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**Intactivism: Understanding Anti-Male Circumcision Organizing in the U.S.**

A Dissertation Presented

by

**Amanda Kennedy**

to

The Graduate School

in Partial Fulfillment of the

Requirements

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**Doctor of Philosophy**

in

**Sociology**

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Abstract of the Dissertation

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While in the U.S. routine medical circumcision of male infants has long been justified on medical grounds, scholars have also pointed to surrounding discourses that suggest deeply held cultural prejudices, fears of sexuality, and racial contagion. However, little scholarship has addressed the questions of masculinity, despite a massive polemical literature that swirls around it. This dissertation takes those polemics, and several organizational efforts, as its source of data to understand the “Intactivist” movement as a social movement.

Like all social movements, the Intactivist movement has many branches, is organizationally diverse and rhetorically diverse. So, how does the movement coalesce, and where are its fissures? How do they plan to achieve their aims? This dissertation relies on organizational literature, participant observation in meetings and at demonstrations, and in-depth interviews with members of Intactivist organizations to trace the movement’s emergence as well as its relationship to American medical thought and other ongoing social movements.

To date, the Intactivist movement has been largely unsuccessful in generating social change. In fact, it’s had the opposite effect, often galvanizing opposition and legislation. Even though circumcision rates have fallen, this is likely the result of changing insurance coverage and costs, not movement rhetoric. But, Intactivists have had some influence on a shifting sense of the masculine self, and centering the foreskin as a political question. Indeed, this dissertation argues that the movement has generated a kind of “embodied success,” specifically through the politicization of the foreskin. Intactivist men, who initially define themselves as circumcision’s mutilated victims, reinvent themselves through movement participation. They transform themselves (literally and figuratively) into phallic heroes, defenders of human rights and also of masculinity. This politicization ties the masculine values traditionally associated with the penis/phallus to the intact (or restored) foreskin. Thus, Intactivism proves the flexibility of masculinity. Even as Intactivists challenge dominant masculine bodily norms, they adhere to

mainstream masculine values of lifelong penetrative sexuality, complete independence/  
autonomy, and scientific rationality.

## Dedication Page

To my parents—who instilled in me a deep love of learning and who always pushed me to do my best. This is my 2%.

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## **List of Abbreviations**

- 4ERIC—End Routine Infant Circumcision
- AAP—American Academy of Pediatrics
- ACLU—American Civil Liberties Union
- ACOG—American College of Obstetrics and Gynecology
- AIDS—Acquired Immunodeficiency Virus
- ARC (or ARCLAW)—Attorney’s for the Rights of the Child
- AVFM—A Voice for Men
- BAI—Bay Area Intactivists
- BUFF—Brothers United for Future Foreskins
- CA—California
- CAT—Constant Applied Tension
- CEO—Chief Executive Officer
- CI—Coverage Index
- CO—Colorado
- CT—Connecticut
- D.C.—District of Columbia
- DOC—Doctors Opposing Circumcision
- DTR—Dual Tension Restoration
- ED—Erectile Dysfunction
- FGM—Female Genital Mutilation
- HIV—Human Immunodeficiency Virus
- JCRC—Jewish Circumcision Resource Center
- LGBT—Lesbian, Gay, Bisexual, Transgender
- LGBTQI—Lesbian, Gay, Bisexual, Transgender, Queer, Intersex

MAC—Mothers against Circumcision

MGM—Male Genital Mutilation

MRA—Men’s Rights Activist

MRM—Men’s Rights Movement

NCFM—National Coalition for Men

NJ—New Jersey

NM—New Mexico

NOCIRC—National Organization of Circumcision Resource Centers

NOHARMM—National Organization to Halt the Abuse and Routine Mutilation of Males

NOMAS—National Organization of Men against Sexism

NORM—National Organization for Restoring Men

NOW—National Organization of Women

NRC—Nurses for the Rights of the Child

NSM—New Social Movements (as in, new social movements theory)

NY—New York

NYC—New York City

POV—Point of View

PTSD—Post-Traumatic Stress Disorder

RECAP—RECover A Penis

RIC—Routine Infant Circumcision

SICS—Stop Infant Circumcision Society

SM—Sadomasochism

STD—Sexually Transmitted Disease

STI—Sexually Transmitted Infection

TV—Television

UK—United Kingdom

UN—United Nations

UNICEF—United Nations International Children’s Emergency Fund

U.S.—United States

UTI—Urinary tract infection

WHO—World Health Organization

WPM—White Power Movement

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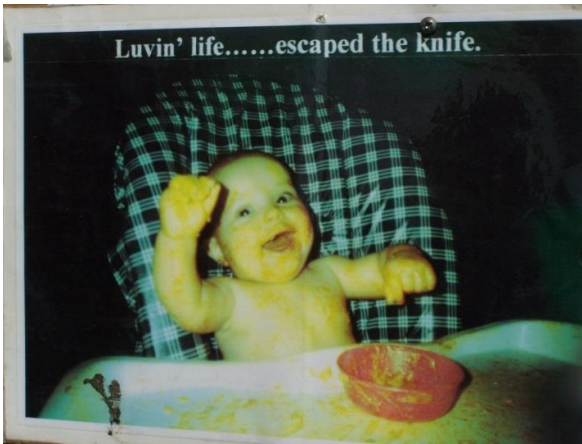
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## **Chapter 1: Introduction**

It's the fourth day of Genital Integrity Awareness Week 2012. I'm outside the Capitol Building in Washington, DC. The activists are set up on the west lawn, with the Capitol behind them and the reflecting pool in front of them. It's cool, bright, and breezy; there will be a lot of people out today, lots of opportunities for activists to interact with tourists. The event is sponsored by 4ERIC (**End Routine Infant Circumcision**) and SICS (**Stop Infant Circumcision Society**). Many of the activists present are sponsored by the organization, but some have come in from around the country and represent different organizations. They've built a wooden square frame where they can hang posters, and many additional posters are waiting to be placed strategically around the lawn, where passersby can get a good view. The first sign I saw walking up to the lawn was "Stop Circumcision: America's Human Rights Violation" but the show stopper is a long black banner with white block print that reads: "Whose penis? Whose body? Whose rights?" They've come with their own hand held signs as well, and one woman is flying a kite covered in genital integrity bumper stickers from the Intactivist movement. Many of the hand held signs depict smiling white babies; one is overjoyed, covered in some kind of orange sauce from playing with his food—the words "Lovin' life...escaped the knife" hover above.



(Fig. 1: Poster from Genital Integrity Awareness Week 2012; photo credit: Amanda Kennedy)

Another sign shows the angelic face of a white infant; the shot is very close up, just eyes, nose, and mouth, with the words "Being male is not a birth defect" stamped above and below.



(Fig. 2: Poster from Genital Integrity Awareness Week 2012; photo credit: Amanda Kennedy)

The day gets underway as tourists arrive in large groups. One young man, there for the event, in his mid- to late-twenties, is walking around the lawn along the short wall that surrounds it. He chants “We protect our girls, why not our boys?! Genital integrity for girls and boys!” repeatedly. A female protestor adds “and Intersex!” He continues walking and chanting.

It’s afternoon now and activists are continuing to arrive. More female activists have arrived, though the group has not reached gender parity. The group is still almost entirely white. At least two of the new women have brought their children with them. The kids join the protest like old pros. The girl, about 12, and her brother, much younger, carry signs and chant with the young man who has been making his rounds. The little girl specifically requests a sign: “Pedophile priests stopped! Circumcisers next!” The two are yelling slogans: “Only you can protect your son!” “Don’t snip the tip, keep your baby whole!” and “Circumcision is like cutting off your eyelid!” The young man who I’ve been casually following around is asking around for someone to take video footage of the children.

I’m curious about the children protesting. Really, I’m a bit uncomfortable with it. It reminds me of little kids at pro-life rallies who yell death threats they don’t understand at doctors. I overhear a conversation the young man is having with the little girl.

“Have you ever heard the word ‘circumfetishist?’” he asks.

“No.”

“It’s a person who...enjoys performing circumcisions...someone who gets off on it. Now you can use that word too.” He points to her sign. “You can use it like ‘pedophile.’”

If I was uncomfortable with their participation to this point, this conversation pushes me over the edge. It is one thing, I think to myself, to teach kids about health information, even sexual health, and about human rights. It’s also fine if your interpretation of those things is different from the mainstream, or from my own. But this seems too much. Can a 12 year old understand what a fetish is? Could she question it if she wanted to? It feels like brainwashing; she can’t fully understand it, but there’s pressure for her to use it in this context.

I talk to her briefly. I want to know what she thinks and knows about circumcision, and now, circumfetishism. Her mom told her about circumcision when her parents chose not to circumcise her little brother. She’s antsy to get back to active protesting, so I follow her around. She’s got a video camera trained on the crowd, to capture their reactions to her chants. She tells me she’s disappointed. “People aren’t taking me seriously!” Comments from the crowd seem to confirm her suspicions. A white man turns to his white female companion and says, “Those kids don’t even know what they’re talking about.” Another man, though, laughs as he shouts “Hey, that kid is speaking the truth!”

## **Welcome to Intactivism**

Intactivism is a movement comprised of men and women who devote themselves to fighting against male circumcision. There are Intactivists around the English-speaking world. Though there are no definitive demographics, there appear to be more men than women (I’d

speculate about 60-70% men), by far more white people than people of color (at least in the geographic locations with which I became familiar), and a mix of sexual orientations; I can say this with confidence only about the U.S. movement, as I've not studied the British, Canadian, or Australian components. Incidentally, I've met one Canadian and one Australian Intactivist—both were straight or bisexual white men.

U.S. Intactivism emerged, as a movement, around 1980. Early activists include Van Lewis, who protested regularly outside Florida hospitals, and Marilyn Milos, a nurse who founded the National Organization of Circumcision Information Resource Centers (NOCIRC). The movement has diversified greatly over its more than thirty year history, with organizations focused on many different tactics: some are devoted to self-help and support for men injured by circumcision; others fight legal battles and lawsuits concerning botched or forced circumcisions; others tackle medical misinformation; and still others promote scientific research.

Intactivists generally see themselves as progressive defenders of human and children's rights. That much is clear from the vignette above, drawn from my field notes. Their signs decry the abuse of circumcision, likened to sexual abuse. They see their fight as one of gender equality. "We protect our girls, why not our boys?! Genital integrity for girls and boys!" Little girls in the U.S. are protected by federal law from genital alterations like female circumcision yet male circumcision is practiced regularly and defended by authorities like doctors and politicians. This is a contradiction that Intactivists cannot abide. They also sometimes concern themselves with other genital alterations, like gender assignment surgery on intersex infants and female circumcision; yet always, their primary consideration is male circumcision. When, for example, the woman adds "and Intersex," it seems like an afterthought, and it doesn't make its way into the men's chant permanently.

All of the organizations in the movement fight against routine medical circumcision of infants; a few also tackle religious and ritual circumcision. For Intactivists, circumcision is not only a violation with immediate consequences, but also creates lifelong issues for boys subjected to it; they insist that circumcised men suffer psychological, sexual, and physical problems as they age. This is true, they go on, even for the men who don't recognize these issues or refuse to acknowledge them; that is to say, Intactivists believe it is true for almost all circumcised men.

Intactivists have even made some headway. Movement success stories include the American Academy of Pediatrics' (AAP) 1975 and 1999 decisions to no longer recommend the procedure (Miller 2002; Milos and Macris 1992; Zoske 1998), the removal of funding for the surgery by many insurance companies, and Dr. Spock's (perhaps the most famous pediatrician) change of opinion toward the practice. The circumcision rate among American infants has also dropped radically in recent years; circumcision rates continue to vary geographically but, nationwide, we've seen a drop from a national average of about 65% in 1979 to about 58% in 2010, with some regions dipping to the low 30s (Owings, Uddin, and Williams 2013). While this drop is likely due to changes in coverage, and influenced by immigration from non-circumcising nations, some of this change may be attributable to the influence of Intactivism on the national circumcision conversation. Most recently, anti-circumcision activists in San Francisco, CA, collected more than 7,500 signatures to get a circumcision ban placed on the city ballot for a public vote.

However, the movement has not been successful in its overall goal of eradicating routine infant circumcision (RIC). The San Francisco ban was struck down by a judge after vocal challenges from local Muslim and Jewish organizations, and a state law was recently passed prohibiting any future California city or county laws prohibiting circumcision (Siese 2011). Further movement setbacks include an increasing global health initiative, led by the World Health Organization (WHO), which would use male circumcision in the fight against HIV/AIDS in developing countries (World Health Organization 2007), and a slight change in AAP position which now legitimates and protects the parental right to consent to circumcision on behalf of an infant, and encourages reinstating third party insurance coverage for the procedure (American Academy of Pediatrics 2012). Renewing or expanding insurance coverage would likely lead to an increase in the number of babies circumcised in the US since much of the decrease we have seen over the past few decades is likely due to the cost of the surgery when not covered by insurance than to increased public awareness of a social movement opposing it. And the WHO initiative could lead to hundreds of thousands of circumcisions throughout Africa in the coming years in an attempt to counter the AIDS epidemic. Together, these policy changes are huge frustrations to Intactivists.

So they fight. They write. They chant. They blog.

This dissertation is an in-depth look at Intactivism. It is not an evaluation of the veracity of their medical claims, rather an evaluation of their gender and sexual politics, their beliefs about embodiment and masculinity. What, exactly, does it mean when a group of mostly white men come together in public to proclaim their victimization? How can we understand their pain when we know about their power? In particular, I aim to lay bare the relationship between their social movement tactics (framing, collective identity, and media strategies), their gender politics, and questions of embodiment. In each section, I explore a different tactic, its underlying gender ideologies, and effects on bodies (both real/experienced and imagined).

### **Some Notes about Method**

This dissertation brings together a mix of methods and a variety of theories. The questions which I seek to address—about men’s power, about medicalization, about trauma and personal experiences—demand nuanced answers. These answers cannot all be found in one place. To begin, there is a deeply historical analysis of the formation of Intactivism. I start with medical literature from the late 1800s through the 2000s to trace the implementation of routine circumcision as both a cure and a prophylactic, and resistance to the procedure from doctors and nurses. This history provides important context—this internal dissent in the medical institution eventually leaks into the political arena, appropriated by Intactivists. In more recent history, some of these doctors and nurses have turned to activism themselves, their expertise forming the academic or intellectual backbone of the movement.

There is also a modern history to be told. How did the movement organizations coalesce? How did their goals emerge? These histories intertwine with the history of mainstream American feminism. It seems that in many ways Intactivists have adopted, then adapted, the words and claims of feminists to serve their own purposes. Intactivism also draws on the ideology of the Men’s Rights Movement (MRM). Thus, I read Intactivist history contrapuntally (Said 1993),

juxtaposing their claims with historical contextual clues that provide insight into their political significance.

The analysis is drawn from three broad sources. First, I've conducted in-depth content analysis of organizational materials from all of the American Intactivist organizations with websites. This movement is technologically savvy. Given the sensitive nature of the topic, many men are more comfortable turning to the internet for information. Thus, the organizations publish significantly online, have a strong presence on Facebook and YouTube, and provide online support to their often anonymous audience. I've collected these materials and read them in full, thousands of pages from websites, books, conference proceedings, and newsletters. The use of internet data—websites, social media, internet forums, and so on—is increasingly common in gender and sexualities research (Binik, Mah, and Kiesler 1999; Mustanski 2001; Peng 2007; Ross 2005) as well as studies of social movements and contentious politics (see, for examples, Ayres 1999; Beckles 2001; Burris, Smith, and Strahm 2000; Obar, Zube, and Lampe 2012).

To find groups for this study, I began with several of the best known organizations (NOCIRC, NORM, Intact America) and used their listings to find other groups. I have only included groups that are based in the U.S.; for example, although one can easily locate The Intactivism Pages ([www.circumstitions.com](http://www.circumstitions.com)) using Google, I did not include it for this study because the main contact person lives in New Zealand. I also only used primary websites, not websites for local chapters of national organizations (for example, I used NORM's main website, but not websites of local NORM chapters in New York, Minnesota, etc.). While I recognize that this may limit some of the local data, I wanted to focus on the broad messages of the movement that were likely to reach wider audiences. I did not use Facebook pages of groups without traditional websites. Without a formal website, I cannot access their promotional or informational materials.

Most of the groups in the study are national organizations—like NORM, Intact America, and Doctors Opposing Circumcision (DOC)—while others are local organizations without an overarching parent organization—like the Bay Area Intactivists (BAI), located in San Francisco, CA. Organizations may emerge or become defunct rather quickly; however, I am confident that I have examined materials from all major American Intactivist groups that exist (with websites) as of January 2015.

Not all of these groups or websites are formal organizations. Many are what I am calling information clearinghouses. Yet while these lack a formal structure, they play a key role in unifying the movement and its message, and thus have been included for study. There is a more detailed discussion of the organizations and their various foci in chapter 2. I coded these organizational documents, paying attention to their understandings of the harms of circumcision (see chapter 5), and for subtle messages about race, gender, and sexuality. I analyzed both written and visual materials in hopes of addressing the variety of messages Intactivists use. Some organizations figure more prominently in different chapters. Some data is used more heavily in certain chapters than in others. I try to make these differences clear in each section.

Second, I conducted 20 interviews with movement members at various levels of these organizations. Some are organizers, some are merely interested participants. In some cases, I assigned interviewees pseudonyms for the sake of confidentiality. There are some activists whose identity could not be hidden, because their activist work is well-known and because they

are in the media limelight. These activists agreed to be identified. Interviews were conducted in person, over the phone, or using Skype. They ranged from one to two hours each. They were guided by an interview schedule (reproduced in appendix A) but were flexible to allow the interviewee to offer their own insights. This flexibility means that some interviewees focused on certain topics over others, and thus the interviews are not perfectly parallel. This kind of flexibility is common in feminist in-depth interviewing which “encourage[s] individuals to explain how they viewed their circumstances, to define issues in their own terms, to identify processes leading to different outcomes, rather than merely identifying the outcomes” (Cuádréz and Uttal 1999: 160). I used primarily a snowball sampling technique (Atkinson and Flint 2001; Handcock and Gile 2011), beginning with connections I made through BAI, and proceeding from their suggestions. I also used purposive and convenience sampling (Teddlie and Yu 2007), meeting activists at events like the Genital Integrity Awareness week protests in Washington D.C. and the Genital Integrity symposium in Boulder, CO. There are limitations to these sampling techniques, most significantly that they do not produce a representative sample. For example, my interviewees were largely from Bay Area Intactivists (who I met while in San Francisco), members of 4ERIC, most of whom I met at the protest in Washington, D.C., and then others from the Boulder conference. My interviews are thus, better representations of coastal Intactivism, than of, say, Midwestern Intactivism. Nevertheless they answered important questions. The interviews gave me a chance to see what parts of the Intactivist message were most salient to its members. Why did men and women choose to join the movement? What do they see as the primary goals and targets? For the most part, the official message of the movement, and of the organizations themselves, is mirrored in the activists’ stories.

The interview material is supplemented by hundreds of written testimonials, posted on organizational websites. As with the interviews, there are benefits and drawbacks to the use of internet testimonials. Because the internet affords people a degree of anonymity, some of the information contained in testimonials is far deeper and more personal than what I was told in some interviews. Without fear of reprisal, some testimonial authors are quite revealing—of their racist or xenophobic beliefs, their hostility towards the perpetrators of “male genital mutilation” (“MGM”), their sexual problems and proclivities. So, in many ways, these postings are very useful data for this analysis. But they have drawbacks. First, the anonymity afforded online also hides basic demographics, meaning that the data is not generalizable. Second, men can write anything, and there is no unifying structure. Some men talk extensively about the topic of romantic encounters and sex, while others say little of it, focusing instead on health or talk of human rights. The testimonials do not offer parallel information so again, one cannot generalize from them. And finally, with all internet postings, there is the question of honesty. Can we trust anything posted anonymously online? It is important to remember that, unlike personal communication, comments posted online are written with the intention that they be seen by others, and that this will certainly shape the content (Altheide 2004). For example, testimonials gathered from foreskin restoration product websites may contain all sorts of untruths—men may use them to brag about their bodies or the testimonials could be written by the product designer, in an attempt to build a following for the product. I believe that even if these testimonials represent the bragging of product designers or the boasting of anonymous men seeking approval from online readers, they still provide insight into the governing aesthetics and ideals of the movement. I am less interested in the actuality of foreskin restoration—whether it actually produces physiological and sexual changes—but in the expectations Intactivist men have of

foreskin restoration's possibilities, and the relationship between these ideals and movement frames and ideology. Nevertheless, to alleviate concerns about the quality of this data, the testimonials have been read in line with other materials—I've paid attention to the ways testimonials both confirm and deny the broad ideological claims of Intactivism.<sup>1</sup> In large part, they confirm my findings from the rest of the data.

Finally, I conducted fieldwork at Intactivist events including Genital Integrity Awareness Week in 2012 as well as Intactivist booths at San Francisco Pride 2011 and Queens Pride 2012; additionally, I attended the 3 day International Genital Integrity symposium in Boulder, CO during the summer 2014. Like the interviews, this fieldwork cannot be considered representative. In the case of the Pride events, it might over-represent the centrality of LGBT issues in the Intactivist movement. Both Genital integrity Awareness Week and the Symposium are limited to some of the most devoted, highly involved activists, who must pay for travel (and perhaps even take vacation from work) to attend these multi-day events. However, the fieldwork gave me access to informal interviews and allowed me to see Intactivist ideology in action—how the activists communicate their message to the outside world. This is important because while some of the website materials aim at a broad audience, many are used to reach sympathetic audiences or individuals already committed to the movement. Seeing what was and wasn't used at public protests provides some sense of how the anonymous internet organizing informs the community activism. For example, the term “circumfetishist” was one I saw online, in a few testimonials, but I had imagined that it was a niche concept, drawn on only by a small subset of the group. However, the encounter I witnessed between the adult male activist and the 12 year old female activist suggests that this terminology, and the anger behind it, is more wide-reaching than I once thought. Finally, seeing activists in “safe spaces” like the Symposium, where they were not worried about the public, provided insight into the development and perpetuation of collective identity. Here, member socialization occurs, new tactics are communicated, and ideology is refined. This multi-method approach to data collection allowed me to gain “intimate familiarity” with Intactivists and their beliefs (Blumer 1969; Lofland and Lofland 1995), as well as the sociocultural and scientific context in which they emerged.

There is an ongoing debate among researchers who conduct qualitative analysis—namely, should qualitative data be quantified?<sup>2</sup> While I do not believe there is a definitive answer to that question, I have chosen not to quantify my data. Firstly, I do not have representative samples of interviewees, field work, or testimonials and numbers might suggest a more thorough picture than the one I have. I do, however, have nearly the entire world of online American Intactivist resources. Yet I also decided not to numerically represent it. I chose, instead, to provide rich details and reproduce significant portions of the text, interview responses, testimonials, and field work, where appropriate, so that a reader can judge for herself. To make the best use of this plethora of data, I incorporate it throughout the dissertation. Some chapters draw more heavily on one subset of the data than others, and some chapters are decidedly mixed. My analysis is intended as illustrative, not representative and I use the data intentionally to tell

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<sup>1</sup> Peng discusses similar difficulties with her own sample of online interviewees (2007: 319-320). Although there may be questions about their honesty, she explains that her interest was interpreting how they made sense of their experiences with sex workers, not the veracity of their claims. She does, however, also use some tactics to corroborate their responses, just as I have done with additional data.

<sup>2</sup> See Maxwell for some overview—his article is slightly biased toward some quantification of qualitative data but provides a fair account of the concerns some scholars have regarding the use of numbers (2010)



the gendered, embodied narrative of Intactivism. I also chose not to numerically represent the data for political purposes, namely that numbers and statistics seem to reign supreme when assessing the importance, relevance, or validity of sociological work. I want to push back against this bias by emphasizing the richness of my qualitative data and the historical context I describe.

### **Some Notes about Position**

I approach this project as a postcolonial, poststructuralist feminist. I arrived at the current project through studying Western feminist discourses of female circumcision, often referred to as “female genital mutilation.” My concern over “FGM” centered on the nearly universal portrayal of circumcised women as victims of their barbaric, patriarchal cultures. This universalist approach to female circumcision neglects the stories many circumcised women tell, stories that highlight their agency as embodied social actors, as well as the pleasures and meaning of cultural practices that outsiders may deem harmful (Gruenbaum, 2000; Njambi 2004). The universalist narrative is rarely applied as strongly to practices in our own culture, practices which, when studied in detail, resemble so-called “FGM.”

To push back against a long tradition of studying the bodily practices of (as a means of demonizing) the Other, and inspired by critical anthropology which brings its gaze home, I chose a study of the most ubiquitous American cultural body modification: male circumcision. Following Bruno Latour (1993, translated by Catherine Porter), I sought out the “hot zones” of this cultural practice—moments when social forces act to solidify and purify something as either “nature” or “culture.” The debate over circumcision is absolutely a debate over nature and culture. For its proponents, circumcision is defended as both natural and cultural; it is either the intended natural state of the penis because evolution has rendered the foreskin unnecessary, or it is culture’s (medicine’s) way of triumphing over nature. Likewise, for its opponents, the question is also one of nature and culture. The foreskin is a natural part of the penis that must be defended against culture’s never ending assaults.

I am agnostic in nature-culture debates; that is to say, I believe they miss the point. What we call nature or culture are really one and the same, inseparable, always and already (Haraway 1988). This explains my cultural relativist stance on body practices generally. How can we say what ought or ought not be done with the “natural” body when we cannot know a natural body but through culture? I imagined coming out of the dissertation research process unchanged in this perspective. But I have found myself somewhat swayed by the things I’ve read. Let me be clear. I *do not* agree with the sexual and gender politics of the bulk of the anti-circumcision movement. Indeed, I fear the political implications of Intactivist anger. However, I am somewhat convinced that non-life-saving medical interventions on the bodies of babies should wait until they can decide for themselves. I do not necessarily believe that this means waiting until the age of legal adulthood—for example, I was pierced and tattooed by age 15, decisions that I am still happy with nearly 15 years later. I think that young people can make important decisions when given the information they need. But we should give children the chance to make of their bodies what they wish.

I remain unsure what to make of cultural and religious interventions—where circumcision status marks one’s ethnic or religious group belonging. These interventions strike

me as substantively different from medicalized interventions, where circumcision is practiced under the guise of hygiene or prophylaxis, and not for the purposes of demarcating membership in marginalized communities. I'm also not convinced that *I* need to be settled on this issue. It is possible that the bodily marking will be more meaningful and personally significant if chosen at a somewhat later age, but the practice is so richly imbued with meaning, that at the very least, a person will know what it means and why. With the medicalized practice, so few are able to define what it means, except that somehow it makes them “better” (cleaner, safer, bigger, sexier) than others. “Better” just doesn't seem good enough. A connection to one's history, family, religion, these are meaningful in ways that are not captured by the medical practice. And more than that, because circumcision is often practiced by minority communities, as a white, middle-class, U.S.-born, university-educated, Christian, privileged feminist, my opinion on these matters should carry very little weight. As such, I've devoted little time to the ritual or religious forms of male circumcision, except to describe where different Intactivist groups position themselves on them, and to critique the representational styles they use to engage with these Othered bodily alterations (chapter 7).

Despite its narrow focus and its deeply problematic origins, the Intactivist movement raises questions worth considering. Why do we do what we do with our bodies? What does that make our bodies mean? What does it do to our identities? Do we want to do something different and if so, what might it look like?

After all, what good are our bodies unless we make them mean something?

## **Chapter Structure**

This dissertation presents a cultural and political analysis of the social movement, Intactivism. The cultural turn in social movement studies is broad and wide-reaching, representing recognition that social movements are not simply determined by structural and institutional factors. That is, social actors form into movements not simply because the political opportunity is there, or because they have the available resources to do so. These structural concerns are important but they are not the sole factors contributing to social movement mobilization or success. Scholars have, in the last several decades, begun to explore the other, more cultural, elements of social movement experiences—things like media, emotions, framing, and identity. This dissertation continues in that tradition, analyzing these elements of the movement against male circumcision.

But I am a scholar of gender, bodies, sexuality, and race interested in social movements as purveyors of embodied and intersectional politics. It is as a feminist that I approach the culture and politics of Intactivism. I analyze the framing, collective identity, and media tactics of the movement as a way of understanding how they produce ideas about gender, sexuality, race, and bodies. In the rest of this project, I tackle the contested meanings that emerge through the debate about male circumcision.

The beginning chapters of the dissertation seek to contextualize the movement and provided needed background information. In chapter 2, I provide a brief map of the movement, outlining the types of organizations I studied, their various goals, and who comprises their ranks.

In chapters 3 and 4, I provide a political, medical, and intellectual history of circumcision. Chapter 3 explores the medical history of circumcision. I take over 100 years of medical writings—research and medical opinions—to situate the emergence of pro- and anti-circumcision stances in the medical field, placing these in the context of changing social and political conditions. Chapter 4 focuses on movements about gender, specifically the ways in which men’s movements have engaged with the question of circumcision. Drawing on key writings from men’s movement actors and organizations, I piece together an intellectual history of gender and circumcision. This chapter also introduces Michael Messner’s theoretical model of men’s movements that will be used throughout the dissertation in reference to Intactivism (1997). This background analysis is important for fully understanding the formation of Intactivist ideology today.

Chapter 5 lays out the Intactivist understanding of circumcision, specifically the institutional and organization framing the movement uses. I argue that the movement appropriates the term “mutilation” from the feminist anti-“FGM” movement, and that this appropriation is politically problematic. Nevertheless, the term resonates significantly with men in the movement and influences their emotional and embodied experiences. The body question is taken up in more detail in Chapter 6, which examines the practice of foreskin restoration by analyzing interview responses and on online testimonials. Importantly, I compare both pro- and anti-circumcision testimonials, revealing that although they espouse different bodily practices, their values are quite similar. Thus, although Intactivism claims to challenge mainstream gender ideology and practice, in many ways it actually conforms to it.

The final substantive chapter, Chapter 7, tackles the relationship between movement framing and collective identity, specifically the function of hero imagery. I begin by problematizing the hero’s phallic masculinity (Phelan 2001) which, I argue, is an identity marked by class, race, gender, and sexuality. By analyzing the Foreskin Man series, a comic series popular in the movement, I argue that the hero identity represents a kind of white masculine superiority, dominating racial Others (who are marked as villains). I suggest that this hero identity is embodied by activists through the use of clothing and costuming in their own transformation from victim to phallic activists.

Throughout the project, I argue that, although Intactivist men make claims for gender equality, they frame those claims in ways that actually perpetuate gender inequality. They fail to recognize their (male, white) privilege in any meaningful way and thus, their politics tend to align with Men’s Rights activism. Their discussions of the harms of male circumcision become a proxy for complaints about men’s changing role in society, about challenges to masculinity. Although Intactivist men regularly express emotion and a desire for a more well-rounded experience of masculinity—things which could actually challenge the way society organizes and understands gender—they fall short because they cannot escape their anti-feminism, their racism, and their heteronormativity.

## **Chapter 2: Mapping the Movement**

Intactivism is a movement of (mostly) men, fighting against male circumcision. It is a global movement, with activists around the (Western) world—in the U.S., England, Denmark, Germany, Italy, Canada, Australia, and New Zealand. The movement emerged in the late 1970s/early 1980s in response to the high rate of neonatal male circumcision in the U.S. These rates had been rising steadily since the medicalization of the practice, which began in the late 1800s. Although Intactivist groups have arisen throughout much of the Western world, this dissertation focuses exclusively on those organized in the U.S., where circumcision is both most widely practiced and most medicalized. But who are these activists? What do their organizations look like? And what unites them?

There are at least 25 activist and informational organizations in the U.S. that have active websites at the time of writing. Many of these organizations have multiple local chapters in different states. Most of the organizations that make up this movement are focused on consciousness raising, ensuring that people around the U.S. have access to anti-circumcision information and resources. They publish pamphlets, write blogs, and contacts popular press sources (like parenting magazines) to raise awareness that there is growing resistance to male circumcision. Some of these information clearinghouses also perform activist functions by sponsoring protest events at medical conventions and political events, as well as outside hospitals. There are also activist organizations for which protest and garnering media attention are the main functions. While all of the organizations—whether information or protest oriented—provide a psychological sense of community, there is one organization whose main purpose is as a support group: the National Organization of Restoring Men, which supports men through the foreskin restoration decision and process. Here I will describe in more detail the different types of organizations that make up the Intactivist movement (see appendix B for complete listing).

## **Consciousness Raising**

### *Information Clearinghouses*

Most of the anti-circumcision websites that you will encounter exist purely for the purposes of informing the public of an alternative perspective on circumcision. When discussing these, I use the term “organization” loosely. Rather than clearly defined organizations with active membership and leadership, these groups are formed for the express purpose of providing information to other activist organizations, medical associations, legislators, and the general public. As such, they have a few people who are in charge of answering emails, maintaining websites, and in some cases, constructing new pamphlets and newsletters.

To say that these are not organizations in the strict sense of the word is not to diminish their significance to the movement overall. In fact, their websites are among the easiest to find for anyone new to the movement; they are among the most well known in the movement; and they help to unify the movement by ensuring that every organization is up to date with research. The most famous of these organizations is the National Organization of Circumcision Resource Centers, NOCIRC, which was established by Marilyn Milos, founding mother of Intactivism. NOCIRC provides the rest of the movement with handouts for protest events, newsletters (yearly

since 1991), and thirteen annual symposia on genital autonomy and mutilation.<sup>3</sup> Finally, NOCIRC has produced videos to air on public access TV. Every activist with whom I spoke made reference to NOCIRC, its publications, and Marilyn Milos. There is no overstating the significance of NOCIRC within the Intactivist movement.

When one of my interviewees had an idea for legislation that would ban circumcision in San Francisco, his first step was to contact NOCIRC and Marilyn Milos. Richard was surprised when Marilyn herself responded to his inquiry, and even more surprised when she instructed him to follow through on the idea. In his imagination, NOCIRC was a huge organization with a staff that would take the ball and run with it. She suggested he touch base with another organization that was working on similar legislative drafts, MGMBill.org. Brand new to Intactivism, Richard was intimidated and a bit worried that his idea would end up absorbing all of his time and financial resources; his fear came true as the battle over the bill dragged on. Nevertheless, the San Francisco bill, perhaps the most famous single political move of the Intactivist movement, would not have happened without NOCIRC.

