

THE GROWING JEWISH CIRCUMCISION DEBATE

A Psychosocial Critique

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1. INTRODUCTION

In recent years, circumcision has developed into a controversial, emotional issue among some Jews. Debate about circumcision has grown partly due to information and discussion on the Internet. A popular moderated online newsgroup for Jewish parents has detailed instructions about what messages regarding circumcision are acceptable: "Because of the particularly inflammatory nature of this topic, postings about circumcision will be carefully reviewed on a case-by-case basis."¹ In addition, the Jewish press has published numerous articles about circumcision that reveal deep disagreement about the practice.²⁻⁴

Attitudes are associated with behaviors.⁵ Circumcision in the Jewish community today is widespread. However, circumcision is not universal among Jews either inside or outside the United States. The Circumcision Resource Center, a nonprofit educational organization, has been contacted by hundreds of Jews who have not circumcised a son. Even in Israel some Jews do not circumcise, and there is an Israeli organization that publicly opposes circumcision.⁶

For many Jews, this shift has come as a surprise. New information about circumcision often conflicts with previous teachings and long-held beliefs. If our world makes sense, then there must be a coherent explanation for all the apparently contradictory information. The conflicting beliefs and opinions surrounding circumcision, together with the tenacity with which advocates and critics of circumcision hold on to their viewpoints, suggest that deep psychosocial factors are involved.

A few of the contemporary reasons for the increasing doubts some Jews have about the practice are discussed in earlier work.⁷ Familiarity with these issues is necessary to understanding the context of this chapter, which reviews the responses of circumcision advocates to critics and applies psychosocial theory to explain the widely different views on the issue. Circumcision is a very complex topic, and this discussion is necessarily condensed. For more detailed information, please consult the references.

2. PERSPECTIVE OF THIS WORK

The religious meaning of Jewish circumcision is written in the Torah where God commanded that Abraham and all Jewish males shall be circumcised as a sign of the covenant between God and the Jewish people (Genesis 17: 10). For traditional Jews, this Torah commandment is the reason to circumcise. However, most Jews are unaware of the religious meaning of circumcision. Rabbi Eugene Cohen estimates that 80 percent of American Jewish circumcisions do not meet religious ritual standards.⁸ According to the Council of Jewish Federations 1990 National (American) Jewish Population Survey, a majority of Jews do not consider religion to be the primary factor determining Jewish identity. Cultural and ethnic factors are rated higher. "Further analysis shows that less than 5 percent of all respondents consider being Jewish solely in terms of being a member of a religious group, whereas 90 percent define being Jewish as being a member of a cultural or ethnic group."⁹ Only thirteen percent believe "the Torah is the actual word of God."¹⁰ Therefore, this work is intended for those who modify Jewish practice in a way that is meaningful to them.

Non-traditional Jews generally evaluate an idea by its agreement with reason and experience. Reform Jews comprise a large proportion of this group. Eugene Borowitz, noted theologian and scholar, states that Reform Jews "believe that we serve God best by being true to our minds and consciences even where, in significant matters, they clash with our heritage."¹¹ Based on the above survey, a high proportion of American Jews has this perspective.

3. CIRCUMCISION ADVOCATES REPLY

In response to literature that documents extreme pain and trauma, infant behavioral changes resulting from circumcision, risk of complications, adverse sexual effects, emotional distress of circumcised men, and anxieties

and regrets of parents, Jewish circumcision advocates express their views in the American Jewish press.¹² Here are some examples.

3.1 *Jewish Spectator*

In an article published in *Jewish Spectator* I explain several arguments that raise doubts about the advisability of circumcision for some Jews.¹³ In a subsequent issue there are three letters in response of considerable length that support circumcision.

Rivy Kletenick, an administrator in Jewish education, focuses on the meaning of the circumcision ritual.¹⁴ She defends circumcision by saying it is “a pure expression of devotion to God.” She emphasizes “the transcendent dimension” of brit milah and the “holy words and intentions.” In response to the pain argument, Kletenick “can’t recall either of our two sons experiencing such pain. . . . Tough love often involves some pain. And most pain leads to growth.” In response to studies on the adverse sexual and psychological consequences, Kletenick ends her letter by quoting her mother who believes that circumcised men are “all doing just fine.”

Rabbi Donald Tam acknowledges that change is sometimes necessary, but “Jewish history and identity must inform change.”¹⁵ He notes that circumcision is supported for health reasons and expresses skepticism and ridicule regarding the evidence of sexual and psychological effects of circumcision.¹⁶

Rabbi Daniel Gordis also dismisses evidence of sexual and psychological effects of circumcision for some men, claiming that millions of people have no problem.¹⁷ For Gordis, the ritual transmits “powerful moral and spiritual messages [that] far outweigh its minuscule medical risks.”¹⁸ He elaborates on the religious meanings for adults based on liturgy. With reference to the Torah, he “celebrates” the anxiety of the bris as symbolic of risking for devotion to a cause.

