending on the point of time of the circumcision can have differing effects on the child's development, is dismissed by most Jewish supporters of circumcision. This is the case for two reasons. First of all it is based on the background of a pre-rational, yet identity establishing religious concept of a divine law, the demand for divine devotion and obedience. Secondly, many parents, due to an enormous group pressure, own concernment, as well as loyal commitment to their own parents, are not capable of focusing on the evident violent aspect of circumcision which could lead to an empathetic change of perspective in favor of their boy. This most likely applies to men even more than to women, whose presence during orthodox Jewish circumcision is unusual, perhaps because of a potentially disruptive motherly protective reflex. The group pressure with which criticism of the violent act of circumcision in Jewish communities is tabooed is strikingly described for example by Haddas Golandsky (1999).

Those who are medically educated and affected are also subject to it, as the following example confirms. A policy report which supports infant circumcision, despite all risks, written by the authors of the *American Academy of Pediatrics* (AAP), under the title "Circumcision Policy Statement" (AAP, 2012a) and the closely connected *Technical Report* called simply "Male Circumcision" (AAP, 2012b), was criticized among others by German medical associations due to partiality, a substantial conflict of interests, inadequate methodology, as well as a severe report bias (see Svoboda and Howe, 2013 *Doctors Opposing Circumcision*, 2012; *Circumcision Resource Center*, 2012). In another context a member of the author team - Douglas Diekema - recommended the incision of female genitalia. Andrew Freedman, another author of the statement, shared the fact that for ritual reasons he circumcised his own son on his parents' kitchen table (!). In the reasoning for his decision he offers an illustrative indication of the immense traditionalist group pressure, "Yes, I do. I circumcised him myself on my parents' kitchen table on the eighth day of his life. But I did it for religious, not medical reasons. I did it because I had 3,000 years of ancestors looking over my shoulder" (Freedman, 2012). Denying the violent aspect of circumcision and the resulting lack of developing an own empathetic perception may seem understandable from a psychological point of view, considering such a very long line of ancestors who then are also all watching. Yet based on the possible considerable complications and the irrational-phantasmal character of the reasoning, it must be criticized. There was no line of ancestors watching in that kitchen. But there was a child screaming out of pain.

The homepage of Rabbi Goldberg offers a particularly blatant example of denying the violent aspect of circumcision, defying any scientific evidence, "If the circumcision takes place on

the eighth day, no anesthetic is injected. Anesthetics bear a much larger risk than the pain caused by the cut. The pain felt by small babies is minimal because the sense of pain is not yet fully developed (see: www.beschneidung-mohel.de). But even clinics specialized in circumcision, such as the Jewish Hospital in Berlin evidently ignore and simply overlook the sense of pain of newborns. According to a report published in the *Süddeutsche Zeitung* on December 19, 2013 staff of the hospital continue to declare that the sense of pain of infants who are up to fourteen days old is not yet fully matured. This nonsense contradicts all scientific findings on the maturing of the nociceptive system and the sense of pain even in infants. A video of a circumcision will easily convince any viewer of the opposite.

The statements made by the orthodox mohel Romi Cohn even go beyond these (pain-) denying depictions, as published in the *New York Times* on September 12, 2012. Cohn claims to have performed 25,000 circumcisions and to have trained approximately 80 circumcisors. The then 83-year-old Cohn appears to see the circumcision of a new born (*metzitzah b'peh* which includes the oral suction of the bleeding penis after the amputation of the foreskin) as a joyous occasion – clearly ignoring the reaction of the child, “If you follow strictly the ritual, there will be no harm to the baby. [...] A circumcision is a joyous occasion - nothing traumatic about it.”

The influential mohel Cohn goes on to explain that he collects the foreskins removed by him and then keeps them in glass jars together with sand and carnations. One day he wishes to be buried on the Mount of Olives, together with the foreskins conserved in the jars.

With all due respect to the observer who may be struck by the seemingly disconcerting peculiarities of the religiously motivated custom, considering the highly specific and detailed planning of his own funeral, underlying motivations of the circumcised circumcisor seem plausible. From a depth psychology approach, the plan to be buried with all the foreskins would correspond to a latent wish for an own restitutive completion of what was painfully lost. In this sense the circumcision of others, as well as collecting and conserving the foreskins could by all means be a “joyous event” in the unconscious experience of mohel Cohn, perceived as a type of reappropriation. At least Romi Cohn does not deny that the act of circumcision is an injurious removal of the foreskin tissue.

This is exactly what Edna Brocke, a well-known and highly honored Jewish woman in Germany who studied Jewish Studies and is great-niece of Hannah Arendt does. During a conference organized by the Federal Forum for Men on the controversy of circumcision, this speaker repeatedly stated that during the Jewish ritual circumcision of newborns no tissue may be removed, merely an insignificant incision is performed, which has no visible consequences for the exterior of the penis. She confirmed this even after critical questions were raised. Such a de-realization of the discourse in regard to the indisputable physical (and hence also psychological/mental) trauma of the foreskin amputation in such a striking way is certainly rare. But it demonstrates a basic tendency of many religious circumcision supporters not to take painful facts into account – and to frequently overall accuse critics of Anti-Semitic motives. A limited empathy towards victims of circumcision therefore also has an impact on the changed organization of the perception towards these sad facts

What is disturbing is that this even applies to psychoanalytical colleagues who one would assume that especially they would be able to identify with the child's perspective of experience, based on their own thorough self-awareness. This however is not the case with Yigal Blumenberg and Wolfgang Hegener. They sweepingly accuse circumcision critics such as Wolfgang Schmidbauer and myself of a collective denunciation of Judaism as well as a historical amnesia in face of the Holocaust. These authors are clearly caught in non-reflective religious fantasy systems and the loyalties connected with it. The traumatic indoctrination of the circumcision withstands the aspiration of psychoanalysis to provide insight. In reference to Bodenheimer these authors truly believe that a circumcised man, because his foreskin is not naturally missing, but rather has to be removed, will become a walking sign of the duty of humans to complete God's world and to be purified within it. Such convictions of faith simply make a rational debate with their positions impossible. Such views in these times cannot justify any normative preferential claims to special religious rights to exercise force under the conditions of the ruling laws on children's right to bodily integrity in Germany and Europe. Unfortunately Blumenberg and Hegener speak a lot about the necessity to circumcise small boys. But they do not speak of the immense group pressure which is applied to doubtful parents. And they definitely do not speak of the pain, the fear and the possible later problems of circumcised children, even though this would be their professional task. Furthermore, Blumenberg and Hegener deny – albeit hidden in a footnote – the existence of boys and men who are emotionally disturbed. How can a traumatized victim of circumcision build up trust to such a therapist?

The objective force of the foreskin amputation performed during the circumcision ritual in fact poses a grave irreversible highly painful bodily injury of the genital area. It also exists in the acceptance of the substantial risk of physical and mental complications and long-term risks reaching/extending to a long-term impairment of a sexual sensibility. And all that without the consent or a later possibility of distancing by the helpless child affected by it. Empirical studies and case reports by those affected on the possible risks are available.

Starting with the Enlightenment we may today take part in the development of an increasing social awareness and a growing public sensitivity for the destructive consequences of force. This widespread civilization trend of condemning violence was made possible in Europe despite great opposition, based on a strengthening of the democratically controlled state monopoly of force. This is a trend - in juxtaposition to the perception communicated by the media – which goes hand in hand with an effective decrease in child abuse, violent crimes and acts of war. Thus the tension between the circumcision ritual which seeks to normalize physical force and this overall decrease of force is substantial.

This also applies to the disturbing witness of violence, which many children in various cultures of circumcision are repeatedly exposed to during their childhood, whenever they are witness to the ritual act of force – either performed or permitted by the parental person of reference. Some of those affected experience this and describe it as a grave breach of trust in the relationship with their parents, such as the patient mentioned above.

Freud also offers an example of a possible long-term consequence of this witness to violence in his drive-theoretical construction of the father image. The father appears here as a

threatening rival and a distant model of authority. It is especially the son who encounters this image of the father as an authority prepared to use force and potentially perform a castration, which forces denial of the Mutter and a defiant subordination as a condition for the later identification with the father. In the case of a lack of loyalty the father – clearly an analogy to Genesis 17 – will not side with the boy, but rather will confront him menacingly.

In his circumcision-critical work the Dutch colleague de Klerk (2007) suspects that Freud was most likely a witness to the circumcision of his younger brother Julius performed by the father in the confined living space during the family's time in Freiberg. Freud himself does not make a link between his drive-theoretical concept of a fear of castration and his own biography, but rather identifies the origin of this fear of castration in phylogenetic speculations on the castrating patriarch and the libidinous sons of the primal horde. In regard to a very likely circumcision trauma based on Freud's childish witness to violence, these speculations almost indicate a cover-up memory character. The protest against the circumcising father could very well have been expressed in the very clear contempt and rejection of religious beliefs of the secularly enlightened Jewish scientist Sigmund Freud. Freud – as well as the founder of political Zionism, Theodor Herzl – spared his own son the trauma of circumcision. He thereby exposed his own father as a violent traditionalist. It is most likely owed to the intense self-reflection as well as the personality of Freud that he was able to criticize his father for his threat of castration and was able to find a way out of the obligatory succession of the trans-generational line of rituals.