Likewise, Lloyd, official proponent of the San Francisco Initiative, also spoke of NOCIRC's influence on his activism. He explained:

[R]eally what happened for me which was kind of a seminal moment, um, I'm sure you're aware of Marilyn Milos [me: yes] and NOCIRC, and the International Symposium on Genital Integrity. [me: yes] Well, luckily for me it was in Berkeley this year [2010] at the end of July, so I attended that. It was extraordinary the information I got just listening to people. Um, and uh, for me as a background for this initiative, for the first time I met Matthew Hess who's been working on this on a national and a state-wide level, just shook his hand. He called me a few months later asked me if I would be, well actually he didn't call me, Marilyn Milos suggested me and I said I would, uh, sponsor the initiative. So that's how that kind of initiative kind of came about and my, uh, my getting into the movement has really just been the past couple of years I've been active and learning about it. So many people have been doing this so long, I'm just so happy that they were there and I could learn from them and go from there.

NOCIRC and its International Symposia provide necessary information, but also galvanize movement members. Lloyd's excitement talking about his attendance at the symposium was palpable; he spoke of shaking hands with Matthew Hess, founder of MGMBill.org, the way some people speak of meeting rock stars or important politicians. He was also proud that Marilyn Milos had suggested him for the position of initiative "proponent." In many ways, then, NOCIRC helps bind the movement together.

Each of these informational organizations varies in its level of sophistication. Some have fairly simple sites, others are much more complex. They almost all contain the same information, though some may prioritize one theme over others. Amidst this information, readers will normally find some, if not all, of the following:

- detailed description of the circumcision surgery

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<sup>3</sup> The 14<sup>th</sup> annual Symposium is scheduled for September 14-16, 2016, at the University of Keele in the UK.

- lists of circumcision complications, usually organized by severity or categorized by when the complication is likely to occur (during or immediately following the procedure or at some point later in life)
- statements debunking the distinction between male circumcision and “FGM”
- research documenting the physiological or sexual benefits of the foreskin
- critiques of circumcision as a tool in the fight against HIV/AIDS

Readers may also find men’s or women’s testimonials about circumcision’s negative effects. Some of the sites include printable leaflets and handouts. Readers may also be introduced to foreskin restoration methods. In addition to the information, these organizations often provide contacts: doctors who are intact-friendly, who don’t circumcise, who don’t retract the foreskin of intact boys; religious leaders who will perform rituals without circumcision; lawyers or legal aid for cases of botched circumcision.

Finally, the sites also link to other organization pages, creating a network for interested readers. As readers click these links, they are taken to other webpages with nearly identical resources. This creates the sense of a unified movement backed by the authority of scientific facts.

The importance of online information clearinghouses is significant for mobilization and cohesion in the movement. Scholars have discussed the difficulties faced by “diffuse” movements—for example, the American atheist movement (Smith 2013), the Straight Edge movement (Haenfler 2004)—in achieving and maintaining membership; the lack of traditional and central organization is a difficult, but not insurmountable task. Specifically, the presence of shared information (in the form of websites, ‘zines, or other publications) and the creation of shared spaces (described below) help members bond and create collective identity. Although the Intactivist movement is not as diffuse as these other examples, not all of its members can or do access traditional meetings or protests. Thus, NOCIRC and these information clearinghouses provide the backbone of the movement.

### *Symposia*

Each year, NOCIRC hosts a conference on Genital Autonomy. They are billed as opportunities for “interdisciplinary dialogue about genital cutting practices of male, female, and intersex children, and on strategies for protecting children from medically unnecessary genital alteration [...] designed to be of interest to legal, medical, and mental health professionals; scholars, educators, and students; policy makers and the media; activists and the general public.”<sup>4</sup> In practice, however, the presenters are comprised almost entirely of the most invested Intactivists, and the presentations hardly constitute a “dialogue.” The symposium is usually guided by a human (and children’s) rights framework. Paper presentations are combined with activist film projects, notes on foreskin restoration, and “experiential workshops” that involve emotional and meditative elements.

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<sup>4</sup> This description was originally on the website for the event, but that site (<http://www.genitalautonomy2014.com/public/>) has since been taken down. The description can be found now on the Facebook event page or the conference (<https://www.facebook.com/events/400707260032181/>).

When I attended the 2014 symposium in Boulder, CO, the clear emphasis was on male circumcision. Three presentations, including a film screening, looked at issues affecting Intersex people. Only two focused on “FGM.” The list of presenters was populated with many names I’d already encountered elsewhere in the movement. There was, however, a clearly international element of the symposium, with presenters from around the world: Israel, Liberia, Finland, Indonesia, Germany, and elsewhere.

Like NOCIRC’s work generally, these symposia present a unified vision of circumcision science and ethics. They ensure that activists around the country and the world are drawing on the same scientific reports, have access to new information and the latest media. More than that though, they provide a networking and socializing opportunity. The mood is quite jovial as friends reconnect. There are dances and group dinners; many share hotel rooms and I heard gossip about sexual trysts. The symposia seem to keep energy and momentum going for activists, many of whom have encountered significant roadblocks in their activist work, and must defend their work repeatedly to those who don’t understand it. The meditative and emotional supplements create a support group environment; in some ways, it feels like this might have been borrowed from the mythopoeists. I attended one such session, which was open to both men and women, called “I am sorry my beautiful child.” Here, participants were guided through emotional conversations, specifically about feeling that came up during information sessions earlier in the day. The leader, Rue Hass, an “intuitive mentor” and life coach from the Boulder, CO area, then instructed us through a round of meridian tapping; using two fingers, we tapped specific parts of the body (above the eyes, the center of the forehead, the cheekbone below the eyes, directly above the lips, the chin, the chest, the wrists), all the while focusing on emotions that emerged. The activity served as a sort of communal decompression. Rue is quite obviously a holdover from hippie elements of the 1970s feminist movement. I found her quite pleasant and initially out of place at the symposium. However, her presence makes sense in light of some of the nature-based or alternative spiritualities that float around the movement. For example, the symposia received a large sponsorship donation from Holistic Parenting Magazine, a Boulder-based parenting magazine that focuses on child-parent connectedness and environmentalism, borrowing symbolism from various New Age practices. I’ve also encountered activists who practice rebirthing and regression therapy, and who claim to have relived their birth and/or circumcision through hypnosis.

There was another meditative session held daily, entitled “Revealing the wound, restoring dignity,” but this session was open only to men. The program gives the following description:

[T]he elements of the circumcision experience] create a ‘field’ of conditions surrounding the circumcision, which all play a role in how the experience was for a person. All of these conditions are remembered by the body—the nervous system—within the tissues and perhaps even held in the bones. All are precognitive and in most case not readily accessible today. These body memories, however, continue to be held by the subconscious and continue to bear influence upon relationships with others and certainly one’s sense of self.

This evening event is an invitation for men to being the experiential recall of stored memory—the energy held—and the opportunity to metabolize and



transform stored subconscious events into potential energy to engage in life going forward (Genital Autonomy 2014: 2)

Like the supposed healing power of mythopoetic forest retreats, these meditative sessions seek to reconnect men to their bodies, a connection which they believe may have been severed or negatively impacted by circumcision.

Numerous movement scholars have suggested the importance of “free spaces,” spaces away from public audiences, for social movement identity work (Evans and Boyte 1992; Fantasia and Hirsch 1995; Futrell and Simi 2004; Hirsch 1990; Poletta 1999; Simi and Futrell 2010). In contrast to protest spaces, where movement energies are devoted to communicating with spectators, these autonomous spaces are safe for members to socialize without worry. Of particular interest is Futrell and Simi’s study of free spaces in the white power movement (WPM), one of the few studies of the use of space in right wing movements (2004). WPM members often fear public knowledge of their identity, believing they will face consequences if their radical politics are known by the wrong people (employers, for example). Futrell and Simi suggest, then, that free spaces allow WPM identity to flourish (2004). Members socialize, both literally enjoying the company of others, and sociologically, creating a shared sense of norms and identity. They identify both informal gatherings (e.g. family reunions, holidays, parties) and formal free spaces (e.g. music festivals, planned communities) where this identity work takes place. I introduce the concept here because I believe the Symposia function as this kind of formal “free space.” Unlike protests, where movement information is directed outward, or even information clearinghouses, where the information is easily accessed by outsiders, the free space of these Symposia function exclusively to dedicated members. Ideas are shared, even controversial ones, and members engage in communal experiences. Like the WPM, whose members fear reprisal among nonbelievers, many Intactivists seek spaces apart from the pro-circumcision bias of society, where they are typically portrayed as kooks. The safe space acts as a judgement-free zone where Intactivists do not need to be on guard.

Thus, the symposia serve multiple goals: first and foremost, the dissemination of relevant information; second, networking opportunities (like Lloyd described above); and third, a space for activists to connect emotionally and bodily with themselves and others.

### *Support Groups*

Keith, a young, white, queer New York City based Intactivist, told me about his experience as leader of the city’s NORM chapter. Having faced some significant challenges as a result of his circumcision, Keith longed for people with whom he could talk openly. Keith experienced serious penile pain growing up, and learned to despise his penis. At one point, thinking that he might be transgender, he started wearing women’s clothes and taking hormone therapy. Eventually he realized that he was not, in fact trans but concerns remained: “it’s like ok well, I am a guy, alright, um, what, where do I go from here because I still don’t like my penis?” As the story goes for many Intactivists, Keith turned to the internet, locating some anti-circumcision resources and identifying circumcision as the cause of his problems. He also discovered foreskin restoration, something he continues to this day. He found online support groups:

I started posting on this website that existed for a while, it was sort of like MySpace for, like, restoring men. Um, and it was nice, I liked it but I wanted to have like in-person meetings um, you know, like physically like see other people 'cuz I was still living in northern New York and you know there weren't like a whole lot of people around. Um, and certainly not anybody that I could talk to about restoring other than like my little brother, like a little bit.

When he came to New York City to attend college, he assumed there would be a face-to-face support group, but there wasn't. So he started one.

Beyond providing information, the movement offers support to men like Keith who have been impacted by circumcision. The main support outlet is through the National Organization of Restoring Men (NORM), a support group for men pursuing foreskin restoration. Believing that men needed a safe space in which to share their feelings about circumcision and restoration, NORM support meetings are closed to women, though they hold informative sessions that are open to the public. The men who started NORM saw its purpose as something very different from activism; as such, they eventually started an activist organization, the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM), no longer an active organization. NORM has chapters in many U.S. states and British Intactivists can attend meetings of 15square (formerly NORM-UK).

Though NORM is the only support-oriented organization in the movement, many organizational websites offer an informal support platform. By publishing men's testimonials and providing chat space on message boards, these groups provide men a space to talk about their experiences and feelings—about circumcision and its ramifications for their lives and relationships. This informal support structure reaches men who might not get involved otherwise because the internet provides them a degree of anonymity. As with NORM support meetings, which are closed to women and the general public, men can feel relatively safe sharing about circumcision in these online forums, even though their comments can be accessed by outsiders. They can choose what information to reveal about themselves, whether to use a real name, and how much of their story they want to tell. There are hundreds of online testimonials from men around the world published on these sites.

### *Religious Organizations*



(Fig. 3: Poster from Genital Integrity Awareness Week 2012; photo credit: Amanda Kennedy)

While most American Intactivists focus on routine infant circumcision (RIC), done on neonates in a medical setting, instead of religious and ritual circumcision, there are a few groups which cater to religious communities and which combine medical discussions with religious ones.<sup>5</sup> Catholics against Circumcision provides information for Catholics. Its main message is that neither the Bible nor the Pope requires physical circumcision (reminding readers that, although Jesus Christ was circumcised, Christians need not be). The organization also lobbies Catholic hospitals/doctors to stop performing circumcisions, and the U.S. Conference of Catholic Bishops for an apology for circumcision performed in Catholic hospitals without infant patient consent.

More interesting than the Catholic group are the two Jewish organizations in my sample, Jews against Circumcision and the Jewish Circumcision Resource Center (JCRC). Unlike the Catholic organization, who merely hope to remind Catholics that circumcision is not a tenet of the Christian faith, the Jewish organizations seek to change the minds of practicing and devout Jews, for whom circumcision not only appears as a faith-based requirement, but also a marker of belonging. These groups perform several tasks. First, they offer alternative accounts of circumcision. They suggest that circumcision is not a total requirement of the Jewish faith, and that many Jews in many times and places have chosen not to practice it. Second, they suggest that circumcision contradicts other Jewish ethics. For example, the JCRC argues that “Circumcision is inconsistent with significant Jewish laws and values. For example, the human body must not be altered or marked. The Torah also prohibits the causing of pain to any living creature. Since circumcision causes extreme pain, some Jews believe that circumcision is not ethical. Jewish values place ethical behavior above doctrine” (Jewish Circumcision Resource Center n.d.). In this way, these groups work within, not against, Jewish belief systems. They also defend the movement generally against charges of anti-Semitism. Finally, they offer an alternative ceremony for those seeking not to circumcise. In place of the Brit (or Bris) Milah, they offer Brit Shalom (sometimes called Alternative Brit/Bris, Brit b’li Milah or Brit Chayim), a naming ceremony that preserves a sense of ritual without cutting. These groups claim to represent Jews from many English-speaking countries, from a variety of class backgrounds, and from many approaches to Judaism (from Reform to Orthodox), and even to have Rabbis among their members.

One consistent charge against the Intactivist movement is that of anti-Semitism. Nearly every member I interviewed focused on this critique as one of the key things standing in the way of success. Keith shared the following anecdote:

one day when I was out passing out information, one of my friends who is Jewish, and not just like is Jewish, but like looks very Jewish (laughs), um this woman passed by us and saw that we-, what we were passing out, and said ‘take your fucking anti-Semitism elsewhere’ and he was like, ‘I’m Jewish’ and she was like, ‘fuck you!’ I mean, she was really like, so like engrained that like speaking out about circumcision somehow meant that we were being anti-Semitic, which is weird to me because if you look at, like, the reasons why people are, like, Intactivists, maybe there’s a couple that like, have some anti-

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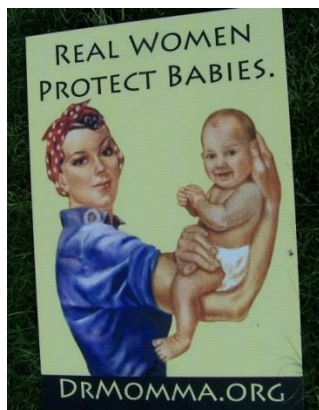
<sup>5</sup> While I have not located websites or groups specifically dealing with religious circumcision in a Muslim context, I am certain that there are Muslim opponents of circumcision, just as there are Jewish Intactivists.

Semitic beliefs, but the vast majority of people want to save people from harm. And so by, like, having these, sort of like, well, there are some people that are like, 'I would be ok with it as long as they made a religious exemption.' It's like to me that's, like, even more anti-Semitic because you're saying 'I don't care as much about Jewish boys to save them from this suffering.' Um so I think that's one big part of why Americans are like so hell bent on keeping the practice is because they don't want to be anti-Semitic by saying you can't do it.

Like so many Intactivists, Keith claims to be shocked by the charge of anti-Semitism. (Apparently, saying that someone "looks very Jewish" doesn't strike Keith as anti-Semitic.) Because they intend to protect Jewish boys alongside Christian, atheist, and Muslim boys, Intactivists do not see their work as bigoted. In fact, Keith suggests (along with many other Intactivists with whom I spoke), to exempt Jewish boys from protection is more anti-Semitic, as it perpetuates harm against them simply because they are Jewish. Intactivists hope that the presence of Jewish members and organizations will help dispel these charges against them.

Interestingly, religion produces some important individual differences within the movement. Above, I described a kind of underlying new age spirituality professed by many Intactivists. Yet, many are religious in more traditional ways. Most of the Jewish members identify with the Reform movement; some are relatively secular but many attend temple regularly and are deeply religious. The Catholic members are also quite religious. Due to their religious beliefs, they may also connect circumcision with their own anti-abortion activism. For example, while lurking on an Intactivist email listserve, I observed brief debates between one extremely active, devout Catholic Intactivist and pro-life advocate, and secular, pro-choice Intactivists. For the Catholic pro-life Intactivist, her opposition to abortion and circumcision were intrinsically linked by her belief in the sanctity of life and body. Pro-choice Intactivists believed they should defend the child's right to bodily integrity after the child was born, but not necessarily before, when such a defense would interfere with a mother's right to self-determination. Ultimately, religiosity plays a role in shaping individual approaches to Intactivism.

### *Women's Organizations*



(Fig. 4: Poster from Genital Integrity Awareness Week 2012; photo credit: Amanda Kennedy)

Intactivism is primarily a movement of men, but there are women in its ranks; in fact, there are more women than you'd expect to find in a "men's movement." Many of the activists with whom I spoke suggested that men and women have different pathways into the movement. For men, Keith told me, "I think most of the men that come into the movement tend to do it because (pause) um, because they have a penis and they think about their penis and even if their penis isn't altered, like at some point, like somebody said like, 'oh you're uncut,' or 'you're cut,' and like being, like, having that label, like, sort of like, makes you think about it." But for women, who don't have any direct experience of having a penis, the pathways are different. They organize as (intimate and sexual) partners of circumcised and intact men, mothers of circumcised and intact sons, as well as nurses who have witnessed the cries of recently circumcised babies. As partners, women enter the ranks of existing Intactivist organizations. I spoke to several women over the course of my fieldwork, and their entry into Intactivism is as varied as men's. Kathy\* has been in the movement for a long time; when I met her at the Genital Integrity Awareness week event in DC, it was her 6<sup>th</sup> year protesting there. She was well versed in protest talking points, and seemed comfortable in the environment. She even had her own vision for the future of the movement. Ending circumcision, she tells me, requires a long plan. Hers is 40 years. Doctors aren't effective players, because of their profit motive. She believes the ones practicing now are probably already circumcised and haven't been taught anything about being intact. The most effective outreach is to people before they have had children (and maybe also young parents). If we can teach young people that circumcision is wrong, then they won't circumcise their children. Those intact children will grow up and keep their kids intact too.

I also spoke to Julia\*, a non-practicing Jewish woman, loosely affiliated with 4ERIC. When I met her on the Capitol lawn, she was in the middle of a conversation with a male activist. He asked if she was polyamorous, to which she replied yes, that she had several ongoing sexual relationships, but only a love relationship with her husband. She turned to me to say that she didn't normally share that with outsiders because they'd think she had only joined the movement because she had some kind of "fetish." She was incredibly open with me. She came to Intactivism through breastfeeding activism; I was aware that there were strong connections between the two movements, drawing in parents interested in a more "natural" approach to parenting. Her activism there focused on making sure women could breastfeed for as long as they felt inclined to do so; she breastfed her child to the age of four. She also came to Intactivism because of her husband, a circumcised man. Their sex life was ok, but sex might last for hours without him reaching orgasm because of his reduced sensitivity—anyone who says they want it to last longer has never had an experience like that, she says. When she learned about foreskin restoration, she encouraged him to consider it. While Kathy's\* activist style is fairly typical, sticking to the facts as she understands them, Julia's\* is somewhat sexualized. Her main message to passersby is that circumcision can reduce penis size of the adult penis by up to 1/2" and reduces sexual pleasure for men and their partners. Clearly, this is related to her personal experiences with her husband. More than just talking about sex, she is comfortable using her body and sexuality to convey her message. I ask her what it is like talking to men about this issue since she is a woman. Some men find it difficult to talk to her, but others like to brag with a woman. That is why she's worn her low cut shirts to all of these events. And she puts buttons near her breasts because they "call attention to the buttons."

Women have not only joined existing organizations, but as mothers and nurses, they have started groups of their own: Mothers against Circumcision (MAC) and Nurses for the Rights of

the Child (NRC).<sup>6</sup> Mothers against Circumcision provides resources for mothers (and fathers). Specifically, they hope to influence the circumcision decision so that parents, especially moms, choose not to circumcise their sons. There is information for new mothers, including a link to a circumcision decision making site, and much of the information that can be found on other informative sites. It introduces the risks of the surgery and the benefits of the foreskin. There is also information to help women convince the child's father than circumcision is the wrong choice. A page titled "Like Father, Like Son" explores the argument that sons will have difficulties accepting themselves if their body looks different from their circumcised father's (Ray 1997a). The site also includes information on caring for the intact penis. Since many American women are relatively unfamiliar with the foreskin, this website provides some informal education. It also counters information that doctors might provide. For example, doctors who work primarily with circumcised youth are sometimes inclined to try to retract the foreskin of intact boys for medical inspection or cleaning. This can cause pain and small tears which may become infected. Mothers are urged to find doctors that know not to retract the foreskin, and are advised never to do so themselves when cleaning or changing a diaper. The site also includes information on sex and pleasure; in part, this encourages mothers to help their sons develop their self-esteem (since they may encounter sexual partners later in life who prefer the circumcised look) but it also seems to indicate that the site caters to women generally, not just as mothers.

There is no corollary organization, Fathers against Circumcision (even though there are indeed many fathers who want to protect their sons' foreskins). The bulk of information on the MAC website focuses on immediate and long term consequences of circumcision to a son—his immediate pain experiences, longer term trauma, his sexual problems later in life. An interested mother would encounter this, on a page entitled "Observe a Circumcision Before You Decide":

Most new parents have trouble tolerating their baby suffering even the slightest discomfort. Instinctively, they instantly do whatever they can to relieve him. When a baby gets immunized, the mother is the one that holds and reassures him. To leave him would be the furthest thing from her mind. There is no comparison between a shot and a circumcision procedure, and yet these newborn baby boys are left totally on their own. If a parent who chooses circumcision can't handle being with him during the procedure, they should trade places. Imagine how he will feel during this extremely difficult time. He is not put to sleep. He is awake, aware and completely alone. How can he be comforted by a stranger? He knows a single person in this world. Shouldn't she be with him as usual especially *now*? (Ray 1997b)

There is a quick rhetorical shift from "new parents" in sentence one, to "mother" in the third. We know who is actually being addressed—mom. It is her nurturing and calming presence upon which baby depends, and if she leaves him to this torture, she is abandoning him. Just below this paragraph, site visitor are encouraged to click a link to read accounts written by mothers who observed the procedure. Here are just a few selections from these women's accounts:

- My tiny son and I sobbed our hearts out. . . . After everything I'd worked for, carrying and nurturing Joseph in the womb, having him at home against no small odds, keeping

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<sup>6</sup> Nurses for the Rights of the Child is populated mostly by women nurses, but does not exclude men.

him by my side constantly since birth, nursing him whenever he needed closeness and nourishment—the circumcision was a horrible violation of all I felt we shared.

- It was the most gruesome thing I have ever seen in my life. I told the doctor as soon as he was done, if I had a gun I would have killed him. I swear I would be in jail today if I did have a gun.
- It was an assault on him, and on some level it was an assault on me. . . . I will go to my grave hearing that horrible wail, and feeling somewhat responsible, feeling that it was my lack of awareness, my lack of consciousness. I did the best I could, and it wasn't good enough.
- He was screaming and there was no doubt in his scream that he wanted mother, or a mothering figure to come and protect him from this pain!!... We had this beautiful baby boy and seven beautiful days and this beautiful rhythm starting, and it was like something had been shattered!! ... When he was first born there was a tie with my young one, my newborn. And when the circumcision happened, in order to allow it I had cut off the bond. I had to cut off my natural instincts, and in doing so I cut off a lot of feelings towards Jesse. I cut it off to repress the pain and to repress the natural instinct to stop the circumcision.
- All I could think of was holding and consoling my child, but his pain felt inconsolable—his body rigid with fear and anger—his eyes filled with tears of betrayal.
- When they brought him back to me, I could see that he had been crying and had a glassy, wild look in his eyes. I think it was terror. I didn't know what had been done to him, but I could tell whatever it was, it hurt. I'll never forget that look. They probably shattered every bit of trust he had. I'm very angry about it. I would never have done that to my own son. No mother would take a knife to her child. When I looked at his penis, I was again instantly sorry that I had allowed it to be done. (all from Circumcision Resource Centers n.d. a)

The message here is clear—everything about a mother rebels at the idea of circumcising her child. “No mother would take a knife to her child” and “I told the doctor as soon as he was done, if I had a gun I would have killed him.” The image of a mother bear desperate to protect her baby springs to mind. Reinforcing this image is the perceived reaction of the child—his look of “horrible violation” and of “terror”, “his eyes filled with tears of betrayal.” She has failed him and he knows it. The deep, natural bond between mother and child is severed along with his foreskin—either he suffers from “shattered” trust or she shuts down “to repress the pain and to repress the natural instinct to stop the circumcision” (all Circumcision Resource Centers n.d. a).

On the Intactivist account, women, like men, are determined by their biology. Culture interferes with that biology—for men, the ritual of circumcision threatens his maleness and masculinity while for women, they are forced to repress their mothering instincts by the cold and uncaring institution of medicine.

Even when women are brought into Intactivism as health care professionals (usually nurses, doctors/midwives, and psychologists), these nurturing instincts remain salient. NRC was founded by several nurses in Santa Fe, NM who became conscientious objectors to circumcision in their hospital. Their goals are informative and activist—they want to raise awareness, from their informed position, about the dangers of circumcision; and as activists, they encourage other nurses and medical practitioners to become conscientious objectors in their own institutions.

They provide their own stories, and stories from other nurses, on their website. Their stories describe experiences and feelings very similar to the mothers' stories. In her poetic call to action, "Look at these hands," Mary Conant describes the actions of her hands, hands that should be comforting, saving, not hurtful (1994). She rhetorically places herself parallel to the infant patient's parents:

Look at these hands.

These hands have taken a newborn baby from his mother's safe warm breast and his father's sheltering arms, and these hands have tied this baby to a cold hard platter and served him up to the circumciser.

These hands have readied the scalpel, even as they caressed the brow of the terrified baby as he struggles for freedom and searches my eyes for compassion he will not find.

A tortured being has sucked frantically on this finger in a hopeless effort to end the agony as his flesh – his birthright – is ripped from him and thrown in the garbage.

These hands have removed the diaper painfully adhered to the feces-covered wound between his chubby legs.

These hands have shielded my ears from his screams.

...

I have reclaimed my tattered soul and begun the process of becoming whole again.

I am a conscientious objector in the war against our infant brothers and sons and it feels wonderful.

Nurses of America, wipe the blood from your hands and join me! (Conant 1994)

Likewise, the movement's founding "mother," Marilyn Milos, recounts a similar experience as a nursing student:

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, and 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.' I wondered how a teacher of the healing arts could watch someone suffer and not offer assistance. I wondered about the doctor's power which could intimidate others from following protective instincts. When he did arrive, I immediately asked the doctor if I could help the baby. He told me to put my finger into 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 circumcision procedure begins] The baby began to gasp and choke, breathless



from his shrill continuous screams. How could anyone say circumcision is painless when the suffering is so obvious? My bottom lip began to quiver, tears filled my eyes and spilled over. I found my own sobs difficult to contain. How much longer could this go on? (1989: 3)

She ends by relating to her own children: “What had I allowed my own babies to endure? and why?” (1989: 3). When I interviewed Marilyn, she reiterated this story. By her interpretation, she had gone against her natural, even primal, mothering instincts—she should have known better than to participate in something like this. All women, it seems, should have those “protective instincts.”

In both of these stories, the women relate to the helpless babies as mothers. Their instinct is to protect them. Conant forces herself to look away and show no compassion, like the mother who had to distance from her own maternal emotions; Conant is only able to reclaim her “tattered soul” by “[wiping] the blood” from her hands (1994). Milos, like the mothers described above, immediately mothers the child, stroking his head and allowing him to suckle. She is devastated by his pain, crying and unable to fathom how the “healing arts” could ever do something so terrible to an innocent and dependent child (1989).

One might ask if these women’s experiences had simply filtered through their own actual experiences as mothers—clearly, Milos’ mind wanders to her own sons after this fretful observation. In Intactivist materials, it is clear that this mothering instinct is something that all women ought to share; it is a defining element of proper femininity. Take, for example, the story of this ex-nursing student:

I was 20 years old and did not having kids of my own. I did not anticipate the lurching sensation that gripped my heart as I looked upon that baby. He was laying strapped down to a table, so small and new – pure and innocent – trusting – all alone – no defenses.

I walked toward the baby and wanted to take him off the table and shelter him – to tell him that it would be okay, that nobody would hurt him on my watch.

Then in walked the doctor. Loud. Obnoxious. Joking with his assistant. As if he was about to perform a 10 minute oil change.

Not once did he talk to this little baby. I am not sure he even looked at him – really looked at him...

Then out came the knife. Cut. Cut. Cut. Screaming. Blood.

I stood next to the baby and said, ‘You’re almost done sweetie [sic]... Almost done... There, done.’

Then came the words from the doctor, as that son-of-a-b\*\*\*h dangled this little baby’s foreskin in midair and playfully asked, ‘Anybody care to go fishing?!’

My tongue lodged in my throat.

I felt like I was about to vomit.

I restrained myself. It was now my duty to take the infant back to the nursery for ‘observation.’

And this is when I realized I couldn’t do it.

I could not be a part of such a cold, sterile, out-of-touch medical model. (Nicole n.d.)

This young woman, not yet a mother, still finds herself in the throes of sadness, caring for this tiny child. The doctor, representative of the “cold, sterile, out-of-touch medical model,” who doesn’t even seem to notice the child he harms, who makes jokes, is the antithesis of the deep, feminine, nurturing, womb model promoted by Intactivism.

All of this contrasts with the one story of a male RN, whose account is much less emotional, much less parental (even though he does mention his two young sons). His story merely describes the many intact, adult male patients in his care over the years, none of whom experienced significant complications from being intact. Here’s all he has to say about his sons: “They’re clean. They’re fine. I suspect that someday they’ll be like my patients were: ninety years old and intact—with no regrets” (Chris n.d.). In great contrast to the emotional, raw stories of the female nurses, this father’s story stands out. Men in this movement are not asked to relate to circumcision with the emotional, nurturing response of women/mothers; they are asked to rationally dispute the facts, or to engage angrily, in a masculine way, with their victimization.

NRC is an interesting organization; its founders are women, mothers, and medical professionals, so they bridge many of the arguments that arise throughout the movement. Significantly, the founders also identify as feminists, saying,

That is the next step, for the grown men to come forward. It’s happening now. There is a powerful coalition forming. We women are coming out as mothers and as witnesses to this brutal sexual assault. Women who have been circumcised in Africa are coming forward, too. We’re all saying **this isn’t okay**. But it’s a weird situation. We identify ourselves as feminists, yet we haven’t been well-received by other feminists... They’re saying ‘Circumcision is a men’s issue. Why are you helping them? What are we going to get out of it?’... Well, a whole lot less aggression, for one thing. Less violence. Nicer relationships. Better sex. More trust. (Saunders n.d.; bold in original)

As with many organizations, the nurses connect circumcision, a single bodily act, taking place in a single moment, to a lifetime of behavioral, psychological, and relational issues. I believe this is what separates them from other feminist organizations, which prefer a more nuanced and sociological explanation of these phenomena. Nevertheless, that these women identify as feminists raises an important issue—namely that anti-male circumcision activism is not inherently anti-feminist.

It is, in its current form, though, deeply essentialist. Men and women are defined by their bodies. The penis makes the man; the womb makes the woman. I noticed deep connections between Intactivism and natural parenting movements and breastfeeding movements. Attending

the Genital Integrity Symposium, I received a number of pamphlets and magazines for holistic parenting, and observed parent-child interactions that suggested the influence of these movements. For example, children ran around naked at a house party I attended, with parents encouraging this natural state. I also witnessed a good deal of public breastfeeding. While these connections seemed at odds with the anti-feminist undercurrents of the movement, I now understand that they fit with a biological essentialist narrative of the “natural body” at the core of Intactivist ideology. When I asked Keith about these connections, he told me that he believed women often entered the movement when they first started thinking about having children, or when they were confronted with the circumcision question during pregnancy. He says,

I think a lot of moms that start thinking about you know, ‘oh well, I’m going to give birth to my child naturally,’ um, it also sort of, and ‘I’m going to feed my child naturally, like breastfeed because that’s, you know, a natural function of the body,’ and I think that then it’s like, ‘well, why would I, like, give my child surgery, like, that’s not natural.’ And so I can see the progression of, ‘well, if I’m doing all of these other natural things, then why would I introduce something completely artificial?’

Here, Keith explicitly draws on a nature/artifice dichotomy as he channels women’s motivations. Specific bodies (intact) and bodily functions (breastfeeding) are demarcated as natural.

This essentialism prevents a thoroughgoing gender analysis from within the movement. Although Keith briefly mentions “the fact that males can breastfeed” and there are momentary glimpses into intersexed people’s needs throughout movement literature, there is little gender transgression in the movement and no discussion of the social construction of “natural” bodies. While there may be some feminist leanings in Intactivist groups, there is unlikely to be any feminist revolution from within. There is nothing less radical than defining people by their bodies, a point that truly stymies even the most progressive Intactivist.

## **Activism**

In addition to raising awareness, many groups of Intactivists engage more actively in direct action. By direct action, I mean a number of activities: protest events, both large and small; media awareness campaigns; small individual campaigns (bumper stickers, clothing, flyering); political theater; lawsuits; drafting legislation and organizing petitions; changing medical practices; lobbying international human rights organizations.

### *Individual Action*

Jonathon is a firm believer in community outreach, education, and activism. He’s also an avid cyclist in the Bay Area, often riding with the large group known as Critical Mass. One day while riding, it occurred to him that the group, and the folks who come to watch them ride by, were an untapped audience for the Genital Integrity message. Now, each time he rides, he wears an Intactivist tee-shirt or buttons, or adds signage to his bike. He calls it the “Critical Integrity” bike ride. He tells me proudly about the people who smile at him, give him a thumbs up, or ride

up to ask about his shirts. “It’s just one more way,” he says, “to engage the community and to get people who may not have thought about the issue before to begin to think about and begin to question it.”

At the most basic level, Intactivists encourage a variety of individual level activism. For example, NRC encourages nurses to register as conscientious objectors, to stop being “accomplices” to infant genital mutilation. Other groups suggest small steps that individuals can take to get involved in the movement. Intaction collected photos for a project called “I did not consent”; circumcised men can submit their pictures to be added to this wall, expressing their sadness at having been violated. The instructions tell men to take a photo of themselves, holding their own baby picture, with a sad facial expression. Certain photos are being used in an outdoor campaign in the NY/NJ/CT area.<sup>7</sup> IntactAmerica offers a variety of web-based actions, popular in the movement because so much of it already takes place online.<sup>8</sup> From reblogging and sharing web posts, to specific tweets and hashtags, to Pintactivism, which uses the Pinterest forum to share and collect Intactivist images and memes, the web offers a wide variety of individual activist options. Activists also take to Facebook, using Intactivist images as their profile pictures, and YouTube, creating and disseminating circumcision awareness videos.<sup>9</sup> Offline, activists are encouraged to wear Intactivist tee-shirts, place Intactivists bumper stickers on their cars, and speak up whenever possible. The information clearinghouses provide users with simplified information that can be used conversationally (e.g. when relatives or friends are considering circumcision for future babies).