Gordis believes that the questioning of ritual “is largely because the powerful dramas underlying them go unexplained. The solution is not to do away with the rituals, but to educate our children and ourselves better.”¹⁹ Proponents of circumcision, he states, “must begin with a reverence for tradition and be reasonably versed in the subtleties of text.”²⁰

These writers express little or no acknowledgment of circumcision as a cultural practice for most Jews, the infant’s feelings, and ethical concerns associated with inflicting pain.

3.2 *Midstream*

Lisa Braver Moss, a mother of two circumcised sons, is the author of an article called “Circumcision: A Jewish Inquiry.”²¹ Citing medical research,

Jewish principles, and personal experience, she calls attention to five points: the infant's pain, the lack of religious motivation of many Jews in choosing circumcision for their son, the infant's lack of choice, risk of complications, and the acceptability of circumcising infants as compared to older children. As a cultural Jew, Moss expresses sensitivity to those Jews who circumcise for nonreligious reasons. (She circumcised her sons so that they would look like other Jewish males, and she would avoid conflict with her husband and other Jews.) Contrary to the concerns of some circumcision advocates, she reports that questioning circumcision has strengthened her Jewish identity.

The rebuttal to this article is written by the magazine's editorial assistant, Esther Raul-Friedman.²² She faults Moss for not adequately considering the religious or spiritual significance of brit milah. Regarding the child's lack of choice, Raul-Friedman cites Jewish law that makes it the father's responsibility. She quotes a circumciser who says that circumcision is "absolutely painless"²³ and "infants do not feel any pain"²⁴ and blames the pain of circumcision on the clamps used by doctors. Raul-Friedman lauds claims of medical "benefits," and asserts that circumcision "activates an inner commitment to God and His commandments."²⁵ Not circumcising would "deprive their son of his legacy."²⁶ According to one circumciser, it is a "spiritual life insurance policy." Raul-Friedman concludes "circumcision is the very foundation for the continued spiritual survival of the Jewish people."

This rebuttal refers to about two dozen Jewish text sources to explain the importance of brit milah. As with Gordis and Kletenick, these sources, and the beliefs associated with them, are not relevant to cultural Jews like Ms. Moss who circumcise for nonreligious reasons.

Those who are open to all aspects of the ritual know that spirituality is a valuable component of Judaism, but it does not require neglecting reason and experience. Rabbi Milton Steinberg explains that Judaism

places understanding among its supreme purposes, and in the further sense that it believes in knowledge as a key to understanding. But neither knowledge nor understanding is attainable without inquiry, debate, and the right to make up one's own mind. By its nature, then, Judaism is averse to formal creeds which of necessity limit and restrain thought.²⁷

3.3 Commentary

Jon Levenson, a professor of Jewish studies at Harvard, responds to critics in an article titled, "The New Enemies of Circumcision."²⁸ This extended article calls for an extended response. With such a confrontational title, Levenson apparently feels threatened and is preparing for verbal warfare in defense of circumcision, using terms like "battle" and "struggle."

Levenson's purpose is to warn his Jewish readers of the growing threat to circumcision and the values he associates with the practice. However, most

American Jews do not share his values, which come from his interpretations of Jewish texts and traditional rabbinic theology. As stated earlier, the majority of Jews associate Jewish identity with cultural and ethnic factors, do not believe the Torah is the word of God, and circumcise for nonreligious reasons.

In any case, Levenson proceeds to comment on three recent books that are critical of the practice: *Circumcision: A History of the World's Most Controversial Surgery* by David Gollaher, *Questioning Circumcision: A Jewish Perspective* by Ronald Goldman, and *Covenant of Blood* by Lawrence Hoffman. He finds little merit in any book and much to critique, disparage, and even ridicule.

Levenson distrusts Gollaher's motives and intentions, concluding that Gollaher is not a "dispassionate observer" and displays "partisanship." If Levenson wants to allege partisanship, then why not do it in a non-partisan way, and question the partisanship of rabbinic texts? In addition, would he be insisting on a "dispassionate observer" if the topic were the equivalent genital cutting of females? Obviously, anyone who cares enough to write about the advisability of circumcision has an opinion about it.

Levenson calls for "double-blind studies" to prove the harm of circumcision, but apparently accepts without question that circumcision is harmless when no such studies of long-term effects have reached that conclusion. Who has the burden of proof? Rabbi Joel Roth, professor of Talmud and rabbinics at the Jewish Theological Seminary of America, wrote, "Once the command of the covenant is no longer determinative . . . the burden of proof is not on those who ignore the ritual but on those who observe it."²⁹

Regarding the severe pain of circumcision, Levenson trivializes it by supposing that the potential prevention of disease justifies the pain. Here he ignores the overwhelming worldwide opinion of national medical organizations, none of which recommend circumcision.³⁰⁻³² Instead he cites medical claims that have been either refuted or judged to be insignificant by the American Academy of Pediatrics.³³

Questioning Circumcision: A Jewish Perspective includes detailed discussion of numerous medical, psychological, sexual, emotional, and ethical issues. With no comment on these perspectives, apparently Levenson has no specific disagreement. Instead he creates generalized straw men. For example, his inflated characterization of the book's description of circumcision as "a positively demonic force that has caused all manner of devastation"³⁴ provides him with a convenient target.

