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# FORESKIN IS A FEMINIST ISSUE

**Marie Fox and Michael Thomson**

When I spoke out against infant male circumcision, one response that I encountered was an angry reaction from some feminists. They accused me of detracting from the horror of female genital mutilation and weakening the case against it by speaking about it and infant male circumcision in the same context. (Somerville 2000, 241)

## Introduction

Debate on the ethics and legality of non-therapeutic infant male circumcision has grown in prominence in recent years. These discussions have tended to be dominated by heavily contested cost–benefit analyses of male genital cutting. It is recognised increasingly that the procedure involves quantifiable health risks, although these continue to be downplayed by proponents of circumcision. Following a distinctive discursive pattern, mainstream commentary typically concludes that the medical evidence is inconclusive, and hence, given the social, cultural and religious value of circumcision to some communities, that the decision can ethically and legally be entrusted to the child's parents (see Fox and Thomson 2005a). In this paper we contend that the focus on current medical rationales is problematic and marginalises important concerns. Firstly, it serves to obscure an instructive history:

[L]eaving it almost exclusively within a medical context . . . may make us forget that what we are discussing here is a historical tendency to look for rationalizations that allow us to practice genital mutilation in one form or another, across geographical, cultural, and religious boundaries. (Hellsten 2004, 249–50)

Secondly, it serves to corral the issue within the domain of bioethical inquiry, with a concomitant emphasis on risks, rights and consent, that is rarely informed by feminist scholarship or multidisciplinary studies of embodiment. While this may stem partially from hostility to such approaches within bioethics (Diprose 1995; Wolf 1996), we would suggest that a peculiar reluctance also exists within feminist scholarship to interrogate the practice of male circumcision. Where there is consideration of this issue it is often 'muted' (el Salam 1999). Consequently, whereas other interventions—ranging from female genital cutting to cosmetic surgery—figure prominently in feminist accounts of body modification, this literature rarely addresses male circumcision or does so only in passing (Meyers 2000; Ehrenreich with Barr 2005; Pedwell 2007). Strikingly, analyses of female genital cutting that adopt what Carolyn Pedwell calls the analogue approach (which seeks to highlight cross-cultural similarities in practices) tend to draw parallels with cosmetic surgery (Sheldon and Wilkinson 1998; Sullivan 2007), intersex surgery (Chase 2002) or even abortion (Njambi 2004, 299) or anorexia (Davis 2004) but not male circumcision. The construction of male circumcision as radically different because its cultural prevalence is common to the jurisdictions we discuss below. Thus, Kirsten Bell recounts how when she attempted to

encourage students taking a gender course in the United States to draw comparisons between the procedure and female circumcision:

[T]he reaction of the students was both immediate and hostile. How dare I compare the innocuous and beneficial removal of the foreskin with the extreme mutilations enacted against female bodies in other societies! As far as my students were concerned, there was no comparison. (Bell 2005, 125)

A similar hostility typifies feminist reactions to academic attempts to compare genital cutting practices performed on female and male bodies, exemplified in Margaret Somerville's quote above. In our view, this hostility, coupled with a wider indifference to the issue of male circumcision, contributes to the impoverished nature of contemporary ethico-legal discourse on male genital cutting, and serves to reify the binary drawn between male and female genital cutting. In some feminist work this is explicit. For instance, Martha Nussbaum argues that:

The male equivalent to clitoridectomy would be amputation of most of the penis. The male equivalent of infibulation would be 'removal of the entire penis its roots of soft tissue, and part of the scrotal skin'. (1999, 119)

Drawing this clear dichotomy between practices which, as Bell has demonstrated, display wide variance (Bell 2005; see also Njambi 2004), seems antithetical to a feminist philosophy concerned with challenging binary divides (Lim 1999). Pedwell, however, has argued compellingly that, in feminist analyses of various forms of body modification, the desire to disrupt boundaries by foregrounding particular cultural similarities across practices can result in inadvertent reification of other boundaries (Pedwell 2007, 51). She suggests that, as feminists privilege similarities of gender and sex, differences of class and race tend to be obscured in this process. In the case of male circumcision, we would contend that the blindness to harms inflicted on boys' bodies indicates instead a failure to interrogate differences along lines of sex and gender. Thus, notwithstanding its commitment to equality and justice, we suggest that in treating comparable practices as conceptually distinct there is a tendency in feminist scholarship to signal that certain bodies matter more than others.

