

# The Psychology of Circumcision Communication and Social Change

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**Abstract** Much of the focus of the movement to protect children from circumcision has been on human rights, in particular the right of the child to bodily integrity. There are strengths and weaknesses of using children's rights as a guiding principle for creating social change in connection with circumcision practices.

It is clear that those who circumcise for religious reasons are our biggest challenge. They have accused us of being religiously and culturally insensitive. Both sides tend to perceive the conflict in terms of "us" versus "them." Is there another way? How do we start removing the barriers that restrict helpful dialogue and create a bridge? What is the relationship between feeling and thinking in a circumcision dialogue? This presentation seeks approaches that serve circumcision critics and defenders, fit the reality of the situation, and move us forward.

I have a picture on my office wall that shows a dog pedaling a tricycle. On the dog's head a cat stands on its hind legs and holds a long horizontal bar near the center with its forelegs. At one end of the bar a mouse is balancing three balls simultaneously. At the other end of the bar another mouse is doing acrobatic tricks. Under the picture it says, "If you think this is hard, try talking to someone about circumcision."

## Personal Communication with Psychological Awareness

Communicating about circumcision, a form of genital mutilation, can be challenging, and it often depends on psychological factors. Here are twelve suggestions to improve communication. Some of these are known to experienced people. I include them for those who may be new to this issue.

Before you open the conversation, there are several considerations.

1. If you are circumcised, deal with your feelings about it. Have you expressed to another how you feel about being circumcised, not just verbally but *emotionally, 100%*? Consider having that experience. Otherwise, these feelings may complicate and limit communication progress with others. For example, you may get emotionally triggered and come on too strong. This could backfire by provoking a defensive or incredulous reaction in those you want to reach.
2. If you are not circumcised, reflect on how you feel about those who support circumcision. As in the previous suggestion, unresolved feelings may hinder progress with others.
3. Imagine seeing the world through the eyes of circumcision supporters. Ask yourself how *you* discovered the truth about circumcision. What did *you* need from others to expand *your* awareness about circumcision? What kind of approaches from others would have antagonized *you*?
4. Some people may look at circumcision supporters through the narrow lens of this issue. When you do that, you focus on how you are different from them. What about focusing on how you and they are alike? Do you both have the same needs? Those who circumcise are part of a cultural addictive behavior. Do you have any addictive behaviors or robot-like patterns? Are any of these related to conformity? Consider that you are more alike than different from those who support circumcision.

5. How is your approach to the circumcision issue similar to your approach to other issues or conflicts in your life?

During the conversation,

6. Have empathy, compassion, and understanding. Connect with the other by showing concern, becoming involved with the other, and expressing how you feel about the other, aside from circumcision. Consider the quality of the relationship. Is there trust? Mention how you became interested in circumcision or why it is important to you, e.g., caring about the welfare of children.
7. Ask if the other is open to new information about circumcision.
8. Modify your questions and responses to the needs, sensitivities, and receptivity of the other in order to maintain the sense of connection. For example, for a maximum change of attitude in others, psychological research suggests it is best to have a message that deviates only moderately from the listener's viewpoint. The more committed a listener is to a position, the smaller the discrepancy must be between that position and your message for maximum change of attitude.<sup>1</sup>
9. Be clear about distinguishing fact, feeling, and opinion for yourself and the other.
10. Support the other to express feelings and trust intuition and instincts about circumcision.
11. Avoid judgments and demands. When you judge, you separate yourself from others. Consider how you feel if someone judges you or demands that you change your behavior.
12. Mentioning that many people like the other (and professional groups and countries) are opposed to circumcision will reduce the perception that you are presenting an extreme view. Invite self-reflection, offer written material, and suggest resources and videos. Watching a video can be more effective than thousands of words.

These suggestions will give you a better chance of making progress and connecting with the other person. Of course, that other person is anyone you choose, your relative or a stranger. You never know when you may raise awareness that can lead to saving a boy's foreskin. The more people you communicate with, the greater that likelihood. Some of these suggestions are also applicable to electronic communication. Since such communications tend to be shorter, you may need to streamline your responses.

### **Our Most Persuasive Arguments**

In any communication about circumcision we have a limited time and so much to say. Therefore, it's important to know the answer to this question: What are our most persuasive arguments? We cannot determine that answer. The answer lies with those whom we seek to persuade. If we get the answer from them, we may use it to have a better chance of influencing the views of others.

In order to determine our most persuasive arguments, I created a preliminary survey with sixteen statements critical of circumcision and asked respondents to rank the statements according to the degree each statement influenced them to question the advisability of circumcision. The respondents were screened by first answering this question: If you had a baby boy today, would you have him circumcised? If they answered "yes" or "not sure," they were asked to respond to the statements about circumcision in the rest of the survey.

These five statements in order of rank were the most persuasive.