Levenson then selects and distorts the discussion on the potential social effects of circumcision, perhaps the most complex section of the book. This discussion is necessarily speculative because, as stated in the book, "more reports and studies would be helpful, but they are not yet available."³⁵

Levenson rearranges quoted phrases out of context, and then presents his reformulated statements as the book's conclusion, not speculation.³⁶ After attacking this straw man, Levenson apparently believes he has successfully refuted the entire book and moves on to critique *Covenant of Blood*.

According to Hoffman's reading of the classical Jewish texts, the blood of circumcision symbolized salvation. By contrast, the ancient rabbis considered women's menstrual blood to be "unclean." These opposing rabbinic attitudes toward blood were consistent with similarly conflicting attitudes toward men and women. Specifically, Hoffman finds that the early rabbis distrusted women. They wrote that women are impulsive and uncontrolled, while men have self-control. These beliefs helped to justify the continuing patriarchal control of Jewish religion and culture. Hoffman determines that circumcision has held a central place in the formation, shaping, and perpetuation of significant aspects of Jewish culture that conflicted with his feminist, egalitarian views. In reviewing Hoffman's work, Levenson comes to different conclusions based on his own interpretations of the texts, and judges Hoffman as "playing fast and loose with the data."³⁷

Levenson then expresses concern about the potential social influence of the circumcision debate. He fears that nontraditional Jews will increasingly question circumcision if the general culture finds circumcision to be harmful. Apparently, he fears social pressure not to circumcise but welcomes (or ignores) social pressure to circumcise. He also notes that more than a few rabbis already question circumcision (a fact that probably gives that position more credibility with Jews) and may be unlikely to advise ambivalent Jews to follow the commandment to circumcise.

In my view, Levenson's fear is associated with his rigid position on the issue. He projects a future possibility (general culture finds circumcision to be harmful) onto the screen of his present beliefs (circumcision is good), a counter-productive exercise. It is important to understand that this is an early phase of an extended national debate. In the end, the issue will be decided carefully and deliberately based on the facts because the outcome will need public support. If the facts show that circumcision is harmless, then Levenson and other circumcision advocates have nothing to fear.

However, if the facts show, as most of the world and a significant American minority now believe, that circumcision is harmful, then those who make the circumcision decision, Jews and non-Jews alike, may not choose to inflict this harm on their sons in light of the new information available. Clearly, the arguments opposing circumcision must be compelling to persuade people to change an embedded cultural practice. If the arguments are compelling, the beliefs of reasonable people would eventually conform to the facts, and choosing not to inflict harm would be a positive development. It may be that Levenson and other circumcision advocates do

not trust this process because they want assurance of a particular result, regardless of the facts.

Despite his strong advocacy, Levenson asserts only two reasons for circumcision: it is a divine commandment, and it has potential medical “benefits.” Both of these reasons are open to question for many Jews. In observing the growing opposition to circumcision, Levenson is obliged to acknowledge some of the many reasons others use to question circumcision: dubious origin, conflicting medical claims, severe pain, a history of Jewish questioning of circumcision, sexist implications, human rights considerations, mutilation, doubtful rabbis, the child's perfection at birth, and the lack of the child's consent. Levenson does not consider the possibility that any issues raised by circumcision critics have merit. Others are more receptive. Most of the letters published in response to his article are critical of his views and question circumcision.³⁸

4. APPLYING PSYCHOSOCIAL THEORY

Sometimes understanding communication can be enhanced by paying attention to the process in addition to the content. Therefore, the following discussion applies psychosocial theory as a tool in examining the communication process that results in the widely different views held by circumcision critics and advocates. The first theory is a widely accepted one about how people respond to inconsistencies.

4.1 Cognitive Dissonance Theory

Cognitive dissonance occurs when new information or experience is inconsistent with existing cognitions.³⁹⁻⁴⁰ Recent research supports the theory of cognitive dissonance.⁴¹⁻⁴² Cognitions may include beliefs, values, and attitudes about the environment, oneself, or one's behavior. Dissonance can result from a logical inconsistency between cognitions, inconsistencies involving cultural beliefs and practices, one specific opinion as part of a more general opinion, and past experience. Factors that affect the strength of the dissonance are as follows: the degree of discrepancy among beliefs, the number of dissonant beliefs, the number of consonant beliefs, and the importance attached to each belief.

People want coherence and consistency in their cognitions and experience. If inconsistency occurs we will try to reduce the dissonance. There are three ways to reduce dissonant beliefs: (1) reduce the importance of the dissonant beliefs (or increase the importance of the consonant beliefs),

(2) add more consonant beliefs that outweigh the dissonant beliefs, or (3) change the dissonant beliefs so that they are no longer inconsistent.

When there is an inconsistency between cognitions and behavior, usually the cognitions will change. When cognitions are very resistant to change, dissonance can also be reconciled by denying or altering our experience. That is, we may perceive and accept only information that fits our cognitions.