Many of my interviewees described such interactions with family and friends around the topic of circumcision. Particularly dramatic is Richard’s story, one which clearly still haunts him. He failed (his own word) to save his nephews from circumcision. Both his brother and his sister have sons, and both chose to circumcise them, despite Richard’s nascent Intactivism. He tells me,

when my brother was having a son, I tried to prevent him from circumcising his son but that didn’t work [...] And I started to, when my sister got pregnant, she was having a boy, I tried to persuade her not to do it as well. And that’s when I started really becoming active in the movement, and I failed with my sister, so the, um, [San Francisco] ballot initiative was borne of my failures with my siblings and my thoughts that something could be done on a larger scale.

He goes on to tell me that if his sister gets pregnant with another boy in the future, he’ll be quite forceful:

I will *definitely* bring it up again and I will bring it up stronger because I have all the information. And now I really know that circumcising children without their consent is bullshit, so I’m not gonna [sic] put up with it. (long pause) So I would make the ultimatum where if my sister were to circumcise her son again, I would completely cut off all contact with my sister for the rest of my life. [Interviewer:

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<sup>7</sup> See their call for submissions here: <http://intaction.org/circumcision-consent-project-page/>

<sup>8</sup> See a list here: <http://intactamerica.org/spreadtheword>

<sup>9</sup> Bonobo3D is one that many of my interviewees pointed out to me: <http://www.youtube.com/user/Bonobo3D>.

Wow.] Yeah, I would definitely take a strong-, but I would try to convince her first. I would let her know before she had the baby that that's what I would do.

He attributes his early failures with his siblings to a lack of complete information, and perhaps as a result, a lack of passionate conviction. But armed with the full array of Intactivist materials, he has more confidence.

For some, foreskin restoration appears to be a kind of personal activism. In a rather strange consumer twist, some activists have developed and marketed restoration devices as a way of promoting foreskin restoration, and assisting other men who undertake the process. Some inventors turn restoration into a career. For example, Ron Low, inventor of the TLC Tugger, one of the most well-known restoration devices, sees his device a short term solution. His personal website, tagline "Improving the world—one penis at a time" describes his devotion to the cause: "He will not rest until all infants are legally protected from non-therapeutic cosmetic genital surgery and all men are aware of the opportunity to undo some of the sexual damage of infant circumcision through non-surgical foreskin restoration" (Low n.d.). Low has been interviewed on numerous radio stations, has appeared on television, and even attempted to market his product on the popular invention/investment television show, *Shark Tank*.

Foreskin restoration itself, rather than the marketing and popularizing of restoration, cannot really be considered activism; it takes place secretly, known only to the restoring man and, possibly, his sexual partner. Nevertheless, it represents one of the most popular actions undertaken by Intactivist men. The role of foreskin restoration, to the movement and to the activists who undertake it, is fully explored in chapter 6.

These individualistic protest activities differ from traditional activist endeavors in that they do not target the state or large institutions. In this way, they reflect trends of what scholars call "New Social Movements" or NSMs, which focus in great part on identity and emotion (Johnston, Laraña, and Gusfield 1994; Melucci 1994; Pichardo 1997). Activists see themselves as creating a sense of community, supporting one another, and changing the hearts and minds of those they encounter. Particularly true of foreskin restoration, these actions help activists regain a sense of autonomy and power over their own lives.

### *Institutional Action*

Intactivists direct a good deal of protest energy towards specific institutions like hospitals and medical associations. This, along with legal and legislative action, represents a much more traditional social movement approach, where actions target the offending institution or state. The small Intactivist group, Bay Area Intactivists (BAI), in San Francisco, CA often protests these larger institutions. A brief survey of their events from 2012/2013 reveals that about 1/3 of their protests target institutions like the San Francisco Medical Society, the ACLU, the Association of American Medical Colleges, and the American Academy of Pediatrics, as well as conferences that bring in medical professionals, like the 46<sup>th</sup> Annual Advances and Controversies in Clinical Pediatrics conference sponsored by University of California, San Francisco's School of Medicine. Both the ACLU and the San Francisco Medical Association opposed the Intactivist bill that would have banned non-therapeutic circumcision in San Francisco, making them prime

targets of the city's Intactivist organization. Jonathon told me he was "absolutely appalled" at the ACLU, "an organization that uh, supposedly all they do is they're around to defend civil liberties. But you know, uh, apparently children don't have any civil liberties (laughs)." The American Academy of Pediatrics made itself the focus of much Intactivist disdain in 2012 when it waffled on its circumcision statement, encouraging insurance coverage and supporting parental rights.



(Fig. 5: Poster from Genital Integrity Awareness week 2012, on display in front of the U.S. Capitol Building; photo credit: Amanda Kennedy)

The theme of protests like these is twofold: freedom/autonomy/liberty and medical ethics. Like the "I did not consent" photos, activists highlight that their bodily autonomy and freedom were violated when they were subjected to an unauthorized medical procedure. Consent is a major concern for Intactivists. Most of them do not necessarily oppose circumcision if it is freely chosen by an adult man, who gives fully informed consent. The problem with circumcision is that, most of the time, it is performed before the age of consent, or adults are not provided with a detailed sense of (what Intactivists consider) its intrinsic risks. Many Intactivists believe their rights are trampled by doctors who are greedy (focused on earning the income from the procedure), ignorant (unaware, themselves, of the risks), or deranged (sexually sadistic or suffering a pathology caused by their own circumcision).

Thus they concentrate not simply on their own rights, but how doctors violate their own ethics of informed consent, "first, do no harm," and patient advocacy. In some ways, this brings doctors' self-interest into focus. If doctors break their own rules, they may lose their licenses or, at the very least, their patients.

## *Legal Action*

Finally, two organizations tackle the legal and legislative activism that typically characterizes social movements. Both take on civil/constitutional rights—MGM Bill provides draft legislation and ARC Law files lawsuits for botched and nonconsensual circumcisions—and international human rights frameworks.

MGM Bill, led by Matthew Hess, works on federal and state level legislative efforts. Using the federal anti-FGM law as a model, Hess drafted legislation that would protect people from male circumcision. His bill, the Federal Prohibition of Genital Mutilation Act, would expand existing legislation to cover male circumcision, forced foreskin retraction, and intersex surgeries. He has submitted it to the members of Congress eleven times; he has also drafted state bills for 46 states. These bills seek to criminalize the actions of anyone who

knowingly circumcises, excises, cuts, or mutilates the whole or any part of the labia majora, labia minora, clitoris, vulva, breasts, nipples, foreskin, glans, testicles, penis, ambiguous genitalia, hermaphroditic genitalia, or genital organs of another person who has not attained the age of 18 years or on any nonconsenting adult; whoever prematurely and forcibly retracts the penile or clitoral prepuce of another person who has not attained the age of 18 years or on any nonconsenting adult, except to the extent that the prepuce has already separated from the glans.(MGMBill n.d. d)

And, although the language of the bill leaves room for medical necessity in infancy (when other less invasive options are not feasible), in adulthood (if the adult cannot consent but there is a compelling medical need), or during or after labor, “no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that or any other person that the operation is required as a matter of custom or ritual” (MGMBill n.d. d). As with federal anti-“FGM” legislation, religion and culture are not taken seriously as justifications for bodily alteration.

Hess also wrote the infamous San Francisco circumcision ban, which would have made it illegal to “circumcise, excise, cut, or mutilate the whole or any part of the foreskin, testicles, or penis of another person who has not attained the age of 18 years,” unless there was a clear medical need and no viable alternatives; and again, no religious or cultural justifications would have been acceptable (MGMBill n.d. b). The bill was initiated by a petition, signed by nearly 12,300 San Francisco residents (with 7,700 signatures validated) in 2011, and then submitted to the Department of Elections. I interviewed Richard, who paid for most of the organizing of the bill, and spearheaded a significant part of the effort. Richard had initially discussed the idea for legislation with Marilyn Milos, who directed him to meet with Hess. Hess encouraged him to move forward with it, acknowledging that there was little likelihood it would ever pass, but that it might gain traction with progressive legislators somewhere. Richard took it to a local city supervisor who had “had suggested legislation and gotten it passed for, um, declawing of cats, so cats could not be declawed, so I figure well, if you can protect cats from being declawed then you can protect children from being, from having the parts, their body parts cut off.” Much to his

chagrin, the supervisor, known defender of animal bodily integrity, was not willing to support the legislation.

Ultimately, they did move forward with the bill and voter signatures, but within a month, the Jewish community in San Francisco filed a suit against the measure, and just a few months later, California Governor Jerry Brown signed AB-768, a law preventing any county or city in the state from passing circumcision bans. More than any other Intactivist action, this legal battle garnered significant national attention and made circumcision the topic of public conversation.

It was months later that I interviewed Richard, and asked him whether he considered it a success or failure.

I have mixed feelings about the success. I feel, I feel, I feel guilty at this point, about where it ended up. I don't think that was my fault, I don't think it was anyone's fault.

[Amanda: Can you explain that, why you feel guilty?]

Yeah, I think that today, it might be, the movement might be worse off than it was two years ago before I ever came forward with this idea. Um, that's difficult to tell, if I had a crystal ball and I could look into the future I would know that for sure. It's possible that damage has been done to the movement, but it's possible it did move it forward. I really don't know. I sort of feel guilty that the legislation in California passed a law to make ballot initiatives such as this illegal, um I definitely feel guilty about that. I just think that had I never come up with this idea, there wouldn't be such a movement against our movement. Um, but on the other hand, if I didn't come up with this idea and we didn't go forward with it, there wouldn't have been any of the attention that it got for almost a year.

Indeed, the goal of much Intactivist activism is to change the conversation around circumcision. They would be thrilled to see shifts in legislation or medical policy, but they recognize the importance cultural shifts, shifting consciousness and understanding. And on some level, they all realize that takes time, and happens incrementally.

A key concern in national level activism is that girls are protected from something that boys are not, and that this violates the constitutional guarantee of equal protection. Each year, to highlight this legal hypocrisy, Intactivists hold a week-long demonstration at the U.S. Capitol building. This annual protest event coincides with the anniversary of the federal anti-“FGM” law. Hosted largely by Stop Infant Circumcision Society (SICS), it is attended by Intactivists from around the country. It attempts to influence legislators, but also reaches a broad audience because of its location in a tourist destination.

In addition to national and local legislative efforts, American Intactivists have also set their sights on affecting international law. MGM Bill drafted a fact sheet on circumcision in hopes that it will be adopted by the WHO. More active in targeting international organizations is ARC. ARC Executive Director, Steven Svoboda, presented as a representative of ARC and NOCIRC at the 52nd annual meeting of the United Nations' Sub-Commission for the Promotion and Protection of Human Rights (2001). The written statement to the Sub-Commission expresses



concern that “harmful traditional practices” have only been studied in relation to their impact on women and girls, and that “Legislation or human rights provisions which protect against female genital mutilation and not male circumcision violate the human rights of the boy child” (Svoboda 2001).

In their legislative efforts, Intactivists are deeply concerned with how men suffer social inequality. Their experience is one of being harmed, violated, even as women and girls are protected from similar violation. Getting the law to change takes time. Meanwhile, some of circumcision’s victims are taking matters into their own hands and suing doctors and hospitals for malpractice and battery (for performing nonconsensual surgery). ARC assists these men, hoping that lawsuit penalties will make doctors think twice before performing the surgery. During the Genital Integrity Awareness Week events in DC, I spoke informally with William Stowell, a young man from NY who successfully sued the doctor who performed his circumcision, as well as the hospital where the procedure took place. His argument centered on the loss of sexual sensation he assumed he’d suffered as a result of his circumcision. The premise of these lawsuits is that all circumcisions are “botch jobs,” even the ones that appear to have desired results, and unless there are dire medical circumstances leading to the surgery, all circumcisions are done frivolously, without necessary consent. And, as many Intactivists are quick to point out, women are protected from the violation to which men are regularly subjected, a fact which exposes a real problem: an ongoing discrimination against “males.”

Litigation is a fairly common tactic of current men’s reactionary movements. Most obviously, it is a tactic among Fathers’ Rights activists, but Kimmel documents lawsuits ranging widely from custody battles to cases over the “sexism” of ladies’ nights (2013; see also Coston and Kimmel 2013). Coston and Kimmel write about Men’s Rights reverse discrimination lawsuits, arguing that at the heart of these cases is not the actual experience of discrimination, but rather an “aggrieved entitlement”—men believe they are entitled to certain power and privilege and when they sense that it is not being fulfilled, they see themselves as victims (2013).<sup>10</sup> The lawsuits represent a political (if also desperate) attempt to recuperate what they’ve “lost.”

So what, exactly, have Intactivist men lost? There appear to be two central concerns: the loss of autonomy and the loss of sexual satisfaction. Each of these represents what is really at stake for these men: the loss of their manhood. Men feel entitled to a particular set of sexual experiences, and when they cannot achieve them, they seek to cast blame. I describe these issues in greater detail in later chapters.

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<sup>10</sup> Kalish and Kimmel also discuss “aggrieved entitlement,” though they do so in the context of school shootings (2010). These violent mass homicide-suicides are motivated by humiliation and emasculation. The violence is an attempt at revenge. Their own “humiliation must be avenged, or you cease to be a man. Aggrieved entitlement is a gendered emotion, a fusion of that humiliating loss of manhood and the moral obligation and entitlement to get it back. And its gender is masculine” (Kalish and Kimmel 2010: 454). While Intactivism has never inspired this kind of violence, the feelings are similar—men have been harmed, shamed even, by the violation of circumcision, and feel a sense of duty to avenge it (through political activism, litigation, etc.)

### **Chapter 3: The Medicalization of Circumcision: Implementation and Dissent**

Circumcision, the surgical removal of the foreskin which covers the glans of the male penis, can be traced back at least as far as ancient Egypt. It continues to be one of the most widely practiced surgical procedures in the world, as a nearly ubiquitous rite of passage in the Jewish and Muslim faiths, as well as some cultural contexts, and a common routine medical procedure in the United States (Gollaher 1994; Laumann, Masi, and Zuckerman 1997; Miller 2002). The U.S. circumcision rate began increasing in the years following World War II and peaked in the 1960s at nearly 90% (Laumann, Masi, and Zuckerman 1997). Since then rates have declined, though the 1990s saw a small increase. Currently, the general neonatal circumcision rate is about 58%, though this varies dramatically by region, with rates lowest in the West, and highest in the Midwest (Owings et al. 2013). Much of this decrease can be attributed to changes in insurance coverage. Following the 1971 American Academy of Pediatrics (AAP) statement on circumcision, which indicated that the procedure was not medically necessary, Medicaid and many private insurance companies terminated coverage, rendering the procedure an “opt in” rather than “opt out” surgery.

There may be other reasons for the decline in circumcision rates. Since 1980, the U.S. has been the home of a growing social movement organized against routine male circumcision. Its members, mostly but not exclusively men, fight the procedure on a number of grounds: human rights, children’s rights, medical ethics, constitutional protections, and criminal law. Social movement scholars emphasize the importance of political opportunity to the formation, development, and success of a social movement (McAdam, McCarthy, and Zald 1996; Tarrow 1998). Gender scholars in social movements have encouraged looking at how gender ideologies impact political opportunity, and have been influenced by feminist scholars who have called for “a broadening of the focus of inquiry from the state and political institutions as contexts in which social movements are embedded to include other institutional arenas, such as medicine, the workplace, education, and religion” (Taylor 1999: 14). In what follows, I will trace the development of the movement, how gendered ideology in the medical institution created openings for Intactivism, and how Intactivist claims have changed over time.

### **Surgical Circumcision Procedure: Tools and Techniques**

There are three commonly used tools for medical circumcision: the Gomco clamp, the Plastibell device, and the Mogen clamp. The Gomco, invented in 1934, is most popular, followed by Plastibell, invented in 1945, and then Mogen, invented in 1950 (Stang and Snellman 1998). Each tool is intended to standardize the surgery and minimize surgical error. In particular, each is designed to protect the glans of the penis during the procedure and to minimize the need for scalpel cutting, to avoid the removal of excess skin (for brief descriptions of each technique, and other, less common ones, see Abdulwahab-Ahmed and Mungadi 2013).

Regardless of the tool, the procedure begins the same, by performing some kind of anesthesia, often the penile nerve block, and then by breaking adhesions between the glans and foreskin. These adhesions are naturally forming, and keep the foreskin from retracting. Before the 1950s, it was believed that a non-retractable foreskin was cause for circumcision but, beginning with Douglas Gairdner’s study, it became clear that these adhesions only let go over time, and for some boys, not until their teenage years (1949). Nevertheless, if circumcision is to be performed, the surgeon needs to be able to retract the foreskin away from the glans, and

therefore must insert a probe under the foreskin and around the glans to break these adhesions. If the doctor plans to use either the Gomco or Plastibell methods, s/he will next make small vertical slit in the top of the foreskin. No such slit is made for the Mogen technique.

Each technique varies from this point. Using the Gomco clamp, the doctor places a metal bell over the glans after retracting the foreskin, and then pulls the foreskin forward over the bell; the bell is designed to protect the glans (for description and other information, see Peleg and Steiner 1998). A plate is placed over the foreskin, which is now held between the plate and the bell, with a tensioning bar to hold everything tightly in place. The clamping inhibits blood flow. After waiting a few minutes for the blood flow to stop, the doctor then uses a scalpel to remove the skin. The clamp is removed and the circumcised penis is bandaged. The process with the Mogen clamp is fairly similar, although “the glans is not visualized before removal of the prepuce” (Strimling 1996: 906). Placement of the clamp is important to ensure no damage to the glans. Again a scalpel is used to excise the foreskin, and the clamp is left in place briefly to allow clotting, after which the penis is bandaged. These methods aim to minimize damage to the other penile structures, and according to much of the medical literature, a relatively simple with few complications. Nevertheless, a 1996 report to *Pediatrics* details the partial amputation of the tip of the glans of one patient who was circumcised with the Gomco clamp (Strimling 1996). Strimling explains that the literature sent with the clamp indicates no possible injury to the glans, yet the ‘one-size-fits-all’ approach left one boy marred (1996). He goes on to say that the company “refused to accept a report of this occurrence or reveal whether they had knowledge of similar experiences...Although this may be an isolated event, as there is a reluctance to report adverse occurrences, the true risks of this device are not known” (Strimling 1996: 907). Clearly, while these techniques are intended to minimize injury, they cannot prevent it altogether; this is unsurprising since every surgical procedure entails risk.

The Plastibell technique differs from the others. It begins with the destruction of adhesions, and a small dorsal slit, after which the selected size Plastibell is placed over the glans and the foreskin is pulled forward and a plastic tie is secured around it tightly, crushing the foreskin into a groove on the device. The foreskin is excised past the tie, and the handle of the Plastibell is broken off so that the “bell” area can remain in place. The skin, crushed by the tie, eventually dies and the bell will fall off; the process takes 3-7 days. The goal with this device, like the others, is to standardize results aesthetically, and to minimize complications; nevertheless, complications can be severe or life-threatening, and can include bladder rupture or necrotizing fasciitis (Al-Marhoon and Jaboub 2006).

Typically pain relievers and anesthesia, like the dorsal penile nerve block, or at least a topical anesthetic are used (for example, Snellman and Stang 1995). Sometimes, a pacifier covered in sugar water is provided for comfort. There are risks associated with the anesthesia in such a small patient, so there have been debates about how to safely administer it, or what variety poses lowest risks. Not treating the pain is also risky and causes stress on the infant that can change breathing patterns and cause choking or vomiting.

Intactivists do not care what method is used. They do not care how much expertise the doctor who performs the circumcision has. They do not care how gentle the nurses who handle the baby are, or what care is taken before or after the surgery. For Intactivists, it is all barbarism, it is all unnecessary, and it is all mutilation.

## Historical Development of Routine Male Circumcision: Rationalizing the Male Body

Prior to the end of the 19<sup>th</sup> century, male circumcision was a ritual surgery performed for cultural and/or religious reasons, outside of the realm of science and medicine. These alterations are outside the scope of this project but it is important to recognize that they exist. The history of Western thought, as it pertains to circumcision, begins in ancient Greece, though the practice itself may date back to the Stone Age (Miller 2002). Circumcision, along with a wide array of other male genital surgeries and practices,<sup>11</sup> was practiced in Egypt and other parts of Africa, as well as parts of the Middle East, including Israel and the lands now called Syria.<sup>12</sup>

The tradition came into conflict with the West in the Roman Empire. The Romans suppressed circumcision, believing that the uncircumcised penis was the paragon of male beauty (Miller 2002); indeed, it was because of the ideals of classical aesthetics that circumcised men were not permitted to participate in the Greek Olympic games (Gilman 1997). With the rise of Christianity, circumcision became a mark of the Other. However, despite the Roman suppression of the practices and the fact that Christianity all but completely rejected the tradition, circumcision was neither demonized nor valorized in Western thought; rather, the surgery was treated as rather meaningless and unimportant (Miller 2002). Moreover, and perhaps most interestingly, a man's circumcision status had little bearing on his masculinity; as Miller explains, "In the traditional Christian culture, the polarity of male and female appears to have little bearing on the status of circumcision. A man was a man whether or not he was circumcised. Circumcision neither added to a man's gender, nor detracted from it. Nor was there anything in the lack of circumcision that either enhanced a person's manhood or detracted from it" (2002: 523).

Moving out of the classical period of Western history, attitudes toward circumcision changed, with circumcision demonized by the dominant Euro-Christian culture which classified Jewish manhood as "invalid, illegitimate, and diminished, little better (and often worse) than the other significant category of European Others, women... [circumcision] is further proof that Jewish males are less than true men. That is, the rite constructs an emasculated rather than an alternative form of masculinity" (Silverman 2004: 424). Near the end of the nineteenth century, however, there was a marked shift in Western opinions of circumcision, and the procedure quickly became the most widely practiced surgery in the United States.

Popularized by Dr. Lewis A. Sayre as a cure for ailments ranging from lunacy and general nervousness to orthopedic problems and hernia, circumcision became widely accepted in the medical community. Circumcision was touted as a kind of magical panacea; doctors began "to look for genital irritation or phimosis when they were confronted by confusing, seemingly unrelated, symptoms" (Gollaher 1994: 9). Beginning in the 1870s, Dr. Sayre began promoting circumcision in medical lectures and books. Sayre's *Lectures on orthopedic surgery and diseases of the joints*, delivered at Bellevue Hospital Medical College during the winter session of 1874-

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<sup>11</sup> For example, groups in New Zealand and Australia are known to have practiced subincision and superincision (Kennedy 2014). These penile alterations differ dramatically from male circumcision and are thus outside the scope of the project.

<sup>12</sup> While this project focuses primarily on medicalized circumcision, it is important to note that large populations around the world continue to practice circumcision for religious or ritual reasons. Its solidification as a medical surgery has not challenged its religious instantiations.

1875, sets the stage for near universal circumcision in the United States (1876). In Lecture III, Sayre introduces listeners to an “exceedingly important cause of acquired deformity, especially in children, namely, the reflex muscular contractions, caused by congenital phimosis and adherent prepuce” (1876: 13). He argues that the “perpetual excitation of the genital organs” (Sayre 1876: 13) is a cause of disease that most doctors had completely ignored. He goes on to present three cases of such deformities caused by phimosis.

The first case considers a five year old boy who could not stand or walk because his knees remained constantly bent at a 45 degree angle. The boy also presented with a pale countenance. The boy’s nurse informed Dr. Sayre that the boy often complained of an irritated “pee-pee” which Sayre then examined. He found that it was constrained so much by the foreskin that, though it was fully formed it was much smaller and more pointed than it ought to be; it was in a nearly constant state of erection and, when touched, the boy almost always had an orgasm. Sayre explains: “As excessive venery is a fruitful source of physical prostration and nervous exhaustion, sometimes producing paralysis, I was disposed to look upon this case in the same light, and recommended circumcision as a means of relieving the irritated and imprisoned penis” (1876: 15). Sayre notes that there was a “hardened mass” of smegma all around the glans. With the smegma and irritating foreskin removed, the boy experienced a full recovery within two weeks, his nervous system “quieted.”

The second case involves a boy, aged 3, whose feet and ankles did not support him to walk, but merely flopped about. Sayre, searching for a cause, found that the boy’s foreskin was still adhered to the glans. Again, the boy suffered from nearly constant erections; the result was “nervous irritation and consequent exhaustion” which produced partial paralysis (Sayre 1876: 17). Again, Sayre performs circumcision and, again, the boy is cured in two weeks.

The final case involves a boy, not quite four years old, who suffers from lower body paralysis and rectal prolapse during defecation. The boy had an anxious temperament and suffered ongoing constipation. Again, Sayre performed circumcision; he also, again, discovered the hardened smegma. Only two days later, Sayre reported, the boy could stand without support, could run without falling, and no longer suffered constipation or prolapse.

Each of these cases was supported by an existing medical theory: nerve force (for example, Garrod 1873). The idea was that our energies were limited and thus could be depleted. The continual irritation of the penis by the foreskin sapped each of these boys of their vital energies, causing the exhaustion that paralyzed their lower limbs. Interestingly, in the first case at least, Sayre seems particularly concerned that the boy experiences frequent orgasms. Prevailing Victorian ideas about masculinity, influenced by nerve force theory, suggested that loss of sperm also meant loss of vital male energies. This thinking led to the invention of diseases such as spermatorrhea. Men were supposed to keep their sexual instincts in check, in order to preserve this energy, but those who engaged in inappropriate behaviors would be afflicted disease (Rosenman 2003). Objectively, Spermatorrhea did not exist, but many men complained of it and many doctors diagnosed and treated it (Darby 2001, 2005; Hodges 1997; Rosenman 2003). Likewise, an adherent foreskin is no longer believed to cause paralysis or anal prolapse, but Sayre and his contemporaries noted these complications frequently, and found circumcision an apt treatment.

As the list of disorders for which circumcision was seen as a cure grew, doctors inspired by Sayre began to recommend that circumcision be viewed as a precautionary and sanitary, rather than a purely curative, measure. Consequently, the procedure became a marker of good hygiene and social status, a true indicator of a higher level of cultivation and civilization (Fox and Thompson 2009; Gollaher 1994; Miller 2002). The foreskin was framed as an unnecessary, vestigial part of the human body, a remnant from our evolutionary past (Gollaher 1994). Its removal rationalized the body. Boys could be protected from base, animal instincts. Physician, public health official, and circumcision champion Peter Charles Remondino claimed that the foreskin was both superfluous and dangerous; if left alone, the prepuce could cause many problems for its wearer, “unfitting him for marriage or the cares of business; making him miserable and an object of continual scolding and punishment in childhood...beginning to affect him with [many] conditions calculated to weaken him physically, mentally, and morally; to land him, perchance, in jail or even in a lunatic asylum” (quoted in Gollaher 1994: 14). In this way, circumcision also modernized the body.

All of this fit circumcision well within a growing anti-masturbation movement. If peripheral irritation could produce untold numbers of diseases and paralysis, and could lead to uncontrolled orgasm, it was a problem. Moreover, if irritation of the penis encouraged boys to think about—and heaven forbid, touch—their penises, the results could be devastating.

Even as medical theories advanced beyond nerve force and came to fully embrace the germ theory of disease, circumcision maintained its place as a routine procedure. One should recall the smegma that Dr. Sayre repeatedly found underneath adherent foreskins. Smegma was ultimately demonized by the medical professions; not only was it foul smelling and a mark of poor hygiene, it was also a vector of disease, prime breeding grounds for the bacteria that cause venereal disease (Darby 2001, 2005; Miller 2002). Questions of hygiene, like questions of public health, are implicitly moral questions. Cleanliness, as the saying goes, is next to godliness, and it is certainly true that on the question of circumcision, people “identified personal cleanliness with good morals, sound health, and upright character” (Gollaher 1994: 11).

Circumcision fit not only within the medical theories, but also within the ethic of American masculinity. For the physicians popularizing circumcision, there was an almost unanimous adherence to the idea that man was driven by very strong (hetero)sexual urges. These urges were eventually attributed to phimosis and the foreskin; circumcision became the logical cure for these innate urges. Doctors

portrayed [the masturbator] in the most pitiful and unflattering terms. His was a ‘low, mean look, a hand-dog expression; a pallid face; hollow, watery eyes; cold, moist hands; lusterless hair; constrained, embarrassed manner; drooping shoulders; a tendency toward twitching the muscles; frequent repetition of swallowing motions...’ Men or boys who refrained from masturbation, on the other hand, were depicted as paragons of grace and beauty. They radiated the ‘virile power of superb manhood’ to which all right-thinking men aspired, and which sparked the interest of all young women. (Miller 2002: 545; see also Gollaher 1994)

Regarding the masturbator’s penis: “the veins of the integumentary covering of the penis become very much enlarged and tortuous, and the skin itself becomes of a dull yellow color, with

a tendency to wrinkle.’ The penis was likely to be thinner and smaller than usual, and could be elongated and cold to the touch” (Miller 2002: 545). Masturbation was a threat to manliness; it was immoral and it had unappealing physical effects. Real men were circumcised men; real men conquered the sexual urges that would enslave them, so that they could pursue higher moral and rational endeavors.

While circumcision was purported to discourage masturbation, it was also said to enhance sexual relations later in life. One of circumcision’s greatest proponents, Remondino, contended that “‘Sexual relations are much more to man or woman than is generally acknowledged,’ ... And he maintained that freeing the male organ from ‘a constricting, unnatural band’ would surely enhance sexual performance and pleasure” (quoted in Gollaher 1994: 22). Ultimately circumcision was said to deter the negative, animal virility in men while promoting the proper, marital and heterosexual virility of “real men.”

Circumcision also fit into men’s changing social and economic context. If masturbation sapped one’s energies, then it affected one’s ability to work. The movement against masturbation and for circumcision was, as Fox and Thompson explain, particularly concerned with “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” (2009: 204). Circumcision grew to be a mark of civilization (Miller 2002).

Circumcision was said to create a more potent reproductive tool as well. Remondino, who supported circumcision to treat impotence, said that the shape of the circumcised penis was better suited for copulative purposes (Miller 2002). Circumcision, it followed, made men more suited for heterosexual sex and reproduction. So if immigrant communities were more robust, and threatening to take over, then perhaps circumcision was useful in the nativist struggle.

Remondino, along with other circumcision advocates,

cast the prepuce in the role of an ‘outlaw,’ a ‘dark and mysterious’ desperado... Elsewhere, Remondino likened the prepuce to a voluptuary of the Roman Empire, a torturer if the Spanish Inquisition or a bully of the American frontier with a penchant for crushing testicles. These images conveyed the impression that the prepuce was itself an object of evil that richly deserved to be removed from the individual body, just as evil people must be eliminated from the body politic. (Miller 2002: 549)

The foreskin, that dangerous, ugly, and primitive remnant from man’s evolutionary history, that piece of skin which women found unattractive and which rendered marriages sexually unfulfilling, was a threat not only to individual men, but to the nation, to society as a whole. The prepuce, according to this line of argument, rendered men impotent in modern institutions like marriage and business (Gollaher 1994); medicalized circumcision (not the circumcision of the “savage tribes” of Africa) was necessary, it seemed, for making men and making citizens. Circumcision was seen as a rationalizing, modernizing, and masculinizing practice.



And these century-old beliefs persist. Today, the foreskin is believed to trap infectious materials, a belief which ties circumcision irrevocably to the question of hygiene. Circumcision continues to be sold as a “lifetime vaccination” (Schoen 2007) and a preventative for UTIs, infant kidney infections, dermatologic conditions of the penis, balanitis, Lichen planus and Lichen sclerosis, chronic idiopathic penile edema, STDs (chancroid, syphilis, genital herpes, gonorrhea), penile and cervical cancer, and HIV (El-Hout and Khauli 2007; Marx 1989; Morris and the Gilgal Society 2006a, 2006b, 2007; Schoen 2007). Crucially, this has been touted by global health organizations like the World Health Organization (World Health Organization 2007), which sees circumcision as a significant tool in the fight against HIV/AIDS in the developing world.

Circumcision remains linked to sexual aesthetics. Because circumcision became so prevalent, nearly universal in the U.S., many Americans have never encountered an uncircumcised penis; thus, it is easy for people to become convinced that it must be a strange or ugly sight. Circumcision advocates often cite studies that show, for example, that women find the circumcised penis more attractive (see, for example, Williamson and Williamson 1988). And the circumcised penis is still tied to potency. Many believe that it prevents impotence, erectile dysfunction, and premature ejaculation (Money and Davison 1983; Morris and The Gilgal Society 2007). Researchers perpetuate the notion that the shape of a circumcised penis is best. For example, Moore describes an experiment designed to test whether or not the shape of the human penis evolved as a tool for semen displacement (2007). The researchers used three different models: two which actually resembled (circumcised) male penises, with coronal ridge exposed, and one which resembled a vibrator rather than a penis, a completely smooth shaft, with no ridge, that was used as the control. They found that the model with a coronal ridge displaced more semen than one without; this could easily be construed as evidence that circumcision aids in reproduction since circumcision often results in a constantly-exposed coronal ridge. The bias toward circumcision was evident, though, in that no model functioned like an intact penis.

Finally, many still believe that the foreskin is evolutionarily superfluous (see, for example, the Gilgal Society 2000). And strange as it may seem, some still argue that the foreskin has no place in a modern work environment. The International Circumcision Information Reference Centre, which hosts a website with pro-circumcision advice and documents, posts a link to an article by Geoffrey Francis entitled “Circumcision and Occupation” (2003). Francis lists a number of occupations in which being circumcised is important and helpful. While he points out that circumcision is not a requirement for any of these positions, he argues that “being circumcised can make one’s working life more comfortable or significantly reduce the risk of genital problems due to working conditions” (2003: para. 1). The jobs he lists range from steel workers and glass blowers to astronauts, actors, and musicians.

With such an organized force supporting circumcision as a cure and preventative measure against society’s ills, how did an anti-circumcision perspective emerge? A review of 20<sup>th</sup> century medical literature reveals that the seeds of a “genital integrity” movement existed even before it coalesced.

