

MY PAINFUL JOURNEY

A Retired Jewish Physician's Acknowledgment of Circumcision Trauma Leads Him to Intactivism

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Abstract: Most men who are circumcised in infancy live their lives with no conscious memory or regret of their own trauma. As a result, they are frequently inaccessible for dialogue. Denying any injury, they tend to inflict their sons in similar fashion, aided and abetted in the United States by the mythologies of medicine. In Judaism, this is especially problematical, because of longstanding custom and tradition based on the biblical covenant. The personal history of a Jewish physician's recognition, at the age of sixty-five, of his own infant circumcision trauma, is recounted. The considerable psychic pain endured by this discovery leads to further conflicts within his family, the medical community, and his own Jewish congregation, when he begins to speak out against circumcision. After a few short years, he has now joined the ranks of intactivism.

1. INTRODUCTION

When I think of what I want to say about how the subject of Circumcision has influenced my life, two questions come to mind, aside from the question, "Why was I circumcised in the first place?" They both begin with the word *why*.

Why might it be of interest to chronicle my story? After all, many men before me have described dissatisfaction, anger, remorse and pain relating to their infant circumcision. Their reports have been widely circulated in various publications, one example being in the *Men's Voices...* columns of Jim Bigelow's *The Joy of Uncircumcising!*¹

There have been other physicians, other Jews, others in the sixty-year old age group who have spoken and written of their feelings. Some of these men have become active in the movement to end circumcision. So why is my story special? Maybe one satisfactory answer is that if I, a sixty-five-year-old Jewish physician, could suddenly recognize my circumcision trauma, and within three short years start to make changes in my life and also in others' lives, then this could happen to anyone.

Why did this "awakening" happen to me? At times, in moments of depression and anguish, I have even asked myself, "Why did this *have to* happen to me?" I was happy in my ignorance. Why couldn't I have just remained in that complacent cocoon, unconscious of my infantile trauma? Why was I not spared the anguish of that discovery? I hardly ask that question today. Although frustration and sadness seem to be repetitive themes in this work, my feelings about intactivism have in general been very positive. In large part this is directly related to the many wonderful and caring people I have met and worked with, who share my enthusiasm in contemplating a world free of circumcision.

2. PRIOR TO RECOGNITION OF CIRCUMCISION TRAUMA

I grew up in a middle class Jewish home with a large extended family. Ritual circumcision (*brit [or bris] milah*) was a common family event. Later, in medical school, I saw and even participated in circumcisions. Although mildly uncomfortable with the procedure, I never considered questioning circumcision, and when my son was born, there was no doubt that he would have a *bris*. I have a vague memory in the 1960s of reading an article entitled *The Rape of the Phallus*,² which caused a figurative rise of my eyebrows, but nothing more at the time. However, the article must have affected me subliminally; otherwise, why would I remember it from so many years ago?

I was leading a good life, had a wonderfully fulfilled marriage, raised two great children who each were now happily married, and my successful career in medicine had voluntarily ended in early retirement with ample time now to pursue my love of piano performance. My active and vigorous sex life was undiminished. Life was good. I had no reason to believe that a major trauma had befallen

me when I was an infant. Until I was 65 years old, when several quite remarkable things happened to me, almost in serendipitous fashion.

3. RECOGNITION OF TRAUMA

In March of 1999, two dramatic events were taking place in my family. My beloved father-in-law, almost ninety years of age, was dying. He was the last of the older generation, and my own concerns of mortality were ripe. At the same time, I learned that both of my children were expecting their first child. I was simultaneously about to become a first time grandfather and the newest member of the older generation. Perhaps when we contemplate the beginnings and ends of life, intuitive senses are sharpened. I don't know. But it seems to me now, that it was inevitable that the light bulb was about to be turned on.

