



* Archetypal Analyses *
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Embodying the Wound or Wounding the Body? **Circumcision as Transformation and Expiation** *By Leslie Emery*

We students filed into the newborn nursery to find a baby strapped spread-eagle to a plastic board on a counter top across the room. He was struggling against his restraints -- tugging, whimpering, then crying helplessly. No one was tending the infant, but when I asked my instructor if I could comfort him, she said "Wait till the doctor gets here." [. . .] When he did arrive, I immediately asked the doctor if I could help the baby. He told me to put my finger in the baby's mouth: I did, and the baby sucked. I stroked his little head and spoke softly to him. He began to relax and was momentarily quiet.

The silence was soon broken by a piercing scream -- the baby's reaction to having his foreskin pinched and crushed as the doctor attached the clamp to his penis. The shriek intensified when the doctor inserted an instrument between the foreskin and the glans (head of the penis), tearing the two structures apart. [. . .] The baby started shaking his head back and forth -- the only part of his body free to move -- as the doctor used another clamp to crush the foreskin lengthwise, which he then cut. This made the opening of the foreskin large enough to insert a circumcision instrument, the device used to protect the glans from being severed during the surgery. The baby began to gasp and choke, breathless from his shrill screams.

During the next stage of the surgery, the doctor crushed the foreskin against the circumcision instrument and then, finally, amputated it. The baby was limp, exhausted, spent (Milos, 1).

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The young novice [an 11- 13 year old Aboriginal male] is led into the center of the ceremonial ground amid groups of grievously crying women, fiercely painted dancers, and blazing fires. At a moment of crescendo, a group of men rush toward the central fire and, bending over in front of it, form a human platform or table on which the boy is laid. The relative who is to perform the cutting leaps up and sits on his chest, facing his penis and the conflagration (Lawlor, 190).

Circumcision: 1. Medicine. The act of circumcising. 2. A religious ceremony in which someone is circumcised. 3. Spiritual purification. To cleanse from sin (American Heritage Dictionary).

The cutting away of the male foreskin is an ancient cultural practice. The Australian Aboriginal rite referred to above is thought to be around 100,000 years old. The contemporary Western “medical” procedure of circumcision dates from the latter 19th Century. One of the above passages describes, according to the relative practitioners, a preparation for a sacred initiation ceremony marking the transformation of a boy into manhood, and the other a pragmatically motivated, spiritually and emotionally insignificant medical procedure that is believed to improve male hygiene.

In the nurse’s contemporary account of the medical practice the doctor methodically applies a surgical device to remove the maximum amount of the foreskin from the infant’s penis--typically without administering an anesthetic. In Robert Lawlor’s account of the initiation ceremony of Australian Aboriginal boys, elaborate gestures and roles are enacted by the entire community before and during the actual amputation of a portion of the foreskin. The boy’s grandfather gives him a boomerang to hold between his teeth and constantly reassures him while the operator, a kinsman, holds the penis with his hand and cuts some of the foreskin away with a sharp quartz tool. Thereafter the boy is presented to the assembled community and swathed in sacred smoke, as he was at birth, to honor and protect his ‘new life’ (Lawlor, 190). In the Western hospital the severed foreskin is most likely disposed of anonymously in a high temperature incinerator, along with other severed and now insignificant parts of human bodies. During the Aboriginal rite, an initiate’s young peers are sometimes described as tricking him into swallowing his own flesh, describing it as delicious kangaroo meet, whereupon he is told he has devoured his own boyhood.

The foreskin of boyhood will impregnate him; grow inside him, make him strong, wise, graceful and give him the capacity to acquire skills. . . . The role of older men in Aboriginal circumcision rituals is not simply to break the boy’s connection with the feminine world while introducing him to that

of the male, but to introduce him to a new awareness of the spiritual dimension and an experience of expanded consciousness (Lawlor, 192).