In face of parents who circumcise their own children, this continuation of the witness to violence, could lead to terrifying conclusions drawn by some young boys: In cases of doubt there is no relying on adults, for they do things which I do not understand and they themselves probably do not understand them either. They are afraid of a God who threatens with destruction and they harm small children. It is better to conform obediently and to go along, as good as possible, without showing one's secret disappointment. My penis probably does not really belong to me. It underlies a violent grasp by powerful authorities, which even my parents are afraid of. The stronger one may therefore cut off body parts of the weaker one in the name of God."

Observant children are quite capable of drawing such conclusions and alarming phantasmal elaborations. The contradictions and the danger this poses to the relationship with the parents can lead to a childish solution attempt which could result in the child identifying with the aggressor. Resorting to such a self-defense mechanism often occurs when a person finds themselves in a hopeless situation, which they can only alleviate by identifying with the suspected goals and motives of the persecutor.

Trans-generational transfer of traumatic childhood experiences

Research shows that experiencing parental violence during childhood can also lead to ruptures in the emotional perception and capability of feeling empathy of the adult child, as well as own repeated acts of violence. Traumas experienced by parents during their own childhood can be internalized and later repeated by an own re-enactment. Therefore

traumatic childhood experiences which are conveyed by a collective ritual can also lead to collective ruptures in empathy and organized as a group conviction with an inherent defense mechanism. This can impair the ability to empathize with the next victim generation.

Due to the high degree of parents' own concernment, such a traumatically induced rupture of empathy can also affect the ability to empathize with the fears of their own children (e.g. of circumcision) and therefore lead to a continuation of the ritual practice. This particularly applies if the ritual is important for the cohesion and identity of the social reference group and is required by means of clerical claims to power. Collective convictions and rituals turn into non-reflective tradition in particular when the aspect of force of the performed ritual has to be denied based on a self-defensive need of parents who were themselves traumatized. This then leads to the acting adults no longer being able to empathize with the emotional experience of fear and pain of the childish victim and thus a trans-generational offender-victim-chain is established which endures for historical periods of time. When parents lock their own grief over deprivations, austerity or mortification suffered during childhood in a depression, they can hardly bear to see their own children cry, for it reminds them of their own unprocessed and suppressed grief. Similarly, parents who were traumatized by their own parents, can often not support their own children empathetically in this area.

In regards to the religiously motivated circumcision ritual, then, there are two complementing mechanisms conveyed by a group pressure to conform which sustain the re-staging of the ritual: on the one hand the impaired/malfunctioning ability to empathize and properly perceive the pains, fears and dangers which they subject their children to based on their own circumcision trauma; on the other hand the resulting unconscious identification of the affected children with the parental aggressor. This conclusively leads to a trans-generational agenda: "What my parents did to me then cannot and may not be bad. Which is why I am doing it to my children as well. And once I have done it to them I can no longer look back and understand that that was also among other things a terrible act of force. But at the same time this solidifies the solidarity and loyalty within our group."

Such correlations are often exempt from an argumentative-rational and fact-based discussion due to the high degree of emotional concernment of those performing the ritual as well as the religious referentiality. Many outsiders, nonbelievers or secular critics often have the impression of a seemingly desperate religious self-blinding towards rational arguments, which result from a self—inflicted patriarchal loyalty and fear.

Should the injury of the genitalia of small boys by adults nowadays and for all times continue to be understood as the core of the collective identity of religious groups and tolerated as such? Is that really all it? Is it merely about incising, or about cutting off? Is this all about a ritual injury of childish genitalia, the "medics" and alleged clerical experts who profit from it and whose unconscious motivation for the mutilation of childish genitalia on a massive scale is at least questionable? Are uncircumcised Jews and Muslims, who do exist and are increasing, suddenly cast out? Should not boys who fall under the scope of the constitution and the UN Children's Convention have the possibility to grow up protected from any kind of

injury until they can decide for themselves which God they wish to sacrifice a body part or not?

Fortunately, religious groups in an enlightened secular democratic constitutional state must endure such questions nowadays. Religions can no longer claim an interference of the physical existence, the integrity and identity of their faithful at any price. This should particularly apply to the genital integrity of all children including boys. As a side note, it was the Jew Spinoza who contributed greatly to promoting the insights offered by the Enlightenment and ensuring that they thrived here, though he was cast out from his Jewish community for it. Religious traditions can and should evolve and adapt to a progressing civility. Even the God of the Old Testament reflected and then following the Flood, decided to refrain from such radical cleansing measures in the future (GN 9,11).

Is religiously motivated circumcision not something we will one day look back at and ask ourselves, “How could we permit something like that for so long?” Similar to overcoming flogging or disclosing institutionally backed sexual abuse of children.

The Green politician Volker Beck, a decisive and vociferous supporter of ritual circumcision of young boys who are not yet capable of giving consent, now concedes that in regard to the issue of sexual abuse of children and the past support of “non-violent sexuality between adults and children” within his party, that from today’s point of view he may have been very uncritical concerning this issue. Perhaps he and other supporters of circumcision will have to revise their opinion once the suffering of many affected circumcised boys and men becomes clearer in public.

Unlike the archaic rituals which result in an enduring injury of the child’s genitals, the right to protection of the child from any abuse, mistreatment, neglect as well as the respect of its dignity and bodily integrity as an ethical standard is legally and academically well-founded nowadays. Based on numerous studies we now know that children should not suffer and pain and that parents and adults have no business AN DEN genitals of their children, apart from medically irrefutable emergency situations. One does not hurt and one does not scare children. Why is it so difficult for so many representatives of the Abrahamic religions – Christian officials included – to accept these elementary correlations unconditionally?

The development of the idea of children’s rights started in Europe in 1693 with John Locke’s paper *Some Thoughts Concerning Education* and led to acts protecting children in England towards the end of the 19th century, the UN Convention on the Rights of the Child in 1990 and finally to Germany adopting the right of children to a violent-free education in its laws in 2000. Thus any form of physical force, including those inflicted by customs harmful to health, such as physical punishment, mental injuries, and other degrading measures by parents is not permitted.

Another variation of a trans-generational traditional form of violence which is passed on to children is still practiced, but longer legal, though only recently abolished in Germany. And in some western countries it is still allowed: flogging as mentioned above, which is still frequently mentioned and referred to wrongly, “A proper flogging has never harmed anyone!” The long painstaking civilizational process of achieving these children’s rights in Europe – often against the will of many parents – had the consequence that flogging was

abolished in many countries, even though for many previous generations (and frequently endorsed by the clergy) it had been absolutely taken for granted and was certainly identity shaping. In the Jewish Tanakh – for example in the Old Testament Book of Proverbs 3,12 or 13,24 or 30,1-2, but also in Christian Germany in the times of Luther flogging was seen as an expression of parental love. Abolishing it in favor of the protection of children indicates that it is possible to find an exit from the trans-generational cycle of transferring violence. Naturally it is particularly difficult for clerical supporters of the ritual circumcision of young boys to even think such an analogy between different form of violence towards children and its possible long-term consequences.

Reflection and a willingness to change can largely only happen from within, particularly in the case of a lacking rational foundation for a physically and mentally harmful ritual. All the more so, once the contradiction between the sadistic command and view of god and the increasingly violent-free reality becomes more and more clear with time. Exercising clerical force and justifying this has not only become more difficult within Christianity. There is an increasing intensive criticism of circumcision not only within the Christian culture of North America, but also within Judaism. At least there are more and more members of the Jewish community who express it in the context of religious circumcision. Enosch speaks of circumcision as an act of rape, Segal calls it a barbaric act.

And yet many serious critics of circumcision could by all means tolerate circumcision. They solely believe that a genital injury which is deemed necessary out of religious convictions, should under no circumstances be performed on children – regardless which sex – who are not able to reason, but rather seek to transform this act to a consensual procedure at an age when reason and consent (or rejection) are possible. A further option would be a suggested symbolic act rather than a real injury of the penis, as is the case in the practice of Brit Shalom.

Medical Aspects

As with other health risks, which are associated with the male sex (e.g. considerably higher suicide rate or the lower life expectancy), there is a similarly low public concern for and awareness of the distressing aspects of the medically not indicated circumcision of boys. In stark contrast to this any form of ritual injury of female genitalia receives considerable international awareness and criminal prosecution. A cause for this discrimination of children based upon their sex and the ignoring of forceful sexual aspects of circumcision of boys also in Germany can also be found in the less mutilating male circumcision – compared to some forms of female genital mutilation. However there are some, relatively less harmful – and yet justly prohibited – variations of female genital mutilation which are comparable to male circumcision in the extent of their traumatization. In any case the amputation of the foreskin and the penile frenulum performed in infancy or on a child can lead to serious physical, sexual and psycho-traumatic complications and suffering which can last into adulthood.

If properly informed about the possible risks, the circumcision performed professionally by a physician on a man who is of age and able to give consent, whether medically indicated or

for personal aesthetic, sexual hygienic or ritual preferences, is ethically unproblematic. The costs which occur from such a procedure performed by a physician are however only reimbursed by the health insurance if there are medical indications for such a surgery.

There is however no rational, medical reason to cut off the healthy foreskin, i.e. biologically functional, highly sensitive tissue, of a young healthy boy without his consent.