I have for several years indulged myself in a weekly massage. My massage therapist is also trained in the Rosen Method,³ and would frequently utilize this subtle touch therapy towards the end of my massage, during which time I would fall into a deep reverie. I remember feeling very fragile and vulnerable at those times, almost infantile. My Rosen Method practitioner had remarked to me that this type of behavior could indicate childhood trauma, and that it is not uncommon for clients to become aware of incidents of sexual abuse during therapy. At one of these sessions, I noted a deep pain in my genital area, and my hands involuntarily moved to protect myself. I began to cry and was very disturbed. The session soon ended, and when we spoke of what had happened, I was questioned about any memories of childhood abuse or injury in my genital area. The possibility was raised of circumcision being the source of my remembered pain. I denied any knowledge or recognition of pain relating to my circumcision. I simply could not accept the fact that a profound trauma locked in my body and brain had been released by this therapy. I might have again repressed the pain, but luckily the information gap in my knowledge was soon to be corrected.

Five days later, while on a bicycle trip, my wife and I stopped at a coffee shop. There were some dog-eared books for sale on a table in a corner of the shop. My eyes were drawn to one entitled *Questioning Circumcision: A Jewish Perspective*.⁴ As I picked up the book and started reading, I was flooded with immediate recollection about what had happened at my massage. I bought the book, which luckily just fit in a pocket of my bike shirt. That evening I voraciously read the entire

book at one sitting. I slept poorly that night and the next day again studied the book. Its message resonated deeply within my body, and I was shaken to the core.

I can only describe the next few months as a period of intense anxiety and mourning for my lost foreskin. My sexual experiences in life had been so very important to me, and I now felt cheated, robbed of sensations that I would never know. Raging anger and uncontrolled sobbing were daily occurrences. I was totally obsessed with the topic of circumcision. I studied websites, read voraciously, and viewed videos on the subject. Although I was starting on a primitive path to intactivism, the going was rough and rocky. I was so keenly focused on my own pain that I could not understand why my feelings were not uniformly embraced and accepted by everyone with whom I spoke. Moreover, my knowledge was far too sketchy for me to be an effective lobbyist against circumcision.

Even during the earliest expressions of grief, my wife was very supportive. She could not completely understand the depth of my feelings but she was always present for me. However, her advice to control myself during discussions with others was unfortunately not followed, and my over-zealous approach produced uniformly bad results. During this time period there were several painful interactions with family members. I believe that the wounds from those early arguments have largely healed, but some scars probably will always linger.

I have learned from those experiences that a cool and dispassionate tone, and presentation of facts in a clear and concise form is always best when discussing circumcision. An aggressive posture, and use of inflammatory phrases such as *barbaric custom*, *genital mutilation* will be counterproductive, especially when speaking with people who are just beginning to have their consciousness raised on the subject. They will simply stop listening. Nevertheless, I still occasionally find myself slipping back into “zealous mode,” and I always regret it.

4. HELP FROM THE INTACTIVIST COMMUNITY

The day after reading Ronald Goldman’s book, phone contact with Goldman led me to Tim Hammond, who lives only a few minutes walk from my home. In addition to supplying me with a copy of his video *Whose Body, Whose Rights?*,⁵ Tim saw that I was going through a difficult time and graciously spent a few hours talking with me. From Tim, I was referred to a Bay Area Intactivist meeting, which

was scheduled for that very weekend. I attended the meeting and was welcomed with open arms. The group was incredibly empathetic and patiently listened to my story. The meeting essentially turned into a group therapy session for me. I immediately saw that I had a community with whom I would have continuing contact. Many of the individuals that I met for the first time that afternoon have been extremely influential in my developing intactivism.

5. TEACHING MEDICAL STUDENTS

One of the women at that meeting was Norma Wilcox. We became close friends and when Norma asked me to join a group of men who were teaching physical examination of the male genital tract to sophomore medical students, I gladly agreed. These talented and dedicated men (a group of women also work with the students, instructing them in gynecologic examinations) are a diverse group. Some are body workers, nurses, sex therapists and psychologists. I am the only physician currently in this group of teaching associates. For the past twenty years, Norma has been coordinating this incredibly successful program in the Bay Area, for UCSF and Stanford Medical Schools, and Touro School of Osteopathy.