What relationship can there be between these two versions of male circumcision? One is a dispassionate medical procedure performed by a professional stranger upon a pre-verbal infant with no relatives present whereas the other is a dramatic event that “must precipitate deep changes on three levels of being; psychophysical, social awareness, and psychic or spiritual understanding. . . . On an inner level, the boys actually die to themselves and are reborn” (Lawlor, 186). If the tribal ritual marks a transformational rebirth into manhood, can there be any similar meaning behind the Western medical procedure? It would seem not to be the case if the motive for the medical version is simply hygienic. That claim, however, appears to be in serious doubt. The nurse quoted above (who witnessed the procedure in horrified realization of what she had unreflectively allowed to be done to her own two sons when babies) describes the male doctor as finishing the procedure and then proceeding to tell the nursing students there is actually no medical reason for performing circumcision (Milos, 3). There is no shortage of research, historical and medical, to corroborate this claim (Bigelow and Wallerstein). If the Aboriginal rite of enacting a boy’s transition into manhood is a psycho-social transformation, what then is the modern medical procedure if it is not scientifically valid as a prophylactic measure against disease?

Both contextings of circumcision involve a ‘wounding,’ but what is the significance of that ‘wound’ given the different contextings? Can the same act have radically different meaning simply because it has a different cultural contexting? In describing the general nature of initiatory processes as symbolic of the inevitable woundings one suffers in childhood and the transition to adulthood, Robert Bly writes:

Ancient initiation practice [. . .] gives a new wound or gives a calculated wound sufficiently pungent and vivid—though minor—so that the young man remembers his inner wounds. The initiation then tells the young man what to do with wounds, the new and the old (Bly, 340).

There is a sense in such descriptions that all children inherently suffer psychological ‘wounds’ or traumas in the course of life’s events—such as having to leave childhood and the intimate relationship with mother as one ‘passes through’ puberty and ‘on toward’ adult autonomy. Traditional or archaic societies are observed to deliberately acknowledge such transitions with the overt ‘wounds’ of initiation rites (circumcision, tattooing, scarification, etc.). Such rites typically involve an invocation and personification of some spirit or mythical entity that ‘enacts’ the transformation of initiates. Bly characterizes the “initiatory being” as a mythic “wild

man.” Thus some ‘more than human’ force or ‘agency’ is involved in activating the initiate’s transformation. The Aboriginal ceremony occurs in a frenzy of activity and emotions with the women lamenting the imminent deaths of their boys and the men invoking male spirits. In sharp contrast, not such overt spiritual or cultural significance is demonstrated in the dispassionately perfunctory Western infant circumcision. The contexts and motives could not appear more disparate. Most obvious, perhaps, is that the Aboriginal youth will always remember both the ceremony and the change in his penis before and after the cutting, whereas the Western boy will have no memory of his uncircumcised genitals. For him, it would seem, there could be no conscious transformative function to the circumcision.

If, as the doctor in the quoted account admits to the appalled nursing student, there is no medical reason for its performance, what then are the motives or reasons for slicing off the maximum amount of foreskin possible to leave an infant with an unnaturally unprotected penile glans in this surgical procedure? Both Lawlor and Michael Meade discuss the importance of submission of the novice to the forces focused upon him in ceremonies of initiation into manhood in traditional or tribal cultures (Meade, 319). In the Aboriginal vision, the foreskin is representative of the boy’s initial phase of life lived in the sphere of the feminine. When the adult males of his family and clan come to take him away from his mother for the initiation rituals, he is departing that world of maternally guided childhood to become a self-reliant adult male, one capable of taking on the responsibilities of male spiritual mysteries and their practice, of joining the masculine community. This transition involves the locus of care and nurturing of the boy being shifted from women to men. Some call this the transition to “male mothering.” This transition typically appears to be viewed as abrupt, decisive and irreversible. It is observed that the initiate is likely conscious of the magnitude of the change about to take place. The drama of the event is choreographed and performed by the social collective to give him the literal belief he will die. The women protest that the men will kill their boys as they seemingly take them away by force.