In line with the aims of this special issue, our intention is to highlight the relevance of routine neonatal circumcision for studies of the body and feminist theory. We argue that meaningful analysis of infant male circumcision needs to acknowledge that the practice is more deeply rooted in society than its portrayal as a religious or cultural conflict over the body of the child suggests. Consequently, it is necessary to add to bioethical debate an understanding of what circumcision means in terms of embodied practices and initiation into masculinity. In our view it is the connection to ideologies of masculinity (Connell and Messerschmidt 2005) which underpins a deep-rooted cultural preference for male circumcision in the Anglo-American world. Thus, our focus is on the place of masculine ideals in the history and practice of male genital cutting and the ways in which circumcision has functioned as a marker of masculine belonging. By literally inscribing particular identity/ies on the infant male body, circumcision can be understood as a normalising technology which validates particular forms of body modification; in this case the removal of tissue which comes to be coded as excessive, redundant, polluted or feminine. Our project aims to denaturalise and problematise a practice that has become accepted and routinised in particular Western cultures, and valorised within their systems of medico-legal governance.

To date, most studies have concerned the United States, where male circumcision remains the most commonly performed surgical procedure. Our focus, however, is on Australia, New Zealand and the United Kingdom, three jurisdictions where the historical origins of the practice are similar, as is their history of professional education and clinical governance. Having briefly outlined the historical and contemporary incidence of male circumcision in these jurisdictions, we elaborate on the tendency within feminist scholarship to depict routine neonatal circumcision as a non-issue. Specifically, we explore how this procedure is located in opposition to (or at least positioned as conceptually different from) female genital cutting. We detail our case for a greater sensitivity within feminism to the issue of routine circumcision, whilst recognising the far from unblemished history of much scholarship on female genital cutting (see Mohanty 1991; Abusharaf 2001). We discuss briefly studies which have mapped male genital cutting practices, and their role in marking the male body and *fixing* masculine identity. Finally, we consider the extent to which aspects of the relationship between genital cutting and masculinity can be traced in the establishment of contemporary circumcision practices in the economic North. While our focus is on how genital cutting serves to differentiate the sexes, we also point to its role in managing sexuality, a function more readily discerned and condemned in oppositional discourses concerned with other genital cutting practices.

### **Routine Practice in Australia and New Zealand**

Exploring the history of circumcision in Australia, New Zealand and Canada, Robert Darby notes:

The rise and fall of circumcision in the British dominions ... has yet to be studied in detail, but the pattern broadly follows that of the mother country. Circumcision appeared later in the dominions, became far more widespread, and endured longer than in Britain. (2005, 314)

As in the United States, in the early decades of the last century, the majority of newborn males in the United Kingdom were circumcised. The overall incidence—medical and social—of circumcision was clearly stratified along class lines. Thus, based on army records, it has been estimated that before the Second World War 50 per cent of working class and 85 per cent of upper class men in England were circumcised (Gollaher 1994, 25; Gairdner 1949). In the early 1930s, 35 per cent of these procedures were for medical reasons (Rickwood and Walker 1989). Whilst US rates remain (unevenly) high, in the United Kingdom the numbers, though significant, are now comparatively small. The National Health Service (NHS) began to provide operations in 1948. Following publication of Douglas Gairdner's influential report questioning its necessity (Gairdner 1949) the incidence of neonatal circumcision declined sharply (Rickwood and Walker 1989), reportedly falling to an annual rate of 6 per cent by 1975 (*British Medical Journal* 1979). A survey of 7,990 British men in 1990 found that 21.9 per cent of all men in the survey were circumcised (Johnson et al. 1994).

As already noted, in Australia the rise of circumcision followed the British pattern, but endured longer and affected a greater proportion of boys. Darby argues that since most doctors were educated in Britain or trained in Australia by British medics, 'it is not surprising that they reproduced the orthodoxies of their colleagues and mentors' (Darby 2005, 314; see also Haberfield 1997). As elsewhere, in Australia the incidence of circumcision rose sharply between 1910 and 1920 as the First World War intensified fears

of syphilis. By the 1920s most doctors and child-care manuals advocated early circumcision as part of responsible parenting (Darby 2005, 314). Yet whilst the incidence of circumcision in the United Kingdom declined sharply following Gairdner's paper, in Australia the practice persisted, reaching its peak at over 80 per cent in the 1950s (2005, 314). Although Gairdner's paper was discussed approvingly as early as 1953, it made no real impact until the late 1960s. In 1971 the Australian Paediatric Association recommended against routine circumcision (Australian Paediatric Association 1971), a recommendation tentatively endorsed in the *Medical Journal of Australia* in the same year. This marked the start of a decline in routine neonatal circumcision rates and by 1996 the Australasian Association of Paediatric Surgeons described the practice as 'inappropriate and unnecessary'. It stated:

We do not support the removal of a normal part of the body, unless there are definite indications to justify the complications and risks which may arise. In particular, we are opposed to male children being subjected to a procedure, which had they been old enough to consider the advantages and disadvantages, may well have opted to reject the operation and retain their prepuce. (Leditschke 1996, n.p.)