Nevertheless, in order to justify the ritual circumcision of boys a whole series of pseudo-rational or sham/bogus/SCHIEIN medical reasons are offered. These refer to hygienic and alleged health risks. An example is the previously mentioned, highly biased and interest-driven statement issued by the "Task Force on Circumcision" of the "American Academy of Pediatrics" in 2012.

The pseudo-medical figures who offer this reasoning often have no reliable empirical foundation. Interestingly, they also tend to change along with the Zeitgeist. Reasoning which is no longer applied today would for example refer to the health-promoting prevention of masturbation, hysteria or epilepsy. The physician John Harvey Kellogg, for example, who was raised as a Seventh-Day-Adventist, is an example of one who very illustratively contributed to the sex-hostile aspect of circumcision. In the second half of the nineteenth century Kellogg significantly and relentlessly contributed to the widely spread Protestant version of the circumcision of boys in North America – which exists until today, though it is declining. He justified this measure with sexual-hygienic arguments, which were particularly focused on preventing children from masturbating. He viewed secret masturbation as the central cause of numerous diseases and accordingly recommended circumcision without anesthesia. Kellogg evidently had a sexual-neurotic affliction and avoided sexual intercourse with his wife all of his life. Instead he would receive a daily enema treatment. He may have transferred his own sexual fears into a pseudo-medical doctrine.

It is remarkable that the meticulousness and creativity invested in the discovery of alleged medical benefits of an early circumcision by far surpass the efforts to empathize with the fears and risks of the child. The biological significance of the foreskin tissue for the sexual functioning and sensitivity is simply overlooked by supporters of circumcision and merely regarded as a superfluous, impeding piece of skin which can even cause illnesses. These are phantasmal constructions; the risks of circumcision are reality.

Alleged medical benefits of a circumcision which are listed today include the prevention of (very rare) infections of the child's urinary tract as well as penile carcinomas (extremely rare and only appear in old age). The probability of developing these diseases is so unlikely that they lie below the rate of complications of circumcision procedures. The demand for a preventive breast amputation of a girl in order to prevent the far more common breast cancer corresponds to the same level of argumentation. Furthermore improved hygienic conditions after circumcision are mentioned. Supporters of circumcision and clerics who argue in this manner appear to have very little trust in the autonomous cleansing intentions of their brothers in faith. On a side note, modern day standards by all means allow for an effective genital hygiene even without such a surgical procedure.

Another argument which is pointed to is the transmittal of sexual diseases (e.g. HIV, herpes viruses, syphilis, gonorrhoea or human papilloma viruses) which is perhaps made more

difficult due to circumcision. This hypothesis is not based on any verified empirical data. There is probably an inhibiting effect of transmitting regarding ulcerative genital infections and pathogenic human papilloma virus variations and most probably verified for high risk AIDS virus (HIV) groups. The cause for this is assumed to be a high receptiveness of the CD4-receptors of the Langerhans cells of the inner foreskin for HI viruses as well as the moist preputial area and micro-lesions located there. There are three large-scale population studies available on the prevention of HIV infection based on circumcision, these were all prospective, controlled, and randomized and conducted on/with teenagers and adult heterosexually-oriented men from South Africa, Uganda, and Kenya. A relative reduction of the rate of new infections between 38% and 66% could be observed within two years in the intervention group compared to the un-circumcised group. The rate of complications was between 1,7% and 7,6%. However, these studies can hardly be used to justify a general and ritual circumcision of five to seven year olds, not say infants, who are not yet sexually active, especially since the youngest age of those included in the study were teenagers aged 15. Overall, removing the foreskin can hardly be seen as a sufficiently effective measure to prevent HIV infections. Condoms are far more reliable in protecting from sexually transmitted diseases. Yet those who are circumcised often reject using condoms, as these reduce stimulation and as it is, the sexual sensitivity of their penis is often inhibited as a consequence of the circumcision.

A circumcision is justified based on objective medical reasons in about 4% of all boys. Frequently the circumcision and the closely linked fear of castration can be avoided due to alternative treatments. Indications include the following which last into adulthood conglutination of the foreskin, chronically infectious Balanoposthitis, Balanitis xerotica obliterans, Lichen sclerosus, painful or inhibiting phimosis, a voiding dysfunction caused by this, and local infections as well as urinary tract infections based on grave urological diseases. In addition to medical indications for treatment and an extensive consultation of the patient about the risks of the procedure, there must be consent given by the patient himself, if he is able to reason and to give consent or by the parent entitled to custody.

Possible complications which may occur despite a medically correct circumcision procedure performed under sterile conditions including anesthetics can include post-operative hemorrhage, post-operative cicatricial stenosis, venous knots in the penile skin, cicatricial adhesive bands between the glans and the connected skin of the penis shaft with the risk of erectile dysfunction and infections. This could lead to follow-up surgical revisions, erectile dysfunction due to a shortened frenulum, a sunk penis shaft because of an extensive resectioning of the penis shaft skin, local wound healing disorder with a loss of tissue or even gangrene, wound infections, sepsis, unintended partial amputations of the glans (especially frequent following infant circumcision), fistulation in the urinary tract, a development of a loss of sexual sensitivity in the unprotected glans. The frequency of post-operative complications despite adhering to medical standards lies at approximately 2% of all cases. According to other studies, the rate of complications fluctuates between 0% and 16%, depending on the experience and the professional conditions and can reach 24%. Additionally, there are the risks caused by anesthesia incidents as grave as irreversible brain

damage or even death. There have also been reports on deaths of infants due to herpes infections transmitted during the ritual orthodox Jewish circumcision according to Metzitzah B'peh. In this case the virus was transmitted because the mohel was an infectious transmitter and had sucked the blood from the penis of the infant with his mouth. Furthermore, depending on age, concernment and witnessing by the child, there are psycho-traumatic afflictions with distressing consequences for the capability to have sexual relations, as the case mentioned at the beginning demonstrates.

Circumcision in Islam

This is why it is necessary to discuss more in depth the significance of the point in time when a circumcision is performed. Regarded from the aspect of the continued witness to violence by observing adults performing a circumcision, children from both the Jewish as well as Islamic cultural circles are affected. However, the Jewish tradition of circumcising the newborn child on the eighth day after birth has a different inscription effect on the implicit memory of physical pain and fears and the development psychological consequences, than the circumcision of boys at the age of five to seven, as it is practiced in Islam.

In this phase of development – referred to by Freud as the oedipal phase – the child has a quite differentiated perception of relationships, fact and causalities of processes in its environment, as opposed to a newborn. At the same time it is still determined by childish libidinous fantasies, grandiosity, magical thinking and early fears, which makes it dependent upon empathetic protection by competent adult individuals of reference who can offer security. A child will always be a helpless and passive victim in the face of aggressive impositions and abuse by this person of reference. In order to be able to exist within these relationships which are vital for their own survival and in order not to endanger the relationship to their person of reference, children adapt to sometimes even neurotic demands or destructive behavior of their parents. Children are more likely to blame themselves and will regard themselves as the reason for their parental derailment rather than to criticize their person of reference for their behavior, for the great dependence would not allow any space for the latter. This long-term process of a self-destructive victimization in the end serves as protection of the parent, even and especially if they harm the child as an aggressor. These behavioral patterns can be internalized and will increase the likeliness that they will repeat these actions later in life. They also frequently aggravate and prolong psychotherapeutic treatment due to its stability. These correlations are well-founded by numerous studies.

Because of their loyalty children are prepared to endure almost anything, including incestuous abuse, if that is what their person of reference demands from them. For their sake they will even simulate compliance with the unbearable, if they perceive that their person of reference needs this. Their loneliness then is unimaginable.

These correlations are essentially also significant for the traumatic experience of the own circumcision at the height of the consolidating phase of sexual identity development of a boy aged five to seven, which is determined by phantasmal and great fears for the own genitalia.

Overall, addressing this issue of problematic aspects of ritual circumcision in childhood in public is surprisingly guarded. There is a general lack of awareness of the problem. Regarding female genital mutilation, this barrier of silence/reticence or rationalized downplaying and belittling of harmful consequences of such a non-reflectively practiced traumatic ritual has been broken. And yet from a psychological development approach ritual circumcision of boys and the closely linked ensuing suppressed fear of castration could pose a collectively effective sexual-traumatic experience. Particularly in patriarchic cultures this could be seen as a cause for the strong social control in areas regarding sex which can be observed (e.g. separation of sexes, endowed marriages, strong sanctioning of adultery), as well as the control of the woman (covering herself to prevent provocative behavior, tendency of being confined to the household, supervision by male relatives).

The preparation of the boys for the Islamic circumcision ritual is often demonstrated in an overly-emphasized outfit with phallic attributes. The boys, who do not always voluntarily or gladly submit themselves to this procedure, appear either on their own or also in groups during this often festively arranged ceremony by the family or community – sometimes as little sultans, generals or soldiers – dressed up with the respective weapons. Once again the aspect of force is astonishingly neglected. It is belittled and rationalized as a ritual of masculinity in the outfit of the little boy (who in no way is on the threshold to manhood), which is marked by hyper-masculine attributes and costume. They are often promised great gifts and they are assured that they will soon be by a real man. Some children have no idea what they are facing. The festive community of adults might even accompany the process with an impressive setting including joyful songs and dances, whose manipulative power a child at pre-school age is hardly able to withstand. But in the end an Islamic circumcision is also a traditional, religiously motivated demand, which serves to satisfy the needs of adults at the expense of the child. The child takes on the role of a passive victim – with possible physical and mental long-term consequences.