This theory can be applied to questioning Jewish circumcision. First, dissonance is affected by the importance attached to beliefs. The circumcision advocates discussed here appear to have traditional religious beliefs. Religious beliefs have very high importance for many people. In addition, questioning circumcision for a traditional Jew is not just a matter of questioning a belief. Traditional Jews also believe that God commanded Jews to circumcise. Beliefs about God and one's relationship to God are core beliefs of the religious belief system. The religious belief system helps us define the meaning of our experience and influences how we approach life's basic problems and anxieties.⁴³ It provides freedom from existential concerns.⁴⁴ It is connected with our emotional needs, reflects an individual's character, needs, defenses, and conscience and is highly resistant to change.⁴⁵ Perhaps it is not surprising that those with traditional religious beliefs would be most motivated to respond to writing that questions circumcision. For them, questioning circumcision is tantamount to questioning the wisdom and authority of God and their religious belief system.

According to cognitive dissonance theory, the degree of discrepancy among beliefs affects dissonance. The discrepancy between the belief that God commanded circumcision (implying that circumcision is not harmful) and the belief that circumcision is harmful is very high. As stated by Esther Raul-Friedman, it is "unacceptable to dismiss the mitzvah of brit milah by claiming that Hashem [God] has made a mistake."⁴⁶ The tendency to avoid new information increases when the discrepancy between beliefs and experience increases.⁴⁷ Because traditional Jewish beliefs about God and circumcision are based on Jewish texts and very resistant to change, and the discrepancy with new information is high, traditional Jews have little choice but to deny or alter their experience and reject information (without appropriate consideration of the merits) that does not fit their beliefs.

Kletenick's, Gordis', and Raul-Friedman's responses provide examples of reducing cognitive dissonance by reducing the importance of (or dismissing) dissonant beliefs (empirical evidence) and increasing the importance of consonant beliefs (spiritual benefits). Levenson does the same thing by trivializing pain as compared to health claims. Kletenick also changes a dissonant belief so that it is no longer dissonant (rationalizing that pain has

benefits). Gordis uses a similar approach to interpreting the anxiety of the bris (symbolic of risking for a cause rather than attending to the risk to the child). (Others, repeating arguments in Jewish texts, change a dissonant belief so that it is no longer dissonant by claiming that the sexual loss is a benefit.⁴⁸)

What about nonreligious circumcision beliefs? The attitude that circumcision is good or harmless (I am not harmed, my son is not harmed, etc.) is an important cognition for many people. Information and experience that challenge this cognition have a high discrepancy and may be avoided or denied no matter how valid and reliable they are. (See “Denial” later.) Cognitive dissonance theory says that adding consonant beliefs can reduce dissonance. The mind seeks reasons (consonant beliefs) to justify behavior. In the United States, consonant health beliefs are adopted to reduce cognitive dissonance associated with circumcision. These claims are often used by Americans and Jews, and in this review by Tam, Raul-Friedman, and Levenson. This is nothing new. Circumcision has a long American history of being promoted by medical doctors to prevent or cure dozens of ailments such as indigestion, paralysis, hernia, inflammation of the bladder, general nervousness, constipation, masturbation, penile cancer, feeble-mindedness, uncleanliness, and most recently, HIV infection.⁴⁹ Consonant health beliefs change as cultural values and research results change, but the quest to reduce dissonance remains constant. Needless to say, the unending search for a problem that calls for circumcision “treatment” arouses suspicion that there are psychosocial factors at work.

Beliefs that circumcision is important because of Jewish survival, identity, and tradition may be other examples of cognitions that are used to reconcile cognitive dissonance associated with nonreligious (cultural) Jewish circumcision. Of course, since the theory says that adding more consonant beliefs reduces dissonance, traditional Jews may also choose to supplement religious belief with these beliefs.

How does this theory apply to the cognitions of circumcision critics? Based on reason and experience, dissonant (pro-circumcision) beliefs that can be argued rationally have been addressed in previous work where survival, identity, tradition, and health beliefs used to justify circumcision are shown to be either debatable at best or irrational.⁵⁰ (Using reason, circumcision critics would argue that a debatable belief is not sufficient justification to cut off someone else’s body part.) Consonant beliefs about circumcision harm have documented support from authorities in relevant fields.

A key factor is that the documentation of harm is consistent with personal experience. How is the personal experience of critics (e.g., horrified at hearing the infant’s cry) more valid than conflicting personal experience? Some Jews report attending a bris and not hearing the infant cry. The

relationship between infant pain and vocal response needs explanation. The cry may be reduced by the affect of anesthetics given to the mother during labor.⁵¹ These anesthetics enter the infant's body and, according to pediatrician T. Berry Brazelton, they can take over a week to leave.⁵² Other factors can also account for minimal vocal response. Justin Call, infant psychologist and professor-in-chief of child and adolescent psychology at the University of California, reports that "sometimes babies who are being circumcised . . . lapse into a semi-coma."⁵³ Tonya Brooks, president of the International Association for Childbirth at Home and a midwife, observes, "In four of the nine circumcisions that I have seen, the baby didn't cry. He just seemed to be suddenly in a state of shock!"⁵⁴ Studies demonstrate that even though an infant may not cry during circumcision, the stress hormone level in the blood still increases dramatically, and medical researchers consider this change to be the most reliable indicator of pain response.⁵⁵ Therefore, lack of crying does not mean that the infant feels no pain. It means that he is withdrawing from unbearable pain. In addition, parents are unlikely to express any adverse response to the circumcision because these feelings are so painful and are not generally supported by the community.⁵⁶⁻⁵⁷