Figures from 2004 indicate that between 10 and 20 per cent of male neonates are circumcised annually in Australia (Royal Australasian College of Physicians 2004, n.p.). A more dramatic pattern is evident in New Zealand where circumcision 'rose suddenly to near universality and later fell to vanishing point even faster' (Darby 2005, 315). With an incidence of less than 2 per cent, it now has one of the lowest rates in the world. Hypothesising about this trajectory, Darby suggests that because New Zealand lacked a professional association separate from the British Medical Association until the 1960s, it may have been influenced more by Gairdner's paper (Darby 2005, 315).

In the United Kingdom itself, although recorded rates vary and the accuracy of statistics is difficult to verify, recent estimates confirm an incidence rate in single figures. In 1993 it was suggested that approximately 30,000 procedures were performed annually in the United Kingdom, most on young children (Williams and Kaplila 1993). By 1995 the incidence was estimated to be 'less than 10%' (Rangecroft 1995, 816). In 2000 one study suggested that approximately 12,200 circumcisions were performed in England in 1998 for medically indicated reasons (Rickwood, Kenny, and Donnell 2000). Although the authors note that this signals a significant drop in procedure levels since 1992–1993, they argue that two-thirds of the procedures were unnecessary and resulted from the misdiagnosis of phimosis (Rickwood, Kenny, and Donnell 2000). With an incidence of 6.5 per cent, this assertion is in line with the 2 per cent circumcision rate in New Zealand and Scandinavia (Rickwood, Kenny, and Donnell 2000). A study by Cathcart et al. (2006) charting the declining incidence of male circumcision over the period 1997–2003 suggests that approximately 3 per cent of British boys aged 15 are circumcised. In New Zealand, it is worth noting that while statistics indicate that the rate has fallen dramatically, one in three operations remain medically unnecessary. In all three jurisdictions it remains true that the procedure has been normalised.

### **Feminism on (Some) Flesh**

Against this backdrop, one aim of our earlier work has been to situate male circumcision on a spectrum of non-consensual, non-therapeutic genital surgeries on

children. Specifically, we have challenged the process of distancing male circumcision from female genital cutting and non-therapeutic surgeries on children born with intersex conditions (Fox and Thomson 2005b,c). In this paper, by arguing for the relevance of male circumcision for feminist thought and activism, we want to extend our analysis by suggesting that male genital cutting can be understood as a gendering practice tied to masculinity and the management of male sexuality. This parallels the ways in which feminist scholars have argued that female genital cutting serves to fix gender in women (Silverman 2004).

Most feminist considerations of female genital cutting, as we noted above, either omit to consider male genital cutting or deem it a matter of scant ethico-legal concern. In the broader academic literature, the nexus between different forms of genital surgery on children has been noted in passing, but then downplayed (Chau and Herring 2002, 353–54). Exceptions do exist, of course, and a number of critical voices have originated from Australia (see, for instance: Richards 1996; Boyle et al. 2000; Mason 2001; Bates 2001). Arguably, this has been prompted by the greater visibility of the issue, as a result of litigation in *St Margaret's Hospital for Women (Sydney) v. McKibbin* (Australian Torts Reports 1987). Although the case concerned a claim for damages for a negligently performed circumcision, it highlighted the risks and potential harms entailed in the procedure (Bates 2001). In addition, those opposing circumcision have been (perhaps naively) encouraged by the ruling in *Re Marion's Case*, where clitoridectomy was identified as an example of a medical treatment that is prohibited by law, irrespective of parental consent (*Secretary, Department of Health and Community Services (NT) v. JWB and SMB* 1992).