One may not surrender to illusions. A number of boys manipulated in this way will intuitively see through this maneuver. A part will sense the own childish, suppressed emotions, the impulsive, defense-driven overload of emotions of the celebrating adults and their insecurity and they will lose their trust in the statements of the adults. For many boys know exactly that they will not become real men, but will remain children, albeit circumcised ones. And many boys may also sense that they have to play along in order to fulfill the unconscious wishes of the adults. A look in the faces of many of these boys during such a circumcision procedure reveals insecurity, turmoil and fear, which will be conserved in the emotional life of a number of these boys. The potentially traumatic effect of this ritual may effect a stabilizing of the power structures in patriarchal societies. From a psychoanalytical view a definite clarification of hierarchical references occurs. This painful demonstration of power results in an authority-inclined tendency towards a strong patriarchal loyalty (in order not to be harmed even more), which in individual cases can be exploited by power-driven leaders. In any case the circumcision of boys at the height of the infantile sexual development can entail particular risks of development. Many boys, who in this phase are increasingly emotionally focused on their genitalia and male role, will experience it as a threat of

sanctions or castration. The painful traumatic procedure is performed directly and consciously perceivable on the libidinous and narcissistically significant genital area. This ritually imposed experience of force in the sexual private area is endured by almost all boys of the Islamic cultural circle. The historic-cultural observations on the genesis and role of the circumcision ritual as a patriarchal means of controlling drives and aggression mentioned at the beginning, should be clearly separated from the modern perspective, which is to be adopted today, when considering the possible *consequences* of circumcision for the affected young boy and his psychosexual development.

The possible long-term consequences of a drastic experience of violence experienced at a pre-school age on the awakening male sense of identity and the role behavior of the boy are actually quite obvious. Here now Freud's oedipal scene of a sexual-oedipal driven desire of the boy towards his beloved and sought-after mother and the sanctioning of this drive by a threatened castration comes to bear. The circumcision wished for by the parents of the child and then also implemented in reality, can lead to an internalization of violence, followed by a spiteful subordination under the threatening paternal authority. At the same time it can lead to a deep disappointment based on the betrayal of the mother who up until then had been regarded as loving, affectionate or even alluring.

Finally, there is a pronounced identification with the aggressive and masculine-patriarchal aspects of the male role and honor, in connection with the respective latent fears regarding their endangerment. Identifying with the parental aggressor who does the cutting, can be reflected in the development of an easily insulted male understanding of honor. Later in life an implicit mentioning of being circumcised can then trigger strong, even aggressive and narcissistic reactions of stabilization in order to fend off a renewed consciousness of castration fears which were experienced first-hand in reality. Acting in a offender mode saves one from remembering the victim mode.

From a depth psychology view the following is remarkable: the propagated triad of phallic demonstration, rigid control of feminine sexuality and the interest in a mutilating form of punishment in fundamentalist and radical Islam which continues today. Following the process of the victim identifying with the actually aggressor, the fear experienced because of the endured circumcision is expressed once again as a restaging of the cut, albeit this time by someone else.

Acts of violence and this cutting force are of course not specific to "the Islam". This would be an invalid and incorrect generalization. Archaically-violent elements such as the burning of witches or exercising cutting force during the Inquisition, the European religious wars and the crusades are also historically not to be ignored in the Christian cultural sphere. However cutting force used against humans appears to be culturally accepted even today particularly in Islamic groups and countries and is accentuated in special ways. This can be perceived in the overemphasis of male attributes, the male fixation on the blade worn on display in public, the emotionally uncontrolled, demonstrative firing of firearms in public, the heraldic depiction of sabers on national flags or during religious traditions. One example is the particularly bloody ecstatic cutting ritual during the Shiite Day of Ashura. Under the aspect of victim identification this may become comprehensible for outsiders as a restaging of an over

compensation of men who was boys had already been traumatized by a bloody cutting act of force. This public normalization of cutting force, conveyed as of childhood, the intense use of mutilating physical punishment (cutting off fingers, hands, heads), the wearing of daggers in some Arabic countries, all this evolves into a repeated tendency towards vengeance, possibly because of the own traumatic circumcision endured in childhood as well as the continued ritual restaging by the group of reference experienced by the then adolescent boy.

The possible consequences for the resulting perception of women by the male adult also at least seem plausible. The aspect of a rigid regulation of feminine sexuality in public in the Islamic cultural sphere is evident. Endowed, forced marriages, covering and hiding women from view in the public, publically tolerated violence against women and the extreme case of archaic honor killings when young women seek to gain independence for themselves, even the genital mutilation all indicate a deeply embedded desire to fend off and control female sexual stimuli in public as well as rejecting a self-determined female sexuality. The impression arises that sexual femininity is regarded as a threat and a danger, as female hair, the face, or the entire body is forced to be covered up, sometimes under the threat of punishment.

From a psychodynamic approach the bitter disappointment of the boy by his originally idealized and therefore particularly enticing mother could be part of the cause. This mother, who is unveiled at home, also adores the highly important son, who is particularly hoped-for and important for the self-esteem of the mother in a patriarchal culture. On the other hand she permits his traumatic circumcision at the height of his oedipal desire. The mother not only represents the early crucial caregiver, but due to her feminine attributes she is particularly perceived and desired by the pre-school aged boy. These early tender feelings for the mother can (and should?) be abruptly ruptured by the traumatic circumcision, which can be experienced as a harsh punishment and disappointment by the boy. This rupture in the relationship and trust is often intensified, if the tender interaction between mother and the previously idealized son are suddenly frowned upon after the circumcision. This means that the basically playful, childish libidinous desire of the boy in this phase of development is taken (too) seriously in a patriarchal-adult way and is traumatically sanctioned, so that sexual desire is later also associated with aspects of violence, substantial feelings of guilt and fears. An example for such correlations is offered in the case described at the beginning.

The resulting, mainly unconscious hate for the alluring and at the same time traumatizing-traitorous mother could later on lead to a paranoid control and contempt for the sexual woman who is perceived as threatening, since the over-powerful castrator cannot be charged, but only be neutralized by identifying with him in the repetition. The deep mental injury and threat of the male sexual identity contribute to the above mentioned over-compensation, to a profound distancing towards the mother who permitted all of this, and hence contributes to a general resentment towards women. In this context one might also suspect respective motives of vengeance, for example when in several Islamic countries of the Middle East body jewelry is worn visibly and is severely punished as a dangerous temptation. A forceful and possible vengeance driven control of feminine seduction

potential is perhaps better understood with the help of this perspective on the childish circumcision trauma.

From a psychoanalytical approach then, these particularities then can be explained at least to some extent as long-term effects of sexual traumata and unconscious libidinous conflicts. From its beginnings psychoanalysis has underlined the connection between formative childish sexual conflicts or traumatizations and the sexual pathological experience and behavioral patterns of adults. But we also know a lot more about the great stability and later effects on behavior of internalized childish traumatic experiences thanks to modern neuroscientific and epidemiological research.

Case Studies

The correlations examined are partly speculative, but taken as casuistic evidence can be verified. However, surprisingly, systematic research in this area so far has not been conducted. Several case studies shall now illustrate the possible psycho-traumatic long-term effects male circumcision during childhood can have.

(1) A conserved traumatic fear of castration of one of the airplane bombers of 9/11, who staged a hate-filled ultimate castration in the form of the attack, was expressed in a testation which was preserved. The radical Islamic airplane bomber Atta not only decreed/commanded that no woman should be present at his funeral. He also commanded that, in evident denial of the physical consequences of an airplane attack, that during the cleansing of his corpse one should omit the genital area – perhaps in order not to injure it again, while his body is in a helpless situation. Viewed from such an unconscious backdrop of motivations, a metropolis such as New York, which is phallically dominating due to its claim to power and at the same time (sexually) libertarian and temptational, could be viewed as an ideal target for such a vengeful destructive attack.

(2) The lasting effect of a child sacrifice is collectively more easily repeated if social powerlessness, oppression and helplessness are connected with the threat felt by the group identity and hence the glorification of a martyr's death. Israeli police reports on Palestinian suicide bombers included a description of a remarkable genital findings, which at first glance seemed incomprehensible. Several young men who were equipped for the attack with explosive belts had wrapped paper towels around their penises, which the Israeli secret service referred to mockingly, clearly one wanted to ensure that as a martyr one would be able to encounter the virgins waiting for them in heaven unscathed at the important parts. From a psycho-traumatological perspective one might identify this as a staged attempt to overcome the mortal fear suffered out of patriarchal loyalty and perhaps childish castration fears re-triggered under these conditions: the (once again) threatened penis is already bandaged and therefore the worst - similar to after the circumcision – has already been endured. Hence there will not be an ultimate castration. In this case, as well as in the first one, facts which would affect the body, namely the physical consequences of the explosion, are completely denied. Such dissociative breaks/ruptures in the perception of reality are not

uncommon taking great dangers into account – current as well as those experienced as a child.