## Historical Development of Intactivist Thought: Extra-Scientific Science

In the early 1900s, support for circumcision was growing. Sayre had made his rounds, convincing others of the dangers of adherent prepuces. Some doctors were so convinced that the prepuce was the source of numerous diseases that they also began to target the clitoral hood, the female prepuce, and the clitoris itself (Morris 1892). In 1892, Robert Morris suggested that humans were evolving out of the clitoris, and recommended separation of clitoral adhesions to prevent women's masturbation and nearly 20 years later, Kistler described a new technique for female circumcision (1910). It is clear that many doctors were jumping on the circumcision bandwagon. However, a review of a century of articles in the *Journal of the American Medical Association* and sixty years of *Pediatrics*, the Journal of the American Academy of Pediatrics, reveals their assent was not uniform.

The beginning of the century was full of technical debate: who should perform circumcision, and what techniques or methods were best. Some doctors drew a line between surgical circumcision and religious or ritual circumcision, denouncing the latter as more likely to confer infection (Valentine 1901); some offered that the dangers of sepsis in ritual circumcision could be avoided by training mohelim in the proper methods (Wolbarst 1914), or by encouraging religious families to seek out Jewish doctors (Valentine 1901). Some doctors encouraged the use of anesthesia (Valentine 1901). Doctors recognized problems that could result from circumcision; for example, the end result might be aesthetically unappealing, adhesions might remain, or too much skin could be removed. Mentioning these issues, though, was usually a way to introduce a new, improved surgical technique (Valentine 1901; Vaughan 1905; Kistler 1910).

The fight over 'best' techniques makes sense given the context. The institution of medicine was beginning to successfully win its battle against midwives at the turn of the century (Cahill 2001; Donegan 1978; Donnison 1977; Oakley 1984; Wertz and Wertz 1989). Midwives were relegated to treating the poor, as their skills, honed over centuries and shared through experience and apprenticeships, were denigrated by doctors; midwives had no "formal" training and no institutional support to promote them (Cahill 2001). American women were increasingly turning to the nascent field of obstetrics and gynecology. Unwittingly though, American women were turning to a far less skillful and informed "professional." Doctors were governed by rules of extreme propriety, where it was considered inappropriate for men to look at women's genitalia; this made childbirth and obstetrical exams quite difficult (Cassidy 2006). In the very early 1900s, new training protocols emerged, eventually pushing midwives even further from their former domain.

Significantly, advances in pain medicine and anesthesia, the professionalization of doctors through professional associations like the American College of Obstetrics and Gynecology (ACOG), and the increasing number of hospitals aided in the battle against midwifery. The introduction of chloroform to control pain made hospitals the new space for childbirth (Dye 1980; Leavitt 1980). Although hospitals were still rather dangerous and dirty spaces by our modern standards, doctors were beginning to convince the middle and upper classes that these were the safest and cleanest places for medical treatment. As poor hygiene was becoming associated with the lower classes, hospital births were becoming a mark of distinction. Valentine's argument for the necessity of anesthesia during circumcision was probably less about the child's pain, or the mother's distress at the child's pain, and more a way to ensure that

doctors, not midwives, would be the ones at the helm. Similarly, Wolbarst's willingness to train mohels in modern aseptic techniques might not have been evidence of his religious and cultural sensitivity; rather, as mohels were men (like doctors), Wolbarst may very well have been defending the power of men, not women, to oversee childbirth and related activities. Doctors' war against midwifery was as much a battle of the sexes as a professional battle.

The medicalization of childbirth depended on technologies, tools, and surgical training. Circumcision fit very well in this medicalized model. There were professional tools and surgical techniques to be mastered. In the pages of American medical journals, after about 1900, one begins to find advertisements for the "best" circumcision products. Watson's Circumcision Sutures, for example, were developed to "enable the surgeon to hasten his operation, lessen the time of anesthesia, and eliminate the repeated handling of needles and catgut" (Advertisement 4 1916: 3). Johnson and Johnson were also in the circumcision market, offering sutures that were "exceptionally convenient and safe" (Advertisement 14 1918: 14). As childbirth was medicalized, medicine was commercialized.

Nevertheless, the brief mentions of pain, blood loss, unattractive or ragged scars, and the potential for infection left room for an anti-circumcision position. For example, when Wolbarst recommends "universal circumcision as a sanitary measure" in 1914, Thornton fights back in a response. While there are reasons to circumcise, Thornton explains, "there are many of us who do not fully agree with Dr. Wolbarst in his sweeping denunciation of non-circumcision" (1914: 475). Rather than "mutilating the penile organ" (Thornton 1914: 475), Thornton advocates cleanliness and, if necessary, a significantly less invasive technique, whereby a rubber band is used to pull and hold the foreskin back away from the glans of the penis. Eventually, the foreskin may be trained to stay in this retracted position without ever being "lost to its owner" (Thornton 1914: 475). The term "mutilation" will become the hallmark of the modern Intactivist movement.

Military engagement in two world wars, however, would mark a shift towards circumcision's ubiquity. Doctors noted that Jewish soldiers tended not to become afflicted with venereal diseases during their military tours (for example, Hand 1949). They took this as evidence that circumcision conferred protection against a host of diseases; this became the linchpin of the pro-circumcision argument. Those who used this "evidence" failed to note the protective effect of Jewish men's religious values, which might prevent the promiscuity that actually increases STI risk (Gollaher 2001). Significantly, circumcision-as-prophylaxis is the trope primarily used by modern circumcision advocates. Today, however, the concern is HIV prevention (World Health Organization 2007).

Interestingly, the American medical community fell relatively silent on the issue of circumcision during these wars. Perhaps it is because attention was diverted; perhaps it was because the justification came to be seen as self-evident. In the UK, however, the circumcision debate continued to rage; the columns of the *British Medical Journal* in 1935 were filled with commentary on circumcision and by the mid-1940s, the health service has ceased covering the procedure. At the end of the World War II, American and British circumcision rates, which had until that time been fairly similar, would diverge dramatically. In Britain they would fall; in the U.S. they would skyrocket.

The American medical community would not speak much on the issue again until the early 1960s. Advocates of circumcision were now convinced that smegma, the buildup of sloughed cells that collected under the foreskin, was responsible for cervical cancer (Terris and Oalman 1960). Just as doctors had pointed to low rates of venereal disease among Jewish soldiers, they again looked to the Jewish community to point out low rates of cervical cancer, and again ignored sociocultural explanations. At this historical moment, the tone of some of the anti-circumcision writing changes. Not only are the writers increasingly politicized—perhaps because so many more circumcisions are taking place, and simultaneously there are people more opposing it—but there also emerges a question of blame. Blame seems to be split fairly equally between two groups: doctors who perform and justify the procedure, and parents, often the mother, who seek it out.

The 1960s in the U.S. were a highly political time, a time of cultural revolution. Free love, women's rights, war protests—this is what characterized the American 1960s. It is rather unsurprising, given the context, that the institution of medicine would also come under attack. What is ironic, however, is the form that this particular attack took. The key issues of the time were sexuality and women's rights, and more specifically, women's right to sexuality. Pro-circumcision doctors framed circumcision as a way to protect women's sexual health, protecting them from cervical cancer. Anti-circumcision doctors ended up on the other side of the argument, defending men's sexual rights over women's. This argument reemerges later in Intactivist rhetoric and opposition to including cervical cancer in justifications of circumcision (for example, Chapin 2012).

For John Foley, the medical institution is culpable for men's circumcision injuries (1961). He rejects the trendy assertion that circumcision, which he calls a "mutilation" and a "perversion," prevents cervical cancer, calling it "the most vicious hoax in medical history" (Foley 1961: 1185). He goes on to insist that smegma is not carcinogenic; there are many groups, he argues, who have never incorporated the practice of circumcision have the lowest rates of cervical and penile cancer. Smatko also denies the correlation between smegma and cancer (1961). He argues that because women also produce smegma under the clitoral hood, and the clitoral hood is not circumcised to prevent this accumulation, we should see exceedingly high rates of genital cancer in women; that just isn't the case. But Smatko is not as angry as Foley, for Foley mourns the loss of the sensitive foreskin. It seems that as these sexual consequences come to the fore of the anti-circumcision framework, the authors' emotions heighten.

Discourse around sexual consequences, which will become the lynchpin of the Intactivist argument against circumcision, emerges during this sexual revolution. But, foreshadowing its connection to the men's rights movement, it focuses solely on *men's* sexual pleasure and autonomy. Morgan's "The Rape of the Phallus" is an interesting piece of anti-circumcision writing, because it contains the seeds of what will be articulated in the 1980s by a fully politicized political movement organized against circumcision (1965). Like Foley, Morgan is angered by the sexual effects of circumcision, which he insists reduces sensation and creates more friction during intercourse. His brief article decries the barbarism of a practice that originated among "primitive" peoples. Piece by piece, he tears away at the foundation of the pro-circumcision stance. For example, he points out that many of the "circumcised races" have high rates of venereal disease. Where he cannot totally refute the evidence, he moves to a rhetorical strategy that will be frequently used by Intactivists, a kind of exaggerated analogy. In fact, his

specific analogies come up again and again in later Intactivist works. Although circumcision might actually prevent penile cancer, no one would allow routine appendectomies to prevent appendicitis, Morgan explains, and appendicitis kills far more people than penile cancer. Similarly, to contradict the hygiene argument often levied in favor of circumcision, Morgan offers the following imagery: though dirt tends to build up behind the ears, no one would suggest lopping off the outer ear to prevent this accumulation.

And then there is the issue of culpability. Morgan lays some blame with doctors, who he believes pressure parents. But the bulk of it lies with parents who follow custom and “lop it off along with the Joneses” (Morgan 1965: 224). He specifically targets mothers who “seem to endorse the operation with such enthusiasm” because “it is one way an intensely matriarchal society can permanently influence the physical characteristics of its males” (Morgan 1965: 224).

Morgan’s argument, which blames a matriarchal society, indicates an aspect growing among circumcision’s opponents—an emergent anti-feminism. The 1960s was a significant period for American feminism. What will be termed “second wave” feminists arose in the 1960s to rail against society’s limitations on women: their restriction to the private sphere, their treatment as second class citizens, their subjugation to *patriarchal* domination. How then can Morgan argue that the U.S. was a matriarchal society? Only by rejecting feminists’ fact-based claims. As men of the men’s rights and men’s liberation movements will do later, Morgan insists that women have immense power over men. For him, it is the power to mold male bodies through circumcision, which ultimately means to rob them of their pleasure. Absent from his argument is acknowledgement that male circumcision as a religious and cultural ritual helped to visually mark men’s power on their bodies (Kimmel 2001), or that as a medical practice, it was promoted by and for men; instead, it is a matriarchal society, embodied singularly by the baby’s mother, that has sacrificed men’s bodies.

The title of Morgan’s article conveys something even more significant—it is not rape of the penis, but rape of the *phallus*. Here, matriarchy robs men not just of some physical piece of them, but gets to the very heart of masculine power, the phallus. It robs them physically and symbolically. If the phallic phase is the one in which gender identity is solidified, then the “rape” of one’s phallus is an attack on one’s gender identity, the core of his masculinity. In this sense, circumcision is the realization of castration anxiety, and as later Intactivists will point out, sometimes results in actual (albeit accidental) castration. And if that were not enough, he claims that this is “rape,” another exaggerated analogy that will be taken up later by Intactivists. Intactivists use this word, rape, to signify a bodily violation that occurs without consent. Yet, Morgan’s title, using *phallus*, denies that bodily violation for a symbolic one. It is this vacillation between real and symbolic harm that characterizes Intactivism, and which highlights the true concerns of the movement—though they claim physical harm, their true concern is the symbolic injury to their masculinity.

“Rape” denotes a very particular act. It is an act where power dominates. It is not merely physical violation, or sexual violation, but an act that solidifies one’s power to take over another, to invade another. Moreover, it is an act that must be put in historical context. Its context: male domination. Rape is most often committed by men.<sup>13</sup> Feminists talk about this phenomenon as

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<sup>13</sup> To be clear, men are also victims of rape and should not be ignored. Nevertheless, in cases of male victims, the offender is also usually male. Women are sometimes perpetrators, and more often in cases where victims are

rape culture (Brownmiller, 1993[1975]). Rape does not just solidify the power of the rapist over his victim; it secures male power, a group power. When Intactivists use the term rape, which they often do, they are trying to equate the bodily violation experienced by a rape victim with the bodily violation experienced by a victim of circumcision.

Perhaps we could grant the individual experience. In a blog piece by Michael Kimmel, he explains that “rape” has entered our cultural vocabulary as a metaphor that can be used for anything (e.g. Obama’s policies are “raping” our economy, or “The Yankees raped the Red Sox”); but Kimmel clarifies: “Rape is not a verbal put-down; it’s a corporeal invasion. It’s not an athletic defeat; it’s the violation of a body’s integrity, the death of a self. All equivalences are false equivalences” (2012: para. 20). For the individual Intactivist, circumcision feels like a “corporeal invasion”; it is experienced as “the violation of a body’s integrity”; and for some, it even feels like “the death of a self.” So perhaps it feels like “rape.” But it isn’t rape because circumcision lacks the power dynamic that rape expresses. Circumcision does not solidify any group’s power over men. In fact, quite the opposite, because it has, since its inception, solidified men’s power. As a religious ritual that incorporates men into the group, as a cultural practice that initiates men into manhood, and as a medical practice that rationalizes the male body, circumcision has conferred upon men power and prestige. Circumcision would only be like rape if it systematically denied them such privilege.

It is fair to express concern over the toll circumcision may take on individual men’s bodies. It is not fair, though, to create a false equivalence between men’s and women’s suffering in society. This is exactly what Intactivists do. It is also exactly what men’s rights activists do when they express rage over men’s “forced” participation in the military, or in other men’s initiation rituals, which often put men’s bodies and lives in danger. Take, for example, the words of mythopoetic writer Sam Keen, on the effects of the “war system”:

The wounds that men endure, and the psychic scar tissue that results from living with the expectation of being a battlefield sacrifice, is every bit as horrible as the suffering women bear from the fear and the reality of rape. Rise a hundred miles above this planet and look at history from an Olympian perspective and you must conclude that when human beings organize their political lives around a war system, men bear as much pain as women. Our bodies are violated, we are regularly slaughtered and mutilated, and if we survive battle we bear the burden of blood-guilt. When we accept the war system, men and women alike tacitly agree to sanction the violation of the flesh—the rape of women by men who have been conditioned to be “warriors,” and the gang rape of men by the brutality of war. Until women are willing to weep for and accept equal responsibility for the systematic violence done to the male body and spirit by the war system, it is not likely that men will lose enough of their guilt and regain enough of their sensitivity to weep and accept responsibility for women who are raped and made to suffer the indignity of economic inequality. (1991: 47)

Here, Keen equates men’s fear of going to war with women’s fear *and* experience of rape. Here, men’s and women’s bodies are equally likely to be sacrificed. Here, men and women are both

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children, but their levels of perpetration remain low compared to men. For more about gender and perpetration of violence, see Hamby (2009).

victims of an abstract social system, in this case, the war system, to which both men and women have consented. Keen, like Intactivists, ignores the history of this abstract social system. It is not one to which both men and women have equally consented. It is one built by and for men. Men go to war not because men and women equally demand it; it is because men are seen as more powerful, courageous, and worthy. Women are seen as weak and in need of protection. This construction of men and women serves men's power much more than it serves women. Likewise, the development of circumcision as a routine medical practice serves men's power more than women's interests. It made men fit for business, marriage, civilization. In other words, it created men well suited for all arenas of male privilege. *This is a key failure of the Intactivist movement, if it truly means to create gender equality: It consistently fails to acknowledge or account for men's social power.*

Morgan's article foreshadows a highly conservative and reactionary side of the Intactivist movement. As these articles morph into more politicized diatribes (which will eventually become the backbone of a political movement), a social movement for gender equality is taking hold—the politically conscious and highly mobilized second wave feminist movement. Morgan's article comes just two years after Betty Friedan's *The Feminine Mystique*, and in the midst of women's consciousness raising projects. Morgan claims to be reacting to the violation of circumcision, yet by blaming "matriarchal" society, he reveals the true source of his anxiety: men's diminishing social power and role. If eventually the Intactivist movement will claim to be a gender equality driven social movement, these reactionary foundations must be interrogated.<sup>14</sup>

In the five years that follow Morgan's piece, several important developments take place. The second wave feminist movement becomes fully institutionalized. The National Organization for Women (NOW) forms, and women begin a very public fight for equal rights, or women's liberation (National Organization of Women 2011[2006]). The first women's studies department is established at San Diego State University, marking the beginning of an institutionalized investigation of gender roles, those attitudes and attributes into which men and women are socialized. By 1970, men's consciousness raising groups also emerge, bringing liberal men into a parallel fight for men's liberation from their own restrictive gender role. Some men at this time find their lives constrained by the male role as provider, breadwinner, and emotionally stoic and somewhat absent father. At some level, men realize that these roles are not natural, just as women's role as housewife, mother, dependent, are not natural, but socially constructed. Eventually, men's engagement with the gender question will bifurcate into two camps: a conservative men's rights movement and a liberal, profeminist men's movement. The question remains—where will Intactivism fit?

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<sup>14</sup> To be fair, not everyone took Morgan's fears seriously or agreed with his conclusions. The *Journal of the American Medical Association* printed several response letters along with a note: "In response to the Publication of 'The Rape of the Phallus,' by Dr. W.K.C. Morgan (193:223-224, 1965), The Journal received 35 letters. Two make only favorable comment, 9 display ambivalence, and the 24 remaining vary in tone from moderate medical criticism to unreserved hostility...Naturally, many of those received by The Journal condemn publication of the article" (Editors 1965: 195). In addition, one author poked fun at "The Rape of the Phallus" and "Whither the Foreskin" by publishing his own, entitled "The Foreskin Saga" (Harnes 1971). In it, he satirically asks of his own circumcision, "Did this represent an unconscious attack by my father on my Oedipus complex? Was he aware of the future decreased pleasure the operation would incur and did this represent hatred of me? Did he, with my mother's consent, subconsciously want me castrated?" (Harnes 1971: 1241). The mocking tone reappears in modern retorts to Intactivism.

Preston's "Whither the Foreskin" calls out Dr. Spock, perhaps America's most famous doctor, for his belief that "circumcision helps a boy feel 'regular'" (1970: 1854). He even wonders if Spock would "likewise favor circumcision of the clitoris in a society where that is the usual practice" (Preston 1970: 1854). Unlike parents and the medical community at large, Preston wants decision makers to consider the immediate and long term physical complications associated with circumcision, as well as the psychological consequences. While Preston does not use the language of social construction or gender roles, the idea of feeling "regular" implies that society impacts the kind of gendered beings we become, and his desire to focus on the consequences implies that society's gendered expectations may be harmful to individuals. In the same year, McCoy also questions the cultural reasons for the practice. She argues that she has no intention of interfering with religious rituals, but "It is the process of rationalizing the ritual that this author protests. However, we do have freedom of choice in the matter. Those who choose certainly have the right to have their sons circumcised—but let them see it as acquiescence in a ritual of religious origin that has no acceptable medical basis" (1970: 33). These authors begin undermining the medical justifications by pointing out the social and cultural biases of the medical institution. Interestingly, Intactivists will appropriate the idea of social construction in later works. Men's identities come to be seen as the product of circumcision—they are marked both externally and internally by the procedure.

The discourse of sexual consequences that emerged in the 1960s continues to resonate for medical authors in the 1970s, and they will eventually be linked to the psychological consequences that Preston indicated in his argument. Falliers, for example, writes of a sensory loss during intercourse, suggesting that "the fundamental biological sexual act becomes, for the circumcised male, simply a satisfaction of an urge and not the refined sensory experience that it was meant to be" (1970: 2194). In this way, even men's sexuality is "socially constructed" by circumcision.<sup>15</sup>

In the 1970s, the American Academy of Pediatrics began to seriously address the questions being raised about circumcision. The fervor of these later writings clearly has an impact for, in 1971, the AAP task force decides that there are "no medical indications for circumcision the neonatal period," a position reiterated by the Task Force in 1975 (American Academy of Pediatrics 1971, 1975). This position statement does not necessarily imply that all pediatricians agreed on the status of the practice. In 1974, *Pediatrics* published a brief article entitled "Why Circumcision" in which the authors, Burger and Guthrie, weigh the medical and economic considerations of circumcision. They conclude that the medical benefits should be enough to justify neonatal circumcision, and to secure insurance coverage. Yet even they specifically rule out universal, routine neonatal circumcision on the grounds that there are a number of contraindications to the procedure. The authors are also careful to point out that the procedure "should never be referred to as routine or simple and should be performed only by a well-trained and experienced physician" (Burger and Guthrie 1974: 363).<sup>16</sup> It appears that even supporters of the practice were influenced by some of the oppositional discourse of the time. In 1976, the journal published a ten year comparative review of the Plastibell and Gomco methods of

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<sup>15</sup> Social construction is used in an odd way by Intactivists. It is the singular act of circumcision, not years of socialization in gendered social institutions, which constructs the individual. I will elaborate on this critique in later segments.

<sup>16</sup> This statement is reminiscent of early writings that sought to protect the professional standing of doctors over midwives, though in this case I suspect that they are pushing back against mohelim who might perform the surgery.



circumcision. The authors, Gee and Ansell, note a variety of possible complications emerging from both techniques and ultimately conclude that “one might recommend circumcision as prophylaxis against penile cancer in the tropics or balanitis in the desert, but in temperate, non-desert areas, its use remains ritual. Before undertaking that ritual in the neonate, the physician should be aware that significant complications may occur as a result of circumcision in one of 500 newborns so treated” (1976: 827). The claim of significant complications is repeated in 1979 when Drs. Cleary and Kohl document “overwhelming infection” directly associated with circumcision, and again in 1980 by Woodside.

Taking into account the risks and benefits, in 1979 the AAP denies its routine applicability and suggests leaving the decision up to parents, with the provision that parents should provide truly informed consent. The task force ends, though, by suggesting that “A program of education leading to continuing good personal hygiene would offer all the advantages of routine circumcision without the attendant surgical risk” (1979: 611). With this protection of parental decision making powers, it is no surprise that parents, and more specifically mothers, continue to take primary blame from anti-circumcision doctors and authors.

Between 1982 and 1983, three studies of parental decision making appeared in *Pediatrics* (Herrera et al. 1982; Herrera et al. 1983; Maisels et al. 1983; see also Brown and Brown 1987). All three found that providing information to parents had no significant effect on their decision to circumcise and all three conclude that cultural acceptance outweighed any medical and scientific evaluation. In both studies by Herrera et al., *parents* were counseled and provided information (1982, 1983). But in Maisels et al., *pregnant women* were counseled and advised to discuss the information with their partners (1983). This study’s method, and the assumptions of its authors, places greater responsibility, and by extension, blame, on mothers’ shoulders.

The matriarchy that Morgan blamed in 1965 continues to take blame, even 15+ years later. Grimes echoes Morgan when he claims that, “Selection of candidates for surgery is based primarily on the mother’s wishes. Fathers generally take little interest in the circumcision decision. The reasons mothers give... suggest that the decision is often irrational” (1980: 108). In 1994, Cooksey elaborates. She references mothers who think circumcision is required by law, mothers who can’t explain what the term means, mothers whose mates are circumcised and have no experience with intact penis or what it does during sexual intimacy but will make a final decision for the child, and parents who are unaware that circumcision rates are much lower in other countries. In three out of four of her examples, blame is directed at mom (Cooksey 1994).

It is important to note another development around this time: international recognition of “female genital mutilation” or “FGM.” In 1979 Fran Hosken, the world’s leading crusader against “FGM” published her famous book, *The Hosken Report: Genital and Sexual Mutilation of Females*. For many, a groundbreaking treatise on women’s suffering in extreme patriarchal contexts, the book opened the Western world’s eyes to female genital practices in the Middle East and Africa. In the book, Hosken purports to expose the “truth” of these surgeries. She reports statistics on where and how frequently the surgeries are performed, their consequences and complications. The book is extremely influential, to this day informing global policies regarding the practices.<sup>17</sup> For Intactivists, the global outrage about female genital mutilation

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<sup>17</sup> The book, and Hosken’s work generally, are also heavily critiqued, especially by postcolonial and critical race feminists (for example, Njambi 2004; Obermeyer 1999).

seems unfair since so many more men than women are subjected to forced genital alterations. The influence of “FGM” discourse on the male circumcision debate cannot be overstated. Anti-circumcision doctors and activists will frame their arguments in the same terms used by Hosken to denounce “FGM”: sexual consequences, pain (and mutilation), and human rights. The idea that circumcision exerts a social control over men’s bodies (like “FGM” is supposed to do for women’s bodies) will also be taken up by some writers.

Significantly, in 1980, one year after Hosken’s publication, Edward Wallerstein publishes what will become a kind of Bible for Intactivists—*Circumcision: An American Health Fallacy*. Wallerstein himself is not a doctor, but a “health consumer advocate.” Though not a medical expert, the book is dedicated to health providers and consumers and addresses the medical literature on circumcision extensively. The book summarizes the various arguments in favor of circumcision and tries to debunk them, or point to logical flaws and gaps in knowledge. Like Hosken’s work on “FGM,” Wallerstein’s influence on the movement is profound.

Wallerstein’s writing seems to have galvanized that portion of the public already sympathetic to what will become Intactivist ideology. The impact of the growing awareness of genital mutilation is clear from the development of Intactivist organizations. Brothers United for Future Foreskins (BUFF) began in 1982; The National Organization of Circumcision Information Resource Centers (NOCIRC) was founded in 1985 by Marilyn Milos; and in 1989, the National Organization of Restoring Men (NORM) (which would first be called RECAP (for RECover A Penis)) began looking for members.

In the years that follow, major concerns in the medical literature on male circumcision are the procedure’s longer term sexual consequences, the infliction of pain, and the ethical considerations (which will eventually become articulated as human rights considerations) necessitated if the surgery is painful and has long term negative consequences. In 1983, Money and Davison attempt to demonstrate the sexual problems of circumcised men. Their sample is small, only five men, but the authors insist that their findings indicate a need for more research. All five men reported that the time to orgasm was longer after circumcision; however, none of these men saw this as a negative outcome. Four of the five men reported reduced penile sensitivity, though the fifth claimed he was more sensitive after the surgery. The researchers found problems with circumcision technique: in one case, too much skin had been removed, causing penile pain, problems with erection, and cosmetic problems because pubic hair was drawn down the shaft. For another man, the circumcision scar was painful. None of the five men reported impotence. The authors conclude that circumcision can indeed have sexual effects and can affect body image; if the surgery influences men’s sense of well-being, it can go on to affect their work and family life. If it potentially has such wide-ranging effects, the authors argue it warrants further investigation.

Among the disorders that circumcision is said to prevent or cure, urinary tract infection (UTI) is perhaps the only one which can be well substantiated. As Intactivists are quick to point out, however, UTI can easily be dealt with using a much less invasive option: antibiotics. Nevertheless, the 1980s saw increasing debate around the issue. Several reports published in *Pediatrics* favored circumcision as a UTI preventative (Wiswell, Smith, and Bass 1985; Wiswell and Roscelli 1986; Wiswell et al. 1987) and sparked a debate in the journal. Wiswell, a known circumcision advocate, published regularly on the topic. In response, Altschul argues that the

numbers of UTI are not large enough to justify a routine intervention (1987). Likewise, Harkavy reminds readers that “one must circumcise 98 babies to prevent two urinary tract infections” (1987: 649) and suggests that there are a number of unexplored variables that might predict difference in infection rates, variables that are correlated with circumcision. Finally, like Intactivists continue to insist today, Harkavy pushes for better hygiene rather than surgical intervention.

This debate led the AAP task force to revise their stance on circumcision in the 1989 report. At this point, the task force moved from opposing the procedure to a neutral stance, citing Wiswell’s UTI research and studies of penile and cervical cancers. The task force writes:

Newborn circumcision is a rapid and generally safe procedure when performed by an experienced operator. It is an elective procedure to be performed only if an infant is stable and healthy. Infants respond to the procedure with transient behavioral and physiologic changes... Newborn circumcision has potential medical benefits and advantages as well as disadvantages. When circumcision is being considered, the benefits and risks should be explained to the parents and informed consent obtained. (American Academy of Pediatrics 1989: 390)

First, despite its movement towards a neutral position, the AAP repeats that the surgery is an elective one, a stance which discourages insurance coverage. Second, the medical association secures doctors’ role in the circumcision procedure, suggesting that it is best performed by “an experienced operator.” Third, it suggests that any postoperative behavioral changes noted in infants are fleeting; this is a point of contention for Intactivists, who continue to argue that circumcision trauma affects men throughout the life course, and that these changes can be seen early on in breastfeeding and sleep patterns, as well as ongoing changes in the way an infant responds to painful stimuli. And finally, the AAP recommends informing parents of the risks and advantages, without any acknowledgment of the reports that informing parents has no effect on their behavior.<sup>18</sup>

Wiswell defends the task force’s 1989 position, though he continues to suggest that the benefits “far outweigh the risks” (1990: 889). Edgar Schoen, task force chairperson and another long term circumcision advocate, writes that, although the report stated a neutral position, he believes that “current evidence indicates that the benefits of newborn circumcision outweigh the risks of the procedure” (1990: 889). Specifically, he indicates that reports published after the task force was convened have convinced him of the surgery’s prophylactic role in relation to STDs.

In 1997, Laumann, Masi, and Zuckerman add to the question of sexual effects in what becomes a highly controversial article. Using data from the National Health and Social Life Survey, the researchers set out to establish circumcision rates and complication rates in the U.S. They find that American-born men are much more likely to be circumcised than foreign born men, and that white men are twice as likely as blacks and three times more likely than Hispanics to be circumcised. They find that class status affects circumcision rates, with wealthier and more

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<sup>18</sup> This last piece recurs in the 1999 AAP statement. In this statement, the AAP returns to its position of not recommending routine circumcision, but again leaves the decision up to parents, after they have been provided “accurate and unbiased information” (1999: 691), disregarding studies that suggest that this counseling has no significant effect on parents’ decisions.

highly educated whites having the highest rates. Contrary to their expectations, they found that circumcised men were slightly more likely to have had both bacterial and viral STIs during the lifetimes though with fewer than twenty sexual partners the results were statistically insignificant. Ironically, since circumcision was initially supported as a way of curbing masturbation, Laumann, Masi, and Zuckerman find that circumcised men have more elaborate sex lives and masturbate more frequently than intact men. Nearly all of the sexual dysfunctions were more common among intact men.

Reading this article, circumcision's advocates play up the sexual and functional benefits and downplay the STI findings (Schoen 1997). Circumcision's opponents, on the other hand, provide a different reading. Harrison argues that the demonstrable impact on later sexual life (whether positive or negative) suggests that it would be beneficial to leave the surgery until children can consent (1997). He cites the AAP: "In 1995, the AAP Committee on Bioethics stressed the importance of involving children in decisions concerning their health care. The committee counseled physicians to view children as persons in their own right, with interests distinct from those of their parents" (Harrison 1997: 202). Where possible, Harrison cautions, children's individual interests should be protected. Van Howe and Cold reinterpret the sexual, functional "benefits"—if circumcised men have a more elaborate set of sex practices, perhaps it is because they do not enjoy sex as they should (1997). Perhaps, because uncircumcised men have all of the natural nerves intact, they derive more pleasure from traditional intercourse and do not need to engage in the variety of other sexual practices.

A problem of both pro- and anti-circumcision positions is the failure to think about the complexities of sexual function. Laumann, Masi, and Zuckerman's study, along with the responses it received, see "sexual dysfunction" as a purely physiological phenomenon (1997). Yet, a lack of interest or enjoyment in sex, an inability to ejaculate or to control ejaculation, or to achieve and maintain an erection, and experiencing anxiety about sexual performance—these are all deeply connected to both sociocultural conditions and individual psychology. One might ask whether intact men experience more of these sexual dysfunctions because of some physiological problem, or because they have non-normative bodies in a circumcising culture; likewise, do circumcised men feel better about themselves because their bodies are "normal" and thus have less anxiety about their sexual encounters? These writers even biologize the choices of sex acts. Frequency of masturbation and the type of sex in which men choose to engage are, for Van Howe and Cold, tied to the number of nerve endings, not to sexual socialization (1997). This is a strange argument since our sexual choices are as much about curiosity, gender performance, and sexual scripts as they are about the physical experience of pleasure (Plante 2006).

Alongside questions of sexual consequences, studies of circumcision pain also emerge in the 1980s and 1990s. Like some of the early debates about technique, many of these doctors do not question whether we should circumcise, and only suggest that we ought to use anesthesia when we do. Owens' study of infant vocalizations during medical procedures works against the common assumption that infants do not feel pain (1986). The use of a dorsal nerve block during circumcision lowered the child's heart rate and brought down the level of crying (Owens 1986; see also Snellman and Stang 1995; Williamson and Williamson 1983). In 1993, Wellington and Rieder document that only a small minority of infants were provided analgesia during circumcision, despite growing awareness that infants experience pain during the procedure and the presence of the dorsal nerve block, which the authors consider both safe and effective. The

following year, Ryan and Finer test the effectiveness of an educational campaign for getting doctors to utilize anesthetics and find that after awareness is raised, doctors' attitudes and practices changed (1994).

In 1998, the *Journal of the American Medical Association* printed letters debating the role of anesthesia in circumcision. Some authors raise the dangers of anesthesia for infants (Shechet, Fried, and Tanenbaum 1998). Shechet, Fried, and Tanenbaum argue in favor of Jewish religious circumcision, suggesting that it causes less pain than medical circumcision because it is faster and does not involve crushing any tissue (1998). Others argue in favor of anesthetics (Andersson 1998; Horger III, Arnett, and Jones 1998; Lander et al. 1998). Andersson pushes a bit further, suggesting that although anesthesia is helpful it would be even more effective and safer if circumcision was done at a later age when the glans and foreskin have fully separated (1998). Van Howe and Cold push even harder; rather than searching for the best anesthetic or technique, we should just stop circumcising infants altogether (1998; see also Prescott, Milos, and Denniston 1999). Discussions of pain and analgesia impacted the AAP task force. Their 1999 position statement does not recommend neonatal circumcision, leaving the decision up to parents. However, they suggest that when the surgery is chosen, it should take place with proper anesthetic.

The final issue plaguing the medical literature most recently is the question of ethics and human rights. One nurse writes to the *American Journal of Nursing*, concerned that doctors at his/her hospital frequently botch circumcisions. The child will bleed heavily and the nurse notices that too much skin has been removed. The anonymous nurse asks "What can we do to protect our patients when the physicians seem to be protecting each other?" (Miya 1994: 56). Nurse Miya responds that the nurse's obligation is always to advocate for the patient, especially a patient who cannot advocate for himself. In a subsequent edition, several other nurses respond. One asks the "true professional ethical question": "How can doctors, nurses, or parents be allowed to remove a normal, functional body part for no known medical reason?" (Skomp 1994: 16). Sperlich and Conant write that "every circumcision is a botch job since it is an assault on a child's sexuality and a violation of his right to an intact body" (1994: 16), and point out that nurses can become conscientious objectors to the procedure. One year later, in 1995, Conant and Sperlich founded the Intactivist organization, Nurses for the Rights of the Child.