Undoubtedly, male circumcision has eluded critical scrutiny owing to its construction as a common and acceptable practice, which is 'almost part of the mainstream' (Bridge 2002, 284). In other words, as Nikki Sullivan argues, in exploring the asymmetry in legal regulation of female 'circumcision' and cosmetic genital surgery, the location of non-therapeutic circumcision within a specific time and culture renders it largely invisible through our culturally specific way of seeing (Sullivan 2007, 395). Indeed, as Dena Davis observes, the very use of the term 'circumcision', which carries 'vaguely medical' connotations, serves to normalise the practice of male genital cutting (Davis 2001, 489 citing Goldman 1998, 5). Conversely, it is worth noting the erasure of the term 'female circumcision' from academic, legal, and—to some extent—popular discourse, following the World Health Organization's re-designation of the practice as 'FGM' (female genital mutilation) at its 1990 Addis Ababa conference. Its justification was that the new terminology carried 'heavier moral weight' (Mason 2001, 58). Such terminology, coupled with the differential constructions of the practices we have outlined above, serves to shield male genital cutting from the critical scrutiny that other practices, notably female genital cutting, attract.

This asymmetry is evident even in the more reflective explorations of genital surgeries on children. For instance, having traced similarities in arguments invoked by opponents of intersex surgery and female genital cutting, Nancy Ehrenreich observes that 'male circumcision does not *seem* to enforce patriarchal gender norms, as I argue female genital cutting and intersex surgery do' (Ehrenreich 2005, fn. 9; emphasis added). Yet as anthropological studies remind us, in Africa, female and male genital cutting co-exist in the communities that practise them. In our view, both forms of genital cutting are equally implicated in enforcing gender norms, by serving to demarcate the sexes and to manage sexuality. As Janice Boddy notes, many peoples:

perform circumcisions to complete the social or spiritual definition of a child's sex by removing anatomical traces of ambiguity . . . Thus Sudanese remove the 'masculine' clitoris and labia in the case of girls and the 'feminine' foreskin' in the case of boys. (Boddy 2007, 60)

Given this commonality, it is interesting that excision of male genitalia eludes similar critique, prompting some commentators to query whether the 'unequal treatment of male and female circumcision demonstrate[s] hypocrisy, ethnocentrism, or unjustifiable limits to the tolerance granted ethnic minority groupings in the United States and European nations?' (Shweder, Minow, and Markus 2002, 1). It seems clear that this asymmetry extends to very different understandings of genitalia and human tissue. As Boddy notes, in the 'West' we are heavily invested in the clitoris, to the extent that its excision heralds 'serious personal diminishment' (Boddy 2007, 58). As she queries:

[W]e customarily amputate babies' foreskins, now with some controversy but little alarm . . . yet global censure of these practices is scarcely comparable to that leveled at female circumcision . . . is it because these excisions are performed on boys, and only girls and women figure as victims in our cultural lexicon? (Boddy 2007, 58)

The coding of the foreskin as worthless, in stark contrast to the valorisation of the clitoris, is illustrated graphically by Bashir's contention that 'FGM would only be similar to male circumcision if the penis was amputated' (Bashir 1996, 420). Her claim is also pertinent to an argument that Ehrenreich makes regarding male sexual function. Attempting to distinguish between forms of genital cutting, she asserts that 'intersex surgery has a much more serious negative impact on physical well-being and sexual function than male circumcision usually does' (Ehrenreich with Barr 2005, 71). Implicitly this assumes that male sexual pleasure is not an issue provided the penis is adequate for penetration, thus privileging one popular understanding of male sexual function and pleasure. By narrating this particular model of male sex acts, Bashir and Ehrenreich are both able to ignore the loss of sensory and other possibilities that flow from circumcision (Cold and Taylor 1999). Similar understandings inform Bell's account of her students' reaction to male circumcision. She notes that they 'did not think that carving up male genitalia had any damaging effects on male sexuality as long as the penis remained largely intact' and bought into 'popular perceptions that circumcised men "last" longer during sexual intercourse', a view perpetuated by pro-circumcision websites (Bell 2005, 131). The sensitivity protected by the foreskin, the erogenous nature of the foreskin itself, and sexual practices relying on an intact penis—docking, for example—are all erased in these characterisations (Harrison 2002).