(3) The youngest male child of a Turkish migrant family who came to Germany in 1969 was born in 1973. The boy grows up in his family of origin with a very strict and violent father. The father is finally deported to Turkey in 1986, when the son is 13 years old. The mother is increasingly overwhelmed with raising the children when in the following year the son ends up in criminal drug circles and is repeatedly taken into custody. Both parents are killed in Turkey in 1997 by an older brother. At the age of 19, following the first defeats and rejections by women of the same age, the young man is involved in a fight and develops the impression that his nose is crooked. He starts consulting numerous physicians, his conviction that “something is wrong” with his nose constantly increasing. He finally effects that nose surgery is performed to straighten his nose, though there is no clear indication. According to the patient the surgery did not yield the desired results. On the contrary, he believes that the condition has become worse, the disfigurement even greater. What ensues is a long battle for another operation, fought by the patient with a lot of destructive intelligence and sense of entitlement. Eventually an attractive female senior physician at a southwest German ENT clinic smiles at him, promising that she would make him “attractive again”. The surgery is performed and results in a catastrophe. The patient is appalled by the outcome and now identifies the disfigurement of his nose the fundamental reason for all of his social failure. He decided to take vengeance and organizes a pistol from criminal circles. He then envisions how he threatens the physician with it, the latter who rejects any further contact with him and also does not see any indication for a further surgery. He revels in the idea of her fear and how her sparkling and promising smile dies in his mind. In his fantasies of vengeance he calls her a rat and right before he shoots her in his daydreams, he asks her whether she had a particularly intense orgasm in the night after his surgery.

At the age of 26 he decides to put his fantasies into action, enters the clinic and waits for the physician. However, the head physician appears, for the senior physician is on holiday. The patient gets up, approaches him and fires the pistol. He hits the head physician, the first shot enters through the bridge of the nose of the victim, two further shots hit the collapsing man in his head and throat. He dies shortly thereafter in the intensive care unit. Following his quick arrest the offender is charged with murder and sentenced to a lifelong prison sentence.

According to the case records a psychiatric assessor diagnoses a body dysmorphic disorder and attests full criminal liability. The inmate has behavioral problems and repeatedly quarrels with authority and after several years in prison there is a life-threatening incident attack on a fellow prisoner in the shower. The aggressor performs this attack with a cutting utensil made from razor blades and injures the fellow prisoner’s carotid artery. He had asked for the razor blades in order to shave his genital area. About two years later he hanged himself in prison.

One can surmise that the fixation of this destructive, narcissistic and highly aggressively acting man on his disfigured nose, which he views as the cause for all evil and for the sexual rejections by unattainable, but seductive woman, is a deferral and re-surfacing of a

circumcision trauma. The vengeance for his oedipal and probably also narcissistic affront through his circumcision and the analogous experience of defeat is directed both at the alluring, guilty woman (senior physician) as well as the cutting male authority (head physician). The sexual charge of the murder scene and the associated fantasies is evident. The vengeance then does not hit the oedipal alluring mother (represented by the senior physician), but by the chief-castrator at that decisive moment. An analogy to an act of murder of the real parents stands to reason; this was committed by the brother with a knife. Unfortunately no details about the circumcision of the offender are available. Merely the fact that it took place at the usual age under unclear circumstances and not in Germany, but especially in Turkey, apparently performed by a village barber. In any case it is not to be ruled out that the dysmophobic fixation of the offender on the role of his nose as the cause for all his failures and the increasing helplessness in the sense of a transfer indicates traumatic circumcision aspects, which could not be processed in a violent family environment. These are then staged in respective fantasies of destruction as well as the narcissistic-vengeful symbolism of how a highly specific act of killing is performed.

(4) A 40 year old patient who grew up in Iran lives together with his German wife. Due to depressive complaints and a grave sexual dysfunction, he seeks psycho-therapeutical help. He is no longer capable of satisfying intercourse. In the interview he speaks of his traumatic circumcision in his childhood. Despite his great childish fear his father forced him to have it performed. There were great promises what all would occur once he was made "a man". Even in the situation itself he had protested and after the first cut he had freed himself from the chair, ran away bleeding and screaming, but was caught again. Under physical force the circumcision was completed. The patient, who seems extremely tense during these descriptions, is not capable of accepting the offer of psychotherapy – possibly because he fears that during the psycho-therapeutical process he might become dependent on the male therapist and could once again be harmed.

(5) A man of Turkish origin with a very successful career seeks in-patient psycho-therapeutical help because of serious problems in his relationship. He is treated by an attractive female ward physician (who is also of Turkish origin). In his dreams he has the great fear that the male head physician cuts off his arm. Once again the typical constellation becomes evident of an alluring woman who grows closer - also physically - to the patient (like the mother), and the head physician who is fantasized as the threatening castrating father authority. What becomes clear is how highly sanctioned and over-determined the sexual stimuli und impulses from the oedipal perspective of the boy are perceived by the patient.

(6) A 34 year old Turkish patient, industrial mechanic, no children; the planned wedding, which is untypically late, i.e. at a relatively late age, is about to take place. He has been living together with his partner for a year. He describes current/prevailing/health problems as pains and a burning sensation in his groin as well as "skin pimples" similar to goosebumps when ejaculating, a sensitivity to touch, itching all over, a racing heart, strong headaches, stiff neck, great exhaustion, concentration difficulties and restless sleep. The patient feels greatly impaired by these afflictions, reports a clear impact on his performance and an

increase of these afflictions under stress. The first problems occurred about a year ago (i.e. since moving together with his partner) when he had a throat infection, pressure pain above his penis including a swelling of the testicles and “an explosion in the entire body”. Immediately beforehand the patient had spent a holiday in Asia with a friend. Somatic diagnostics did not point to any somatic causes for these health problems, which the patient did not want to accept. He insisted on a medical treatment, employing a manipulative, immense pressure to act, which he received from a dermatologist, despite any objective indications. This was only discontinued following a psychosomatic recommendation by way of consultation. The patient incorrigibly continued to insist on a physical cause for his afflictions. Only upon speaking to a male diagnostician did he state that during his holiday there had been repeated unprotected sexual intercourse with a prostitute. (This had never been mentioned when speaking to a female physician; her repeated inquiry as to a possible sexual background was responded to by him with a strongly devaluating reply, “Are you trying to get at anything in particular?”). According to the patient he was born in Germany, had a younger sister and an older brother. His parents were originally from Turkey. He himself would rather have lived in Turkey, as it is such a beautiful country and the people are friendlier and more warm-hearted. His father is indulgent, kind and friendly, but he also has his own will. His mother is sensitive, always tries to see the good in a person, is kind and friendly, has a HYGIENE-TIC obsession with cleaning and was his main person of reference. Both parents always tried to do what was best for the children. The patient repeated two grades “voluntarily”, as he underlined. From twelfth grade onwards he smoked hash for four or five years, approximately one to two joints per day. This was also when he dropped out of the Abitur. Around his 18th birthday he had a back surgery due to spondylolisthesis: there had been great pain and he had been operated in “a special clinic renowned worldwide”. When he was 23 he had a work accident at a lathe, “and would have almost lost the right arm.” During a fight when he was 17 he broke his hand. Between the ages of eight and eighteen he pursued competitive sports. He himself believes that in the course of his life he will become quite rich and successful thanks to self-employment, “Everything I do is always very good.” He is happy with his partner: she is originally from Tunisia and wishes to study electrical engineering in Germany.

At the age of eight he was ceremoniously circumcised during a family celebration. He had experienced great fear, had been shocked and cried. The metal point with which he had been circumcised had been disgusting. During the circumcision his father had taken pictures. The patient thinks that the scar which still exists today is “not pretty”. He spent the two weeks after the circumcision in bed and his uncle disinfected the wound. The ceremony took place in the apartment of the grandmother. Beforehand he had had a very affectionate relationship to this woman, which became problematic through the circumcision.

The appearance of the patient is impressive, he is young, well-groomed, slim, approximately 1,75m tall and has a very serious look. Yet in the conversation with the female physician he repeatedly acts deprecatingly: he sneers at the situation, sarcastically questions her and conveys a manipulative pseudo-cooperation. The situation becomes increasingly difficult to deal with, so that she repeatedly points out to the patient that he should not view the talk as

an obligation, but rather as a diagnostical offer of help. However, the staged deprecations go so far that the colleague confronts the patient, telling him that if his provocations should continue, their talks would no longer be possible and she would call them off. Only then was the patient in a position to refrain from his continuously deprecating behavior.