1. Circumcision is extremely painful and traumatic, causes some infants to go into shock, results in behavioral and neurological changes, and no anesthetic effectively prevents circumcision pain.
2. Circumcision is associated with over 20 different potential complications, including heavy bleeding, infection, surgical injury, and in rare cases, death.
3. The foreskin on the average adult male is about 12 sq.in. of highly erogenous tissue that protects the head of the penis, enhances sexual pleasure, and facilitates intercourse. Circumcision advocates who are doctors have admitted they do not know the functions of the foreskin.
4. No national medical organization in the world recommends circumcision.
5. Circumcision is associated with erectile dysfunction in the medical literature. A preliminary study found that circumcised men were 4.5 times more likely to use an erectile dysfunction drug.

Four of these statements describe harm. Learning about the harm of circumcision can motivate adults to protect children from this harm.

In my preliminary interviews with rabbis, they agreed that the welfare of the child is the primary consideration. This suggests that raising awareness about the harm of circumcision could be persuasive to Jews.

### **Human Rights and Persuasiveness**

Much of the focus of the movement to protect children from circumcision has been on human rights, in particular the right of the child to physical integrity. The explicit right to physical integrity is a relatively new international idea though it can be inferred from earlier human rights documents.<sup>2</sup> Clearly, there are cultural differences concerning how children's rights are viewed. For example, the United States did not ratify the UN Convention on the Rights of the Child.<sup>3</sup>

There are strengths and weaknesses for using the right of the child as a guiding principle for creating social change in connection with circumcision practices. Strengths include bringing attention to the issue and stimulating public debate. It also introduces a new idea to many people.

It would be helpful to explore the persuasiveness of the children's rights approach from the perspective of those who support or are not sure about circumcision. My preliminary survey included this statement: According to human and children's rights principles in United Nations documents, no one has the right to cut off a natural, healthy, functioning body part and violate the physical integrity of children. This statement ranked lower in persuasiveness than the several statements about harm mentioned previously. Similarly, in my preliminary interviews with rabbis, the right of the child to physical integrity was a lower consideration than the welfare of the child.

It appears that the idea of children's right to physical integrity is less likely to influence the view of circumcision supporters than the idea of harm. Avoiding harm is consistent with our instincts. With an expression of empathy connected with the harm, our intentions are more likely to be trusted. Because of potential suspicions of religious groups that circumcise about the motivations of those who oppose circumcision, increasing the potential for trust can make an important difference.<sup>4</sup>

## Legal Matters

Of course, arguments critical of circumcision could influence legislators to regulate or ban childhood circumcision. This is most likely to occur in Europe first. Passing a law against circumcision is appealing to many people critical of circumcision. It is an easily definable goal. It would make headlines and be seen as a victory. But here is the more important question: *Would it protect the children from more circumcisions?*

When we look for an example of the effect of law on a similar cultural practice, the only one is female genital mutilation (FGM). The 2012 report from the International non-governmental organization (NGO) Council on Violence against Children acknowledged that laws *alone* prohibiting such harmful practices do not change attitudes about the practices.<sup>5</sup>

Much of the FGM prevalence data currently available is based on verbal surveys and self-reporting. Many cultures feel a taboo about such discussions, and a number of such factors raise the possibility that the validity of survey responses might be incorrect and underreported.<sup>6</sup> FGM is illegal in 18 of 28 African countries that practice it. It is understandable that women would be reluctant to reveal that they were subjected to an illegal practice. Penalties range from three months to life in prison. Only five countries have reported prosecutions or arrests. Prosecution of parents and practitioners is rare. It is impractical to enforce such laws.<sup>7</sup>

The outlook for the effectiveness of laws alone against circumcision in Europe does not appear more promising. A primary reason is that such a law would not affect the psychosocial reality. What is this reality? Having part of the penis cut off by force is an overwhelming experience at any age. Trauma is an emotional shock from an overwhelming experience. The fact that whole cultures participate in perpetuating this trauma requires that people deny the outer reality of what is happening.

This cultural trauma of circumcision also involves the widespread repression of personal internal reality to avoid confronting and feeling the associated emotional pain. Consequently, avoiding this deep emotional pain contributes to a compulsion to repeat the trauma on the next generation.<sup>8</sup> As I discussed in my book, *Circumcision: The Hidden Trauma*, which included work on the detailed psychological effects of circumcision, these are classic post-traumatic stress disorder symptoms.<sup>9</sup>

A law against circumcision in Europe would clearly lead to resistance. As an indication of their position, Jewish leaders already have responded to the idea of prohibiting circumcision of infants as “outrageous” and predict Jews would leave a country with such a law.<sup>10</sup> Unlike FGM laws, a law against circumcision in Europe would have organized political opposition including U.S. opposition.<sup>11</sup> As previously seen, it would activate the *most* religious and traditional leaders and organizations of Jews and Muslims to fiercely defend the practice and attack opponents, portraying them as extremists.<sup>12</sup>

Nevertheless, a law against circumcision is important. As a formal declaration of national policy, it would bring much attention to the issue and set the stage for other actions that could be effective. The key question is this. *How* and *when* should there be a law against circumcision?