As Bell points out, a mirroring of the justifiable feminist outrage at the idea that female genital cutting could be justified on the basis of enhancing the pleasure of male partners is strikingly absent in this context. Such factors fuel our concern about drawing distinctions, as Ehrenreich does, rooted in the patriarchal justifications for female circumcision. Certainly, if the notion of 'patriarchal gender norms' is to retain any purchase as a critical framework for understanding these practices, then it would seem to require that we pay much closer attention to the way in which the concept of patriarchy often functions to allow men's experiences to remain unquestioned. We contend that male circumcision is implicated equally in differentiating the sexes and upholding gender norms. Indeed, as Carol Delaney notes in her attempt to untangle how religious myths are

woven into the moral fabric of our society, the story of Abraham, with its interrelated narratives of circumcision and child sacrifice, is the 'most patriarchal of stories', and one which is 'inextricably entangled with the meanings of masculinity' (Delaney 1998, 12, 18). In the next section, we draw on some studies that have mapped male genital cutting procedures, and consider the role of these practices in distinguishing between the sexes and helping to define masculinity.

### '... Identity and Distancing'

[(N)on]circumcision involves signs separating an 'us' from a 'them' entangled in various discourses of identity and distancing ... It marks off Muslim Indonesian from Hindu-Balinese Indonesian, but not from 'Hindu Javanese' or Tengger Indonesian. Generally, it can differentiate any Muslim from any Hindu man ... Un/circumcision has divided Paulien precepts from Christ, Christian from Jew, unmedicalized laggard from medicalized modern; and now demedicalized post-modern from still-surgicalize establishmentarian. (Boon 1994, 561)

Although considerable disagreement exists about the origins and developmental trajectory of circumcision, it clearly has a long and rich history (Wallerstein 1983). It has been practised in the Near East, tribal Africa, among Muslim peoples of India and Southeast Asia, and by Australasian Aborigines since prehistory (Dunsmuir and Gordon 1999). Egyptian mummies dating from 2300 BC were circumcised and Egyptian wall paintings attest to its presence as a customary practice several thousand years earlier (Dunsmuir and Gordon 1999). Theories seeking to explain the emergence and evolution of the procedure have varied widely, as has the nature of the procedure (its timing, the extent of excision, etc.). Commenting on nineteenth-century historical literature, Dunsmuir and Gordon note a belief in circumcision as emblematic of Church power: 'The ritual is a warning and the timing dictates who is warned; for the new-born it is the parents who accede to the church; "We mark your son, who belongs to us, not you"' (Dunsmuir and Gordon 1999, 1).

Alternatively, historians have proposed that circumcision was an incident of slavery. Captured warriors in Egypt were often mutilated before being condemned to slavery. Such mutilation resulted in a high morbidity and 'circumcision was just as degrading and evolved as a sufficiently humiliating compromise. Eventually, all male descendants of these slaves were circumcised' (Dunsmuir and Gordon 1999, 1). Jews, at that time a largely enslaved people, adopted and ritualised the procedure, which was later incorporated into Judaic practice and teachings (Dunsmuir and Gordon 1999). It has also been argued that circumcision evolved as a mark of cultural identity or belonging, in the same vein as scarification, tattooing, body piercing, and other body modifications. As Dunsmuir and Gordon conclude: 'Although the true origins of circumcision will never be known, it is likely that the truth lies in part with all the theories described' (1999, 2). For our purposes, the most interesting suggestion in some of these studies points to how circumcision functions not only to differentiate the sexes but also to affirm particular masculinities. Thus, Hellsten observes:

[I]n East Africa ... men of the Masai tribe see uncircumcised men as adolescent, spineless and timid cowards who do not have full male qualifications ... Within the Cameroonian Nso tribe the three main rationalisations for male circumcision have been firstly, the



belief that circumcision prepares the penis, puts it in readiness for coitus and procreation, secondly that it tests the courage and endurance of a boy at the threshold of adulthood, and thirdly . . . to tame and moderate the sexual instinct thereby helping a man to act more responsibly. (Hellsten 2004, 251)

Such work posits an association between circumcision and culturally desired markers of masculinity, including maturity, courage, and sexual readiness (Turner 1967, chap. 7). Conversely, uncircumcised men are seen as undeveloped or immature and inclined to poor sexual or reproductive performance (Hellsten 2004, 251). Therefore, whilst routine male circumcision is often distinguished from female genital cutting on the grounds of its perceived neutrality, in fact it clearly inscribes masculine idea(l)s on the infant male. The parallels with female genital cutting are noted by Fran Hosken, who observes that in various African communities:

Excision . . . is practiced to affirm the sex of the individual, because it is believed that the clitoris represents a male element in a female, and that the prepuce of the penis represents femininity in a boy. Hence, the girls are excised and the boys circumcised in order to establish their sex in society. (Hosken 1994, 55)