In this case the aspects of the traumatic circumcision and fears of castration which have resurfaced also seem to determine the existing symptoms (genital pains, strong irrational fears in the context of the planned wedding). Rather than helping his son during the circumcision, the father took pictures and due to complications an uncle tends to the wound for weeks. Independent of the circumcision ritual remembered by the patient, there are repeated threats to physical integrity associated to castration which appear in the patient's report: as a teenager he almost lost his right arm, he broke his hand and had spine surgery. In a biographical threshold situation (the planned wedding), the necessary steps of separation and sexual libidinous desires based on the suffered trauma are so strongly oedipally traumatically contaminated that a decompensation is the result. The defense against these "dangerous" oedipal desires can be grasped in the evident tendencies of deprecation towards "the woman". The fact that the service of a prostitute were made use of before the planned wedding, seem prototypical for a dangerous, libidinous, despicable woman. The interaction with her has strong physical fears as a consequence, probably with regard to the wedding and the a-sexually idealized bride. Furthermore deprecations become evident in the inappropriately sexualized scene with the female physician as well as the devalued relationship to the grandmother which biographically followed the circumcision and who most likely served as a cover-double for the mother. The stabilizing surgeries of defense, the identification with the idealized father/aggressor and the obviously unrealistic narcissistic-patriarchal reaction concerning his own significance and greatness (through the circumcision you will become a great man, surgery in a world-renowned clinic, everything I do is always very good) are no longer adaptive. This is the case as the traumatically caused fears of castration have resurfaced during the oedipally contaminated wedding situation, so that substantial symptoms are necessary in order to fend off the childish fears or to express them.

(7) A 50 year old North African, unemployed, pious Islamic immigrant experiences an increasing sense of being treated degradingly by German authorities and fears that his personal data is passed on and exploited without his permission. Over the course of several days, based on previously suffered sequential rejections and insults, he increasingly got worked up/obsessed/suffered from paranoid fears and a sense of helplessness and anger. He decides to confront the responsible case worker and in case he should be confirmed, to injure him with two knives. At the office he does not however meet the case worker, but a female colleague most likely vaguely linked to the case. Following his inquiries and confrontation the colleague explains that she is not responsible and that he should read the disputed documents before coming to her. He then felt provoked, betrayed and deceived by the female case worker and stabbed her with the knives. He injured his little finger lightly. The woman died from the consequences of the attack.

The police who had been called overwhelmed and arrested the offender. During this process the offender's knee was injured. Afterwards the offender became conspicuous due to his lack of realizing what harm he had caused the victim and her family. The reproach that she was a young woman triggered the response that he himself had more children than she did and that he himself had hurt his little finger and suffered a knee injury because of the brutal police who had overwhelmed him. This had attracted no attention whatsoever according to him. This lament over the minor injuries was repeated by him, who saw himself as the actual victim and was striking in its inappropriateness, in view of the gravity of his criminal act. During pretrial custody he drew attention to himself due to his impulsive temper and lamentation about the subjectively experienced affront, but also due to the fact that he would sharpen his cutlery knife. His reason for the latter was that then he would be able to cut through sausage skin more easily.

The childhood of the offender was marked by extreme poverty, a strict religious Islamic education, the early loss of his father through labor migration and a lack of education based on the rural environment of his home country. The psychiatric examination showed that there was a mental retardation, however no indication of a grave mental illness which would impact his accountability. The issue of sexuality was largely tabooed; the offender was not prepared to make any statements regarding this. However he did remember that as a boy he was circumcised by a travelling female circumcisor according to the rules of Islam. He vehemently refused to provide any further details. Furthermore his account of experiencing night-blindness (dissociative condition?) as a child once – similar to other children in his surroundings - is significant, just as his cover-up memory of several injuries through accidents as a child.

Though it is not directly verifiable, several indications allow for the possible hypothesis that in view of the way he was treated by the authorities, the offender subjectively felt himself to be in an increasingly helpless situation which was paranoidly processed and whose unavoidable negative consequences he no longer believed he could ignore. Arming himself with knives for the planned confrontation with the case worker could mean: "If I should once again find myself in a helpless situation, then it won't be me who is threatened and circumcised by knives, but this time I will be the one cutting." After the criminal act the perpetrator stated that he had felt curtailed in his rights by the behavior of the case workers. It is possible that the fears and feelings of helplessness connected with the traumatic childish experience of the circumcision resurfaced because of the current conflict with the authorities and was intended to be actively fended off with this cutting aggression. In similar situations there had previously been violent escalations. The hardly comprehensible self-referred and demonstratively repeated lament of the own (minor) injury of the knee (anatomically at least near the area of circumcision) because of the brutal experience of being overwhelmed by the police and the seemingly dramatization of the own injured finger fit in with the subjective circumcision associations from a victim's perspective, faced with the enormous grief caused by the offender. At an unconscious associative level this seemingly rather disconcerting behavior of the offender towards the police could correspond with the experience of harm of the young overwhelmed and circumcised boy. The evident

discrepancy between the lamenting of the offender concerning his own minor injuries, caused by the over-powerful police and his lacking concernment and empathy for the grief he caused can be more easily understood when connecting the victim perspective of the offender and the resurfacing of his own childish traumas. From the perspective of the childish circumcision victim the anger which led to the crime may have been directed at the travelling circumcisor or even the mother. The case worker may have similarly been perceived by the offender to have refused to support him in a subjectively helpless situation. In a helpless rage the offender wanted to prevent a “renewed circumcision”. “My heart was bleeding, my anger was raging, I wanted revenge,” the accused explained to the investigating officer after the crime. In yet another helpless situation in the penal institution he directly dedicated himself to once again sharpening a knife, in order to (quote), “be able to cut through the sausage better.”

If significant and applicable – the offender will, to a large extent, be unconscious of these correlations and they do not change anything in the culpability of the crime. They are not intended to serve as invalid, simplistic generalizing conclusions (as in: every circumcision trauma automatically leads to an increased disposition to violence). This would be completely untenable and is not in the interest of the author. Yet several details of the case which are in almost no other way explicable may become more comprehensible in the light of a circumcision trauma which has not been processed. A stress-induced resurfacing of a trauma of violence in the sexual sphere suffered by a child, which cannot be processed during the course of life, which is then perhaps even followed by additionally burdening or similar experiences, can, under unfavorable conditions, have a destructive impact on determining events and behavior in the here and now.

(8) The following story of a patient was kindly offered to me by him, demonstrates the catastrophic long-term effects on sexual experiences and relationships later in life which the traumatic experience of a forced circumcision at the height of the infant sexual development can have:

“I was circumcised at the age of six. My father forced me out of religious conviction. My mother, who did not grow up in the Islamic tradition was at first skeptical but convinced by him and other Muslim acquaintances. None of them explained to me what circumcision means and the physician did not say a word. Because of an illness as a child I had problems with my hearing so that I was supposed to go to an examination, during which I had to be operated under general anesthetic. My parents used this occasion to have me circumcised without my knowledge. No one told me anything. Out of fear I might make a scene.

I was driven to the hospital and everyone was very kind to me. Then I anesthetized. The next thing I remember is that I am naked, sitting on the edge of the bed and crying bitterly. My penis looks grotesque, it is so swollen that it is almost round. The gland, which I had never seen before, is pink. A strange ring is at the end and holding back the skin. It hurts terribly. My father keeps assuring my how proud he is. That I am now a true Muslim. I cry anyway.

The next three weeks were agony. I do not know whether the scars hurt or whether it was the withering exposed glans. I could not wear nay pants. I could not walk. I could not cover myself in bed. I would lie in bed on my back for hours, with bent knees so that the blanket

would not touch my highly sensitive glans. For days. I cried a lot. The first time I went to the toilet I did not know what would happen. I was scared that it would hurt. And that is how it was. From now on I suppressed the urge until I could no longer bare it. The pressure was simply greater. It was worse. But I was scared.

Eventually it no longer hurt. I could not wear tight pants. For how long I do not know. But today it seems like an eternity. But also that passed. Eventually.

One day I was playing with friends from nearby. One said he had to go to the toilet. We went to a bush. He opened his pants and peed. I did not pee. I was ashamed. For the first time. The shame remained. Until today. During swim practice in school always fought to be right at the front near the door in order to get the place in the corner. While the other boys were horsing around naked I changed using a towel and left the room hastily. In the sauna I always wore swimming trunks. I never used communal showers. No one was allowed to know that I was different. I always wanted to be like the others. Simply to be able to jump naked into a lake with my friends. Phrases like "He simply doesn't want to show us his small dick" I could take. I laughed along. No one was allowed to know the true reason. Today I know that I would not have been made fun of, but this "not being allowed to be naked" became so imprinted in my subconscious mind that I still cannot find the strength to overcome this habit.

At some point I began to think about everything. Why am I circumcised? Because I am a Muslim. Why am I a Muslim? I could not think of an answer. So why am I circumcised? I never spoke about my circumcision with male or female friends. And they only asked little. "It's just that my father is a Muslim" always sufficed as a reply. Fortunately.

Only now have I started to deal with circumcision. Only now, at the age of 23 am I reading about the sexual consequences. I am reading about the loss of sensitivity. I have never seen an uncircumcised erect penis and I was very surprised when I read that the glans is soft, moist and sensitive. I read about cornification, about zones of stimulation, such as the inner foreskin, the dorsal nerve or frenulum. I read that the circumcised man only has the scar of the cut for stimulation, since that is where the remnants of the sensitive foreskin are found. I think about how sex could feel if everything were still there. But it isn't. Yes, it is true, I can keep at it for longer. But that is no enjoyment. At the moment I still can keep going longer. But as of when will I not be capable of that? I am 23 years old. That also means that I sleep with approximately 23 year old women. But I have to fight. Under 20 minutes nothing is possible. Sometimes after an hour I simply do not feel like it any more. Sex is not enjoyable when one only thinks of one's own orgasm. A urologist told me that due to the amputation of my foreskin three erogenous zones, so 70% of all sexual nerves were removed. And because of the constant sensory overload of the nerves of my glans penis these would also die off. This process had already begun in my case and could not be stopped. It is possible that I will have not sexual feeling in my penis at all in the next years.