The Aboriginal youth might protest being taken away from the realm of the women to his “death.” He might resist or run away. But to remain a part of his culture and clan, to become a man, he must submit to the process. The powerless Western infant may protest but has not only has no option of resisting or fleeing, he has not possible way of conceiving, or most likely even of remembering, what is happening. A conscious memory of the experience is not possible for the boy and man who develop from the circumcised infant. Awareness of submission and initiation are thus neither possible outcomes nor likely objectives of this supposedly medical procedure—despite some vague ritualistic aura about its enactment. In addition, symbolically activated psycho-social removal of the youth from the world of women cannot be achieved by infant circumcision since the infant has yet to live-out childhood with the mother.

Considering surgery as an attitude of contemporary allopathic medicine,

Edward Whitmont writes:

Surgery today is used not only to correct damage resulting from injury but to an ever-increasing extent, in the treatment of illness (Whitmont, 213).

If circumcision surgery is not being used to repair damage from injury then what illness is it treating? When defended medically, infant circumcision is said to reduce risk of infection and penile cancer, though, as in the case described here, many doctors deny the objective validity of this rationalization (Wallerstein, 67). Thus, it appears the practice is either a meaningless residual vestige of a previously religious ritual, a once accepted medical practice that is now merely a habitual performance, or there is an unacknowledged, seemingly unconscious purpose for its continued practice. If the latter assessment is accurate, if a collective motive exists for this procedure that is not medically valid and essentially unconscious, then the motive resembles the effect. That is to say: just as the infant suffers a psycho-somatic trauma to which he is not likely to have any conscious access in later life, parents and medical professionals enact a mutilation (wounding) of the infant's body without fully understanding why they are doing so. This description suggests that this procedure constitutes a ritualized rite of some sort that, however unconsciously, seeks to accomplish some psycho-social effect.

What belief or anxiety might be significant enough to generate such a collective yet unacknowledged motive for an act that, in any other contexting, could be considered criminal? (One need but compare the reaction in Western societies to female circumcision to note the peculiarity of the male form being unquestioned.) Perhaps there is some quality to the male penis in this culture's view of it that requires a ritual cleansing, a "spiritual purification" as soon as possible after birth, one that justifies mutilation of a functionally healthy body. If it is indeed not medically justifiable, this surgical act of amputation could easily be considered a violation of the physician's Hippocratic oath to do no harm. Thus some great benefit must be experienced as deriving from its performance since the both physicians and the society at large tolerate its routine practice.

Perhaps this act has more in common with that of female circumcision in other cultures than is being acknowledged. In some contexts young women are deemed unfit for marriage and sexual relations unless some portion of the labia, or even the clitoris, have been amputated. One explanation of the Western procedure's popularity is that the male infant is perceived to, in fact, be born with a flaw, some "illness" or defect that requires immediate treatment. The now discredited medical justification for the preventative surgery asserted that the foreskin predisposed the penis to disease. Many now assert that there is no evidence for this claim. So perhaps that medical justification was actually a 'cover' for some other cultural motive. Indeed, a little historical research indicates that the medical profession once advised the performance of male circumcision as a means of discouraging

masturbation. Evidently some thought that the foreskin facilitated self-stimulus and thus an 'unhealthy' capacity for onanism or auto erotic practices. Some consider it possible that this was the original motive for the practice developing among Christians, primarily in Great Brittan and the United States, as a medical rather than religious procedure. The implication here is that the medical explanation conflated a sense of 'spiritual health' with that of pragmatic body hygiene. An anxiety about the 'corruption' of sexual interest or activity could have upon male social and spiritual conduct would thereby appear to be a primary motive for this 'wounding of the body' which is the 'seat of sin' from a particular religious perspective.