This work attempts to explain the conflict between experiences of advocates and critics with psychological theory and evidence regarding the infant's vocal response (See also "Denial" later). Circumcision advocates have not yet offered an explanation for this conflict, which would involve explaining why some people are horrified at witnessing circumcision and why they should distrust their feelings. The beliefs, values, attitudes, and experiences of circumcision critics are consistent. The dissonance for critics is not only reduced, but eliminated, not by changing cognitions but by changing the behavior, i.e., not circumcising. Based on their experience and new information, they consider this change important.

4.2 Belief Systems

Clearly, one of the sources of conflict between circumcision advocates discussed here and circumcision critics is the difference in their belief systems. Milton Rokeach, professor of psychiatry at Michigan State University, wrote a classic work on how people organize systems of belief and respond to ideas, authorities, and people.⁵⁸ He summarized that belief systems serve two conflicting needs: as a framework to understand reality and a defense against threatening aspects of reality. For open systems, the need to understand predominates, and information can be received and assessed. In closed systems, the need to protect against threats becomes stronger and the need to know becomes weaker. However, the closed mind is

experienced subjectively no differently than the open mind, and preserves the illusion of the need to know.

Here are some of Rokeach's characteristics of a closed belief system:

- perception that the environment is threatening
- belief that authority is absolute
- difficulty receiving, evaluating, and acting on relevant information on its own merits
- dependency on own group's authorities
- independence of the power of authority from cognitive correctness
- large discrepancy between what is known about the belief system and what is known about those areas that lie outside the belief system (disbelief system)
- acceptance or rejection of a variety of information in total without differentiation

In applying these characteristics to the writing of circumcision advocates presented here, recall that Levenson refers to circumcision critics as "enemies," suggesting that he perceives the environment as threatening, although, among Jews, he is a member of the overwhelming majority on this issue. He and Raul-Friedman view religious authority (Jewish texts) as absolute. Raul-Friedman in particular is dependent on Jewish text authorities when the authorities on circumcision harm are found in the relevant professional literature. The conflict between text authorities and empirical studies/experience does not introduce any doubt for circumcision advocates about text authorities' power. Apparently, these writers do not know much about circumcision harm (disbelief system). Various aspects of circumcision harm are categorically rejected or ignored. It appears that advocates' difficulty in receiving and evaluating relevant information on its merits is at least partly due to a closed belief system.

4.3 Denial

The rejection of information about circumcision harm is only part of the difficulty in communication about circumcision. It is also possible to reject other pertinent experience. Freud wrote, "The tendency to forget the disagreeable seems to me to be quite general."⁵⁹ The subject of circumcision is so "disagreeable" that many people will avoid it consciously and unconsciously. In psychoanalytic theory, defense mechanisms are unconscious ways of dealing with the "disagreeable," internal emotional pain and external experience that stimulates emotional pain. Denial is a

defense mechanism that involves a refusal to acknowledge certain aspects of experience. The ability of people to deny their experience is not appreciated because it is the evidence itself that is denied or interpreted to mean something else.

Denial can be amazingly effective. Pediatrician Paul Fleiss did circumcisions for ten years and says, "I never heard the baby cry."⁶⁰ Dr. Gregory Skipper, a prospective father, recognized his denial after observing a circumcision.

I watched a circumcision being performed and immediately, without any question, knew that there was no way that I could have my newborn son tortured in such a manner. It seemed like the first time that I had ever really watched the procedure, *even though I had done several dozen in medical school*. The baby was absolutely panicked and exhibited the most shrill and desperate behavior one could imagine! The pediatrician performing the procedure continued his mutilation as if nothing were happening. I almost vomited.⁶¹

Denial may explain why Jewish ritual circumcisers can report that circumcision is "painless." The use of defense mechanisms by these circumcisers, physicians, and parents may serve, in part, to protect their self-esteem. Recognizing that they are harming an infant might cause them not to feel good about themselves. Because protecting self-esteem sometimes takes priority over being accurate or correct, potentially threatening information may be reinterpreted or dismissed.⁶²⁻⁶³ Another example of reinterpreting an experience is that some parents may choose circumcision and deny that they have made a choice.⁶⁴ This can happen without awareness.