## What is Needed for Social Change

Hopefully, the opposition to a law can be reduced by declaring that its primary purpose is educational and raising awareness. Implementation of the law should focus on the best interests of the child. According to General Comment No. 8 of the UN Committee on the Rights of the Child, prosecutions are unlikely to benefit children.<sup>13</sup> This Committee includes 18 independent experts that monitor implementation of the UN Convention on the Rights of the Child.

Perhaps having no penalties in the law would give credibility to the intention to educate and reduce distrust and opposition. For example, this was the case with Sweden's law against corporal punishment, the first such law of any country.<sup>14</sup>

Another way to reduce distrust may be to negotiate some flexibility concerning opposition to other Jewish practices in Europe. A major Jewish organization perceives such opposition as a "growing de-legitimization of Judaism" in Europe.<sup>15</sup>

There can be more progress if there are multiple other actions implemented *before* or *with* a law. Possibilities include national and international statements about circumcision. The previously mentioned 2012 International (NGO) Council on Violence against Children report states that a wide range of educational measures will be required. This will call for advance planning and funding.

In my opinion, educational efforts should be directed toward those who are more likely to be receptive. They would include women (because they are not affected by being circumcised), secular and less traditional religious people (because they are more open to questioning religious beliefs and practices), and young single and childless people (because they do not have a previous circumcision decision to defend). Those who are receptive can help spread the message to others, leading to a smoother transition of cultural attitude about circumcision.

Women are the key group. Many may be secretly uncomfortable with circumcision and afraid to speak out.<sup>16</sup> We can show them they are not alone and support an important potential force for change. Mothers have the potential to prevent the circumcision of their sons, and some have done this with courage and conviction.<sup>17</sup> For detailed accounts, please see my book *Questioning Circumcision: A Jewish Perspective*.

As part of this effort, to increase trust and credibility, it would help to identify, recruit, and train Jewish and Muslim critics of circumcision, preferably professionals, to communicate with others of their cultures. An informed consent component for prospective parents should be explored.

My suggestion #8 on improving circumcision communication mentioned modifying responses to the needs, sensitivities, and receptivity of circumcision supporters. For example, ethics is a strong traditional value in Judaism. For this reason, I think questioning circumcision with ethical arguments would be more effective than using human rights, what Jewish leaders call "an ideology in the making".<sup>18</sup> By using ethics, the discussion would be only about circumcision, not circumcision *and* the evolving and multidimensional value of human rights. Pain and harm easily connect to ethics.

Let's also know when to accept ideas that lead to practical incremental progress and reduce the circumcision rate rather than holding to perfectionist ideology that would

reject such progress in favor of seeking the long-term objective of ending circumcision. We can do both.

There is no quick fix. As stated in the 2011 World Health Organization's progress report on FGM, changing cultural practice requires broad-based, long-term commitment.<sup>19</sup> It should be community-led, nonjudgmental, and noncoercive, and include public declarations that urge change in local attitudes. Additional efforts could include government reviews of circumcision to raise awareness, use of mass media, and statements based on health, ethics, and religion.

I wish that the type of efforts that are now so common in Africa to *promote* circumcision would be used to *oppose* circumcision. It would help if national and global professional, medical, psychological, children's, human rights, ethics, and sexual organizations issued positions against circumcision. Imagine if there were over 100 such position statements.

There could be debates for the public and professionals. Invite the American Academy of Pediatrics circumcision taskforce chairperson, who twice refused to debate me, and display an empty chair when nobody shows up.

In any case, including the psychological perspective can be useful to explain the conflicting studies and motivations of pro-circumcision researchers. Circumcision defenders have no answer to the psychological perspective.

By implementing these and other changes, there would be an increased minority of Jews and Muslims in Europe who do not circumcise, and most Jews and Muslims would at least become exposed to the serious harms of circumcision. They would then be more likely to understand that the opposition to circumcision is based on a concern for the welfare of children. This could motivate them to reconsider how circumcision affects their children's welfare.

## **Conclusion**

Clearly, we must carefully consider our next steps and the potential consequences of our actions. Of course, there will be opposition to whatever we do. However, if we can facilitate a less disruptive and more effective transition to the protection of children, let's take the time and care to do it. Many of my suggestions about personal communication about circumcision could apply to facilitating social change.

We are seeking to create a profound change in people's feelings, attitudes, and behaviors. By definition, this involves psychological factors. In addition to promoting principles and working on politics, let's remember to include sensitivity, compassion, empathy, and understanding for our fellow human beings who are in unrecognized pain.

In addition, there is a spiritual dimension to our work. We are spiritual beings having a human experience. We are here to learn about Love. Every situation is a potential learning experience about Love. A goal of higher consciousness is to feel unconditional Love for everyone, including yourself.

Considering our different historical experiences, psychological issues, and other considerations, we all are doing the best we can, including those who circumcise.

Imagine what it would take for you to feel unconditional Love for those who circumcise. What wisdom would flow from you if you felt unconditional Love for those who circumcise?

*If we want others to change, we must change ourselves.* Let's explore the power of Love and then choose to practice the power of Love.

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