Perhaps then there also more specific, yet less doctrinaire ways in which the male penis is culturally regarded as 'flawed.' What traits of the penis might provoke a sense of its 'needing correction?' In general, cultural practices involving male circumcision are overtly related to emphasizing the difference between males and females. The skin that is removed has been described by some as giving the male genitals a more feminine or female appearance by hooding the head or glans of the penis in 'labia-like folds.' When aroused, an uncircumcised penis appears 'un-cloaked' and thus more overtly phallic and perhaps masculine. A circumcised penis tends to always appears more like its erect condition, even when it in a relaxed, un-aroused state. There are also many testimonials from those who have not been circumcised that the foreskin contributes considerably to pleasurable sensation experienced in sexual stimulation of the penis (Bigelow, 13-26). Older circumcised men report loss of sensitivity in the glans of the penis associated with life long lack of the foreskin's protection that can decrease arousal and cause sexual dysfunction. Many documented testimonials from women are also recorded who claim to prefer the vaginal stimulus of uncircumcised penises (Bigelow, 10). Infant circumcision eliminates both these qualities of 'feminine' appearance and increased sensitivity before a male child can gain any awareness of them. When all boys in a community are circumcised, they might never know their conditions were not natural. In the absence of a medical justification, this practice begins to appear to involve some psychological 'exorcism' or removal of 'contamination.' One might call this form of 'wounding' an expiation in contrast to the induction of an overt and positively regarded transformation. It appears to 'excise' rather than 'activate' a new status.

If indeed the body of the male infant is being 'cleansed' in some way by this procedure, however unconsciously, then it is possible to regard it as being punished or wounded for having these qualities at birth. If the male genitalia are regarded in some way as inadequate or improper in their natural state, if the sensitizing, 'feminizing' aspect of seems an impurity, a sort of 'sin?' And could that flaw or sin require expiation by circumcision lest a boy child become conscious of it and its 'perverting' pleasures? A 'sin' is a flaw or illness of the 'soul' or 'spiritual body.'

An organism in perfect balance of health lives in the constant presence of

most of our pathogenic microorganisms without being affected. Only a derangement from within opens it to infection (Whitmont, 214).

In discussing the origins of physiological pathology, Whitmont notes that such illness constitutes a failure of the body to maintain its own equilibrium in the face of ever-present pathogens. Infection is thusly regarded as not primarily of external origin, but resulting from some internal 'weakness' in the immune system. The medical explanation for circumcision can thus be seen as a transposition of a 'sinful' spiritual weakness of the body to a physiological flaw. Thusly imagined, weakening feminine characteristics in the masculine spirit/body become an 'un-hygienic' predisposition to infection and cancer. If this is indeed the underlying motive for the practice, an older and actually religious belief which regards the male body as diseased by sexual sensitivity and/or feminizing appearances has been maintained in a disguised form. In such a scenario, medical pragmatism has been enlisted to substantiate a non-medical motive. What was once an expiation of impurity is now a pragmatic surgery. Yet psycho-socially, the act remains, despite its unconscious motives, an expiation of 'sin.'

In evident contrast, the archaic cultural engagement of this practice conceives the foreskin as something of 'positive value' that is being sacrificed to promote the transition from boyhood to manhood, as illustrated in the Aboriginal rite. Its dramatically ritualized excision comprises an offering to the death of one status of the self for the sake of the birth of another. The 'wounding' of adolescent initiatory circumcision 'marks' both the trauma of transformative change to manhood and the 'manliness' of the body of that person undergoing that transformation. The act thus appears as a physically enacted psychological element in creating a new masculine consciousness in the youth. Of course, such psycho-activation would appear to require the boy be pubescent in order to appreciate the gesture. In the Western context, the foreskin is simply disposed of as useless—or more significantly, if less consciously, as contaminated, sinful, corrupt, dangerous. This 'wounding' seems more a 'disappearing' than a conscious 'marking,' a preemptive elimination that leaves an unacknowledged literal scar (the surgical cut) and perhaps an invisible psychic one as well. Thus one might interpret it as 'merely wounding the body' rather than being an act that "gives a new wound or gives a calculated wound sufficiently pungent and vivid—though minor—so that the young man remembers his inner wounds.' Certainly the infant circumcision cannot serve as an initiation that "tells the young man what to do with wounds, the new and the old (Bly, 340)." Yet, despite these considerable differences, it might perhaps be that in both cases the gender of men is being "made."