Those who attend a bris sometimes report that the baby did not cry. This report may be due to at least two possibilities: the baby did not cry (explained earlier) or the observer did not hear the cry. Those who witness circumcisions may deny this part of their experience. Indications of this denial can be detected empirically in the form of reduced physiological response.⁶⁵ In extreme cases a person may shut down physically by fainting. This has been observed at ritual circumcisions and hospital circumcisions.⁶⁶⁻⁶⁸

5. BEYOND ANTI-SEMITISM

By denying or ignoring any merit in questions and arguments critical of circumcision, Jewish circumcision advocates are left with suspecting a hidden motivation for those who would question circumcision.⁶⁹ They need to make sense of what they perceive. How could Jews and others question a divine commandment? Levenson believes that the views of circumcision critics are affected by "Jewish self-hate" and "anti-Semitism."⁷⁰

The indiscriminate use of these terms by more than a few Jewish leaders calls for examination and response. Jewish self-hate is a generalized feeling. If a Jew feels self-hate (A), then he is likely to dislike specific Jewish things (B). However, questioning a specific Jewish thing does not necessarily equate with generalized Jewish self-hate. As we learned in high school logic, *if A then B* does not equal *if B then A*. To further illustrate in a parallel example, some Catholics disagree with certain Catholic ideas and rituals, but they are not accused of being “self-hating Catholics.” Furthermore, hate is a very strong and easily identifiable feeling. The published writing of leading Jewish critics of circumcision are generally either scholarly, factual analyses or compassionate statements that reveal intellectual, emotional, and ethical conflicts with the practice. Typically, they include expressions of appreciation for Judaism and a desire to contribute to the community, hardly the feelings of self-hating Jews.⁷¹⁻⁷⁴

If one is anti-Semitic, then by definition one is hostile to Jews. The content of the writing of circumcision critics conflicts with this characterization. Published critiques of circumcision are uniformly rational investigations and/or personal explorations of a challenging subject.⁷⁵⁻⁷⁷ If someone is anti-Semitic (A), then he is likely to dislike specific Jewish things (B). However, assuming that a critic of circumcision is anti-Semitic makes an over-generalized assumption. Again, elementary logic tells us that this reverse relationship does not follow. (Historically, some anti-Semites have been anti-circumcision, but that association does not mean that all circumcision critics are anti-Semitic.) A specific does not prove a generality. If you don't like asparagus (specific), this does not prove that you dislike all vegetables (generality). Some circumcision advocates fail to differentiate between reasonable criticism of a specific practice and a more general unjustified hostile attitude. It is possible to question the actions of a person or group without being categorically opposed to the person or group. Are those who question an American government policy anti-American? In fact, questioning an action that one believes can cause harm is more likely to be motivated by good will rather than ill will. If circumcision is harmful, then acting on awareness and knowledge of this harm is appropriate.

Simply the belief of some Jews or even the majority of Jews, that circumcision critics are anti-Semitic does not necessarily make critics anti-Semitic. Because of the nature of the topic, it may be that a majority of Jews judge that a *position* critical of circumcision is anti-Semitic. However, it may also be that this majority shrinks to a minority when the critical position is presented in a coherent, detailed, compassionate, and rational form. As previously discussed, some Jews may be so rigid in their advocacy of circumcision that they do not consider the details of opposing arguments.

More generally, minority positions may initially be judged to be anti-group by the majority of a group. However, individuals and groups can have various psychological, social, and political reasons for opposing change, and these reasons often have nothing to do with the merits of the proposed change. If the minority position later becomes the majority position, the “anti” label is not used. It seems that the “anti” label is often applied to marginalize those who have unpopular views.

Other factors can explain accusations of Jewish self-hate and anti-Semitism. For example, circumcision advocates may use these terms to exaggerate the challenge to their views in order to encourage a stronger Jewish response, to “rally the troops” to defend circumcision. Perhaps some Jewish leaders also invoke anti-Semitism in an effort to intimidate critics and suppress further debate. Virtually nobody wants to be called anti-Semitic. People may also falsely attribute their own feelings or traits to others, an act called projection. The perceived hostility by some circumcision advocates may be a projection of their own hostility toward those who express an opposing view. Overreaction may be associated with underlying fear and hypersensitivity associated with their own circumcision.⁷⁸

Given the symbolic, religious, and cultural meaning of circumcision to Jews and the repressed feelings associated with circumcision, it is understandable that some Jews may overreact to circumcision critics. Raising questions about Jewish circumcision may cause feelings of extreme grief or anger in certain individuals. Circumcision critics generally empathize with and respect these feelings. Certainly, it is extremely uncomfortable for some Jews to consider what it means for circumcision to be a very serious mistake. People are more likely to focus on what others have done to them, rather than to acknowledge what they have done to themselves. In addition, because of the long history of oppression against Jews in general and the Holocaust in particular, there is understandable protectiveness and distrust felt among Jews in response to criticism. For some Jews, even the slightest perceived criticism must be defended against and reciprocated. Of course, in the case of circumcision, the criticism concerns a central Jewish practice. Therefore, although being attacked as an anti-Semite or self-hating Jew may be inappropriate, it is understandable, and circumcision critics are urged to show compassion for circumcision advocates while knowing that they may respond directly and specifically with various options.

In my view, the proper response for Jews is to support each other in airing these feelings within the Jewish community. Opportunities to meet, learn, and express thoughts and feelings about circumcision in a safe and supportive environment would be helpful. Respectful and compassionate talking and listening would assist healing. While critics can respect the pain and anger of advocates, advocates can respect that critics are compelled to

raise their questions out of deep caring and compassion for Jews generally and Jewish male infants in particular. Critics see Jews inflicting extreme unrecognized pain with this practice, and judge that the perpetuation of this pain is far greater than the pain that comes with confronting the issues they raise.