Indeed, some begin to frame the ethical question in opposition to the physiological ones. For example, when Harrison responds to Christakis et al.'s analysis of benefits and complications, he argues that

they [Christakis et al.] described its [circumcision's] indications as 'discretionary.' But they fail to address the important ethical, legal, and human rights issues raised when a 'discretionary' (that is, medically unnecessary) surgical operation is carried out on a person who cannot speak for himself. This omission is surprising, in view of America's deep-felt commitment to human dignity and personal freedom... The Christakis study appears to confirm that a medically unnecessary surgical intervention is being undertaken in an ethical vacuum on the basis of limited scientific understanding. (2000: 954 in response to Christakis et al. 2000a)

Responding to Harrison, Christakis et al. state: “We take Mr. Harrison’s contention to be that for *this* procedure the benefits are not sufficient to make the risks morally justifiable. Others might disagree, and he too might feel differently if the benefits were greater or if the complication risk were lower” (2000b: 954). I think, in fact, that they mischaracterize Harrison’s position. I do not believe that it would change if the benefits were greater or the risks were lower; his concern is an ethical one, rooted in the question of consent and bodily autonomy.

By 2000, the medical community had articulated, at least in passing, all of the issues that were or are brought up by Intactivists: pain; short and long term effects, physical, sexual, and emotional; misinformation; and human rights violations. Though the bulk of American medical sentiment is in favor of circumcision, this brief history demonstrates that there has existed a small minority of anti-circumcision thinkers since the practice became institutionalized. These medical writings formed the scientific basis of the Intactivist movement, and have spurred ongoing medical investigations of circumcision. The highly politicized medical literature, much of which is now produced by Intactivists themselves, describes the surgery in the following ways; circumcision is:

- painful: it is immediately painful because there is often no anesthesia (and when there is anesthesia, it produces its own set of risks); there is often no pain care afterwards; and, throughout a man’s life, he may experience pain during sex or erection
- desensitizing: keratinization, a process by which the mucosal membrane that initially covers the glans hardens, leads to less sensation during sex; moreover, the loss of the sensitive nerves of the foreskin changes the sensitivity of the penis
- disfiguring and disabling: outcomes can include scarring, skin tags, skin bridges; the penis may become shorter, discolored, curved or bent; pubic hair may be pulled down the shaft because of skin stretching; deformations of glans may result when it is mistakenly cut during the procedure, and in the extreme, partial or complete amputation may occur
- unhygienic and unhealthy: ironically, circumcision can lead to UTI, infection, and urinary retention
- deadly: complications can include bleeding, hemorrhage, and death; Jewish ritual, Metzizah B’Peh (which includes oral-genital contact), can cause herpes, brain damage and death<sup>19</sup>
- psychologically traumatizing: circumcision pain causes immediate trauma to baby that can lead to changes in the brain or developmental problems with sleeping and breastfeeding; long term trauma leads to feeling self-conscious, insecure, and angry
- unnecessary and unethical: it is done for ritual, cosmetic, religious, and hypothetical medical benefits, but the body is made perfectly and doesn’t need alteration; it is unethical to promote circumcision as a preventative to HIV because there are less invasive, cheaper and proven methods to prevent it; when it is performed on infants and children, there is no patient consent

I will elaborate the Intactivist production of “scientific knowledge” about the foreskin and circumcision, and more about the meanings of these supposed “harms” in later chapters, but it

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<sup>19</sup> This complication was noted in *Pediatrics* (Gesundheit et al. 2004). It was also the subject of media coverage after a small outbreak in NYC.

suffices for now to say that these are, for Intactivists, the main ways that circumcision damages men.

A number of things are clear from this historical analysis of circumcision science. The debate, even its technical and seemingly “objective” elements, have always been loaded with ideas about gender and embodiment. From an institutional perspective, at stake was the gender of medicine—in large part, it was a debate made up of white, powerful men defending their territory. Beyond the actual medical questions, the scientific debate implicitly raised and answered questions about men’s sexuality and pleasure, men’s responsibility to their partners, the role of mothers and fathers, the equality of men and women under the law, and even the aesthetics of masculinity. Thus, the medical debates outlined above set the stage for a movement against circumcision not simply by providing objective statements on the effects of circumcision, but by suggesting a range of gendered understandings of the body, nearly all of which reappear in the ongoing political debates sparked by Intactivism.

**Chapter 4: Politicizing Circumcision, or the Men's Movement Discovers Male Circumcision**



The previous chapter sought to contextualize modern, medical male circumcision within the contested terrain of science and medicine. That institutional context, though governed by its own codes of ethics and technical debates, is influenced by ongoing political and cultural shifts. One cannot separate the meaning of male circumcision from the gender and sexual politics of the society in which it is performed (Paige and Paige 1981). The Intactivist movement, and the medical sentiment that forms its basis, took shape in a very particular context; though they developed over the course of a century, the politicization of anti-circumcision thinking emerged as a reaction to second wave feminism, a male-oriented reinterpretation of the sexual revolution, and specifically in response to Western feminism's opposition to "FGM." Each of its component parts evolved as a backlash against historical changes, specifically against women and people of color: circumcision emerges in response to a changing economy, and an influx of immigrants; it solidified as medical practice as part of a fight against midwifery; a cultural fight for women's sexual liberation is met by efforts to protect men's sexuality; when feminist challenge "FGM," circumcision's opponents emphasize men's violations, and likewise a global emphasis on women's human rights is redirected by anti-circumcision activists to discuss men's needs. This context allows us to understand the gender and sexual politics of the movement generally. Thus, in this chapter, I consider the place of circumcision in yet another sphere of gender politics—men's movements (for and against gender equality).

The U.S. men's movement is a multifaceted and multi-pronged, often contradictory social movement. Some prongs are highly political—like the (progressive) profeminist men and (conservative) men's rights activists. Others aim at self-help and enlightenment—like the Mythopoetic Men's movement. Finally, some take a religious approach (Promise Keepers). In their own ways, these small movements fight against what they see as the problems of masculinity, the lies our culture tells about men. The roots of these disparate movements trace back to the Men's Liberation Movement (Clatterbaugh 1996; Magnuson 2008; Messner 1997, 1998; Schwalbe 1996; Segal 1990, 1993).

What began as an offshoot of the second wave feminist movement, the Men's Liberation Movement embraced women's critique of men's power and privilege, while examining the negative impacts of "masculinity" and men's gender role. Like feminists, they believed that gender equality would benefit everyone, and sought out the areas of men's lives that could benefit most from change. Their activities also mirrored feminists', using consciousness raising and group activities to challenge members' ingrained beliefs (Farrell 1993[1975]). Quickly, though, this progressive critique was counterbalanced by the Men's Rights Movement (MRM), which sought a different liberation—one not with, but from women. These men's rights activists (MRAs) fought against the social gains brought about by feminism.

Early in the Men's Liberation Movement, both men and women were invested in exposing the constructed nature of "sex roles" (Messner 1998). The theory of sex roles suggested that both men and women were socialized to behave in particular ways, and to fit specific social roles. Men were boxed into masculinity, to fulfill the role of breadwinner; he was socialized to be stoic, strong, courageous, and independent. Women were socialized into a domestic role and the trappings (literally) of femininity; she was to be dainty, superficial, emotional, and nurturing. Feminism was working to expose the limitations of women's sex role. Feminists argued that women's lives were unfulfilling and should be expanded to encompass the public sphere that had

long been men's domain. Not all women were happy being mothers and housekeepers while husbands worked.

If women were unhappy at home, might men be unhappy at work? Men's Liberationists said yes. Being the breadwinner was not only stressful, it was also unfulfilling. Some men longed for emotional, rewarding relationships with their children; their work lives limited their ability to parent. Likewise, the emotional requirements of stoic, independent masculinity left men cut off from significant others, unable to express themselves. In Men's Lib meetings, men sought to expose these restrictions and find ways to change themselves and the behaviors they had taken for granted.

As it turns out, the notion of "sex roles" itself was problematic (Messner 1998). Rooted in theorizing from privileged, white, middle- and upper-class positions, "sex roles" saw only a limited piece of the gender puzzle. In fact, the "sex roles" described by mainstream feminists and men's liberationists portrayed only the lives of privileged Americans. Betty Friedan's *The Feminine Mystique* described women's lives as homebound, limited to childcare, housework, and marriage (1964). As it turned out, this description fit a very limited segment of U.S. women, specifically white, middle and upper class, heterosexual women. Women of color and women from the lower and working classes, for example, generally did work outside the home since their survival could not be secured by a man's income alone (hooks 1984; Smith 2014). Women and men of color, sexual minorities, immigrants, the working-class, and people with disabilities—all of these groups lived lives that looked very different than the worlds described by traditional "sex role" theory. As challenges to mainstream feminism emerged, from feminist women of color, the LGBT community, and indigenous and immigrant experiences, feminists began to abandon the theory of sex roles, in favor of a more complex understanding of social construction, one which recognized intersectional impacts and socialization forces from different levels of society (hooks 1984; Smith 2014).<sup>20</sup>

This theoretical shift challenged the Men's Movement as well. What would become the profeminist men's movement embraced these critiques too, and began listening to men of color, gay men, and poor men for new insights into masculinity.<sup>21</sup> Profeminist men surely explore the harms and hindrances of masculinity, but stay fully aware of the differences between men, and the power relationships between these groups, and between men and women. Particularly influential insights from this camp have included the notion of hegemonic masculinity (Carrigan, Connell, and Lee 1985; Connell 1987; Connell and Messerschmidt 2005; Donaldson 1993; Kimmel 2006) and other ways of thinking about the social hierarchy among men (Demetriou 2001). Specifically, these theorists recognize that masculinity is not merely about having power over women, though this is certainly a defining feature. Multiple masculinities exist and are

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<sup>20</sup> Importantly, the changes brought about by these marginalized voices were hard won. Mainstream feminists, themselves mostly white, heterosexual, middle-class and able-bodied, saw themselves clearly reflected in mainstream accounts and were quite resistant to change. The most privileged women in society, mainstream white feminists often fought back against challenges from women of color, determined to protect their vision of the world. Nevertheless, feminists from other backgrounds relentlessly challenged the simplistic understandings offered by the mainstream. Today, "intersectionality" is basically standard practice (at least in word, if not in actual practice) for anyone proclaiming a feminist position.

<sup>21</sup> As with the feminist movement, white, middle-class, heterosexual men were at times resistant, and continue, at times, to be blinded by their own institutional privilege. Nevertheless, though, minority men's challenges have made an impact on gender theorizing among profeminist men.

unequally positioned relative to one another; men of color, disabled men, and poor men are all ranked below hegemonic masculinity (white, middle-class, heterosexual, able-bodied, etc.) and these subordinate groups have less power/privilege than those higher on the social totem pole. This complicated the idea of “sex roles” dramatically for one cannot posit a single “male sex role” if different groups of men are positioned differently.

Some men’s activists remained stuck on sex roles, which as a theoretical tool, offered simplistic, readily available answers to their sense of unhappiness. With “sex role” theory, it was easy to see men’s and women’s unhappiness as flipsides of the same coin. These men began to think men and women were simultaneously and equally oppressed. As feminist challenges brought about policy changes, these men got angry. If men and women *were* equally oppressed, these changes seemed to be making women *less* oppressed, and men *more*. Warren Farrell, star of the Men’s Liberation Movement, and early on, a feminist man involved with the National Organization of Women (NOW), transformed during this historical moment, going on to become an outspoken Men’s Rights advocate.

For MRAs, changes in law, family, labor, and culture that produced greater equality for women were experienced as harbingers of doom. In these changes, MRAs saw men’s power decreasing. Women’s freedoms, in this zero-sum game, meant more restrictions for men. For example, as women gained greater workplace equality, men feared unemployment. Spaces previously (p)reserved for men—most jobs, educational environments, the military, government, even religion—were transforming. Women, it seemed, were gaining unfettered access to men’s territories. Moreover, men were not seeing gains for themselves in the family sphere. Rather than seeing this as the result of their own group socialization, which tends to devalue feminine spaces and work, they blamed women. The Fathers’ Rights Movement, for example, has consistently complained about a gender bias in divorce and custody battles (Dragiewicz 2008; Flood 2010). They believe that men are legally forced to be wage-slaves to their wives and exes, and that, even as they are denied custody or visitation with children, are forced to pay out for them (see, for example, Fathers’ Rights Foundation, Inc. n.d.). Feminist analyses of this legal system expose the biological myths about mothering implied in these decisions, and the burden this creates for women. Men in the Men’s Rights and Father’s Rights movements see it as unfair to themselves.

MRAs decry all sorts of “inequities”: the draft and military service; adoption and abortion decisions, as well as contraception; men’s shorter lifespans; imprisonment; ladies’ nights; women’s studies curricula; and custody and divorce rulings (see Kimmel 2013 for examples). They assert that men are the primary sufferers of rape (citing prison rape as their primary example), that women are equal perpetrators of domestic violence, and that molestation of little boys is under-prioritized in favor of prosecuting those whose victims are female. Increasingly, as the public eye has been drawn to the epidemic of sexual violence against women on college campuses, these men’s groups have sought to refocus the conversation on the dangers of “false rape accusations” (see, for example, Taylor 2014).<sup>22</sup> When they witness women’s increasing presence in higher education, and girls’ increasing levels of performance in school, they see a crisis of boys’ education. They also detest what they see as women’s “victim status.”

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<sup>22</sup> The idea that men’s fear of being *accused of rape* is equivalent to women’s fear of actually being raped is intensely problematic. It is also a familiar tactic among these groups. See the previous chapter’s discussion of “The Rape of Phallus” and the problem of such false equivalences.

For example, Warren Farrell flips the traditional feminist analysis of sexual harassment in the workplace. He argues that a woman harassed by her boss wields the actual power in the situation. It is not male power and privilege, but women's erotic capital (her ability to attract her boss) that leads to the harassment, and it is to her benefit and his detriment, because she gains the upper hand in the "relationship" (1993).

These sorts of analyses only make logical sense if you start from this particular version of "sex roles" theory. But they lack historical knowledge and context. They ignore social structures that create men's privilege and power and institutionalize women's subordination. And they tend to ignore differences within the categories of "men" and "women." While some women may wield some power over some men, at some times, this does not equate to women's higher social status all of the time (Connell 1987; Connell and Messerschmidt 2005; Kimmel 2013). For MRAs, a vision of gender equality can only be achieved at this point if social change favored men, since women have already risen above men. Such change, they believe, can be achieved through lawsuits and legal challenges in the public sphere.

Not all of the men's movement groups took the same politicized approach as either the profeminist or the men's rights activists. Some, like the mythopoetic men's movement, took a therapeutic approach instead (Brod 1995; Clatterbaugh 1995; Kimmel and Kaufman 1995; Magnuson 2007). Again beginning with the theory of "sex roles," the mythopoets also contest the restrictive nature of men's social role. The answer, though, is not to push for social change, but rather to push back against individual socialization for a return to men's "natural" masculinity (Kimmel 1995). Men's true masculinity has been subverted by modernization and society has forced men to become workers in unnatural, emasculating environments (see, for example, Keen 1991). Another concern for the mythopoets is the breakdown in the family, especially boys growing up with absentee fathers. The lack of male role models further disrupts men's connection to their masculine cores.

Often relying on a highly problematic rendition of the "noble savage" and his tribal societies (one which recalls colonial/imperial formulations), mythopoets call for a literal return to nature. Theirs is not a political or even particularly academic approach, but a literary and ritualistic one. They seek out literary role models and archetypes to spark their vision of a new masculinity. And they return to nature, to the forest, to perform rituals in drum circles with other men. The ManKind Project, for example, offers the New Warrior Training Adventure, which the organization describes as "a modern male initiation and self-examination. We believe that this is crucial to the development of a healthy and mature male self, no matter how old a man is. It is the 'hero's journey' of classical literature and myth that has nearly disappeared in modern culture" (The ManKind Project, n.d.). The group explicitly references the literary elements at the base of mythopoetic approaches, tying the "hero's journey" to an "initiation" rite.

While these approaches might be useful for individual men in therapeutic contexts, their politics are questionable. For the mythopoets, modernity and industrialism are typically seen as the cause of men's deviation from their true natures. Theirs is a highly essentialist definition of masculinity, one which does not challenge in any fundamental way the power imbalance in society's gender ideology. In this way, the mythopoets are closely linked to a more recent derivative of the men's movement, the Promise Keepers, a conservative Christian movement that holds men as the center of the household (Heath 2003; Kelley-Moore 2001; Nonn 1995). Like

the mythopoets, they believe that modernity has pushed men away from their given role, though for the Promise Keepers, that role is God-given, not prescribed by nature. They call men to reclaim their role in the family and the church, and for men to take a more active role as fathers (especially when it comes to maintaining their daughters' purity). While neither the Promise Keepers nor the mythopoets claim to have political desires, their movements do have political impacts, and seek to recreate relations between men and women. Both groups tend to ignore (racial, ethnic, class, sexuality) differences between men in favor of a universal sense of what masculinity ought to be. And though they leave much of femininity to the wayside, their desire to restructure masculinity, in many ways maintaining its patriarchal foundations, perpetuates women's subordinate status.

While the last Men's Liberationists were absorbed either into liberal profeminism or conservative Men's Rights activities, the Promise Keepers, MRAs, and profeminist men are still going strong. The mythopoetic branch of the movement has dwindled, but some men still come together for homosocial rituals and soul searching. They all combat what they define to be the problems of masculinity, but their differing political aims impact their gender ideologies. The MRM's gender ideology is highly antifeminist, regarding women as the cause of men's problems, reversing the traditional understanding of power differentials between men and women, and ignoring power differences between groups of men. Likewise, the mythopoetic branch universalizes its understandings of masculinity and the problems men face today; while not explicitly antifeminist, their essentialist understandings of gender and gender difference is problematic in a progressive battle for gender equality. Profeminist men embrace the initial critiques made by Men's Liberationists, and have expanded their progressive agenda to encompass racial and sexual equality.

What remains to be seen is how these different gender politics or ideologies influence (and are in turn influenced by) each group's position on male circumcision. First and foremost, it is important to point out that circumcision has only been taken up in any significant way by the men's rights movement. Mythopoetic and profeminist writers have, at times, mentioned the topic and some feelings about it, but as a political issue, it is primarily the domain of Men's Rights activists. I'll begin with those who are relatively quiet about it and then turn to some examples from the more prolific MRAs.

### **Feminist and Profeminist Accounts of Circumcision**

Profeminist writers have not engaged at length with the question of male circumcision. To be fair, neither have feminists more generally. Michael Kimmel, outspoken profeminist scholar and activist, writes specifically about the ritual of circumcision in a piece for *Tikkun* (2001); he argues that the Jewish tradition of circumcision

is the single moment of the reproduction of patriarchy. It's when patriarchy happens, the single crystalline moment when the role of the fathers is reproduced, the moment when male privilege and entitlement is passed from one generation to the next, when the power of the fathers is enacted upon the sons, a power which the sons will someday then enact on the bodies of their own sons. (48)

The ritual is shrouded in gender difference and exclusion. For this reason, he chose not to circumcise his own son. Here, Kimmel investigates the symbolic nature of the practice, and the meanings it inscribes, that is, the way the practice constructs a particular vision of masculinity. For Kimmel, this masculinity is one rooted in difference (from women) and power (over women).

Roger Horrocks explains male circumcision as part of the “psychic mutilation” that society enacts on men and women (1994). In his exploration of psychoanalysis, Horrocks elaborates:

Today we might argue that there are no ‘biological facts’ that are not mediated by human culture. Both penis envy and breast envy reveal the considerable *psychic mutilation* done to men and women: gender itself denies people whole areas of existence and creativity. It is striking how circumcision is practiced in many cultures as a symbol of male initiation: surely this deliberate wound done to the penis symbolizes the psychic mutilation demanded by the masculine gender—as clitoridectomy symbolizes the mutilation carried out on women. (1994: 103)

Horrocks suggests that this psychic castration, not circumcision, leads to a variety of problems for men—stunted emotions, anger, and sexuality. It is important that Horrocks distinguishes between culture’s effects on our identity, and circumcision, a symbol of culture’s castrating or limiting effects. For him, it is socialization, and its effect on our psychic development that creates a masculinity in crisis. This differentiates Horrocks’s account from Intactivist understanding of circumcision’s harms. Many Intactivists, circumcision is not just a symbol, but literally the cause of masculine crisis. For them, men’s stoicism is caused by circumcision rather than by society’s expectations. It is also significant that Horrocks balances his critique of culture’s effects on men and masculinity with a critique of its effects on women and femininity.

Marie Fox and Michael Thompson, feminist legal scholars, maintain “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” (2009: 199). Again, circumcision is a gendered ritual that symbolizes some of our gendered expectations. By removing flesh that is coded as excessive and feminine, they argue that circumcision makes the male body impenetrable, ensuring that masculine sexuality will be defined by men’s ability to penetrate (Fox and Thompson 2009: 203). Moreover, they explore discourses around male circumcision that have justified the practice on the grounds that it prepares men for procreation and that the pain involved is a test of men’s strength and courage<sup>23</sup>; these discourses, according to Fox and Thompson, demonstrate the link between circumcision and ideals of hegemonic masculinity (2009: 202). Significantly, Fox and Thompson also investigate how male circumcision served the project of creating class and ethnic distinctions in American society. It became popular in a time when immigration rates were escalating and white fears of the immigrant Other were on the rise. Fox and Thompson note, “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” (2009: 204).

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<sup>23</sup> This sentiment is echoed by Men’s Rights and anti-circumcision activists like Warren Farrell (1993: 123-124, 221-223).

The (pro)feminist case against circumcision takes several things into account: first, the patriarchal distinctions that imbue the ritual itself; second, the symbolic and gendered dimensions of the practice, which imply some things about how society envisions men, their bodies, and masculinity; third, the historical dimensions of a practice that is embedded in a particular time and place (namely that circumcision conveys power because of the particular hegemonic beliefs about masculinity in a very particular historical context); and fourth, the intersectional dynamics of any gendered practice, which will create different understandings of race, class, and sexuality.

### **Mythopoetic Accounts of Circumcision**

From the mythopoetic camp, circumcision is understood through its psychological impact. This is slightly different from the profeminist position. Profeminists see circumcision as indicative of how men are socialized more broadly; it is a symptom, not a cause. For mythopoeists, circumcision holds some causal power. Sam Keen describes the ritual at some length:

Some tribes in their effort to create manly virtues, amputate the nipples, since only women should have breasts. The neophyte warrior learns to disdain women's ways, to reject the sensuous knowledge of the body he learned kinesthetically from his mother, and to deny all that is "feminine" and soft in himself.

Why this connection between masculinity and pain? We can see the logic that underlies such ordeals if we look closely at the typical "primitive" ritual of circumcision. For reasons that are deeply unconscious—or mythic—the male elders of the tribe ordain that boys must bear a scar throughout life to remind them that they are required to sacrifice their bodies to the will of the tribe. To be a man is to leave behind the world of women-nature-flesh-sensuality-pleasure and submit one's will and body to the world of men-culture-power-duty. The implicit message given to a boy when he is circumcised, whether the ritual is performed when he is seven days old or at puberty, is that your body henceforth belongs to the tribe and not merely to yourself.

If we are to understand the male psyche, decipher the baffling male obsession with violence, break the unconscious sadomasochistic game that binds men and women together in erotic combat, and end the habit of war, we must understand the original wound, the scar, around which masculine character has traditionally been constructed.

The rite of circumcision is widely though not universally practiced, but it is the best symbol of the process by which boys are turned into men. That so primitive and brutal a rite continues to be practiced nearly automatically in modern times when most medical evidence indicates that it is unnecessary, painful, and dangerous suggests that circumcision remains a mythic act whose real significance is stubbornly buried in the unconscious. That men and women who supposedly love their sons refuse to examine and stop this barbaric practice

strongly suggests that something powerfully strange is going on here that is obscured by a conspiracy of silence. We do not want to look at the cruelty that is systematically inflicted on men or the wound that is deemed a necessary price of manhood.

Imagine, if you dare, that you are small enough to rest complete within your mother's arms, so sensitive that every nerve ending of your flesh reaches out to the unknown world, eager as lips to receive the bounties of the breast. Then, suddenly, you are seized by male giants, taken from your mother's arms (but with her consent), and held down by force. The tender skin covering your penis is cut off (whether by stone knife or surgical blade is a matter of small difference). Feel the violations of your flesh, your being. (Do not allow yourself the comforting lie that circumcision isn't that painful, the wound heals quickly, and the pain is soon forgotten.) What indelible message about the meaning of manhood would be carved on your body, encoded within the scar tissue of your symbolic wound?

It is possible to interpret the cruelty involved in rites of passage as expressing the unconscious resentment of the fathers against the sons. But more likely the pain inflicted served as a sacrament—an outward and visible sign of an inward change that transforms boys into men. To create a social body requires a sacrifice of our individual desires. The pain of the ordeal, the hazings, and the insults were designed to break down individuality and replace personal identity with the imprint of the tribe.

From the beginnings of recorded human history to the present day the most important tacit instructions boys receive about manhood is: Masculinity requires a wounding of the body, a sacrifice of the natural endowment of sensuality and sexuality. A man is fashioned by a process of subtraction, decision, abstraction, being severed from the “natural” world of WOMAN. We gain manhood by the willingness to bear the mutilation imposed on us by the ruling elders. (1991: 29-31)

For Keen, circumcision is a literal and a symbolic wounding. It is symbolic of culture's requirements on men (Horrocks and others might very well agree here), but it also works on and in men in a real way—it inscribes the message “that your body henceforth belongs to the tribe and not merely to yourself” in an almost literal way. For Keen, it is the literal and figurative scar “around which masculine character has traditionally been constructed.” Circumcision has, by his account, a transformative effect; in mythopoetic language, it draws men away from their sacred, primal, or core masculine identity; it is “a sacrifice of the natural endowment of sensuality and sexuality.”

Given the mythopoetic camp's emphasis on rituals, it is not surprising that they may have thought about the impact of circumcision, itself a ritual of masculinity. The mythopoetic analysis of circumcision appears to have impacted Intactivist thinking. For example, Intactivist and poet Joe Zoske argues that the practice “is fundamentally an elective amputation of healthy genital tissue driven by the force of tradition and performed without a patient's consent, occurring when he is most vulnerable and completely dependent” (1998: para. 3); he goes on to call it a “societal act of physical and sexual assault” and “a cultural act of gender betrayal and brutality” (1998:



para. 4). By cutting them before they are able to consent, society (embodied here by neonatal physicians) has stolen men's self-control; organizations promoting foreskin restoration tout it as a way of recapturing this lost control, a way to reclaim one's body. Zoske even cites Keen when he contends that the practice has absolutely no place in modern society for it ties masculinity to primal wounding and "initiates men into a life script based upon power relationships, violence, and warrior mentality" (Zoske 1998: para. 35; see also Farrell 1993) and ultimately requires a denial of inherent masculine sensuality, sentiments echoed by some of my interview subjects. Zoske suggests that it contributes at least in part to men's risk-taking behaviors.

Among mythopoeists and those they inspire, circumcision is both a symbol of men's sacrifice (for the tribe, for society) and a cause of his psychic problems. Unlike feminist and profeminist accounts, which situate circumcision and masculinity in particular historical context, mythopoeists treat both as ahistorical facts. It is instructive to recall Keen's account of rape and military service, discussed in the previous chapter. In that discussion he equates men's and women's suffering, arguing "Our bodies are violated, we are regularly slaughtered and mutilated, and if we survive battle we bear the burden of blood-guilt. When we accept the war system, men and women alike tacitly agree to sanction the violation of the flesh—the rape of women by men who have been conditioned to be 'warriors,' and the gang rape of men by the brutality of war" (1991: 47). Circumcision is like men's battlefield sacrifices; it is his deep suffering, a "violation of the flesh." This logic suggests that men and women are equally harmed in society, again differentiating the mythopoeist position from the profeminist one.

The mythopoeist influence on the Intactivist movement cannot be overstated. My interview subjects readily draw on mythopoeist language, as when Keith tells me

Like there's a certain, like, softness that men aren't allowed to have and I think that, like, that it, like that's, you know, we start off the world, by like, 'hey let's remove all that softness so that you're not, you know, a soft person,' then like, *let's introduce you to world with violence*, and then teach you that it's men that have been the perpetrators, and it's men that are the ones that beat their wives. Well, you know, *it's like we're training people from the time they're born, like, that violence is how you have to relate to the world and aggression is, is the stepping stone into violence.* (emphasis added)

The mythopoeist account of circumcision implies that circumcision is the root of many psychological and emotional problems men suffer, as well as of the deviant behaviors in which they engage. Intactivist organizations reinforce this causal argument. For example, NORM's Lost List suggests that circumcision has wide reaching effects:

There are indications that the innate **sense of trust** in intimate human contact is inhibited or lost. It can also have significant adverse effects on neurological development. Additionally, an infant's **self-confidence and hardiness** is diminished by forcing the newborn victim into a defensive psychological state of 'learned helplessness' or 'acquired passivity' to cope with the excruciating pain which he can neither fight nor flee. (National Organization of Restoring Men n.d.; bold in original)

Just as Keen suggested that circumcision encourages men to sacrifice their individual identity to the tribe, NORM suggests that it creates an “acquired passivity” to the society which inflicts the wound. (No evidence, nor examples, of that acquired passivity is enumerated, however.)

More than simply influencing Intactivist ideology, the mythopoetic men’s movement also inspires Intactivist tactics and ways of engaging members. For example, some Intactivist events include spiritual components reminiscent of mythopoetic retreats. There is an emphasis on therapeutic intervention—for example, using hypnosis to guide men through their “circumcision memory”—and all-male support group settings. Thus, mythopoetic influences pervade Intactivism.

### **Men’s Rights Accounts of Circumcision, and a Model of Men’s Movements**

What then of the highly politicized rhetoric of the Men’s Rights segment of the men’s movement? Circumcision fits well into the MRM agenda. If MRAs focus on men’s social and cultural victimization, then circumcision is a perfect cause—harm against vulnerable male infants. Not only is it a perfect example of how society harms men, it also perfectly exemplifies, at least for MRAs, how society privileges and values women over men. Finally, for many MRAs, it is yet another arena to fight against the evil feminists who promote women’s gender tyranny; they believe that feminists promote circumcision of boys while lamenting “FGM.”

Warren Farrell, early champion of second wave feminism turned men’s rights advocate, has written about circumcision. In his highly controversial *Myth of Male Power*, Farrell argues, as the title implies, that men do not wield power over women in our society (1993). He argues that this is an oversimplification. In an interview with J. Steven Svoboda (from Attorneys for the Rights of the Child), Farrell explains that, “The truth is that neither sex had power. Both sexes had roles....When you have a role, you have an obligation, you don’t have power. Power is the ability to control your own life” (Svoboda, n.d.: para. 35; see also Farrell 1993). Men, he insists, don’t have control over their lives. How do we know that men lack control over their lives? Farrell provides numerous examples, among them circumcision. He writes that “circumcision-without-research reflects the continuation of our tradition to desensitize boys to feelings of pain, to prepare them to question the disposability of their bodies no more than they would question the disposability of their foreskins” (1993: 223).

Farrell’s definition of power is a highly individualistic one that ignores that “male power” and “male privilege” are terms feminists have used to describe men’s group, or structural, power. This individualistic account of power is echoed by some Intactivists, like my interviewee, Keith. Keith complained to me that some “feminists” (he repeatedly distinguished between true feminists and “feminists,” using finger quotation marks to signify which he group he was invoking) refused to address the problems of “male genital mutilation” because it happened to a group (men) who they believed could not suffer from oppression. Instead of seeing some groups as oppressors and others as oppressed, Keith demanded a view that included everyone’s individual struggles:

[I]t’s not just women that suffer, but it’s men that suffer, it’s not um, it’s not just like, you know, racial minorities that suffer, white people, you know, like um,

have plights that they need to sort of, like, figure out. You know, it's not until we realize that it's like the majority, in quotes again, it's not until we realize that the "majority" also have their own issues to deal with. Like the fact that I'm male means that I realize, like you know when I'm standing, if I'm on the train, let's say, you know there's sort of this assumption that I'm going to need to take up more space because I'm male, so I feel like I need to prove myself by making sure I take up less space. It's like, if I'm exhausted and I just want to, like, sprawl out a little bit, I should be able to do that, but because I'm male I have to be aware of the fact that people are going to think that I'm inconsiderate, that because I'm a larger person, they're going to think that too and so it's like I make sure that all of my body is as small as possible so that I'm not inconveniencing other people. And it's sort of like, it's like, it's like white guilt, where it's like any sort of guilt, like, I feel guilty about being a large white man right now, and it's like, once people hear me speak, it's like well at least he's probably queer (laughs). But it's like without hearing me speak it's like you have this large, bearded, white man that just like, or as far as other people think anyway, this large bearded man, that like, this white man, that's just sitting there taking up all of this space. And you know I know that that's what people are seeing and I have to then, be like, ok well I have to make myself as small as possible and I'm trying to make it visible that I'm not trying to oppress the small black woman next to me. And you know, it's sort of like that's its own set of oppression to be like you can't, you can't be comfortable because you need to make sure that people don't think you're inconsiderate. And so I think that that's like, there is, I think that's where a lot of true feminists realize that, that's where a lot of true feminists differ from, from the stereotypical feminists, is that you have to acknowledge that other people have their own struggles, and each person has their own set of struggles and you know, being you know a set of, you know, being in one group doesn't mean that you're sort of more exempt from having some sort of struggle.<sup>24</sup>

The transformation of feminist accounts of group power into discussions of individual experiences of power appears to be a central strategy of Men's Rights and related movements. We are not asked merely to recognize feelings of disempowerment or individual daily struggles. Dangerously, Keith includes 'managing the appearance of oppressiveness' among his own individual struggles, and therefore among the things that oppress him. Needing to appear 'not racist' is thus oppressing to whites, needing to appear 'not sexist' is oppressing to men, and so on. (In a similar vein, I've seen email chains describing the oppressive power of anti-anti-Semitism—that is, the oppressiveness of being called anti-Semitic—as on par with actual anti-Semitism. The movement is clearly lacking in a sociological accounting of power and oppression.)