The cosmological importance of male initiation is the balancing and tempering of men's affinity for death with the life-sustaining qualities of the feminine and redirecting men toward the furtherance and fullness of

life. “Everyone is born not only from woman but as woman” may be considered a fundamental Aboriginal tenet of sexuality. . . . “Women are born from nature, men are made by culture” (Lawlor, 181).

If the Western male infant is somehow being transformed or sanctified by the removal of a flawed, feminizing part of the body, then the male child will presumably be expected (again, unconsciously) to enter adolescence and adulthood with less association to the feminine and so less capacity to identify with it. It seems possible that masculine dominance of the feminine is somehow felt to be enhanced by imposing this clearer literal distinction of difference between female and male genitalia virtually at birth. Thusly figured, the infant is being “made” into a man before it can have any sense of being “woman.” One might wonder, given this perspective, whether God made a mistake in designing the male body. The Old Testament reference for the origin of infant circumcision as a religious practice commands, “Circumcise yourselves to the Lord (Jeremiah 4:4).” In so far as the act affirms a “covenant” between males and God, it constitutes a ‘blood sacrifice’ that transforms human relationships with the divine. As such, it would seem God arranged male anatomy as a test to see that who had the will and piety to excise this weakness of men and thus ‘make’ them into ‘divinely approved males.’ But which males are being made men in this scenario? Is it perhaps the adult men who conduct the circumcision of infant ones whose maleness is being made? Could it be that the culture itself is affirming its masculinity by denying male children any experience of a somehow more ambiguous genderal identity of their genitalia?

Such a reflexive and reactive seeming attitude of males toward femininity might be associated with circumcision in traditional cultures as well. But there is evidence in some cases that a ‘masculinizing’ of boys in adolescent circumcision is not simply expressive of a unilateral rejection of feminine aspects of the male body. Some Aboriginal groups are observed to cut a subincision in the under side of the penal shaft when as adult men. The resulting vulva-like slit deliberately ‘re-feminizes’ the penis that had been circumcised at puberty, causing both a ritualized bleeding related to female menstruation and a manner of urinating that is more female. The resulting slit is also made to bleed anew, as a womb, for certain rituals of increase. “These operations alter the penis so that its appearance and performance are more like those of the female genitals, thus raising the physical penis to a hermaphroditic symbol” (Lawlor, 194). This subincision does not evidently inhibit male arousal and sexual intercourse. Thus in a sense, the aboriginal male has both aspects of gender emphasized sequentially, being more feminine in childhood before and more masculinized after circumcision of the foreskin, then later becoming both simultaneously, after subincision.

It would appear then that a ‘wounding’ is enacted in the ‘making of maleness’ in both the Aboriginal and Westernized contexts for male circumcision. In the former case, the wound of the transition is consciously embodied in the rite of initiation

experienced by conscious youths who understand they are making a sacrifice of their youth in order to become adult men. In the Western one, something is excised in an effort to expiate or prevent conscious awareness of the very physical distinction that makes the Aboriginal psycho-social transformation possible. It would seem, though, that in one case the body is transform and in the other it undergoes amputation. Thus, though circumcision may be meaningless medically, it is not necessarily so socially, psychologically, or mythologically. And there seems no way to know, ultimately, what psychological effects are actually 'accomplished' in the individual male if the motives for such an 'purification,' as well as awareness of experiencing it, remain unconscious. It seems unlikely that a wounding of such significant yet unacknowledged consequence could ever truly be 'forgotten' in the psyche of the child that grows into an adult with a penis 'punished' for being inadequately 'masculine?' And, of course, since many male children are not now circumcised, the male child who is will inevitably become aware of how he is not 'normal' and has been deprived of some 'natural aspect' of his being without awareness or explanation.

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