Tolerance and openness are needed. The previously mentioned moderated newsgroup supports tolerance by rejecting any judgmental messages “that criticize a parent for *ANY* circumcision decision made for their son.”⁷⁹ Those in leadership positions in the Jewish community have a special obligation to facilitate discussion of this issue. This is more likely to happen with community encouragement and support.

The growing Jewish circumcision debate will certainly stir repressed feelings about circumcision, and discomfort is inevitable. However, this discomfort may be interpreted as a *positive* development. It is a sign of progress to feel and express discomfort about circumcision rather than continuing to avoid new information and pretend that the procedure is harmless. In any case, as we know from other experiences, avoiding discomfort in ourselves or others often serves only to perpetuate a problem.

6. ROLE OF WOMEN

Circumcision has traditionally been the province of men, but the wisdom, feelings, and experiences of women can be particularly important to raising awareness and contributing new insights. Circumcision, like any other issue associated with childbirth and early infancy, needs to be addressed by the most sensitive, empathetic, and responsive human beings. According to a study on adult responses to infant crying, women are more likely than men to report feeling distressed.⁸⁰ The maternal instincts and experiences of women uniquely qualify them for the important responsibility of caring for infants, and newborn infants recognize, prefer, and are more responsive to their mothers.⁸¹⁻⁸²

After a period of dormancy, maternal instincts are awakening around the question of circumcision. (There is an organization called Mothers Against Circumcision.) Following years of reflection, one mother asked, “If a woman is made to distrust her most basic instinct to protect her newborn child, what feelings can she ever trust?”⁸³ Another mother, in conflict with her husband about circumcision, reported she “became like a mother lion protecting her cub.”⁸⁴ Mothers’ feelings about circumcision tend to be more open perhaps also because they are not themselves circumcised and not subject to the personal psychological motivations of circumcised men to perpetuate the practice.⁸⁵⁻⁸⁶ A survey of randomly selected primary care physicians showed

that circumcision was more often supported by doctors who were older, male, and circumcised.⁸⁷

Recent investigations have added new reasons for women to be concerned about circumcision. According to a recent study, circumcision can adversely affect female sexual enjoyment.⁸⁸ Furthermore, any adverse psychological consequences of circumcision on males may adversely affect male-female relationships.⁸⁹ Because of the prevalence of circumcision in the United States, some potential adverse psychological effects of circumcision (known and unknown) on males may have indirect adverse social effects on women.⁹⁰

Most of the people that call the Circumcision Resource Center seeking information or support about circumcision issues, Jewish or not, are women. Sometimes they have a conflict with a partner who insists on circumcision for their boy. We encourage women to raise the subject of circumcision early and to be patient and compassionate with mates who have resistance to reconsidering this issue.

Some mothers recognize that circumcision is irrevocable while, despite the best of intentions, their relationship with the father is not necessarily permanent. They believe that if they allowed their son to be circumcised because of the father's insistence, and then became divorced, they might feel deep regret. Other mothers report that agreeing reluctantly to a circumcision has had a long-term effect on them and affected their relationship with their child and mate. It is the one decision they wish they could take back. A few mothers feel so strongly about their child's welfare that they would do whatever it takes to protect their child from circumcision. (This kind of conflict can best be avoided by raising the topic of circumcision, along with other issues pertaining to children, before committing to the relationship.) Those in doubt believe that the conservative choice is not to circumcise. With most Jewish circumcisions taking place in hospitals, women have an important role because they sign most hospital circumcision consent forms.⁹¹

7. AMERICAN-JEWISH CIRCUMCISION CONNECTION

Jewish parents are aware that circumcision is a common American practice. The United States is the only country in the world that circumcises most of its male infants for nonreligious reasons.⁹² As Jews distance themselves from traditional religious beliefs, other beliefs are needed to justify circumcision. As noted earlier, cognitive dissonance theory explains that more consonant beliefs help to minimize dissonance.⁹³ Therefore, Jewish circumcision advocates take comfort in health claims because such claims are associated with American circumcision, and they seem to have a

rational basis.⁹⁴⁻⁹⁵ Some Jews also believe that health factors were part of the origin of Jewish circumcision. However, Jewish circumcision was never intended as a health measure.⁹⁶ Not only nonreligious Jews find the claim of health benefits appealing. Even some traditional Jews, as discussed earlier, argue that Jewish circumcision has health benefits.⁹⁷⁻⁹⁸

Jewish practice also influences the American practice. For example, of all the letters to the editor in response to the American Academy of Pediatrics Circumcision Policy Statement, the most strongly pro-circumcision responses were from Jewish doctors, including two who also perform Jewish ritual circumcisions.⁹⁹⁻¹⁰¹ Of course, there are also Jewish doctors that oppose circumcision, and Thomas Wiswell, a strong circumcision advocate, is not Jewish.¹⁰² However, some of the most outspoken advocates for circumcision tend to be Jewish. This suggests a religious or cultural bias on the part of these advocates. According to a MEDLINE search, one strong Jewish advocate has been published 20 times in the medical literature on the subject of circumcision.