Each instructor spends three hours with a small group of students (typically three) exploring the details of how to carefully, respectfully, and gently examine the male genitalia, and how to speak with patients about sexual matters. We instructors also serve as models, and we demonstrate our own anatomy, and then have the students examine us. Of course, their medical faculty trains the students as well, but our instruction goes beyond the traditional medical curriculum. This technique has been recommended as an excellent method of teaching medical students in an area otherwise considered problematical.⁶

I immediately saw this as an opportunity to talk to these fledgling physicians about medical circumcision, and show them why we need to stop routine infant circumcision in the United States. Although genital integrity is not the primary focus of these training sessions, I know that all the instructors speak about circumcision, and therefore the entire medical student body in the Bay Area is getting some instruction about genital integrity. I, personally, made it a very high priority in my teaching, spending about thirty minutes on the subject. For every young physician I successfully interacted with, just think of the number of foreskins that can be saved over the course of that

physician's career! I was involved in the program for three years, and have had contact with about fifty student physicians.

6. OTHER MEDICAL ACTIVITIES

I have joined Dr. Morrie Sorrels as one of the physician researchers in a *Penile Sensitivity Touch-Test Evaluation*.⁷ I look forward to the results of our study adding to the body of medical literature showing the foreskin's unique role in the sensation of the penis.

At the recent American Academy of Pediatrics (AAP) meeting in San Francisco, I carried a placard reading: JEWISH PHYSICIAN OPPOSING CIRCUMCISION. I received a number of "thumbs up" and smiles. One physician stopped to chat, looking for ways to respond to parents who demanded circumcision. I think I offered him some positive suggestions. However, more people either looked away, or actually scowled at me. A number of physicians stopped and berated me. Two of these were Jewish and quite irate. One Muslim pediatrician almost threatened physical harm in his anger. But the longest and most offensive diatribe came from an Evangelical Christian man who, quoting biblical chapter and verse, kept me busy for about fifteen minutes. This experience in the intactivist trenches gave me a painful taste of the challenges we face in the medical community.

7. EFFORTS WITHIN JUDAISM

Very early in the evolution of my knowledge about circumcision, I knew that my primary focus would be in my own religion. I realized that as a practicing Jew, I could better challenge circumcision from within. I wanted very much to speak out in my own Conservative congregation. But I was insecure about my knowledge on the subject, and fearful of rejection by my fellow congregants.

Circumcision is not an identity issue in religious laws of Judaism. However, in the minds of many Jews, keeping the biblical tradition of this ritual of God's covenant with Israel is tantamount to the very ethos of being Jewish. In years past, Jews have been martyred rather than give up circumcision. During the holocaust, newborn boys were circumcised in the cattle cars on the way to crematoria. It is a very highly charged subject, and therefore challenging Jewish circumcision

cannot be taken lightly. So, of course I was worried about coming out publicly in my own Jewish community.

Our rabbi is very approachable, and I have a good relationship with him, and so, a few months after the initial recognition of my own circumcision trauma, I met with him. It was a pleasant, non-confrontational interaction, and I left the meeting feeling pleased that I had made the effort. Shortly after this, he announced to me that when a reporter from a Jewish newspaper on the East Coast had called asking him about a perceived movement within Conservative Judaism questioning circumcision, he gave the reporter my name and phone number as a contact. This information elicited some minor panic, since I did not think I knew enough to speak publicly, and moreover I wanted no part of being a spokesperson for this “movement.” A crash course on circumcision ensued, but luckily the reporter never called.

I had been talking privately with a number of my friends in the congregation who I thought would support my right to speak out against circumcision. I was gratified by some confidential information from a few of them who actually told me that they agreed with my position. Those, who, although disagreeing with my position, supported my right to speak out, fortified me in my desire to speak to the entire congregation. Of course I did not speak with any of the more reactionary congregants; I would deal with them later.

It took me more than a year from that first talk with my rabbi to summon up the courage to put something out on our congregational community e-mail list. I called it *Circumcision...My Position*.⁸

After this first posting, I got some negative comments, but I felt that I had not covered the issue of sexuality sufficiently, and so I sent a second notice to our list. This created quite a furor. It was then that I first fully understood Leonard Glick’s statement “...question[ing] infant male circumcision before a Jewish audience...is not a path to popularity.”⁹ I was called a “heretic”^{**} and my positions as an officer in the synagogue, director, and chair of a major committee were challenged. I was asked to stop talking about circumcision, but I have refused to comply with this request. Now, whenever I post an item, I insert a disclaimer that the statements represent my personal opinion only, and do not reflect either synagogue policy, or bear any relationship to my positions within the congregation.