That individual men lack control of their lives, or feel disempowered, is not contradictory to a theory that men, as a group, wield some structural advantages. In fact, feminist theories of

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<sup>24</sup> Notice the rhetorical hoops Keith jumps through to make his argument. As he stammers and stumbles around his argument (like, um, you know, like it's...), one gets the sense that, on some level, he is aware that his points will not be easily accepted. At the very least, his is not a politically correct argument, and his reticence around language indicates his discomfort articulating it. And yet, he quite genuinely feels that it is unfair that he must regulate his comfort for the comfort of others.

masculinity(ies) are built on an intersectional understanding of power, whereby some groups of men are disadvantaged relative to other groups of men (because of race, class, sexuality, nation, etc.) Moreover, many men experience the feeling of disempowerment because hegemonic masculinity makes promises that many men never reap, and imbues them with a sense of entitlement (to jobs, to sex, to happiness) that may be unfulfilled by the reality of their lives. Nonetheless, these individual experiences do not disprove the fact that as a group, men wield significant power and privilege in the U.S. And while their definition of “power” is something vested in individuals, their solutions are highly political and aimed at the structure of society. Like the feminist movements they seek to counter, Men’s Rights groups attempt to change the culture through legal remedy.

There are two large, relatively well-recognized outlets for Men’s Rights ideology in contemporary American society: the National Coalition for Men (NCFM) and A Voice for Men (AVFM). Originally Free Men, Inc., the National Coalition for Men has been around using one name or another since 1977. The earliest chapter of the organization started with support groups, much like feminist consciousness raising groups. Yet, the online history of the organization sets it up in opposition to “feminist men.” The history explains: “[Feminist Men’s] underpinnings in thinking arose from socialism and its connection to feminism. By contrast, Free Men was pro business [sic]. Members proudly wore suits and ties. Feminist Men were characterized by blue jeans and sweat shirts” (Crouch 2011: para. 6). While this aesthetic difference might not seem significant, it implies, from the start, a sort of conservatism and rejection of radical social change that is encouraged by both feminism and socialism. NCFM was founded to form “a unified voice in addressing issues concerning men and boys” (Crouch 2011: para. 1) and local chapters emerged because

Some [men] had endured terrible ordeals in family court. Some had seen women get away with doing things to men, for which men would be severely punished for doing to women. Some were disgusted with the media’s and the government’s fixation on the problems of women, real or imagined, while the problems of men were ignored, denied, or celebrated. Some were tired of rights issues referring only to women, and responsibility issues referring only to men. Some were fed up with being blamed for everything bad, being demonized and vilified—after one million men had died in wars to create and preserve the United States. (Crouch 2011: para. 25)

MRM groups, and their members, are keenly attuned to what they believe is unfair to men. They are frustrated, they feel left out, ignored, and abused.

Likewise, A Voice for Men states as its primary goal, “The dissemination of information that will expose misandry on all levels in our culture” (A Voice for Men n.d.) By misandry, they mean “the hatred and/or fear of men and boys” (Elam 2013). They also aim to “educate men and boys about the threats they face in feminist governance and to promote an end to that governance” and to “address the variety of problems faced by men and boys under feminist governance and attempt to ameliorate those problems” (A Voice for Men n.d.). It is clear from their values that AVFM is an anti-feminist organization (though, to use words from a banner on the homepage, they are “anti-gynocentrism: the only anti-feminism that matters”). While they consistently claim to fight any kind of inequality, and to promote gender equality, their tendency

to blame “feminist governance” makes clear where they really stand, and who they really blame, for the inequities they see in society. Each of these organizations has tackled the issue of male circumcision on their sites. I’ll recount briefly AVFM’s take on the topic before returning to NCFM, which has made male circumcision one of its main concerns.

AVFM characterizes male circumcision as an issue of men’s human rights. A brief survey of the blog entries and article postings on AVFM from the last year reveals that the editors see circumcision as an arena of men’s lives where society harms men more than it harms women. In an article on a UN resolution against FGM, the author raises male circumcision as a point of comparison (Hansen 2013). She bemoans the UN’s logic: “mutilating a females [sic] genitals is seen as barbaric and needs to be abolished globally. Mutilating a males [sic] genitalia? Well the UN has not said a peep about it except in 2011 when the UN launched a plan to *accelerate* male circumcision for AIDS prevention in Africa. That’s right, the UN encouraged a plan to promote, speed up, and perform *more* circumcisions on men...” (Hansen 2013: para. 3-4; italics in original). At this point, one might assume that AVFM simply wants the hypocrisy fixed, that they believe both men and women are equally harmed by society. But then the author continues by explaining how much worse off men are than women. She explains that the UN recognized FGM rates as affecting about 70 million women and girls worldwide, or about 6000 girls daily but

neglected the fact that the global prevalence of circumcision in males, estimated using current published data, is roughly a total of 1,306,411,547 men and boys who are circumcised—a global circumcision rate of 37.4%...male circumcision is much more widespread and affects men in much higher numbers than female circumcision. In comparison, female circumcision is much less prevalent or practiced than male circumcision is. (Hansen 2013: para. 8-10)

In other words, male circumcision is worse than female circumcision because it happens so much more frequently.<sup>25</sup> Concerns like these abound among MRAs. The idea that “women’s issues” get more attention or garner more concern than “men’s issues” is a never-ending source of frustration among these men. Focusing on “FGM” over “MGM” is evidence, for these groups, of the rampant misandry in our society. This article, filed under the heading “feminist violence,” is representative of AVFM’s position on the topic. The category, “feminist violence,” implies that feminist governance is to blame for circumcision, even for the UN/WHO policies which would encourage its use in African nations. And it represents the feelings of the (mostly) male audience of the site. Andres writes in the comments section, “I am of the opinion that this really showcased that boys have much less value than girls in our society. And honestly, I am beginning to despair. *Everywhere I look I see how men are regarded less than women*, regardless of what they do or accomplish. To paraphrase a feminist on this issue: Man up! It’s just a small snip, and besides, it looks good!” (emphasis mine). Andres’ comment exposes the real issue for these men, one which goes far beyond the question of circumcision—namely, they feel that “men are regarded less than women, regardless of what they do or accomplish.” For these men,

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<sup>25</sup> Strikingly similar concerns are raised by the Intactivist group, MGMBill.org, for example, which devotes significant space to comparisons of “FGM” and “MGM” especially in its attempts to influence the UN and other international bodies.

women's power has grown exponentially in society and men have been left behind. When men complain of this supposed inequality, feminists snidely reply "man up."<sup>26</sup>

The "man-hating" feminist caricature painted here—of "feminist governance" and "feminist violence," of snide feminists jeering at sad men—is typical of the Men's Rights movement. The notion that feminism seeks to make women superior to men is common among MRAs. It is also present in the Intactivist movement. It is the root of Keith's distinction between "feminists" and true feminists. He says he will only describe himself as a feminist in close circles of friends who really understand his politics and know that he aligns with

actual feminists which want to promote equality and want to elevate not just women but to elevate all people so that all people have as, as you know an ideal existence as possible, that have as, as little suffering as possible, have as most, as many resources as they're able to have, regardless of other issues. Like regardless of you know, being male, or being female, or being trans, or this or that. You know, I think of the true feminist as wanting to elevate everyone.

This stereotype of feminism works tactically to undermine the true goals of feminist movements, and to (falsely) promote Men's Rights as a movement for equality.

Like AVFM, the National Coalition for Men (NCFM) is determined to fight against male circumcision. In fact, it is listed as one of only 15 specified "issues" on their website, a list which also includes anti-male media bias, domestic violence, criminal sentencing, false accusations, forced labor, and military conscription. NCFM's primer on genital integrity and MGM (male genital mutilation) reads much like an Intactivist website and in fact, links to several Intactivist organizations (National Coalition for Men 2011). Many of the scientific reports it cites are produced by Intactivist experts. This comes as little surprise because NCFM's Public Relations Director is attorney, J. Steven Svoboda, founder and director of Attorneys for the Rights of the Child, or ARCLAW, an Intactivist organization specializing in litigation and policy work. Like AVFM, NCFM frames male circumcision as a men's human rights issue and as "an assault on boys" focusing specifically on the sexual functions of the foreskin and the problems that can ensue post-operatively.

But let's begin with NCFM's philosophy and trace precisely where circumcision fits. NCFM's philosophy utilizes the notion of "sex/gender roles" to explain how men have been victimized in society. The author explains:

We have heard in some detail from the women's movement how such sex-stereotyping has limited the potential of women. More recently, men have become increasingly aware that they too are assigned limiting roles which they are expected to fulfill regardless of their individual abilities, interests, physical/emotional constitutions or needs. Men have few or no effective choices

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<sup>26</sup> The irony here should not be lost on readers—in fact, phrases like "man up" have been roundly criticized by feminists and profeminists alike. "Heathern" at the Good Men Project explains why the phrase is problematic for both women and men (2012), and Everyday Feminism, an easily accessible blog site for young feminists, provides a video of spoken word artist, Guante, who provides a beautiful poetic response (Guante 2014). There are many more examples, but these are readily available online and therefore, also readily available to the commentators on MRA websites.

in many critical areas of life. They face injustices under the law. And typically they have been handicapped by socially defined ‘shoulds’ in expressing themselves in other than stereotypical ways. (National Coalition for Men n.d.: para. 3)

If the philosophy stopped there, we might think that NCFM fits in an old Men’s Liberation approach, or might perhaps move towards a mythopoetic desire for restructuring socialization so that boys and men could be free of those ‘unnatural’ “shoulds.” The mere recognition that men are limited by the social expectations associated with masculinity is not at all anti-feminist; in fact, feminists and profeminists have been making these arguments for decades. Some of NCFM’s goals are interpersonal or psychological, again potentially aligning them with the mythopoeists. For example, to address men’s difficulties with communication, they want to “help men develop and sharpened their interpersonal relating skills” (National Coalition for Men n.d.: para. 11) I’ve already demonstrated that these interpersonal/psychological explanations fall a bit short of grasping the social structural elements of gender which limit men’s and women’s lives.

But the philosophy does not merely fail to grasp the sociological explanations of gender. It actively produces an anti-feminist account of men’s lives and difficulties. The philosophy continues:

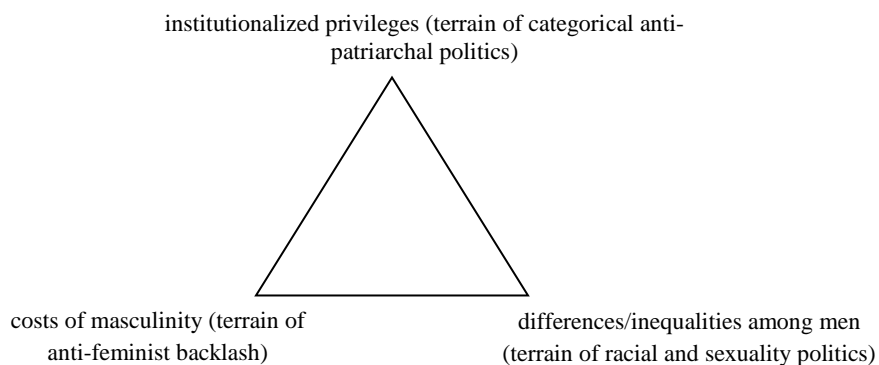
Society has taught us, for example, that a ‘real’ man is strong... courageous... knowledgeable... disciplined... level headed... competitive... successful... in control ...unemotional... heterosexual... sexually aggressive... sexually competent... and silent-suffering. A man is also dependent on women for satisfying relationships, for child rearing and for routine home and health maintenance like housekeeping and cooking. All of this and more, society has taught us, constitutes a man’s role privilege or burden as the case may be.[...] A view accepted in part by some of both sexes is that men’s stereotypical behavior has resulted in the oppression of women, and that it therefore must change. While this view may contain some elements of truth and may, in fact, have political validity for women, it is nonetheless an oversimplification which does hopelessly little to help men understand their own discontent, or encourage them to seek out meaningful alternatives to the negative identity of the oppressor. (National Coalition for Men n.d.: para. 4-6)

The first sentence is quite accurate. It almost reads like a line written by R.W. Connell on hegemonic masculinity, or out of Michael Kimmel’s *Manhood in America*. But the tenor changes rapidly. Suddenly we enter strange territory, where apparently men are dependent upon (read: less powerful than) women, particularly in the private sphere, for his relationships, meals, housework, and childrearing. Society suddenly disappears, and men appear incapable of changing this set of conditions. (Perhaps he could pick up a pan, or a broom, or change a diaper, and his life would be revolutionized.) NCFM goes even further; it is not just that men are limited by these expectations, but in fact, society (read: women, or feminists, or in AVFM’s language, “misandrists”) blame men, calling them oppressors, when according to NCFM and MRAs, men are oppressed, “burdened” even by their social position.

To alleviate the “burdens” men face, NCFM offers some interpersonal solutions, but overwhelmingly focuses on “alleviat[ing] the suffering of these men and help[ing] change the

laws and customs which discriminate against them” (National Coalition for Men n.d.: para. 12). They are particularly concerned with “issues” like paternity fraud, false rape accusations, the “war on males” in education, harsh criminal sentencing laws that treat males differently, and other “discrimination” against males. The irony here is that the institutions they seek to challenge—the government, courts, police, military, higher education—are all institutions that have historically been and continue to be male dominated. Groups of men could choose to change these rules but have perpetuated them instead. The same is true with the question of male circumcision. As I described previously, circumcision was implemented through a concerted campaign by male doctors to secure a space for themselves, pushing women midwives out. It was also promoted by white, native born men in a time when a changing economy left their economic and political dominance vulnerable to the perceived threat of immigrants and women. None of this information can be found through NCFM, AVFM, or any MRM website. These groups focus exclusively on the costs of masculinity, with no recognition of its attendant benefits.

This is an important point. Michael Messner offers us a triangular model of men’s movements, guiding us through their politics by referencing three themes: “men’s institutionalized privileges, the costs of masculinity, and differences and inequalities among men” (1997: 3). A focus on one or more of these themes affects the movements’ potential for social justice. His basic model is represented in Figure 6.



(Fig. 6: Representation of Michael Messner’s Model of Men’s Movements (1997))

He applies this model to eight different men’s movements: the Promise Keepers, Mythopoetic Men, Men’s Liberation, Men’s Rights, Radical feminist men, socialist feminist men, men of color, and gay male liberation, locating them somewhere in each of the triangle’s corners. Each corner represents one political terrain: a focus on the costs of masculinity produces a “terrain of anti-feminist backlash”; a focus on men’s institutionalized privileges produces a “terrain of categorical, anti-patriarchal politics”; and a focus on men’s differences/inequalities produces a “terrain of racial and sexuality politics” (Messner 1997: 91). Each of these terrains has limitations for producing social gender justice.

Profeminist and feminist groups fit in the upper region of the pyramid, in Messner’s terrain of categorical anti-patriarchal politics. These groups, which Messner calls “radical feminist men,” directly challenge hegemonic masculinity and male privilege. They provide an engaged critique of men’s power over women. When they focus exclusively on patriarchy, they



sit at the top of the pyramid. Ideally, though, they include a focus on differences and inequalities between men, having been influenced by intersectional critiques emerging from communities of color and LGBT politics, and thus can move into a “terrain of progressive coalition building” (Messner 1997: 91) which contains significant potential for achieving gender justice. In thinking about circumcision, Kimmel’s analysis of patriarchy in the Jewish rite (2001) and Horrock’s psychoanalytic account best typify the top of the pyramid (1994).<sup>27</sup> Fox and Thompson’s nuanced history, with its emphasis both on circumcision’s relationship to male privilege, but also its effects on racial and class divides, moves us closer to the coalition building terrain Messner hopes for (2009).

Where then, do we place the mythopoetic and Men’s Rights discussions? Messner suggests that groups which primarily or exclusively focus on the costs of masculinity (Promise Keepers, Mythopoetic Men, Men’s Liberation and Men’s Rights), the “terrain of anti-feminist backlash,” tend to produce antifeminist (and, by extension, antigay) politics. The Men’s Rights movement typifies this terrain. Unlike its precursor, Men’s Liberation, which balanced a rhetoric of costs with an analysis of men’s privilege, Men’s Rights advocates see men as powerless in relation to women. They want to enact a change in masculinity because they feel harmed by it. But instead of finding solutions in feminism, these men propose a movement of and for men to counter feminism (Kimmel 1987).

Messner’s model also accounts for differences between movements in any terrain. For example, while the Men’s Rights and Promise Keepers are the worst offenders in the “terrain of anti-feminist backlash,” Men’s Liberation and Mythopoetic Men lie near the border of the area. Men’s Liberation rhetoric gives nearly equal weight to men’s power and men’s problems. Even though their ideology is problematically rooted in sex role theory, their beliefs leave room for social change. The Mythopoetic Men have rather conservative, apolitical rhetoric that focuses mostly on harms men face, but their leaders have made outreach attempts to NOMAS, a profeminist organization devoted to ending racial, sexual, and gender injustice.

We can see the dynamics that Messner identifies at play in these groups’ accounts of circumcision. Take, for example, Sam Keen’s long passage where he explains that, “the male elders of the tribe ordain that boys must bear a scar throughout life to remind them that they are required to sacrifice their bodies to the will of the tribe. To be a man is to leave behind the world of women-nature-flesh-sensuality-pleasure and submit one’s will and body to the world of men-culture-power-duty” (1991). The parallel rhetorical structure Keen invokes—“women-nature-flesh-sensuality-pleasure” and “men-culture-power-duty”—implies some parallels, or sameness, in their experiences, and reminds us of the “sex roles” language of Men’s Liberation. Women’s role is nature, men’s role is culture. However, his primary concern is men’s required sacrifice to attain this role: “Masculinity requires a wounding of the body, a sacrifice of the natural endowment of sensuality and sexuality. A man is fashioned by a process of subtraction, decision, abstraction, being severed from the ‘natural’ world of WOMAN. We gain manhood by the willingness to bear the mutilation imposed on us by the ruling elders” (Keen 1991). The emphasis on subtraction underscores his focus is on the costs of masculinity. This places mythopoeists in the terrain of anti-feminist backlash, as Messner suggests. And if we recall Keen’s

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<sup>27</sup> To be clear, I am not suggesting the either Kimmel or Horrocks are unconcerned with differences between men or coalition building. In fact, their other writings indicate quite the opposite. However, the limited scope of their analyses of circumcision places *these particular accounts* in the radical anti-patriarchal realm of Messner’s model.

discussion of rape and war in the earlier chapter, from the same book where he discusses circumcision, we can be even more certain about the mythopoeists' politics.

Messner suggests, though, that mythopoeists are closer to the border of the terrain than their more problematic, anti-feminist kin, the Men's Rights Movement. On the issue of circumcision, however, I am not convinced. Clearly, the anger in NCFM's and AVFM's discussions of circumcision is deeply anti-feminist. Their concern about the cultural concern about "FGM" and the invisibility of men's circumcision pain, the implied blame placed on women/feminists, and the fact that circumcision is treated alongside incredibly problematic tales of false rape accusation and paternity fraud, all suggest that MRAs belong deep in the terrain of anti-feminist backlash. While there is a clear difference in the emotional tenor found among MRAs, it isn't clear that their ultimate position differs dramatically from the mythopoeists. Suffice it to say that, on the issue of male circumcision, both sets of groups belong in the anti-feminist terrain.

### **Conclusion: Placing Intactivism in the Model of Men's Movements**

Which of the three terrains encompasses the Intactivist movement? We must first ask whether, as a movement, it is primarily concerned with "men's institutionalized privileges," "the costs of masculinity," or the "differences and inequalities among men." The answer here is already fairly clear; Intactivists focus almost exclusively on the costs of masculinity. Specifically, men are subjected to the bodily torture of circumcision while women's genitals are protected by law and cultural convention. Reading the anti-circumcision medical literature and the Intactivist literature, circumcision is framed as painful, desensitizing, disfiguring, disabling, psychologically traumatizing, unhealthy, deadly, unnecessary, and unethical. This focus on costs places the Intactivist movement generally within the "terrain of anti-feminist backlash."

To the extent that Intactivists consider the privileging of the circumcised penis over the intact penis, they could be seen as concerned with the differences and inequalities between men; yet, they rarely consider the structural differences and inequalities between men, for example, the situation of racial minority or economically disadvantaged men. In fact, some of the research that Intactivists use suggests that white, economically advantaged men are in a *worse* position relative to circumcision; that is because white American men are more likely than racial minorities to be circumcised, and because higher economic status also increases the likelihood of circumcision. It is also clear from the graphics and imagery used by the movement that its main concern is protecting white boys.

There is no consideration of the privileges of masculinity. If society has failed to protect boys and men as it has protected girls and women, it is because of the characteristics that have given men power—the assumption that they are independent, strong, brave—and have propagated women's subjugation—the assumption that they are weak and dependent. If men, as individuals, have been violated, it has gone hand in hand with the provision of power for men, as a group. Circumcision becomes, for its opponents, not only the result of social impositions on men, but also an excuse for men's bad social behavior. Some Intactivists explain rape and domestic violence as the result of circumcision; for others, men's fear of commitment, their adultery, their promiscuity, derive at least in part from circumcision trauma; and men's

emotional unavailability results from that early violation. Ron Goldman, famed in the Intactivist community, suggests that theft and violence, among other antisocial behaviors, derive from the trauma of circumcision (1997). In his long interview with me, Keith intimates that circumcision accounts for men's problematic sexual behavior, like their unwillingness to wear condoms, their avoidance of foreplay and lack of concern for their partner's sexual satisfaction (in other words, men's sexual selfishness), and for society's rising divorce rates. A whole host of social ills, it seems, can be explained by looking to circumcision. In a strange twisting of social constructionism, Intactivists argue that men are turned into sad and angry creatures by this single cut. Men's privilege and power is, for Intactivists, rewritten as evidence of men's exploitation.

Moreover, the way Intactivists consider relations between men and women serves to differentiate men's and women's experiences, and create distance between them. For example, Intactivists highlight the extent to which women are protected from bodily modifications while men are subjected to circumcision. While they mention "FGM," it is primarily as a cultural practice of the Other; they mention it not so much to draw on shared experiences with women as to point out society's failure to protect men as they have protected women. To acknowledge the other socially imposed female bodily practices—piercings, permanent tattoo makeup, permanent depilation, breast augmentation, liposuction, vaginal rejuvenation, labiaplasty, and clitoropexy—of our own culture would be to undermine the Intactivist argument that it is men who suffer. For Intactivists, women are also often held responsible for perpetuating circumcision—as mothers who should have protected their sons but failed, as girlfriends and wives whose preference for circumcised penises makes men feel inadequate or pressures them into irreversible surgery, as the vaginas whose cervixes must be protected at the expense of men's foreskins. Women, in this account, are not subordinate in the social system; they are the powerful perpetrators of men's victimization.

Intactivists' emphasis on the costs of masculinity influences movement tactics—their framing strategies, their collective identity, their representations and media strategies. More than that, it influences their embodied experiences, literally structuring the way that Intactivist men experience and envision their bodies. The themes outlined above will be detailed in later chapters. Where possible, I will also point out fissures in the movement, moments where individuals contest the broadly anti-feminist politics that emerge in Intactivist ideology.

**Chapter 5: What's in a Word?: "Mutilation" and Framing Strategies in the Intactivist Movement**

The phrase “genital mutilation” typically conjures images of women, usually African women (though sometimes also Middle Eastern women), their genitals (vulvas, clitorises, labia) cut up and sewn back together, with prehistoric tools (dull knives, glass shards, teeth, herbs, and animal hair), in dirty environs. “Female genital mutilation,” or “FGM,” is understood by many westerners as the ultimate example of patriarchy in women’s lives. It is taken as clear evidence of women’s global subordination.

More recently, another group of activists have tried to elaborate the images associated with “genital mutilation.” Intactivists want you to think not only of “female genital mutilation” but also of “male genital mutilation,” what we normally call “male circumcision.” Here, the victims are helpless white baby boys, the barbaric tools are Gomco clamps and scalpels, and circumstraint boards in hospital operating rooms set the scene. Despite the change of scenery and actors, Intactivists insist on the same terminology, on the word “mutilation.”<sup>28</sup>

Intactivists expressly appropriate the existing language of genital mutilation. Doing so accomplishes a number of goals. As a framing strategy, it is politically expedient to draw on the extant cultural understandings of “mutilation.” If the public is already primed to think of one practice as mutilation, then transitioning their understanding of another practice may be easier. The mutilation framework highlights the physical and psychological violation that Intactivists associate with circumcision, and allows them to place male circumcision in a human rights framework. However, it also accomplishes other, more insidious political goals. In this chapter, I explore layers of meaning in the Intactivist deployment of the “mutilation” frame. I begin by establishing the importance of framing within social movement literature. I then turn to Intactivist promotional materials, for evidence of the “mutilation” frame, starting with the definitional equating of “MGM” and “FGM,” followed by the moral and legal equating of the practices.<sup>29</sup> Finally, I expose the gendered dynamics of this equation, which, I argue, ultimately contributes to a Men’s Rights vision of reality, where men’s power is denied and their subjugation (through circumcision) is taken as evidence of the societal devaluation of men and masculinity.

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<sup>28</sup> IntactAmerica used their Facebook page to share a meme in March 2016. The meme placed two images side by side. On the left, a scowling black woman—we are to presume an “African woman” (precision is never necessary when describing “Africa” to white audiences)—wields a razor blade in one hand and another, unidentifiable, though jagged and sharp-looking instrument in the other, as she stands in a mud/stone room. Layered on the image are the words “UNICEF says: Female genital mutilation in any form is a severe violation of human rights.” This image appeared as part of a UNICEF petition campaign. To the right of UNICEF’s image is IntactAmerica’s addition. A white doctor in scrubs and gloves, wielding scalpel and probe, performs a circumcision under bright surgical lights. There is bloody gauze. Layered over this image is the following text: “IntactAmerica says: Male genital mutilation in any form is a severe violation of human rights.” Although they did not create the original (deeply problematic, colonialist) image, IntactAmerica is exploiting the existing rhetoric and buying into the racist tropes of African barbarism.

<sup>29</sup> Although I use the phrases “female genital mutilation” and “FGM,” I recognize that these terms are problematized by critical race and postcolonial feminists. I use quotes around the phrases to destabilize them. Likewise, I use “male genital mutilation” and “MGM” because these are the terms used by Intactivists, and they are the topic of the study at hand.

## Social Movements and Framing

In order to create a social movement, there are several essential tasks, the first of which is establishing that there is a problem that needs to be addressed. Movement actors must identify a problem, a villain, and a potential solution. These steps are often accomplished through the process of framing, or meaning making (Benford and Snow 2000; Gamson and Meyer 1996; Gamson, Fireman, and Rytine 1982; Snow et al. 1986; Snow and Benford 1988). Scholars have studied framing processes in a number of ways, though the concept has sometimes been criticized as too vague, or the studies too specific (Benford 1997; Benford and Snow 2000). However, it is relatively clear that in order to inspire any protest or collective action, actors must know understand something of the issue around which they are organizing. This step is referred to as diagnostic framing (Snow and Benford 1988). Activists must identify the problem and attribute blame to some group or groups. Because this is a meaning-making process, it is subject to variation and debate, and many actors participate in the framing project. Creating collective action frames (Carroll and Ratner 1996; Gamson 1992; Hunt, Benford, and Snow 1994; Zuo and Benford 1995), one must identify not only the problem, but also its victims (Weed 1997; White 1999) and its perpetrators. The identification of victims and perpetrators can affect a variety of things about a movement/organization, specifically in what kinds of protest actors choose to engage. The protests or actions called for by a movement/movement organization are called the prognostic framing (Snow and Benford 1988: 201). Social movement organizations may differ significantly in their prognostic framing because they may attribute blame to different actors (Haines 1996). For example, among American Intactivists, blame may be attributed to parents, doctors, lawmakers, or medical associations; these different targets require different protest actions. Groups that blame doctors are most likely to target hospitals, medical associations, and medical conferences for their protests. If the blame lies more with parents' lack of knowledge, birth fairs and baby fairs are the target audience. Understanding the diagnostic and prognostic framing helps us understand the trajectory of movement activities.

In addition to identifying a problem and its perpetrators, and dictating possible action, frames can also influence recruitment. Frames that encourage direct engagement in this way are called motivational frames (Benford 1993; Gamson 1995; Snow and Benford 1988). The final framing provides a call for action. This constitutes a kind of “moral imperative” (Snow and Benford, 1988: 202) or “vocabulary of moral rationales” (Snow and Benford 1988: 203) that necessitates action.

Scholars have identified a number of factors that influence the reception of social movement frames. For example, the concept of “frame resonance” suggests that successful frames must resonate, or fit with preexisting ideas, among the intended audience members (Snow and Benford 1988). Frames must be internally consistent and credible, and those articulating the frames must also be deemed credible. Frames are narratives, discursive products. Thus, there are discursive processes at work and scholars can trace how activists link ideas together to create a particular vision of reality. Specific elements may be highlighted (as is evident in many movement slogans), through frame amplification. This is best accomplished when activists amplify elements—beliefs, values, etc.—to which audiences already adhere (McCallion and Maines 1999; Park 1998; Reese 1996; Skillington 1997; Weed 1997; Williams 1995; Zuo and Benford 1995). Amplifying these elements is particularly important among groups whose values appear to differ dramatically from the mainstream (Berbrier 1998).

Schrock, Holden, and Reid push the concept of frame resonance beyond a purely cognitive understanding by incorporating emotions, offering the term “emotional resonance” for further research (2004). They define the term “as the emotional harmony and/or disjuncture between collective action frames and the emotional lives of potential recruits” (Schrock, Holden, and Reid 2004: 61), arguing that social movement framing mobilizes specific emotions in activists. Their research in local transgender support groups and the transgender movement suggests that activists enter movements looking to alleviate certain emotions, like fear and alienation, and that movement frames offer recruits potential outlets for these emotions. The link between individual emotions and frame promises are a “hook” to encourage mobilization (Schrock, Holden, and Reid 2004: 76).

Framing is not a static process (Benford and Snow 2000). Frames may change over time, in response to changing structural conditions or internal debates, may be altered strategically, through processes of “frame transformation” (White 1999). Frames may also change depending on audience. Elements of framing may be borrowed, altered, and adapted from other movements, organizations, or contexts (Jenness and Broad 1994). Finally, although we may discuss separate stages or types of framing, these are merely analytic distinctions, and should not be taken to indicate that these are distinct or discrete processes.

Framing is one of the many pieces of “culture” one can study in a social movement. It can be revealing of the internal politics and debates in a movement, and it can also reflect the structural conditions in which a movement is embedded. It affects, and is affected by, movement tactics, activists’ collective identity, and broad cultural values.

### **Genital Mutilation: An Appropriate(d) Frame**

To communicate its goals and visions, mobilize new participants, and convince members of an otherwise unsympathetic public, Intactivists face a daunting task: framing their movement. American Intactivists are confronted by a mostly apathetic public. One activist said to me:

So it really floors me, and saddens me, and annoys me, that we live in a country with literally millions upon millions of victims and, for various reasons, they don’t, can’t, won’t speak out! Either they’re in denial about the effects, or they think that, they feel that people won’t listen to them, that they won’t take their concerns seriously, or they’re embarrassed, or for whatever reason it is, you know we live in a country where if every circumcised man tomorrow said, ‘this has gotta stop,’ it would, it would grind to a halt. But, um, but for whatever reason, or for a variety of reasons, that is not the climate of the, of the culture that we’re living in so, you know, that’s, that’s one of the challenges in, in getting this message out there.

Literally millions of victims. Yet, despite intense efforts on the part of Intactivists, very few people ever give circumcision a second thought. This makes framing the movement an incredibly important task.

While some scholarly attention has been paid to enumerating “master frames” (Snow and Benford 1992), which are general enough to inspire action across movements (like “injustice frames” (Gamson, Fireman, and Rytine 1982) or “rights frames” (Williams and Williams 1995)), most scholarly effort has been spent articulating movement-specific frames (see Benford 1997: 414-415 for a long list of examples, and for a critique of this endeavor). There appears to be another level of framing, between these two levels of analysis—movements may have a primary “organizational frame” that guides their other frames, but which is not broad enough to rise to the level of “master frame” (Evans 1997).

Evans argues that scholars ought to pay attention to the multi-organizational field in which social movement organizations operate (1997). Often, they target their message at multiple audiences simultaneously, knowing that there may be conflict in how their message is received by the different groups. This is certainly true for Intactivists whose messages must reach vastly different groups, all primed to react differently: men when their penises are in question; parents who are defensive when their parenting decisions are called into question; doctors protecting their professional positions; lawmakers who must balance a variety of public opinions.

In many ways, Intactivists’ choice of “Male Genital Mutilation” may seem obvious. A widespread campaign against “Female Genital Mutilation” has experienced a number of successes: US federal and state legislation criminalizing the practice and mandating educational programs in at risk communities; numerous international human rights doctrines and laws condemning “FGM” and other harmful traditional practices; and the mobilization of thousands of activists worldwide. Given this success, it makes sense, tactically speaking, for Intactivists to amplify this existing frame, if altering its message slightly for their own purposes. If activists fighting against male circumcision could borrow from those successes, why wouldn’t they? Yet, my interviewee, Jonathon, a key and leading member of the Bay Area Intactivists, suggests that the choice to use this frame carries some risks:

[T]he message that circumcision is extraordinarily harmful psychologically, physically, and physiologically is a very, um, (inaudible) confrontational message to take out there. You know, you’re facing men who have been circumcised and essentially telling them they’ve been compromised. You’re facing parents who have allowed their children to be circumcised, and intentionally saying that you have abused your children and allowed them to be harmed. And you’re facing people in the religious and medical communities who are the perpetrators of this act and you’re saying well, (laughs), I’ll let you fill in the blanks what you’re saying there but, you know, it’s a very, very difficult message to frame in a way that gets people to consider it, while at the same time doesn’t put people on the defensive.

Nevertheless, the movement fully invests in this frame. Not every activist uses the word in every conversation or every protest. Not every organization uses it explicitly, though most do. But the word “mutilation” organizes all of the Intactivist claims—it is the “organizational frame” of the movement, and this has important ramifications.