### **Circumcision and Masculine Sexuality**

An estimated one-sixth of the world's men are circumcised (Denniston and Milos 1997). The majority of these procedures have been justified on the basis of religious observance, which, as just noted, can have a secular origin that becomes overlaid with sacred signification. Njambi (2004, 294) points to a pervasive 'Judeo-Christian assumption that circumcised male bodies are normal and acceptable and even that painful passage to manhood is desirable', which contrasts sharply with attitudes to female genital cutting. The history of the emergence of circumcision as a routine secular practice—a 'surgico-religious' (Darby 2005, 311 citing Parker 1950) or 'secularised religious practice' (Dozor 1990, 820)—demonstrates the interconnection of sacred and secular justifications, particularly those that originate in concerns with cleanliness and sexual temperance (Chapman 1882, 317). Similarities in the historical trajectory of circumcision across much of the English-speaking world chime with these studies in suggesting a history structured by aesthetic ideals, anxieties about hygiene, and a desire for sexual restraint.

Such concerns and the nexus between them and culturally validated forms of masculinity prefigure and co-exist with religious justifications for circumcision. Hence, we argue that any analysis of these literal inscriptions on the body needs to be located in studies of masculine corporeality and its many idea(l)s (see also Gilmore 1990; Gilman 1999). In a related paper (Fox and Thomson forthcoming) we have explored a different aspect of this relationship between a privileged male imaginary anatomy and the persistence of non-therapeutic circumcision. There we focused on the place of the imagined (phallic) anatomy of the body politic, the requirement that social bodies be analogues of that body and related notions of the sacrificial male body, in explaining the persistence of male genital cutting. Specifically, we questioned the place of pain in the creation of a sacred/secular covenant. Linked to that analysis, here we explore the place of efforts to manage male sexuality and the role of aesthetics in understanding circumcision practices and their enduring nature.

It may seem counter-intuitive to propose that a man's circumcision status—rather than his penis per se—is a marker of difference between the sexes. As noted above, however, anthropological and other studies question the absoluteness of this binary and suggest a more complicated relationship. The routinisation of male circumcision in Australia and the United Kingdom in the 1890s served to mark sex differences in a similar way. This process is illustrated by how the foreskin was feminised in pro-circumcision discourses that relied on and played into myths of female disease, contagion and uncleanliness. In such accounts, the foreskin is either analogised to the clitoris or labia,<sup>1</sup> or it is more generally characterised as a permeable and dangerous interior space.<sup>2</sup> Such depictions connect to broader understandings of the foreskin as feminised flesh, representing what Judith Butler refers to as 'bodily permeabilities unsanctioned by the hegemonic order' (Butler 1993, 132). On such readings the foreskin represents an inner sensitised world that appears incompatible with—and disrupts the aesthetic of—the culturally privileged model of masculine embodiment.

William Goodwin offers a clear illustration of how circumcision, when it originally emerged as a prophylactic, was understood in aesthetic terms. He wrote of the surgery as a 'beautification comparable to rhinoplasty'. For him, the circumcised penis 'appears in its flaccid state as an erect uncircumcised organ—a beautiful instrument of precise intent' (Miller 2002, 544–45 citing Goodwin). Within Goodwin's visual framework, the circumcised penis complements the ideal of the phallic body, its closure and impenetrability (Race 1997). In its circumcised state, the penis is also imagined as erect; ready for penetration, a clear signifier of masculinity. Similarly, and corroborating the earlier assertions by Boddy and Hoskens, in a 1954 study Bruno Bettelheim posits linkages between the uncovered glans and ideals of enhanced masculinity (Bettelheim [1954] 1971).

It should be noted, however, that Sander Gilman contests such readings, contending that circumcision in fact marked circumcised males as 'effeminate'; in possession of 'damaged and dishonorable masculinity' which requires surgical intervention to restore the foreskin or de-circumcise (Gilman 1999, 137–38). Indeed, he even posits that 'circumcision remove[s] the essence of masculinity' (1999, 142). Yet, interestingly, the religious justifications on which Gilman relies seem, in fact, to highlight the role of circumcision in 'completing' the body: 'much as grinding makes wheat usable as flour' so man is born with a duty to perfect himself (1999, 137).<sup>3</sup> In terms of aesthetics, contemporary studies continue to find a preference for the circumcised penis within US culture (Sandovsky 2002),<sup>4</sup> with the 'uncut' positioned as a fringe or fetish interest. Thus, a scientific review of circumcision in the United States in 1997 observed that 'a certain stigma . . . is attached to the uncircumcised penis in the white population' (Laumann, Masi, and Zuckerman 1997, 1057).<sup>5</sup> The notion of stigma, derived once more from ideas of uncleanliness, as well as racial and class prejudice, is central to the recognition of circumcision status as a marker of racial (and other) differences. As Gollaher summarises, in a US context:

So it happened that the foreskin, despised by the medical profession, came to broadly signify ignorance, neglect, and poverty. As white middle-class gentiles adopted circumcision, those left behind were mainly recent immigrants, African Americans, the poor, and others at the margins of respectable society. (1994, 22–23)

This recurring motif of uncleanliness also emerged from the association, noted above, between the uncircumcised penis and a feminised interior.<sup>6</sup> This aligned the foreskin with

negative biomedical and popular understanding of female genitalia, with professional and lay publications constructing the foreskin as diseased and polluted. Jonathan Hutchinson, for example, deploys imagery of interior spaces of fluidity and disease to assert that the foreskin constitutes 'a harbour for filth' (Hutchinson 1890). Such notions were more fully articulated in E. Harding Freeland's work:

[A]nyone who has taken the trouble to compare the dry, pink-parchment-like, cleanly appearance of the glans of the circumcised with the sodden, swollen, uncleanly structure which is frequently presented to view when the prepuce of the uncircumcised is retracted cannot fail to have been struck by the contrast. In the latter case the space between the prepuce and the glans forms the very *beau ideal* of a place for the implantation and multiplication of bacteria of all kinds. (1900, 1870)

Significantly, such associations still recur, notwithstanding contemporary awareness of the prepuce as a complex tissue. Thus, in a recent medical journal, the foreskin is characterised as a 'piece of prehistoric human culture that now only exists as a reservoir of infection' (DeHovitz 2000, 64).

### Cutting it Out

R.W. Cockshut remarked in 1935 that 'it does not seem apt to argue that "God knows best how to make little boys"' (1935, 764). We suggest that this bold claim, offering a rather different perspective on the interplay of the sacred and the secular, should be read against a backdrop in which circumcision was promoted as a deterrent to masturbation and consequently a cure for its associated ills (Miller 2002). Circumcision was seen to desensitise the glans and hence curb male sexuality:

I suggest that all male children should be circumcised ... Civilisation ... requires chastity, and the glans of the circumcised rapidly assumes a leathery texture less sensitive than skin. Thus the adolescent has his attention drawn to his penis much less often. (Cockshut 1935, 764)

These proponents argued that the procedure 'promotes continence by diminishing the prurience of the sexual appetite' (Gollaher 1994, 11 citing McGee 1882, 105). Moreover, the potential improvement in 'moral hygiene' was seen as more likely where the pain associated with touching the penis was clearly imprinted. As J.H. Kellogg argued, 'the pain attending the operation will have a salutary effect on the mind, especially if it is connected with the idea of punishment' (1888, 295). This rationale for surgery occurred, of course, during a period of grave concern regarding masturbation, which was believed to be the cause of insanity and the general weakening of the male population. Of particular concern was the health of a white middle-class population increasingly regarded as enfeebled and challenged by more 'robust' immigrant communities. As a racist discourse of pollution and contagion emerged, in response to growing immigration to the United States from Southern and Eastern Europe, circumcision was adopted by the white middle classes as a prophylactic. Inevitably it became a marker of social status, differentiating the white middle classes from immigrant populations (Gollaher 1994, 22–23). The general tenet of the pro-circumcision/anti-masturbation discourse is ably demonstrated in Freeland's work:

It has been urged as an argument against the universal adoption of circumcision that the removal of the protective covering of the glans tends to dull the sensibility of that exquisitely sensitive structure and thereby diminishes sexual appetite and the pleasurable effects of coitus. Granted that this may be true, my answer is that . . . sensuality in our time needs neither whip nor spur, but would be all the better for a little judicious use of curb and bearing-rein. (Freeland 1900, 1869)