My circumcision is the worst thing anyone has ever done to me. It has influenced my entire life. It has always filled me with shame. My mother is terribly sorry. She says she would never do it again. That helps mentally, but not physically. My foreskin is gone and will never return."

(9) The following is the story of the circumcision and its consequences of Eran Sadeh, the founder of the movement "Protect the Child" in Israel, kindly used with his permission:

"I am Israeli. I am Jewish. I address any parent in the world who intends to circumcise his or her child. I was born 44 years ago in Tel Aviv, a healthy baby with a perfect body. 8 days after I was born one man held my tiny legs down while another man cut a part of my penis off with a knife. I was in pain, I screamed, I bled. It's over. But the part that was cut off from my penis is forever gone.

36 years later my son was born. Two days before his planned circumcision, while searching online for recommendations on the doctor-mohel we chose, I stumbled upon the following paragraph from 'The Guide for the Perplexed' by Maimonides, the great Jewish philosopher: 'As regards circumcision, I think that one of its objects is to limit sexual intercourse, and to weaken the organ of generation as far as possible, and thus cause man to be moderate. Some people believe that circumcision is to remove a defect in man's formation; but everyone can easily reply: How can products of nature be deficient so as to require external completion, especially as the use of the foreskin to that organ is evident. The bodily injury caused to that organ is exactly that which is desired; This is, as I believe, the best reason for the commandment concerning circumcision.'

I was shocked. I realized that the Jewish motivation for circumcision was diminishing sexual pleasure, the same motivation as the one behind female genital cutting.

I was so amazed by this text, so I went on to read every piece of information I could find about the part that was cut off from my penis. The more I read and understood the anatomy and functions of the foreskin, the more it became impossible to escape the painful and enraging realization that my body was violated, that my penis was damaged and diminished in its capacity to sense pleasure, and that I will never be able to experience and enjoy sex as nature intended it.

The amputation of the foreskin removes a highly erogenous tissue the size of an index card on a male adult. A man who is missing that covering tissue of the penile shaft, feels less pleasure, because he does not have the thousands of nerve endings that went with the tissue that was amputated. The foreskin serves as a protective sleeve that slides up and down the penile shaft, reduces friction and stimulates the specialized nerve endings and the head of the penis and so it makes for more comfortable and pleasurable sex for both partners.

I went on to read with disgust a description of the Jewish ritual circumcision, including the peri'ah, which is scraping the remaining inner lining of the foreskin from the glans, done with the mohel's fingernails (which he elongates and sharpens especially for that task), and the metitzah b'peh (where the mohel puts his mouth over the bleeding penis and sucks the blood). And make no mistake: these are mandatory requirements by Jewish law.

I found reports showing that in Israel alone hundreds of baby boys are rushed every year to emergency rooms and operating rooms to treat complications following the amputation of the foreskin.

I learned that studies show that the pain suffered by the baby during circumcision is traumatic and adversely affects his reactions to pain later in life and I read testimonies by

mothers about the screaming of their boys during the healing period, when the open circumcision wound comes in contact with urine. To assess the extent of the pain and suffering, one only needs to witness a circumcision and watch the baby screams and helplessly flailing his hands.

I also learned, and that was very reassuring, that Jews in Israel and all over the world, in ever growing numbers, choose to leave their sons intact.

Thanks to all the information that was revealed to me that day, my wife and I also decided to leave our son intact so I called the doctor-mohel and cancelled the scheduled circumcision.

As you can see, circumcision is nothing but a euphemism for forcibly amputating a healthy body part of a helpless child, causing irreversible bodily damage and pain and putting the child at risk. All this in the name of religion and tradition. This will not do in a country that protects children's human rights, especially the right to bodily integrity and the right to equal protection by the law.

Religious Jewish leaders, in an attempt to block any criticism of circumcision, accuse critics of anti-Semitism. I condemn this accusation. I, and many like me in Israel, believe that the move to ban circumcision of minors has nothing to do with anti-Semitism and everything to do with respecting the human rights of the child.

It is important to note that circumcision is not a prerequisite to Jewish identity. According to Jewish law the child takes the status of his mother, so if the mother is Jewish, the boy is Jewish, whether circumcised or not.

Religiously motivated circumcisions must never be performed by doctors, because it is a betrayal of the first rule of bioethics: Do No Harm. An amputation of a healthy body part of a non-consenting minor without medical indication is an assault that causes bodily damage. Nothing can change this fact. The only legal and ethical way out of this, is postponing circumcision to an age when a person can legally consent to amputate a part of his penis. This solution does limit the freedom of religion. But it is only temporary. If, however, you forcibly amputate the foreskin of a child when he is a minor and cannot give consent, you trump his right to bodily integrity forever.

The movement to eradicate forced circumcision of minors is a global movement. All over the world, men like myself who are hurt by the amputation of their foreskin, mothers and fathers who against their will hurt their children because of religion and tradition and social pressure to conform, parents who are brave enough not to conform, scholars from every discipline and ordinary people who are appalled by this harmful and painful and immoral practice.

I will now say a few words in Hebrew.

I hereby call Jews in Israel and anywhere in the world: learn about the advantages of an intact penis, learn about the disadvantages of a cut penis, and join the unstoppable movement of tens of thousands of Jews all over the world who welcome their sons to the world without violating their bodily integrity, without hurting them, and without putting them at risk."

So much to the Jew Eran Sadeh in July 2013 who suffers from his circumcision. This and many other case stories illustrate, how traumatically the circumcision can be experienced by boys and how literally incisive the longer effects of an unprocessed circumcision trauma can be.

As a rule, injuring the child's sexual sphere and the permanent ritual repetition of it, especially if it cannot be processed or if necessary treated within a loving family context or a stable appreciative social environment, will develop/lead to a destructive effect and is largely passed on without reflection through the next generation. Unfortunately in Islam as well there is hardly any awareness of such correlations or for the possibility of accepting psycho-traumatic consequences of the ritual circumcision of small boys at the age of starting school. It is rare to come across an attitude which empathizes with the fearful experience of the boy and which considers the possibility that under these circumstances there may be detrimental long-term effects on the psychosexual development of the boy. The common downplaying of the issue impedes a fact-based analysis of this ritual. The public which is not directly affected is only too prepared to downplay, for the topic is highly unpleasant and touches upon the own fears.

This lack of empathy then is based on the effectiveness of the collective tabooing and denial of traumatic qualities of circumcision due to the own fears. One can only hope that a critical discussion within Islamic communities about the causes and consequences of violence under the aspect of a child-oriented, empathetic solution to the circumcision problematic will take off. One example is offered by the courageous contributions made by Necl Kelek, also on the deforming aspect of a patriarchal socialization. The point in time of the circumcision could be discussed. In Islam there is no determined point in time as there is in Judaism. If male circumcision cannot be avoided, a child-oriented alternative option would be a symbolic or pain-free circumcision under clinical conditions after reaching an age in which the ability to reason and to give consent is given.

From a legal perspective, in any case, this procedure, taking the lack of a medical indication into account, is a bodily injury of minors with potentially risky medical complications. The best alternative which would be in the interest of the child and his right to an unharmed bodily integrity and sexuality would be a complete abolishment of male circumcision during childhood and the free decision of an adult – especially since the later suffering and damages by the affected or also the fear-driven impulsive eruptions in seemingly threatening stressful situations which recall the circumcision as harmful “side-effects” cannot be excluded.

Child sacrifice and the abolishment of circumcision in Christianity

In the tendentially anti-Judaeian legend of the Herodian Massacre of the Innocent in the environment of the birth of Jesus, the New Testament recitation of the motive of an archaic child sacrifice sounds like a weak echo of a sacrificial cult which is no longer in line with reality. The child Jesus survives (for now) and the rise of the Son of God, who manages without demanding sacrifice or circumcision, ensues. Killing young children is clearly demonstrated to be a criminal murder in the Herodian legend. A God, who then no longer

demands the male firstborn or at least his foreskin – but rather even sacrifices his own son - does not have to be superficially feared as much or “tranquilized” with additional sacrifices. And also in the transformed child sacrifice of the Holy Communion it is no longer a greedy, projectively aggressively charged God who eats helpless children, but rather the human who is fed by god – albeit still with the blood and flesh of a child, the flesh of the Son of God. In this respect one can apply Freud, who in his work *Moses and Monotheism* grasps Holy Communion as a reminiscence of the totem meal, a civilizational revocation of the etherealization of monotheism in Judaism – albeit only if one ignores the sacrificial relic of the Jewish circumcision. The motive of a child sacrifice is therefore not fully overcome in Christianity, but rather merely transferred in that God no longer demands this sacrifice from humans, but offers it himself, the aggressive act however is delegated to humans.

Hence in an exact reversal of the earlier sequence God now sacrifices himself (even if he makes use of several humans in the process) in human shape of his son on the cross. This primarily leads to an unburdening (redemption) of paranoid fears and the necessity to sacrifice oneself or one’s children. Nevertheless, the aggression previously projected into hungry and threatening gods is now once again in the hands of the human, who now is even more in need of redemption and dependent upon God’s mercy.