Regarding the medical profession's attitude toward circumcision, a physician at a major hospital in Boston who wrote the hospital's circumcision information sheet for parents defended its pro-circumcision bias by stating that "the religious aspect of circumcision plays a significant role."¹⁰³ According to this physician, discouraging circumcision would put doctors "in a position of attacking religious belief."¹⁰⁴ This stance suggests that religion may be a factor that inhibits the full disclosure of medical information and medical views on circumcision.

As another example, an organization that supports breastfeeding refuses to educate its membership about circumcision even though there is clear evidence that circumcision disrupts breastfeeding.¹⁰⁵ In defense of their inaction, the leadership observes that for some people, circumcision is a religious issue, and the leadership wants to avoid making "some parents feel unwelcome or uncomfortable."¹⁰⁶

The reluctance to criticize circumcision extends to American government authorities. In response to an inquiry, a representative of the United States Department of Health and Human Services stated that, "Any attempt by any public agency to discourage non-medical circumcision could be misinterpreted as an attack on those religious groups which practice it"¹⁰⁷. Later he added that, "it is not proper for our Government to adopt a policy that is directly or indirectly critical of a religious practice"¹⁰⁸.

8. SIGNS OF RELIGIOUS INFLUENCE IN OTHER COUNTRIES

It is illuminating to examine the status of circumcision in other countries. Canada has a newborn circumcision rate of 17%.¹⁰⁹ Newborn circumcision in the United Kingdom is rare, and 3.8% of boys born there today would be circumcised by age 15 if the current rate continues.¹¹⁰ These figures suggest that the public pressure to perpetuate circumcision in these countries is minimal. Furthermore, those who create such policies in these countries, if they are male, would be more likely to have a foreskin and appreciate its value than their presumably circumcised American male counterparts. However, most of these countries' medical societies have issued somewhat more critical but tolerant statements about circumcision. With growing evidence of harm, why didn't they publish stronger statements opposing circumcision?

The Canadian situation is instructive. Activists opposed to circumcision applied for public funding to launch a court challenge aimed at banning the circumcision of baby boys. This was a national media story.¹¹¹ The group explains on its website why it proposed its challenge:

Over the past few years many Canadian agencies, both governmental and non-governmental, have been approached by citizens on the subject of non-therapeutic infant male circumcision. Concerned individuals have written hundreds of letters to public officials such as the federal minister of justice, provincial cabinet ministers, heads of child welfare agencies, and the registrars of colleges of physicians and surgeons in all Canadian jurisdictions. (Nearly 500 such letters are available online.) Unfortunately these authorities are very reluctant even to respond to arguments against routine infant circumcision, much less weigh the facts and provide leadership in eliminating the practice.¹¹²

After explaining the group's position, a newspaper article quoted a Jewish spokesman to defend circumcision. During extended media coverage of the issue, the only people who defended circumcision were representatives of Jewish or Muslim groups.¹¹³ The lack of any other circumcision advocates suggests that the fear of offending religious groups accounts for the reluctance of Canadian authorities to deal more aggressively with the issue.

Similarly, in Britain, the General Medical Council reviewed the ethics of male circumcision after receiving complaints from the public. They requested and received opinions from various religious organizations, anti-circumcision groups, professional and patients' organizations, and civil rights and children's groups. Religious groups were the only ones to defend the practice.¹¹⁴⁻¹¹⁵ Again, it appears that consideration of religious practice limits authorities' responses to the issue.

The effect of religious groups on the practice of non-religious circumcision is noteworthy, considering that they comprise a very small percentage of the population. For example, Jews are only 1.1% and Muslims are only 2% of the Canadian population.¹¹⁶ If the influence of religious groups is that powerful in countries where circumcision is not common, then it appears that this influence needs to be effectively neutralized in order to make progress in circumcision policy at the international level.

9. CONCLUSION

A psychosocial perspective provides a useful framework for examining beliefs and behaviors associated with Jewish circumcision. Empirical findings, emotional conflicts, ethical concerns, and distressing parental experiences are generally ignored by circumcision advocates in favor of religious and spiritual beliefs. If the burden of proof is on those who advocate circumcision, their arguments are not persuasive for questioning non-traditional Jews. Considering the latest information, circumcision cannot be justified based on reason and experience.

According to psychosocial theories, advocating circumcision appears to involve altering experience and beliefs to reduce cognitive inconsistencies and emotional discomfort. Advocates also appear to value messages according to the source of the message and not the content and merits of the message. They are uncritical of religious authorities. Inappropriate charges of anti-Semitism by circumcision advocates call further attention to their avoidance of discussing the merits of circumcision issues. Rather than defensive reaction, the Jewish community would be better served by expanded open debate, particularly with the participation of women.

Jewish and American circumcision are bound in a symbiotic relationship, and there are signs of religious influence that contribute to the perpetuation of circumcision in other English-speaking countries. The existence of religious circumcision in English-speaking countries appears to have a disproportionate inhibiting effect on progressive circumcision policy development.

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