^{**} One of my rabbi’s most endearing comments to me was when he said, with a twinkle in his eye, “Of course you are a heretic, Mark...but I love heretics!”

I have given up on my original plan to organize a discussion on the topic in the setting of my Conservative synagogue. Perhaps a Reform temple might be interested in sponsoring such a forum? I am also investigating the possibility of a detailed discussion group in the setting of a Renewal movement summer program.

When an extensive article on Ritual Circumcision (*brit milah*) appeared in our local newspaper,¹⁰ I wrote a letter to the editor (which they printed) stating that not all Jews circumcise¹¹ and spoke of *brit shalom*, or non-cutting naming ceremony similar to that used for baby girls.

This got me thinking of all the parents who may wish to speak to rabbis or other experienced lay leaders who could officiate at such a ceremony, or help them devise their own ceremony. I now have a web-page entitled "Celebrants of Brit Shalom" which has been incorporated into Hugh Young's excellent www.circumstitions.com website. My page can now be accessed at its own site: <http://www.britshalom.info/>. At latest count, we list 27 celebrants in the United States, and recently have listed celebrants internationally, in United Kingdom, Canada, and Israel.

Through these efforts I have already successfully introduced numerous prospective parents wishing to have non-cutting ceremonies to individuals who can help them. Hardly a week goes by that I do not get one or several such requests.

It is claimed that only forty percent of newborn Jewish boys in Sweden are now being circumcised.¹² This figure is quite astounding, compared with other countries. Although the number of Jews in Sweden is relatively small (20,000), one cannot dismiss the fact that if a country or community strongly denounces circumcision (as Sweden has done) it can affect the Jewish population of this community in their practice of circumcision.

8. RESTORATION

In October 2001, I made the decision to join the more than twenty-thousand men throughout the world¹³ who are attempting restoration of their foreskins. Within a few short months I had achieved a measure of success, so that, when I asked one group of medical students, "What do you see," pointing to my penis, they *all* responded, "Well...uh...you haven't been circumcised!"

This not only gave me a chuckle, but also has been decidedly therapeutic.

I am continuing the restoration process.

9. CONCLUSION

All men circumcised in infancy have been traumatized, but it is difficult to convince adult men of this fact. It almost takes a revelation, an epiphany, a leap of insight to close the gap of ignorance, fear, and repressed trauma, to enable us to come to realize and admit the harm of our own circumcision. I was fortunate enough to have been given that insight. As it was, I needed both emotional and intellectual catalysts to fully understand my own trauma. I am firmly convinced that one of our most important goals is to help others achieve that same insight. Our strongest weapon against those who would perpetuate circumcision in the United States is that we have the facts. We must continue to provide the physicians and lay population of the United States with the kinds of reliable information that have been the hallmark of our movement. As the general public and our physicians are gaining more awareness of the harms of circumcision, the numbers of “prophylactic” infant circumcisions in the United States are slowly dropping, especially on the West Coast. I may be a naïve optimist. However, I hope to be able to see the end of routine medical circumcision in the United States within my own lifetime.

Once medical circumcision ends in our country, many of the assimilated and unaffiliated Jewish Americans, now having their boys circumcised in the hospitals, will likely follow the lead and stop having their infants circumcised. However, with the affiliated and observant Jewish population, covenantal tradition and longstanding customs firmly reign. Even though more and more young Jewish couples are now having discussions about possibly not circumcising, only a few actually make that choice. It is not likely that official laws of circumcision will change within the religion in the near future. This was attempted before,¹⁴ in Frankfurt, Germany in 1843, but was not successful. We Jews have been circumcising our newborn boys for approximately 2,500 years. It may take another 2,500 years to completely end circumcision in Judaism. We are a patient people, and with time, maybe, just maybe, it might happen.