This reversal also has an effect on the act of forming relationships orally fantasized about by children and symbolically represented in Holy Communion but also the oral incorporation. It is now the human who consumes and internalizes the deity, after the consecration of bread and wine into flesh and blood of the divine child has taken place (Mt 26, 26-28). The incorporation of the Body of Christ (this is my body), ensues on the archaic level of childish fantasies, so the oral incorporation – even though for a long time Holy Communion was merely performed as a decidedly memorial meal. Consuming the host therefore only represents a civilizationally reworked diminutive and a fending off of the child sacrifice which has only become obsolete at the surface – realized by transforming it into its opposite: the sacrifice of the Son of God. The newly propagated Pauline faith leaves it at baptism and no longer demands circumcision. If God no longer has to be (patriarchally) feared, one neither has to offer him one’s sons, nor sacrifice body parts. Faith alone and not a sacrifice as well as an absolute abiding by the laws now ensure the connection to God. This probably also represents a tactical concession to the Romano-Hellenistic surroundings of the young Jewish sect of the first Christians.

All the same, overcoming the circumcision ritual clearly indicates a break with tradition, which permitted a civilization sublimation of the aggression linked to the sacrificial paradigm. Nota bene: taking leave of archaic traditions of injury is possible.

In the crucifixion scene the childish aggression against God the Father which has now been enabled, finds its immediate, ultimate expression in reality. Now that they have gained in power over nature, humans have the audacity to demonstrate to their god what up until then they were only capable of showing symbolically or projected into the victim. The frightening God who demanded sacrifices evolves into the whipped, tortured and sacrificed Son of God. At a first glance god no longer demands human sacrifices or foreskins, but rather is identified with the helplessness of Jesus who was sacrificed on the cross. Jesus and

his Passion leads to the perception of an empathetic identification of God with childish-human helplessness. Rather than charging the image god with paranoid aggressions and trying to appease them with sacrifices as in the past, the deity is now “humanized” since it now has to suffer the worst aggression of its creatures itself. Nevertheless, a son still must die for re/conciliation, in order to pacify the relationship between humans and god.

The depth symbolism of the crucified and finally resurrected son of god was possibly intuitively experienced as unburdening by the people who lived in Palestine of the time, where the daily paradigm of sacrifice still existed. It allowed for a further decrease of fears and retracting of aggressive projections on the image of god: “it is now god who sacrifices his son and not us who sacrifice ours. It is now us who consume his son and not him who consumes ours.” Nevertheless this reinterpretation of the relationship between humans and deity takes place closely linked to the child sacrifice.

The stable oral incorporation in the sacrifice and consumption of God in the Holy Communion helps overcome archaic fears in an environment which increasingly can be kept in check with agriculture, long-distance trading, and technology. This environment no longer plausibly lent itself to projective charges of childish paranoiac fears, such as the overwhelming terror of pre-rational-animistic experiences of the world. And so “forgiveness” for the early childish projective overcoming of aggressions as well as an end to the paranoid persecution by a deity, who could only be appeased with young helpless human sacrifices, becomes possible. At the same time forgiveness becomes necessary in face of the now visible murderous attack on God or his son and the guilt which comes with it.

Abolishing archaic circumcision of young boys or infants in Christianity was able to evoke a reduction of that which was burdensome and expected of children in the sphere of influence of Abrahamic religions. However, reminiscences of sacrifice are still passed on in Christianity for example in the adoration of martyrs (witness of blood), a cult of relics frequently focused on cut off body parts, or the realistic depiction of the bleeding Jesus crucified or in the ritual of Holy Communion.

Outlook/Prospects

Due to the advanced secularization and technical progress in controlling nature, we largely have to depend on ourselves in overcoming our existential fears and our own aggressive potential. At least in the European industrial nations our (childish) fears are no longer represented by a daily immediate life-threatening external environment and the threatening deity behind it. We actually no longer need sacrifices and children could grow up in secular Europe unchecked by archaic fears of adults and vengeful gods. Nowadays in a Europe of open, democratic and secular states, socially regulative, harmful sacrificial rituals which were performed under (pre-)historic environmental conditions and the circumstances of a patriarchic organization of family and group belonging increasingly seem like relics from the past.

But religious traditions are also an archive of a collective story of adaptation spanning thousands of years. In past times they were adaptive social rules in the shape of normative

myths and rituals, which then served as reference and orientation. Their adaptation to new social realities and developing world views only happens stagnantly because they are founded in powerful prohibitions and because in humans with a strong desire for faith change can result in fears but also in violence. However, nowadays in Europe the offensive demand for the circumcision ritual by orthodox religious representatives questions a centuries-long development of the rights of children, especially those of boys.

Our brain is an evolutionarily optimized detector of what is new, controlled by mindfulness. At a high speed it registers potentially dangerous contradictions in our environment. It is capable of reacting to the unexpected with evolutionarily attained automatized adaptation programs, but also to the question of why and how. It will search for answers, which we exploratively test for their validity or can model in a theoretical, generalizing way. The “fantastic” inner space of representation of our fantasy enables us symbolically simulate and manipulate reality and to develop models of our own environment. These models of reality become more objective and predictive with an increasing knowledge of the laws of function of our environment. These can be passed on within a culture of knowledge and are subject to a permanent pressure of selection due to falsification.

Our ability to represent realities outside our space of fantasy also developed evolutionarily. This is so that we are able to overcome adaptive demands beyond our instinctive disposition of behavior with a greater degree of freedom in the choice of how to react. This powerful, symbolic system of adaptation also bears the risk that our fantasies become autonomous and uncouple from the outer reality. Such phantasmal “models” then no longer serve to analyze and solve objective external problems, but for example to overcome internal fears, to secure one’s own identity or group bonds and to keep them consistent. When we apply our analytical and symbolic abilities to metaphysical problem of our existence such as the question of the point or finality of life, our fantasy apparatus, which is optimized to produce consistency, will offer an illusionary apparent solution without an objectively reproducible link to the exterior reality. This can have the effect of a neurotically limited veridicality of perceiving facts or, based on a collectively organized system of beliefs, the effect of a limited view of historical, physical and evolutionary processes. Rejecting the theory of evolution or quantum theory in favor of maintaining mythological constructions are examples of such breaks with reality. The intellectual and fact-based ruptures which are created in this way must then be bridged with the help of “faith” or filled with “sense”. Words then lose their semantic symbolic function of referring to interpersonal objectifiable things, processes or theories and develop a type of substantial concretistic life of their own. The ontological proof of god or the belief in the literal meaning of holy scripture for example are based on a respective conclusion from a term to the existence of an object.

The strength of religious fantasy systems lies in their apparent ability to provide an answer to all questions – even those which inquire about the ultimate issues and the fears connected to them. Their weakness lies in the fact that there is only one answer which is not internally compatible with the functional answers of other religious fantasy systems. The respectively significant meaning of different religious convictions and the importance of

warding off existential – and ritually addresses – fears then necessarily includes a substantial potential for violence which the past has repeatedly demonstrated.

For this reason it is sensible, and has been painfully fought for in Europe, that a modern state system limits this potential for conflict using the means of strictly implemented state monopoly of power. This state inevitable has to be a secular, democratically governed constitutional state which draws its legitimacy from securing civil society, the equality of its citizens based on the universal human rights and not based on a religious conviction. This also establishes the civilizational necessity to prioritize state legislation over religious convictions, but also over violent ideologies. And it also establishes the primacy of physical integrity of children who are not capable of giving consent over the religious needs of adults. This is also why spanning all religions it is rational and irrefutable that we must learn not to continue to treat children as sacrifices of archaic religious traditions or to subject them to religiously motivated violence. Based on our constitution we must unconditionally and to the extent possible protect them from traumatic overloads and abuse, even if it is the own parents who exercise this violence. An intellectual prerequisite for this – which may be hard to fulfill for supporters of circumcision as well as for critics of ritual circumcision - could be to first of all recognize that human and child sacrifices, child abuse, but also ritualized male circumcision, in the face of great fears, pose a latent option of overcoming existential fears in the magical matrix of our collective unconscious. The manifestation of this disposition in non-reflected traditions, harmful rituals or the collective denial of their risks, can have consequences for the development of the children affected. They will be subject to irrational and traumatic manipulation by religiously dependent adults, from which they are only able to extract themselves under great fear and feelings of guilt, or not at all.

It remains to be hoped that with a growing civilizational preparedness to more empathy in understanding what the affected children have experienced, independent of their sex, the sensitivity in Germany for the risks which are connected with the procedure will also increase. Furthermore that traditional rituals and customs are increasingly regarded critically and examined as to their modern suitability. Moving the point in time of ritual circumcisions to when the boy has the ability to reason, or the symbolic transformation of the traumatic aspect of the ritual as it is practiced in Brit Shalom would be alternatives truly focused on the best interest of the child. Reducing the violence and the witness to violence experienced during childhood would probably also contribute to a long-term establishing of peace in the overall social climate.

In the case of ritual genital mutilation of young boys this would however require courageous adults and politicians who are prepared to stand up to irrational religious hardliners and who do not recoil in fear. Otherwise one can only hope that Article 163Id of the German Criminal Code, which constitutionally is highly alarming and is currently still in effect, is subjected to a ruling by the Constitutional Court as soon as possible.