*“It’s not just cutting”: Defining Mutilation*

Jonathon spoke at length about the struggles of language in the movement. He begins by explaining, “sometimes I’ll shy away from using it [mutilation] when I’m talking with people. And again it’s not because I don’t feel that it’s, it’s the most fitting word, but if, if somebody is being put on the defensive you know, right off the bat, they’re gonna [sic] be a lot less likely to listen to what I have to say.” However, he goes on quickly to say,

But you know again we-, in trying to continue the public dialogue, you know, we try to come up with other phrases we can use. Sometimes I and other people will say ‘forced genital cutting’ but, you know, I mean, that, that seems to um, to um, lessen you know what circumcision actually is. It’s not just cutting. You don’t just stick a knife and cut a scar and you’re done. You’re actually amputating body parts. Um, so you know, you know, we kind of waver between different terms depending on the context, depending on with whom we’re speaking, you know, it’s tricky, it’s tricky, it’s uh, it’s uh, if I had other ideas for expressions or ways to speak about the practice, I would be very open to considering using new language but the bottom line I think, that out of, out of the English language the most correct form, the most correct term is mutilation. ‘Cause really, at the end of the day, that’s what it is.

Thus, the term “mutilation” holds a special significance for activists, especially those who are themselves harmed by circumcision. Like Fran Hosken, who coined the phrase “female genital mutilation” (1979), Jonathon and other Intactivists are deeply committed to the term, and use arguments about “definitions” to disguise the political implications of the term.

It also holds a special significance within the movement more broadly. Several legal campaigns have catapulted the phrase “Male Genital Mutilation” into the public domain. The organization, MGM Bill, routinely proposes federal and state legislation that would criminalize male circumcision. MGM Bill has produced a fact sheet to be sent to the UN, modeled off of the existing “FGM” fact sheet. Here, the organization lists types of male genital mutilation, paralleling FGM classifications:

- Type I - excision or injury of part or all of the skin and specialized mucosal tissues of the penis including the prepuce and frenulum (circumcision, dorsal slit without closure).
- Type II - excision or injury to the glans (glandectomy) and/or penis shaft, (penectomy) along with Type I MGM. Any procedure that interferes with reproductive or sexual function in the adult male.
- Type III - excision or destruction of the testes (castration, orchidectomy) with or without Type II MGM.
- Type IV - unclassified: includes pricking, piercing or incision of the prepuce, glans, scrotum or other genital tissue; cutting and suturing of the prepuce over the glans (infibulation); slitting open the urethra along the ventral surface of the penis (subincision); slitting open the foreskin along its dorsal surface (superincision); severing the frenulum; stripping the skin from the shaft of the penis; introducing corrosive or

scalding substances onto the genital area; any other procedure which falls under the definition of MGM given above. (n.d. c)

This fact sheet mimics discussions of “FGM,” not only in the typology, but also in the explication of harm, justifications, and prevalence of the practice. For example, when activists discuss “FGM,” many argue that it is done in patriarchal cultures for the regulation and control of women’s sexuality; likewise, according to MGM Bill, “MGM” is performed for “psychosexual reasons: elimination of the sensitive tissue of the foreskin and the stimulation that it provides, depriving the glans of its protective environment to reduce sexual pleasure.”

The definition of “mutilation,” already made part of public consciousness through anti-“FGM” campaigns, is amplified by Intactivists. How does Jonathon arrive at the conclusion that “cutting” is inaccurate? How did other Intactivists arrive at this conclusion, when the vast majority of American men and American doctors are satisfied with circumcision? Merriam-Webster provides several definitions of “mutilation” that are central to Intactivist framing:

- to cause severe damage to (the body of a person or animal)
- to ruin the beauty of (something) : to severely damage or spoil (something)
- to cut up or alter radically so as to make imperfect <the child *mutilated* the book with his scissors>
- to cut off or permanently destroy a limb or essential part of : CRIPPLE (n.d.)

Interestingly, when you search the dictionary’s website for “mutilation,” Merriam-Webster finds three entries: “mutilate,” “female genital mutilation,” and “self-” (as in, self-mutilation). Clearly, the “FGM” campaigns are deeply connected with the public’s sense of the word “mutilation.”

Ultimately, this word captures, for Intactivists, the reality of circumcision. It causes severe damage, ruins (the beauty of) the penis, cuts up or alter radically the penis, and/or permanently destroys an essential part of the penis. It *cripples* the penis.<sup>30</sup> I argue in later chapters that this terminology and framing actually serve to *create* the reality of circumcision for men in the movement. It leads many men to experience their penises as radically altered, and also leads them to consider foreskin restoration.

It is important to remember that circumcision was implemented as a routine surgical procedure after a medical campaign, or a kind of movement, against masturbation touted circumcision as a cure. So in many ways, Intactivist framings of circumcision are a kind of counterframing; that is, Intactivists must react to preexisting understandings (frames) about circumcision. Borrowing existing understandings from another movement assists this counterframing, but they must demonstrate the fit, the credibility of their claims. Expert organizations in the movement, like Doctors Opposing Circumcision (DOC), produce scientific evidence in an attempt to bolster their claims. Thus, one component of the organizational “mutilation” frame is the notion of “foreskin functionality.”

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<sup>30</sup> Nowhere is the definition of circumcision/mutilation debated more openly and obviously than in the edit history of Wikipedia. Here, Intactivists fight to alter the entry on male circumcision, hoping to promote their agenda through changes in terminology that other Wiki authors argue violates Wikipedia’s POV rules.

The foreskin, much or all of which is removed during any circumcision procedure, has long been demonized in western medical thought (Darby 2001, 2005). It has been cast as either unnecessary—a remnant of our evolutionary past, from a time before clothing was worn to protect the body (the Gilgal Society 2000)—or as a danger—either producing irritation that induces masturbation or as trapping pollutants and increasing the likelihood of sexually transmitted infections (El-Hout and Khauli 2007; Marx 1989; Morris and the Gilgal Society 2006a, 2006b, 2007; Schoen 2007). Smegma, a collection of skin cells sloughed off by the body, collects under the foreskin and many have surmised that smegma is related to STIs in men and their partners (Miller 2002). Significantly, although the foreskin’s role is not fully understood, it is currently implicated in HIV transmission, with global initiatives touting circumcision as a kind of natural condom for the epidemic (World Health Organization 2007).

Intactivists who target medical and scientific authorities work to combat this demonization by suggesting the foreskin’s necessary functions on the male body. The clearest example of this framing technique comes from DOC, a group of doctors, scientists, and medical ethicists. The officers consist of two physicians, two lawyers, and a bioethicist. Their main tactics include lobbying medical associations (like the AAP and ACOG), constructing their own medical school curricula, providing resources for physicians who oppose the practice, and acting as a kind of liaison between the traditional medical community and the intactivist movement. They disseminate pro-foreskin, anti-circumcision research. One study found “The transitional area from the external to the internal surface of the prepuce, or ‘ridged band,’ has a pleated appearance that is continuous with the frenulum and had a high density of fine-touch neuroreceptors, such as Meissner’s corpuscles” (Sorrells et al. 2006: 864). Meissner’s corpuscles have been the subject of several Intactivist studies (Sorrells et al. 2006; Taylor, Lockwood, and Taylor 1996).<sup>31</sup> Scientific studies like these attempt to demonstrate that the foreskin is a functional part of the penis. It not only provides for sexual stimulation, but also protects the penis through its own immunological system. All of this works to fit circumcision to the definition of mutilation—circumcision removes an essential part of the penis.

Anti-“FGM” campaigns focused on the significance of the flesh removed during “FGM” practices. The clitoris is heavily coded as meaningful, nearly central to women’s sexuality and sexual pleasure (Obermeyer 1999). Thus, “mutilation” was readily seen as apt when describing clitoridectomy or infibulation. The long history of demonizing the foreskin leads many to view it as unnecessary, at best, and dangerous, at worst. Mutilation, then, is not so readily evident in the removal of the foreskin, and Intactivists must devote significant energy to emphasizing the foreskin’s functionality.

Beyond establishing the physical harm, anti-“FGM” activists also highlighted the lifelong trauma that “FGM’s” victims would experience—the daily pain of urination and menstruation, the recurring trauma of being de-infibulated for intercourse and childbirth and re-infibulated after bearing a child. The key here is not just harm, but *trauma*. The scars of “FGM,” according to the campaigns against it, are not just physical, but psychological and inescapable. The same is true for anti-“MGM” campaigners. Establishing the pain is important because, until recently, most people believed that infants did not feel, or at least would not remember, pain during the

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<sup>31</sup> Meissner’s corpuscles are also dense in the fingertips and are responsible for finger sensitivity (like the ability to read Braille) (Sorrells et al., 2006; Taylor et al., 1996).

operation. So, Intactivist organizations insist that, “Circumcision is painful. Babies are sensitive to pain, just like older children and adults. The analgesics used for circumcision only decrease pain; they do not eliminate it. Further, the open wound left by the removal of the foreskin will continue to cause the baby pain and discomfort for the 7-10 days it takes to heal” (IntactAmerica n.d.: para. 5) and

Circumcision is extremely painful - and traumatic - for a baby. Just being strapped down is frightening for a baby. The often repeated statement that babies can't feel pain is not true. Babies are as sensitive to pain as anyone else. Most babies scream frantically when their foreskin is cut off. Some defecate. Some lapse into a coma. The reason some babies don't cry when they are circumcised, is that they *can't* cry because they are in a state of shock. Most babies are circumcised without anesthesia. Anesthetics injected into the penis don't always work. Being stuck with a needle in the penis is itself painful for a baby, just as if would be for anyone else. Babies are rarely given pain medication [sic] right after they are circumcised or during the week to ten days it takes for the wound to heal. Pain medication is not always effective and is never 100% effective. (National Organization of Circumcision Resource Centers (NOCIRC) n.d.)

For Intactivists, the effects of this early trauma cannot be overstated. The pain is not limited to the procedure or the healing period. It is said to impact brain development, and especially pain thresholds, interfere with parent-child relationships long term, and influence men's ability to trust partners. Circumcision, for Intactivists, is a mutilation one can never escape. Jonathon confirms this when recounting his own experience:

And um, you know, I tried (sigh) the best that I could just to get by but there would often be times when it would hit me again. And, you know, every time I would urinate, every time I would get undressed to take a shower, I would see my body in the mirror and I'd see the scar and I'd be reminded that something was cut off of me. [interviewer: Right.] And it was a very, um, very difficult time.

Just like victims of “FGM” who we imagine are confronted daily by their trauma, circumcised Intactivist men constantly relive their violation.

### *Establishing Culpability*

The mutilation frame completes both phases of diagnostic framing. By helping to define the practice of circumcision as harmful, it establishes that there is indeed a problem. Yet it goes even further, attributing blame to particular parties, and establishing that they are blame-worthy. Again, we must remember that Intactivists are forced into the position of counterframing because of the medical and cultural norms established by a pro-circumcision campaign in the early 1900s. This original framing dictates that circumcision is not harmful, but beneficial, and that doctors who perform it (and parents who request it) have the best interests of the child in mind. Thus, merely establishing that it is harmful is not quite enough—Intactivists must prove culpability, they must prove that doctors and parents either know better, or ought to know better, about circumcision.

The mutilation frame works to demonstrate blameworthiness in a number of ways. First and foremost, it works because audiences are already primed to see blame when they think of “FGM.” The anti-“FGM” campaign first had to demonstrate that the practices were harmful. Activists did so first by describing the pain and complications associated with the procedure (just as Intactivists have done). They went on to decry the many justifications of the procedure. In the various societies in which forms of “FGM” are practiced, people provide diverse justifications—that the result is cleaner, that it is more aesthetically appealing, that it aids in reproduction, that it increases sexual pleasure (for men or for women, or both), and so on. Anti-“FGM” activists highlighted what they saw as ignorance in these justifications. Yet more than ignorance, they saw patriarchy. “FGM” was the ultimate symptom of patriarchy; through the practice, anti-“FGM” activists insist, women are shaped to men’s will, their sexuality and agency controlled by the men that dominate their lives. Thus, perpetrators of “FGM” are blameworthy—because their motives are not benign or merely ignorant, they are intentional and malicious. Even more than individual perpetrators, the societies themselves are culpable. They allow the practice, fail to intervene on women’s behalf, and in some cases, have encouraged the modernization of “FGM” by allowing it to be practiced in hospital settings.

Intactivists appropriating the “mutilation” frame understand the layers of meaning in the phrase “female genital mutilation.” They understand that it describes not just literal harms, but also acts as a kind of metaphor. They borrow the phrase and its attendant meanings. Jonathon makes this abundantly clear:

I understand that the word mutilation has some incredibly strong emotions tied to it and some incredibly negative connotations. Because if we would use the word mutilation, then we are, even though we, we, at least *I* would never directly say this, we’re *implying* that circumcised men are *mutilated* (heavily emphasized) men, and it *implies* that people who perform circumcisions are *mutilators* (heavily emphasized), and it implies that parents who have allowed their children to be circumcised have mutilated their children or have allowed their children to be mutilated. And none of this language helps the conversation.

The framing not only suggests harm and trauma, as well as the attendant emotions that come with trauma (something to which I’ll return later), but also suggests that certain people should be held accountable for what they’ve done to this innocent infant.

For some, blame is directed at parents, especially mothers, who should have worked harder to protect their vulnerable children. Lloyd told me that the most frequent comment he heard from men who would approach them at fairs was, “I can’t forgive my parents for letting this happen to me.” James\*, for example, recalls being angry at his mother, and that his feeling could have harmed their relationship: “you know, I used to think that, like thoughts, that she didn’t care, or you know, that she didn’t care that she hurt me, you know before she apologized for it.” When he first confronted her about his feelings, she responded angrily and defensively:

my mother, she was very angry at me about it. That I, that I was upset, or that I thought it was wrong or anything. Because her idea was that she couldn’t have hurt me. You know, that she loves me and cares about me and would have done anything, and had even tried very hard to protect me from other things. She would go on and on about how she wouldn’t eat chocolate during the pregnancy. Just

because, she wasn't sure that anything it would do anything bad, but she was just afraid that it would, like for some reason it got to her that it would. And it never occurred to her that uh cutting up my penis would be a problem because the doctors told her, the doctors, nurses, whatever, whoever, they, while she was recovering from the, from the birth would actually talk to her as if it would be wrong not to.

It becomes clear as James\* proceeds through this commentary that the real blame lies with the medical institution, since it was doctors/nurses convincing his mother when she was so vulnerable after giving birth. The medical field is the primary target of most Intactivist organizing. But why are they so blameworthy?

The first element that Intactivists highlight is medical ignorance. They explain that, in the US, medical schools often teach about the foreskin only in the context of its removal through circumcision. Thus, most American doctors (who are likely circumcised themselves) are unfamiliar with the function and importance of this piece of flesh. For this reason, DOC created a "Foreskin Curriculum" to provide a much-needed education about the value of the foreskin. One of the organizers of the unsuccessful San Francisco bill against circumcision, Lloyd, addressed this ignorance directly in my interview with him, describing a radio interview he'd heard on a local station. The radio show interviewed the

head of pediatric urology at [University of California, San Francisco], who could not extol the virtues of circumcision enough, yet he didn't even know what the enervation of the foreskin was, or professed not to know. So this is kind of, this, uh, willful ignorance, particularly by the medical community [Amanda: Right.] is astounding and you could see, and I'm sure you're aware of, circumcision has been a cure in search of a disease for over a hundred years, and it's worked particularly well in continuing to practice, uh, so this is really the first time that people have started questioning these studies and I think it's very new to the medical profession and I think actually a lot of members of the medical profession are so busy they don't question these studies. They look at them. But [for] people who are involved with them, and people who are involved in pediatric urology to, um, not have a basic understanding of, uh, anatomy is quite [Amanda: Disturbing.] disturbing and astounding.

Keith specifically addressed the supposed protection circumcision offers against infant urinary tract infections, saying

[O]k so you know, maybe like one child won't get urinary tract infection but that one child could possibly die from the surgery, [Amanda: Right.] you know, or could possibly have his penis amputated, or you know, the fact that, like, females get urinary tract infections so much more frequently, but there's a federal law to protect them. So it's like, these whole like, well there could *possibly* be a small benefit but, like, that really doesn't outweigh, like, the possible risks and side effects that come along with it and like, the psychological like harm that it does to the child, you know? To save him from possibly having to take antibiotics at some point in his life? You know that's, like, such weak connection to have.

According to Intactivists, pro-circumcision science is full of “weak connections” like these, and the practice persists despite its many risks.

But ignorance alone would not produce the nearly universal circumcision rates that the U.S. saw just a few decades ago. There is, according to Intactivists, something more insidious here, something Lloyd implies when he describes doctors’ “willful” ignorance. They insist that circumcision is not carried out in good faith by American medical professionals, but rather is done to feed their greed, or to satisfy their sadism. Framing circumcision as a fraud perpetrated on the American public undermines the perceived authority of the medical establishment. Describing the history of circumcision’s institutionalization as a common medical practice, many of its opponents argue that circumcision has always been “a cure in search of a disease.”<sup>32</sup> By this, they mean that people have advocated circumcision for reasons other than any real scientific evidence; they want to circumcise boys, and will find reasons to do so. The Foreskin Curriculum explains that,

Circumcision was virtually unknown in the United States during the early years of the Republic[.] Doctors began to promote it, beginning in the 1850’s, as a cure for masturbation. When it was discovered that masturbation could not be prevented in this manner, they sought something else to prevent. In the 1950’s it was cancer. Now it is AIDS. All of these alleged ‘medical reasons’ are simply excuses. There are virtually no medical reasons to perform circumcision. (Doctors Opposing Circumcision n.d.)

The curriculum then debunks several of the most common reasons. Several organizations list dozens of physical and mental problems that circumcision has been said to cure.

If scientific evidence disproves circumcision’s ability to cure this litany of diseases, then why, according to Intactivists, does the procedure continue? Some argue that aesthetics have trumped science—because circumcision has become so common, few people have encountered intact male genitalia and thus, many women prefer the look of the circumcised penis. Others suggest that it continues because so many men were circumcised and now, as fathers, they want their sons to resemble them. Still others believe that doctors, who are themselves often circumcised, perpetuate the practice because it was done to them—they must justify the trauma they suffered by forcing it on others; further, to avoid recognizing that they have traumatized others, they become defensive about their actions, creating a cycle whereby they continue to circumcise to avoid questioning their own actions. Still others, perhaps more on the fringes of the movement, hint about “circumfetishism,” a sadistic desire on the part of circumcised doctors to sexually mutilate children.<sup>33</sup> If there are no real medical justifications and doctors are merely giving “excuses,” their motivation to continue the practice lies elsewhere.

For most Intactivists, that “elsewhere” is their wallets. Not only do doctors make money off of each surgery, there is also evidence that foreskins are used in expensive cosmetics and

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<sup>32</sup> I cannot find an individual source responsible for this quote, but it appears throughout intactivist interviews and media. See, for example, this promotional t-shirt: <http://madebymomma.spreadshirt.com/circumcision-cure-in-search-of-a-disease-A5987205>

<sup>33</sup> My field notes, referenced in the introduction, suggest that this term floats around the movement even if it is not mainstreamed by movement organizations.

some skin regeneration techniques, also done for profit. Jonathon mentioned several of these issues in his discussion with me. He explains

You know in some cases, the tissue is being, you know, uh, not only are they making money of the procedure themselves, whoever's performing it, but then the tissue is being harvested and being sold off to pharmaceutical, cosmetics, or research companies. So (laughs) you know, there are a lot of very chilling ethical implications for, for what is being done to boys, to men in the U.S. [Amanda: Right.] And that's another thing that a lot of people are not, you know the selling of the tissue, is something that practically nobody is aware of. And that's one of those things that I've, I always hesitate to bring it up, at least at first, because I feel that, um, people are not going to take me seriously once I say that. They're gonna, they're going to write me off as this nutball who, you know, has all these crazy theories because it's that, it's that outlandish. It's just that obscene and absurd that a hospital would cut off a part of a penis and then sell it to a company that's going to make face cream. I mean, it's just, you know, so . . . but it's, it's something I think is important to discuss at some time, so that people really begin to understand the full reasons why this practice continues and, and, the ramifications for, you know, what it is that is being done to, you know, men.

By framing circumcision as mutilation, and implying that someone is responsible for the damage caused, Intactivists make room for ethical arguments in what is often treated as a purely medical question.

Ignorance of circumcision's harms can no longer be an excuse. DOC and other expert Intactivists have documented the harms. Ignorance of the foreskin's function also can no longer be an excuse. Intactivists have spent years trying to demonstrate its anatomical and sexual role. The information doctors need to be informed is, on many Intactivists' account, out there, ready to be learned. And, even without the information, Intactivists argue that doctors *ought* to know better. That is, the ethical rules that guide the medical profession are clear enough that even ignorant doctors should think twice before circumcising. Like "FGM," "MGM" is performed on children, unable to consent for themselves. Thus, according to Intactivists, informed patient consent and the first rule of medicine—first, do no harm—are implicitly violated by circumcision. Doctors who perform male circumcision must be held accountable for their actions. The mutilation frame, which establishes both the trauma of circumcision and the culpability of its perpetrators, succeeds in its diagnostic framing.

### *Mutilation Politics*

When I asked him what key issues he raises when talking to people at various events, Jonathon lists a few, but highlights "the fact that it's, it's a human rights issue. You know, that this is, that you're denying someone their bodily integrity, you're taking this away from them, there's no medical reason, you're operating on a healthy individual, without a diagnosis, without consent." And hours after interviewing Lloyd, I see him at the Intactivist Pride Parade booth, wearing a t-shirt with the slogan "Intact genitals are a human right" emblazoned on the front.



Thus, the “mutilation” frame provides another resource upon which Intactivists draw: a rights-based framework. As social movement scholars have mentioned, a “rights frame” is a master frame, readily available for mobilization. And it clearly informs anti-“FGM” discourse. “FGM” has become nearly synonymous with women’s human rights violations. Like footbinding and acid attacks, “FGM” symbolizes for many in the West, women’s subjugation around the world. It ignites fury among Western feminists who see “3<sup>rd</sup> world” women as defined by the practice, defined by their oppression (Mohanty 1988). International human rights doctrines enshrine this particular view of the practice, and of its victims, designating it as one of many harmful, traditional practices in need of eradication. When one hears the phrase, “female genital mutilation,” it raises a number of rights-based thoughts: individual civil rights, individual human rights, the right to bodily integrity, children’s rights, women’s rights, and so on. Intactivists, who are desperate to establish “MGM” as a rights violation, hope to draw on this existing linkage.

Expert Intactivist organizations devote significant time to the question of rights. Several significant DOC publications, including the Foreskin Curriculum and their “Short Guide to Male Circumcision,” draw on the rights violation frame (Doctors Opposing Circumcision n.d., 2004). The curriculum does so only in passing, in a small section entitled “The Bottom Line—Human Rights.” Here DOC suggests that circumcision violates the following human rights: the right to Security of Person, to Physical Integrity, to Physical and Mental Health, and to Self-Determination; additionally, they argue that it violates the Convention of the Rights of the Child. The Short Guide cites not only the major medical associations listed above, but also the Universal Declaration of Human Rights and the Convention on the Rights of the Child. Finally, two DOC reports, contained in their official policy statement—chapter 9, “International Human Rights and the Circumcision of Children,” and chapter 11, “Medical Ethics and the Circumcision of Children”—make the ethical component of their research most explicit (Doctors Opposing Circumcision 2008: 39-42, 55-60). The former places circumcision in direct violation of human rights generally and children’s human rights specifically; the latter also draws on human rights doctrine, but also suggests that circumcision of minors contravenes certain national laws, the five principles of medical ethics (beneficence, non-maleficence, justice, autonomy, and proportionality), and rules governing surrogate consent, among other physician duties.

Human rights are also central to Attorney’s for the Rights of the Child’s (ARC) opposition to circumcision. In their “Foundational Philosophy,” the lawyer group explains,

The many laws against female genital mutilation, contrasted with the discriminatory nature of excusing and tacitly condoning male genital mutilation, violate principles of equal protections under both international human rights law and American constitutional doctrines. Our own cultural blindness must not be allowed to warp American law by insulating perpetrators of circumcision from liability under a broad range of legal theories. By understanding the medical and psychological harm caused by circumcision and by positioning ourselves to enforce the legal and human rights guarantees of physical integrity and self-determination, we can work for the best interests of children, by guaranteeing them equal protection under the law. (Attorneys for the Rights of the Child n.d.: 2 of 2)

In this quote, taken from a public brochure produced by ARC, we can see the various elements of the mutilation frame working together: first, the term “mutilation” sets the stage for readers; second, we are reminded of the physical harms and its consequent psychological trauma; third, we are encouraged to attribute blame for this mutilation; and finally, we are introduced to its gendered politics.

I turn now to the gendered politics. Intactivists’ appropriation of the “mutilation” frame is not an innocent one. It is not used simply because the definition is apt. It is not used simply because it connotes violence and blame. *Its use is not simple*. It does not merely mirror reality, but rather works to project a particular set of ideas about inequality. In short, by equating men’s and women’s experiences of “genital mutilation,” Intactivists contribute to a Men’s Rights fallacy—that men’s and women’s position in society is equal. If their position in society is equal, then men cannot be said to wield power, and society cannot be classified as male dominated.

Here, let us quickly recall the development of the Men’s Rights ideology from chapter 4. What began as the Men’s Liberation movement (Clatterbaugh 1996; Donovan 1998; Heath 2003; Magnuson 2007, 2008; Messner 1993, 1997, 1998; Nelson 2000; Schwalbe 1996; Segal 1993)—a movement aimed at interrogating how gender limited men’s lives—morphed into an anti-feminist movement aimed at fighting feminist progress. Men’s Liberation drew on a (flawed) theory of “sex roles” that allowed men to misunderstand their own experiences of the limitations of masculinity as equivalent to women’s subjugation in society. While some Men’s Liberationists moved on to form truly profeminist and progressive movements, others moved further into the dark side, embracing simplistic and problematic accounts of power and privilege, and becoming angrier and angrier. If women and men were equally oppressed, as their theories suggested, then as women gained status in society, it must simultaneously lead men to more disadvantage. This anger has grown, now particularly evident in hateful online communities of men and litigious groups of fuming fathers (Coston and Kimmel 2013; Kimmel 2013). These men now suggest that our society is characterized by misandry, “the hatred and/or fear of men and boys” (Elam 2013).

The “sex role” approach is readily apparent in Intactivist challenges to “MGM.” Popular discourse reinforces the idea that female alterations (“FGM”) are much worse than male circumcision. Because so many people believe this distinction, Intactivists must insist that the violation of male circumcision is equally or more detrimental. MGM Bill makes fighting this double standard its top priority. According to the “about us” page of the website,

Although legal protection of only girls from circumcision would seem to violate the equal protection clause of the Fourteenth Amendment to the U.S. Constitution, the fact remains that it is still widely considered to be legal in this country to mutilate a boy’s genitals in the name of social custom, hygiene, religion, or any other reason. This is true despite the well documented lifelong damage that male circumcision causes each of its victims. (MGMBill n.d. a)

The detrimental effects of “MGM” are drawn from men’s experiences of the practice: the pain infants show during the procedure and the diminishing sexual sensitivity.

Intactivists treat “FGM” and “MGM” as two sides of the same coin. Both hurt. Both are traumatic. Both have lifelong consequences. Both violate rights. Recall the “MGM Fact Sheet.”

This sheet details the Intactivist position on male circumcision. It emphasizes, in both form and content, the similarities between male and female circumcision—the pain and the justifications parallel each other. Once it is shown that “MGM” mirrors “FGM” in the harms it produces, Intactivists play the final card. “MGM,” they want to suggest, is worse than “FGM” because it is more widely practiced, and because no one seems to care. The WHO suggests that approximately 125 million women and girls have undergone some version of “FGM” (2014). MGM Bill and other Intactivist groups counter with statistics on male circumcision: “Today, the number of boys and men who have undergone male genital mutilation is estimated at 650 million. It is estimated that each year, a further 13 million boys are at risk” (MGMBill n.d. c). And finally, while there has been success in raising awareness about, and developing legislation against, “FGM,” male circumcision is still practiced with impunity. The US federal government refuses to acknowledge that it violates the equal protection clause; the UN refuses to recognize “MGM” as a human rights violation. In fact, when Intactivists have tried to get the practice banned, groups like the ACLU have fought against them. This is, for Intactivists, a huge frustration. As Keith points out, for victims of “female genital mutilation,” “there are support groups. You know they get, like, all these resources given to them in an attempt to, like, help them heal from this, and they can get asylum in this country and all of these things that, like, males like, if a male is a victim of genital mutilation then, (sarcastically) ‘ok, well it’s cleaner.’” Where “FGM” victims get support, all “MGM” victims get is “all these excuses.”

The “mutilation” frame does not simply capture the reality of circumcision. It attempts to create a political equivalence between men’s and women’s suffering in society. At times, it pushes even further toward suggesting that men suffer more in our society. And, although Intactivists themselves rarely make these claims completely explicit, the connection to Men’s Rights Activism is undeniable. Not only do the major Men’s Rights organizations make circumcision a priority, high ranking Intactivists can be located within Men’s Rights groups; for example, J. Steven Svoboda, founder and director of ARC, is public relations director for the National Coalition for Men (NCFM). NCFM was founded to form “a unified voice in addressing issues concerning men and boys” (Crouch 2011). And they still don’t believe those issues have been addressed. Men are fed up. They are sick of their social burdens. And they are sick of women being protected while men (and their foreskins) are offered up like sacrificial lambs.

### **Emotional Resonance, or the Politics of Men’s Anger**

At its core, the mutilation frame resonates with men’s emotions. Some of the constitutive frames feeding into this organizational frame are explicitly about emotions—that circumcision is traumatic, that circumcision is disfiguring. The language used by activists cannot help but evoke strong emotions. Take, for example, this piece by Paul Fleiss in *Mothering* magazine:

Circumcision alters the appearance of the penis drastically. It permanently externalizes the glans, normally an internal organ. Circumcision leaves a large circumferential surgical scar on the penile shaft. Because circumcision usually necessitates tearing the foreskin from the glans, pieces of the glans may be torn off, too, leaving it pitted and scarred. Shreds of foreskin may adhere to the raw glans, forming tags and bridges of dangling, displaced skin. Depending on the amount of skin cut off and how the scar forms, the circumcised penis may be

permanently twisted, or curve or bow during erection. The contraction of the scar tissue may pull the shaft into the abdomen, in effect shortening the penis or burying it completely. (1997)

Imagine, as a parent, you hear that your beautiful, bouncing baby boy will be \*mutilated\* by your choice, that bits of him will be torn apart and left dangling, his genitals shredded and twisted. The imagery is horrible, and it is intended to be.

But this horrid imagery has another consequence. Imagine you are a circumcised man. How might this impact the way you see yourself? Do you begin looking for the scar? Noticing pits and tags that you'd never seen before? Wondering if your erection stands straight enough? Wondering if it would be longer had you not been circumcised? Numerous men write to these organizations complaining of these very problems. And these feelings are consistently echoed in my interviews. Jonathon told me "I had heard the word [circumcision] before that time but I really didn't know what it entailed and whether or not I'd had that. So. Once I learned this, um things got really hard. I became very depressed, I became very angry, became very resentful and I just felt like I'd had um a part taken from me, stolen from me." Richard "was horrified from the moment that I found out" and James\* told me "that night [when I looked up circumcision] I was sick, you know, in my stomach. And uh, to know that that was done to me. To know that, as soon as I knew what it was, and that it had been done to me, and then I was very upset. So, so... It was very immediate."

Keith's anger was also palpable. He explained to me that becoming aware of the damage caused by circumcision is the most difficult part of the process of becoming an Intactivist. He explains

There are people that realize that it's [circumcision is] bad, and 'ok, I won't do it to my kids, but my penis is fine.' And then there's those that have realized, 'no, my penis isn't fine.' I think that that's the most, that's the hardest stage to get to, it's also the hardest stage to get out of because then you, you're sort of going to end up getting depressed about this like, 'my penis isn't as good as it should be,' and you, you're, you end up bringing up all these issues of trauma and trust and now that you're aware of all of these issues, now you have to work through them. And so, so, that's a whole process in itself and I still don't think I'm completely out of that but I think that I'm a lot more out of it than a lot of people that I've met.

And then, there are no services to help male victims through the process. Where women have support groups, all men get are excuses and questions.

There's all these excuses. Um, yeah, (inaudible) so yeah, I think it's great there are all these support groups for women but they don't exist for men so it's really um, frustrating that I have to like explain to, and every single one of my classes this semester, the conversation turns to circumcision and when it turns to circumcision, there were, you know, people chiming in (sarcastic) like, 'well, that's different.' Well, like no, it's not, like you're violating someone's body. (Keith)

Men are brought into the Intactivist movement because of their anger at having been disfigured, their self-consciousness inciting action. When Lloyd tells me about distributing pamphlets at Intactivist events, he talks about men's emotional reactions:

well, this is self-selected because it is only men who came up to us, um, the men who had been circumcised, the most common, uh, three comments I got, and uh, we all got, in order of um, uh commonality, one of the first comments we got was, 'well, they got me.' Second was, 'well, it's too late for me.' And the most common one, and I don't usually say this because it's very upsetting but this is a study, the most common one was, 'I can't forgive my parents for letting this happen to me' [Amanda: right]. I'm sure you've heard that before. [Amanda: mmm hmm].

[...] So nobody's even touched on the, um, psychological damage, the anger, the outrage and the rage that so many cut men feel that, indeed, it's very easy to, um, understand why so many men can't even go there, are just are just in denial.

Intactivism explicitly asks these men to feel painful emotions, to mobilize themselves with righteous indignation against doctors, against parents, against a circumcising society.

Is asking men to tap into their emotions transformative in terms of masculinity? So often when we think about masculinity, we think about rationality, the lack of emotional expressiveness—we imagine men with emotions bottled up, unable to cry or feel. Yet Intactivism asks, demands, that men really feel the pain and trauma of circumcision. It is the very basis of their involvement in the movement. Intactivist websites and research spend an incredible amount of time reporting these emotions (Goldman 1997, 2004). The Circumcision Resource Center requested letters from men about their circumcision experiences; the following list is from excerpts of these letters: violation; abuse; feeling cheated, robbed; resentful; unhappy; disbelief; sadness; pain; grief (Circumcision Resource Centers n.d. b). If anything, Intactivism demonstrates the range of emotions men have and encourages them to feel them. But, rather than asking men to be transformed by their deep emotionality, Intactivism transforms those feelings into more “appropriately masculine” emotions: anger, resentment, revenge, rage, hate. In these same letters to the CRC, men report some of the following: “I have felt a deep rage for a long time about this” and “Circumcision: it's taught me how to hate” (Circumcision Resource Centers n.d. b).