These justifications recurred throughout the English-speaking world, fuelling the rise of routine circumcision. As Darby has noted, in Australia in the late nineteenth century the primary justification for circumcision was as a cure for spermatorrhea (nocturnal emissions) and a means of discouraging masturbation and nervous complaints in the young (Darby 2005, 314). Thus, the management of male sexuality became an early and prominent justification for male genital cutting. Indeed, it has been argued that this rationale was the primary driver for the routine adoption of the procedure. This focus on managing sexuality serves to align the procedure with popular justifications for female genital cutting—an alignment, which, as we have shown, is frequently denied by feminist commentators.<sup>7</sup>

## Conclusions

Aware of the ‘copiousness of significations still devolving on circumcision and uncircumcision’ (Boon 1994, 562–63) and in striking contrast to the literature on female genital cutting which privileges the role of sexuality and gender, most commentators on male genital cutting foreground the place of race, religion and medicine. Generally, there is a failure in this scholarship to recognise the relationship between masculinity and circumcision practice and status. Yet, as we have aimed to demonstrate, circumcision discourses articulate particular understandings of the male body and masculinity. Moreover, the promotion of genital cutting on the basis of its potential to assert or affirm desirable forms of masculinity, while simultaneously taming male sexuality and its attendant ills, reveals remarkable parallels between practices and histories that the West shares with non-Western communities. As a medical expert in one US case observed:

The reasons cited by families for altering the genitalia of their children is nearly identical whether it is a girl in Africa or a boy in the United States . . . cleanliness, preventing illness, religion, looking like other children or like their parents, fear of promiscuity, and acceptance of the altered genitalia as more attractive to the opposite sex. (Hernlund and Shell-Duncan 2007, 19 quoting Dr Van Howe in the 1996 case of *Fishbeck v. the State of North Dakota*)

In endorsing such claims we are mindful of Pedwell’s insightful analysis of the dangers which accompany attempts to highlight similarities between Western and non-Western cultural practices, and the real risk of collapsing important distinctions in such a process (Pedwell 2007, 2008). However, our contention in this paper is that important links between different forms of genital cutting, and their roles in producing sexed bodies, have been obscured by academic work, which for various political ends has sought to deny these similarities. The notable discursive overlaps between male and female genital cutting practices render the differential responses of global civil society to the practices particularly striking. As Dena Davis has noted, in querying depictions of male and female circumcision as unitary and distinct procedures:

When one begins to question the normative status of the male newborn alteration in the West, and when one thinks of female alteration as including even a hygienically administered 'nick', one begins to see that these two practices, dramatically separated in the public imagination, actually have significant areas of overlap. (Davies 2001, 488)

In this paper, the areas of overlap we have focused on are the mechanisms by which genital cutting functions to mark and define bodies in ways which clearly demarcate the sexes—both by managing sexuality and by coding bodies and particular body parts as masculine or feminine. Through an exploration of these technologies of cutting we have sought to highlight the relevance of routine neonatal circumcision for feminist objectives, and to participate in Wairimū Njambi's call for dialogue about the cultural meanings of embodied practices (2004, 299).

## NOTES

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1. Whilst it is questionable to 'pick and choose' across the vast anthropological data that are available, it is interesting to note the practice of the Ndemu of north-western Zambia. Here the glans of the uncircumcised penis is understood as 'wet' and filthy whilst the circumcised is 'dry' and desirable (Miller 2002, 535).
2. This argument is given greater currency when we explore historical understandings of the physiologies of the sexes (Laqueur 1990).
3. Boddy notes the prevalence across cultures of the belief that 'humans are born unfinished' (2007, 58). As Zabus observes, however, opposition to various forms of circumcision has been grounded in religious notions of the 'Perfection of Creation', which have been invoked by Islamic and Christian scholars to support bodily intactness (Zabus 2007, 97–101).
4. Although Gilman does point to sub-cultural variations within this preference, arguing (seemingly anecdotally) that 'circumcision defines the "exotic" male body, at least in gay culture. Whereas it is "in" to be "cut" among gay circles in Germany, it is "in" to be "uncut" in gay circles in New York City' (Gilman 1999, 288).
5. Gilman criticises this study for perpetuating stereotypes about the hypersexuality of Jews and argues that it 'places the circumcised male in an anomalous position' (1999, 290).
6. It is worth noting the racial differences in US rates for circumcision: 96 per cent Jewish men, 81 per cent of non-Hispanic white men, 65 per cent of black men, 54 per cent of Hispanic men (Gilbert 1997).
7. Of course, such accounts have rightly been criticised for this focus on gender and sexuality, at the expense of other axes of difference such as race and ethnicity; however, our point is that this contrasts sharply with analyses of male genital cutting.

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