10. ACKNOWLEDGMENTS

Numerous individuals have helped me to endure the initial pain experienced following recognition of my circumcision trauma, and have shown me the road to help others through intactivism. I am deeply grateful to all of you.

The gentle hands of Elyze Stewart, my Rosen Method practitioner, were the catalysts for the first perception of my infantile trauma, and for that I owe Elyze a profound debt. I would like to thank Lisa Braver Moss, a freelance writer who has written extensively in opposition to circumcision in Judaism, for her help in editing this paper. Tim Hammond was thankfully present early in my painful journey, and kindly guided me to others who could be of aid to me. To Norma Wilcox, who aided me immeasurably with early therapeutic efforts, and introduced me to the medical students, my thanks. Wayne Griffiths, Co-founder and Executive Director of National Organization of Restoring Men (NORM) has been my personal trainer and guru in the quest for restoration of my own foreskin; many thanks for your patience and help. I am deeply grateful to the creative and cooperative web-meister of my “Celebrants of Brit Shalom” web-page, Hugh Young. And what can I say to Marilyn Milos, the *Mother Of Us All*...where would we be, but for you?

Finally, with enduring love, I want to thank my wife Joan Reinhardt Reiss, whose incredible support and wise counsel has enabled me to stay on course throughout this remarkable journey.

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12. APPENDIX

CIRCUMCISION...MY POSITION

MARK D. REISS, M.D. (REVISED 2002)

I am a sixty-nine-year-old retired physician, a Jew who is an active member of a Conservative synagogue, and a grandfather.

When I was in Medical School in the 1950s, almost all newborn males were circumcised. Despite the fact that prophylactic surgery was not generally performed, we were taught that circumcision was the correct and healthy thing to do. It was thought to control masturbation, decrease cancer risk, and help curtail sexually transmitted diseases. We learned nothing of foreskin anatomy and function. Infant nervous systems were thought to be undeveloped and their pain was so trivialized that it was almost ignored. As a young physician, I participated in many circumcisions. Over the years I've witnessed *brit milah* in the homes of friends and family. I was mildly uncomfortable with the practice, but like most physicians, and like most Jews, I said and did nothing to question circumcision.

Three years ago, as I was about to become a grandfather for the first time, my interest in the subject became more focused. I learned that more and more physicians now realize that any potential benefits of circumcision are far outweighed by its risks and drawbacks. The American Academy of Pediatrics has stated that “Routine circumcision is not necessary.” Whether done by a physician in the hospital, or a *mohel* in a ritual *brit milah*, the procedure has significant complication rates of infection, hemorrhage and even death. Mortality may actually be higher than thought since some of these deaths have not been attributed to circumcision, but listed only under their secondary causes, such as hemorrhage or infection. I’ve learned of the very important role the foreskin has in the protection of the head of the penis in the infant, and in sexual functioning in adulthood. It has also been shown that the newborn feels pain even more acutely than adults do, and that many of the infants who stop crying during circumcision are actually in a state of traumatic shock. To my amazement I learned that the USA is now the *only* country in the world routinely circumcising newborn babies for non-religious reasons.

With these overwhelming reasons not to circumcise, I began to look at the practice of ritual circumcision in the Jewish community and I learned that: circumcision is *not* an identity issue. You do not *need* to be circumcised to be Jewish any more than the need to observe many other Jewish laws. The bottom line is this: if your mother is Jewish, you are Jewish, period. And in the Reform tradition, patrilineal descent is also accepted. Among Jews in Europe, (only forty percent of newborn Jewish boys in Sweden are being circumcised) South America, and even in Israel, circumcision is not universal. Growing numbers of American Jews are now leaving their sons intact as they view circumcision as a part of Jewish law that they can no longer accept. Alternative *brit b’li milah* or *brit shalom* ceremonies (ritual naming ceremony without cutting) are being performed by some rabbis. Increasing numbers of intact boys are going to religious school, having *bar mitzvahs*, and taking their place as young adults in the Jewish community.

As a Jewish grandfather, I want to assure young couples about to bring a child into the world, that there are other members of the Jewish “older” generation, including other Jewish physicians, and even some rabbis, who feel as I do. If your heart and instincts tell you to leave your son intact, listen!

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