Before becoming Intactivists, the men are just ashamed, embarrassed. They've had unsatisfying sex lives; they've have trouble masturbating or reaching orgasm; they've been mocked because they're sad. As men, sadness and shame are discomfiting emotions (Jakupcak et al. 2003; Seidler 2007). Society has taught men that these are feminine, that all emotions are a bit unmanly. Many turn to the internet and its forums looking for answers and relief. And when they “[bang] around on the internet, like clicking at random things” as Keith did, they stumble on something valuable: solutions to these feelings. Like the trans people in Schrock, Holden, and Reid's study of emotional resonance whose feelings of shame and alienation were transformed into the more easily mobilized and empowering feeling of anger, these men find the mutilation

frame and begin the process of transformation.<sup>34</sup> By naming circumcision as a problem and identifying the culprits, “mutilation” resonates with both the existing experiences of these men, and also provides them a (gender conforming) outlet for those feelings.

Jonathon Allen writes about affect in the men’s rights movement, asking “How do we think about men’s feelings, feelings these men feel are questioned, lamented, dismissed?” (2016: 27; see also Coston and Kimmel 2013 for more on these feelings) especially given that feelings are generally unprovable, or are considered proof in and of themselves—“I feel that I am a victim” becomes, according to Allen, practical proof of one’s victimization. He argues that it is precisely because Men’s Rights Activists’ claims of victimization cannot be proved (that, indeed, the facts do not bear out men’s subordination as a group) that they have turned to “affective utterances” (Allen 2016: 28). Thus, MRAs’ emotions are highly political and, as Allen goes on to argue, phallic (2016: 28). These emotional cries are attempts to reclaim space that MRAs believe is being taken from them by women, by feminists:

Men’s rights activists are in a state of crisis of their own making, they feel disenfranchised, and as such seek out an oppressor, that oppressor will always be feminists and feminism. And since feminism has been successful, these men have co-opted and appropriated some of feminism’s most potent arguments, for instance, against victim blaming and the use of affect. Thus, by positioning themselves as ‘feeling like victims,’ we are confronted by a scenario where, they believe, we have to renounce some of feminism’s most important lessons. If men are victims and if men feel bad, we cannot deny the state of victimhood nor the negative affect, so they believe. It is for *this* reason that men’s rights activists have ‘feelings.’ (Allen 2016: 36)

But what of Intactivist emotions? Are their claims of victimization borne out by data? Something tangible did happen to them, unlike MRAs who have made their own crisis. But, I argue, Intactivist emotions are no less political, and in point of fact, no less phallic. They demand validation; they point fingers of blame; they co-opt feminist ideals and women’s experiences. While circumcision certainly did happen to them, it does not mean, as Intactivists might have us believe, that men as a group a subordinated by it. In Allen’s words, “The turn to affect is about the manufacturing of a state of victimhood that can only be confirmed by ‘hurt feelings,’ because there is no sound scholarship available to demonstrate that indeed men have a legitimate claim to victimhood – *some men absolutely do, but the claim that all men are victims is fallacious*” (2016: 37; emphasis added). Or as a conference attendee at one of my presentations on male circumcision put it, Intactivists aim to “collectivize individual harm.” These collectivized emotions, framed and mobilized by the movement’s use of “mutilation,” form the basis of Intactivist action, and Intactivist collective identity to which I turn in chapter 7. For now, it suffices to say that the anti-circumcision movement’s framing tactics accomplish several practical and political goals, and ultimately, reinforce the movement’s connection to the Men’s Rights backlash.

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<sup>34</sup> I’ll explore more thoroughly this transformation in two subsequent chapters—the private transformation of foreskin restoration, and the transformative power of the collective hero identity.

## Conclusion

Using the “mutilation” frame, Intactivists are able to accomplish several diagnostic framing tasks. The term’s preexisting definition, connotation, and associations, established by a social movement against “female genital mutilation,” fit well within the Intactivist project of changing public opinion regarding male circumcision. The frame readily lends itself to discussions of harm, trauma, blame, and rights. Intactivists support the frame with evidenced conveyed by experts within the movement.

As a tactic, appropriating this frame from anti-“FGM” activism makes a good deal of sense. The American public is generally neutral about male circumcision, if not favorable towards it. Intactivists must respond to ideas put forward by medical experts in a century-long campaign. This is why I have referred to Intactivists’ framing strategies as counterframing. In opposition to “FGM,” public outcries were swift and emotional. Most Intactivists, however, are treated with disdain, their feelings written off, and their experts called quacks. So if they can borrow the phrase, and amplify all the feelings and ideas attached to it, their job would be much easier.

As is clear from excerpts from the interviews, this frame also appears to resonate with the men who join the movement. They feel reflected by and in it. They may also be primed and ready for such a discussion because of the same preexisting feelings that motivate men to join Men’s Rights Activism—anger, righteous indignation.

However, this appropriation is not merely expedient. It is not just the result of a quick, cost-benefit analysis. It speaks to larger political themes that reach beyond Intactivism, into a larger Men’s Rights agenda. This appropriation is a dangerous one because it furthers the idea that men’s and women’s gender troubles are the same. It avoids discussions of men’s power.<sup>35</sup> It ignores history, context, and social structure. I believe this analysis gives an important lesson about social movements analyses generally. We should pay attention to the gender politics not only in the explicit content of social movement frames, but also in the process of frame selection, appropriation, and promotion (Jenness and Broad 1994).

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<sup>35</sup> While it is beyond the scope of this chapter, it is important to note that male power is central to circumcision. Circumcision of the penis removes the “feminine” part of the penis and in some ways, creates the hard penis/phallus that hegemonic notions of masculinity have required. It also has been used to separate men by race and class, contributing to masculine hierarchies. To fight male circumcision, one need not promote a view in which men and women are equally harmed by society. It is possible to envision, as Kimmel has, a rejection of male circumcision that is fully aware of male privilege (2001).

## **Chapter 6: Private Transformation: Transforming Your Privates**



Each man finds circumcision differently—for some, it is in the locker room, while for others, the discovery takes place online. Sometimes out of sheer curiosity, men google circumcision and, when they do, they may be launched into the depths of the Internet, and into confusion. Upon discovering the plentiful pages of information, much of it biased in one way or another, men must figure out how to account for themselves: Are they satisfied or unsatisfied with sex? Is there something that could be missing? How happy are they, really? Answering these questions with negatives leads some men to Intactivism.

It would seem that, once aware of his hurt, the unhappily circumcised man finds himself unable to cope. For many in the movement, discovering one's circumcision feelings is a point of no return. It becomes difficult to relate to family members, who may have been complicit in your pain, to trust doctors, who profited from your loss, to be sexually intimate with partners, who will see your disfigurement. Upon recognizing the circumcision scar (and all its attendant meanings), the truth becomes clear: I am a victim.

This becomes his mantra and for some time, he wears it almost with pride. It becomes the basis of his actions. He seeks out more information online, among other victims, with whom he can relate. He joins the cause, rallying with other victims. Others must bear witness to this pain, he must speak its name and be heard. But for men, occupying the position of victim is itself threatening. One's privilege and power is called into question because "real men" are not victims (Phelan 2001); real men are heroes who protect and defend. Many of the men with whom I spoke hinted at the transformative effects of activism. In some way, their pain might be redeemed through Intactivism, through protecting others from the same fate.

But this chapter is not, or at least not entirely, about how activism saves unhappily circumcised men. Instead, it is about how they try to save themselves and how Intactivism provides some embodied resources for transcendence. In both private and public, Intactivists undertake body projects that effectively transform them from subjugated victim to human rights hero. In private, the transformation takes place quietly, sometimes in secret. His private transformation is, quite literally, the transformation of his privates. Foreskin restoration, the practice of stretching the remaining skin to encourage its growth, works not only on the genitals, but also restores a man's sense of self. In public, the Intactivist costume—in its most dramatic form, a literal costume, though it can be any of the clothing (or pins or other gear) that discloses one's affiliation with the movement—works like cape and brightly colored spandex suit, transforming Clark Kent into Superman (or, in the language of Intactivism, Miles Hastwick into Foreskin Man). Though not all Intactivist men undertake (either or both of) these two transformative body projects, they are widespread enough in the movement that they warrant deeper investigation. In this section, I focus specifically on the patterned practice of foreskin restoration.

There are two categories of foreskin restoration: surgical and nonsurgical. Surgical restoration involves grafting skin from another part of the body to the penis as a replacement foreskin. Nonsurgical methods vary, but the basic principle to which they all conform is that by stretching whatever skin remains, one can encourage new skin growth. For men dissatisfied with their circumcised state, foreskin restoration, especially of the do-it-yourself, nonsurgical variety, offers an opportunity to reconstruct the altered body.

Foreskin restoration is almost as old a practice as circumcision itself. Methods of “decircumcision” arose nearly alongside circumcision (Gilman 1997; Money 1991). At least two procedures for foreskin restoration were developed during the Roman Empire. Circumcised Jewish males, culturally Othered by their genital marking, sometimes sought to “pass.” During periods of persecution, this was probably even more important. Even without intense persecution, Jews under Roman rule may have felt pressure to conform to the aesthetic standards of the time. Beginning with Greek culture, male bodily aesthetics demanded not only that the foreskin was intact, but also that it was long enough to fully cover the glans of the penis. Men with exposed glans were forbidden to compete in the Olympics (Gilman 1997; Money 1991). So, these ancient techniques developed not only for those individuals whose foreskin had been removed, but also those whose foreskin was deemed insufficient.

Modern foreskin restoration can still involve similar surgical techniques, but foreskin surgery is considered by many restorers, and their supporting organizations, dangerous, aesthetically unappealing, and functionally inadequate. Perhaps because of their connection to the political movement against male circumcision, foreskin restorers are often wary of medical, especially surgical, interventions on their genitals. As such, restorers have turned from wishful thinking to creative ingenuity, developing a number of products for their personal use, and marketing these devices online to others.

## **Masculinity and Men’s Bodies**

In the previous chapter, I set out to demonstrate that Intactivism uses gendered framing strategies for both recruitment and convincing the public that circumcision is a problem. These frames, especially the motivational ones, work because they resonate with the public’s existing understandings of gender. There are a lot of angry men out there, looking for ways to explain why their lives are so tough. Circumcision, especially when framed as a mutilation of one’s natural, rightful manhood (one’s sexual birthright), easily transforms into an explanation. To understand the relationship between the framing strategies I described, and their impact on actual men’s bodies, we must first understand the relationship between masculinity and men’s bodies. We have generally ignored men’s bodies, associating men with reason and mind and women with bodies and nature. Scholarship on men’s bodies is only recently taking shape (Bordo 1999; Ervø and Johansson 2003; Morgan 1993; Watson 2000). First, scholars analyze how the male body is represented—both popularly and scientifically—and what this can tell us about masculinity. Second, some scholars describe the requirements masculinity makes on men’s bodies and the effects these requirements can have. Finally, scholars try to understand how individual men experience and manipulate their bodies.

### *Representation of Men’s Bodies*

The first way of approaching bodies has been to study representation. Like women, who are consistently represented as passive, sexualized objects, we can see patterns in the way that men are represented, patterns that correspond to some of the ideals of hegemonic masculinity. The way something is represented and named can be very revealing of cultural values (Cameron

1992). Men are typically portrayed as strong, priapic, athletic, and powerful (O’Barr 2006). Unlike female bodies, which are passive, uncontrollable, and leaky, the bodies of true men are virile, always ready to actively defend themselves and others, never willing to be victimized or dominated (Phelan 2001: 41-43). The phallic ideal of the male body is also distinguishable from bodies that are hypermasculine, like the bodies of gay men and men of color (Phelan 2001: 44). These bodies are not leaky, like women’s bodies, but still lack the control necessary for the phallic ideal; the phallic ideal body is corporeality tempered by rational self-control. The racialized and classed ideal body for the male citizen is absolutely invulnerable and impenetrable; moreover, it is autonomous and self-controlled (Phelan 2001: 45).

In her study of Men’s Health magazines, Alexander shows us that men’s bodies are portrayed as hard and muscled (2003; see also, Dworkin and Wachs 2009; Watson 2000). This socializes men and puts pressure on them to comply. Through the right purchases and exercises, men can demonstrate that they are real men. Men have been drawn into consumer culture, both as subjects who consume and as objects for consumption and this has changed the way we see men’s bodies (Alexander 2003; Bordo 1999). Similarly, Lehman describes the way penises are represented in pornographic imagery (2007). We normally see large, erect penises. When not erect, we are used to seeing penises that hang down, covering most of the scrotum (penises that can be described as “show-ers”). We rarely see penises known as “grow-ers”—penises that reveal little of the shaft when not erect.

This approach to bodies tells us that images matter, that the images a society produces say something meaningful. Likewise, the images produced by the anti-circumcision activists matter; they will tell us something about the men and bodies that matter to them. The previous chapter established exactly the story being told about circumcision and men’s bodies. But what do these stories teach men?

### *Requirements on Men’s Bodies*

Representations don’t exist in a vacuum. They both reflect and construct cultural values. For example, the issue of penis size in pornography reflects our belief in man as sexual aggressor, penetrator, invulnerable; it also constructs, for those who view it, the image of a well-endowed man as the norm. Understanding how masculine norms come to be embodied by real men is the goal of the second approach, along with noting the consequences of these values. Men are pressured to perform masculinity in compliance with the rules of hegemonic masculinity. They have been taught to see their bodies as instrumental (Seidler 2003, 2007), to use (and abuse) them to demonstrate sporting ability, fearlessness, and fitness (Bonde 2003; Kimmel 2003). Previously in U.S. history, when men felt as though their rights were being trampled, that their social power was diminishing, men sought physical power. Kimmel documents a “nationwide health and athletics craze” at the turn of the twentieth century whereby men “compulsively attempted to develop manly physiques as a way of demonstrating that they possessed the interior virtues of manhood” (2006: 82). This happened again in the 1990s, with men turning to steroids and cosmetic surgery (Kimmel 2006: 223). When men feel that they have lost external control, they demonstrate control through the manipulation of their own bodies.

This has consequences for men's health and bodily well-being (Courtenay 2000; see also Calasanti and King 2005). The ideals of masculinity—being brave, strong, adventurous, sexual—encourage risk-taking behaviors that can lead to injury or death. The expectations of hegemonic masculinity thus have the negative effect of causing harm to men and shortening their life spans. Anti-circumcision activists like Zoske sometimes draw on this type of thinking when they link the medical act of circumcision to gender socialization (1998, 1999). But is it only advocates of circumcision who have expectations of men's embodiment? Intactivists also produce embodied ideals, so what effect do they have on the men involved in the movement? One possibility is that their imagery might pressure circumcised men to restore their foreskins. They might also produce ideals of embodied sexuality that lead men to particular sexual behaviors.

Ideals of masculinity also create failures—men who do not meet the requirements. Most men fail to live up to the high standards of hegemonic masculinity, but some fail more devastatingly than others. Men with disabilities, for example, may feel ashamed and like they are lacking in masculinity (Tiihonen 2003; Watson 2000). Obviously, men's negative feelings about their bodies and masculinity can have serious ramifications for their self-esteem; for example, men are now being diagnosed with “small penis syndrome,” a type of body dysmorphic disorder characterized by obsessive concern that one's penis isn't long enough (interestingly, this is often suffered by men with penises well within the ‘normal’ length range) (Wylie and Eardley 2007). This is one of the major issues for anti-circumcision activists—circumcision scars men's bodies and thus, scars them psychologically. And the value our society places on the circumcised penis makes intact men self-conscious, affecting their psyches and relationships.

The values associated with masculinity affect what counts as disease and disorder. For example, Victorian beliefs that masculine energy was contained in the sperm led to the invention of spermatorrhea. Men were supposed to keep their sexual instincts in check, in order to preserve this energy, but those who engaged in inappropriate behaviors would be afflicted with the disease (Rosenman 2003). Objectively, no such diseases as Spermatorrhea existed, but many men complained of it and many doctors diagnosed and treated it (Darby 2001, 2005; Hodges 1997; Rosenman 2003). A similar story could be told of impotence. Many doctors would say that impotence, or erectile dysfunction, is an objectively real disease. But, scholars have documented how this symptom of aging has been medicalized and turned into a curable disease (Loe 2001; Potts 2000; Tiefer 1994). These studies show how erectile health has become compulsory for the demonstration of masculinity (Loe 2001: 109). The interconnectedness of heterosexuality and masculinity leads to a conception of the male body that requires penetrative erections; when those erections are fleeting or failing, the man's body is deemed diseased. Since men are supposed to be in control of their bodies, loss of control is pathologized (Potts 2000). When anti-circumcision activists describe the harm of circumcision, they too are defining what counts as healthy or disabled, and these definitions will impact how actual men live their bodies.

### *Men's Lived Experience of their Bodies*

The previous approaches tend to emphasize the structural constraints governing masculine embodiment. Other scholars have explored the role of individual agency when it comes to men and their bodies. Can men resist the ideals of masculinity? Are they simply the

victims of cultural brainwashing? We cannot understand embodied actions as mere reflections of dominant norms, but rather as a negotiation of structural and individual elements (Butler 1993; Bordo 1999; Gremillion 2005), as the next authors demonstrate. These scholars explore how individuals make sense of their bodies in light of structural constraints. In this approach, structure both constrains and enables (Pitts 2000).

In her discussion of Viagra, Loe explains that while many men seek out the drug to deal with their perceived erectile problems, other men choose not to use it (2001). Men who use Viagra are, according to these men, less masculine because they have asked for help. Not all men acquiesce to the cultural messages perpetuated by the health industry. Even those who do comply do so for reasons more complex than mere media brainwashing. The rules of hegemonic or normative masculinity prescribe values for men, but do not necessarily define what actions fulfill those values. This means that different men, drawing on their different experiences, will perform different embodied actions to express their masculinity. This is clearly reflected in the varying ways circumcision's proponents and opponents link both states—circumcised and intact—to hegemonic masculine values.

In their revealing study, Gill, Henwood, and McLean find that men engaged in body projects (including shaving, working out, tattooing and cosmetic surgery) explain their actions as expressions of individual or autonomous desires; individual autonomy is so central that the authors argue that these projects are governed by a grammar of individualism (2005). Yet the men did very different things with their bodies. For example, some believed tattooing expressed their individual identities and differentiated them from the herd. Others saw tattoos as conformist and thus, rejected them as incompatible with their individual autonomy. The same desire—to appear independent—justifies two diametrically opposed actions. Being independent, in control of one's body, is a masculine value (Phelan 2001) that can lead to very different modes of embodiment.

Another important theme that emerged from men's accounts is the rejection of vanity. Men felt that their body projects (and those of other men) were reasonable so long as they weren't rooted in appearance. The use of skin care products, for instance, was justified in terms of health (i.e. sunscreen to protect against skin cancer, not wrinkles). However, the concept of vanity is a negotiated one. Plastic surgery was, therefore, a somewhat contentious issue. Always justifiable to correct physical deformities, like cleft palate, and never ok for purely cosmetic reasons, some men tried to construct a middle ground between disfigurement and superficiality. They argued that psychological suffering resulting from physical appearance issues could justify cosmetic surgery; rhinoplasty could be defended if the man had suffered long-term taunting because of his large nose. Hegemonic masculinity can provide men with conflicting rules, further complicating their body projects (Bordo 1999; Gill, Henwood, and McLean 2005). Trained to avoid vain obsession with their bodies, men are also taught that they are lazy if they do not take care of their bodies. They must walk this thin line carefully. This will be explored in more detail in relation to circumcision, non-circumcision and foreskin restoration.

As the aforementioned study shows, embodiment is a complicated and messy project that each of us undertakes. When we modify our bodies, we challenge the idea that bodies are given and natural. Through our modifications, we can challenge all types of social structures. We can challenge popular aesthetics, as in scarification, tattooing, and piercing, or we can challenge

larger ideologies of gender, as in transgender surgeries. However, because our ‘creative’ alterations are themselves the product of social forces, their transformative power should not be overstated. As Pitts explains, “body modification proceeds within the context of forces that socially inscribe the body-subject, producing meanings that make new discursive creations possible” (2000: 445). Pitts describes the body modifications of LGBT individuals in the SM subculture and finds that, even in this radical community, we still see the workings of power and privilege (2000). These individuals use their bodies to challenge sexual and bodily norms, but they have appropriated the practices they use (scarification, genital piercing, tattooing, branding, and corsetry) from a distanced Other, thus benefitting unquestioningly from colonial histories. It is important to carefully study the transgressive possibility of body modifications.

All of this literature suggests that Intactivist messages about circumcision and the penis can have a profound impact on men and their bodies. The institutional narrative described previously, coupled with existing cultural narratives about the penis, shape of men in my study experience their fleshy selves. Below, I explore the practice of foreskin restoration—why men choose to engage in it, how Intactivist ideology shapes the practice, and how the practice challenges (or conforms to) existing values of masculinity.

## **Why Restore?**

Before elaborating the political, psychological, and ethical issues that emerge from the practice of foreskin restoration, one must first understand men’s motives when restoring. Why are men unhappy after circumcision? As the previous chapter demonstrated, much movement energy is spent establishing the harmfulness of “male genital mutilation.” Not only does this framing function politically to spark public dialogue, it also taps into individual emotions and experiences. Indeed, it shapes how men begin to make sense of their sexual body. Although many men are circumcised in their childhood, often as newborns or early in infancy, and have no direct experience of the intact penis, through sharing their sexual experiences with one another, they note what seems to be a pattern—that many have difficulty achieving or maintaining erections, or that there is pain or discomfort during the sexual experience. One goal of the Intactivist movement has been to establish that the self-reported complications are, in fact, caused by circumcision. To that end, Intactivists have collected men’s testimonials about circumcision’s harms. One man started an internet survey to collect larger samples. Completed in 2012, the Global Survey of Circumcision Harms had more than 1000 respondents. Respondents report numerous harms, most commonly: “Insensitive glans (penile head)” (67%); “Dry, keratinized glans (requires lubricants before sex)” (75%); “Excess stimulation needed to achieve orgasm” (59%); and “Delayed ejaculation (I can’t orgasm when I want to)” (41%) (CircumcisionHarm.org 2012: 27). Additionally, 62% of men report that circumcision “Impedes my sexual relationships” (CircumcisionHarm.org 2012: 44). Regarding their emotional or psychological suffering, men felt anger (71%), frustration (72%), “dissatisfaction with my condition” (77%), and “my human rights were violated” (73%) (CircumcisionHarm.org 2012: 32).

There are problems with the design of the survey and the scope of its sample, so it cannot, according to traditional research methods, suggest causation; that is to say, this survey cannot be used as evidence that circumcision causes the harms it emphasizes, it can only suggest

that these harms may be correlated with circumcision (though, without a representative sample, statisticians would reject even these claims of correlation). Still, surveys like these have been central to the consciousness raising efforts of anti-circumcision activists. They start not with statistical analyses or existing medical knowledge, but with men's experiences, both of their circumcised bodies and of the psychic turmoil they attribute to circumcision, which they hope will influence mainstream research agendas and public discourse. When mainstream scientists ignore or discount Intactivists, which often happens, activists have become scientists and conducted studies of their own. By sharing their research, they reach out to other men who may be dissatisfied with their circumcised penis.

It is important to point out that, in many ways, the relationship between Intactivist research and Intactivist men's embodied experiences is a chicken-or-egg situation—it is not clear which comes first. I believe the two are co-constitutive; that is to say, men likely experience sexual dysfunctions which the movement can attribute to circumcision, and upon declaring a set of problems resulting from circumcision, circumcised men's experiences may be influenced by the frames. Men in the movement learn their bodies, literally, from movement materials. Surely they have experience problems before encountering the movement; what young person or adult hasn't? But they not only learn to explain these problems in Intactivist terms, but in some cases, the terms may provoke new experiences.

The men I interviewed drew clear connections between circumcision and their own physical and emotional problems. For example, Richard, a 41 year old, gay Intactivist from the Bay Area “realized I had a slightly botched circumcision. So I had, um I've had a skin tag and a hole, the hole was a little painful, so yeah I had to get that repaired, I was about 30 years old. And so that was kind of a little embarrassment and something that would have been unnecessary if I'd been left intact.” Similarly, Jonathon, also from the Bay Area, recalls discomfort that he felt as a child:

So as I was growing up, certain things like needing to use lube during masturbation or um, even my penis being very raw to the point of pain as a result of excessive masturbation, or um being extremely agitated by certain types of underwear because the glans is constantly exposed, rubbing against them. You know I remember several times as a child, I should say as a teenager, um going through underwear departments at a store, and feeling, I would never buy underwear that was in a closed package, I would always want to feel the material because I knew that certain materials would just, would be painful and hurt me and drive me out of my mind. And I always used to think why are there so many, why are all these pairs of underwear out here that are, would be so painful to me, who buys this stuff, like how would they wear them? You know this is before I understood well the glans is internal and supposed to be covered, and I wouldn't have this problem if I were intact.

He went on to explain that he believes many men experience these problems without recognizing them. He suggests that

a lot of these issues, men don't consider them as um, uh, side effects of being circumcised. I think they just assume that this is part of being a man. You know, you have to use lube, and you know and, and, you don't want to jerk off too

much, you'll get pain and, you know, you have to be careful what underwear you wear, and so on and so forth and they take these things for granted. They don't understand that these are actually ill effects of the circumcision so um men, when you try to present this information for the very, very first time, for some men, they've never thought about it, they're in their 20s, 30s, I recently met a man who was 40, circumcised, who had never thought about it, *ever*, who had never given it the least amount of thought, which just blows my mind, but um, you know sometimes when they're faced with this, their first reaction is, 'well, no I'm fine, don't tell me I've been impacted, don't tell me, you know, uh I've been sexually compromised, everything works.'

For both Richard and Jonathon, the connection is quite obvious—circumcision causes readily identifiable physical problems, like skin tags, sexual pain, and discomfort in underwear or while masturbating. But, they are also aware that not all men identify these as the result of circumcision.

Importantly the men I interviewed, as well as those whose stories I read in online forums, also identified significant psychological consequences of the surgery. Like the men in the Global Survey, Jonathon recounts intense anger. He told me, "I became very depressed, I became very angry, became very resentful and I just felt like I'd had um a part taken from me, stolen from me" and much of his anger was aimed at his parents. Richard struggled to convey the full range of his feelings. When he "found out" around age 15 that he'd been circumcised, "I was (pauses) um, I'd use the word incredulous, I think, I didn't believe it, I was shocked, I was angered, um, all at once really. Mixed emotions. I was horrified, if I had to pick one word, I would say I was horrified." James\*, perhaps the saddest man I interviewed, struggles with ongoing depression that he relates to circumcision. He struggles to imagine a happy life for himself.

Armed with large surveys suggesting a pattern of physical, sexual, and emotional side effects, backed up by personal narratives from men in and around the movement, Intactivists argue that there are a number of mechanisms by which circumcision impacts men's lives and sexuality (see, for example, Zoske 1998). Each of these can be found repeated on just about any Intactivist website—these form the scientific knowledge base from which Intactivists operate, and upon which foreskin restorers depend. First, circumcision may go horribly awry and lead to full or partial amputation. Even minor mistakes may have long lasting impacts, according to Intactivists. For example, because they operate on infants, there is no way of knowing precisely how much skin can be removed without causing problems when the boy is fully grown; the amount of skin to be removed is left to a doctor's subjective assessment. Removing too much skin (a tight circumcision) can produce a number of issues including: painful erections, curvature of the penis when erect, skin tears during erection, or bleeding at the circumcision scar, all of which occur when there is not enough skin to allow for full erectile growth. Extremely tight circumcision may lead to erectile and sexual dysfunction and, because of the pain associated, could inhibit sexual pleasure. While foreskin restoration is useless when full penile amputation occurs, it may be able to provide some relief in the case of a too-tight or too-high circumcision.

Second, even when circumcisions go as planned, Intactivists argue that sexual problems may still arise. As a double layered piece of skin with a soft, mucosal inner layer, the foreskin produces a gliding movement during sexual intercourse that is pleasurable to both men and their



partners. This gliding action reduces the need for vigorous pumping (or hard, fast rubbing during masturbation) which may cause injury to the self or partner. Intact, the glans moves in and out of the foreskin, and in and out of the penetrated orifice, doubling the possibility for sensation and reducing the need for hard thrusting (Fleiss, Hodges, and Van Howe 1998). The foreskin also allows for the production of natural lubricants, or smegma, that assist in intercourse. Both the gliding mechanism and lubricant are important as an individual ages and sensation and lubrication diminish. For example, the literature describes how, as women age, they produce less vaginal lubrication; the gliding function of the foreskin may counteract this dryness, and reduce the need for store-bought lubricant. Additionally, during masturbation, the gliding function reduces the need for additional lotions or lube, and makes manual stimulation easier.

Third, Intactivists suggest that circumcision literally removes the most sensitive parts of the penis. There are several components to this argument. Firstly, the foreskin itself is more than just skin; it is an erogenous zone, rife with nerve endings. These nerves appear to be able to detect several types of sensations. The foreskin contains Meissner's corpuscles which are a kind of fine touch receptor, and may play a significant role in the foreskin's sexual sensation (Sorrells et al. 2006; Taylor, Lockwood, and Taylor 1996). Secondly, the glans of the intact penis begins as a mucus membrane. When the foreskin is removed, the glans gradually dries up and becomes more like regular skin through a process called keratinization. The result is a slightly hardened and much dryer exterior, which intactivists argue has a diminished capacity for sensation. Thirdly, circumcision removes more than just the foreskin; it also removes the ridged band, the region where the inner foreskin meets the outer foreskin and which Intactivists claim is the most sensitive part of the foreskin and penis, and, often, the frenulum, a connective tissue that attaches the foreskin to the glans. These parts also appear to have a high concentration of fine touch receptors, which are lost to circumcision.

Intactivists do not posit only physical or mechanical explanations for the pattern of sexual dysfunction found among circumcised men. They also suggest a psychological explanation (see Goldman 1997 for full development of this line of argument; also Bollinger and Van Howe 2011). The fourth mechanism, then, revolves around the early trauma of circumcision, and the perceived violation the infant experiences, which may adversely affect the way a man eventually comes to think about sex. He may connect the early trauma and pain to the sex act, which can reduce the pleasure he finds in it. His self-esteem and sense of worth may be diminished, leading to sexual complications. He may suffer a kind of PTSD. Or, the interruption of maternal bonding resulting from circumcision pain (which Intactivists argue interferes with breastfeeding), may produce an inability to form intimate relationships, necessary for proper sexual function and satisfaction. Circumcised in infancy, most men do not directly remember these experiences, though some have turned to hypnosis and regression therapy and claim to have re-lived or remembered the trauma (Hennen 2010). To develop this argument, Intactivists have turned to already existing research on infants' experiences of pain, and infant memory (Chamberlain 1991; Goldman 1997; Immerman and Mackey 1997; Tinari n.d.).

The gendered and bodily claims made by Intactivist organizations provide the justifications when men choose to restore. They offer simple, biologized explanations—for example, the gliding function of the foreskin, or this particular combination of specific kinds of nerves. These explanations are simple enough to understand, and appear to explain a wide array of complicated outcomes.

Though Intactivists spend much energy investigating the physiological and psychological aspects of male sexuality, very little attention is given to the social construction of male sexuality. Their view of sexuality is a highly individualized one. On this view, culture/society has acted on the male body (through circumcision), altering natural masculinity and male sexuality. What Intactivists and restorers hope for is a return to this supposed natural state, and to some kind of inherent, natural, masculine sex. This is precisely what the term “restoration” implies—that you are regaining, or returning, or reconstructing what already existed. What they fail to note, however, is the extent to which this “natural” masculine sexuality to which they seek a return, is itself socially constructed. And, one of the key communities contributing to the construction of this sexuality is the Intactivist and restoring community(ies).

As I show below, the men have collectively imagined the ideal foreskin—one which is long and full, with redundant length beyond the tip of the penis—and this is the body they hope to attain. Despite knowledge that foreskins vary in size and length, these men seek a particular representation of what then becomes deemed “natural.” Moreover, the sex which they imagine will follow restoration is deeply connected to cultural imagery and masculine norms. Their current dissatisfaction has as much to do with what they expect of sex, because of various gendered representations, as it does with any physiological problems. This is true for all men, intact or circumcised—“sex is in the brain, not between one’s legs.”

While restoring men lack direct experience of the intact anatomy, using tapes, weights, and other homemade devices, men hope to encourage the regrowth of the foreskin from the skin leftover after circumcision. As men restore their foreskins, many find that they begin to regain what they believe circumcision took from them, especially when it comes to the question of sexual sensation. These organizations teach circumcised men what is wrong with them and provide them with a solution in foreskin restoration.

### **What is Restored When You Restore?**

The idea to restore one’s foreskin is not one which appears magically in the mind one day. Rather, it is a seed that must be planted. In addition to providing support and strategies to those who desire foreskin restoration, another outcome of organizations like NORM is to produce the desire for restoration. Much like advertisements, which work to produce a sense of emotional connection to, or a need for, a particular brand and product, organizational websites and informational (promotional) materials about foreskin restoration plant the idea in the minds of curious men.

The movement of men against circumcision, including those men who choose to restore, is a media-driven movement; specifically, much of it takes place online. Type “circumcision” into your search engine and you will find yourself in a whole new world. This is the first step for many men who, for curiosity or any other reason, turn to the World Wide Web for information about their genitalia. They are introduced to dozens of websites—biased for or against circumcision—and a wealth of contradictory information. As they weigh the content—the images, the movies, the data, the op-eds and research briefs, the testimonials—they find themselves in one corner or another. Those who turn to the Intactivist side are then led to consider their own circumcision status. They may wonder if they have been harmed by the

procedure. And the websites guide their thinking. For example, NORM's site has a link: "I'm Not Missing Anything by Being Circumcised; Why Should I Restore?" The site offers the following response:

With no accurate means of comparison, the typical circumcised man does not know what he is missing. A man, colorblind from birth and thinking his sight is normal, might also never question his condition. However, as a man ages, he loses sensitivity of the penis. Many men have difficulty achieving sufficient stimulation to reach orgasm. The foreskin is a definite asset in maintaining this sensitivity... While the majority of circumcised men are unconscious of, or deny any negative feelings about circumcision, a significant number in the U.S. and around the world are aware of their feeling of loss, resentment and betrayal by parents and anger over this violation of their bodies. (National Organization of Restoring Men n.d.)

The reader of this message is led to the conclusion that he is indeed harmed, even if he has not begun to notice, and wonders if restoration might improve his sex life and overall happiness.

This is clear from testimonials written by restoring men. For example, one writes:

I had previously never thought about restoration but while cleaning out the garage last weekend, I heard a doctor on the radio talk about surgical restoration and some non-surgical alternatives. This raised my curiosity and a web search found plenty of information. After hours of reading and looking at products and various methods I thought your DTR [device] was the best approach. (ForeskinRestore.com n.d.)

This man may not have even been unhappy about his circumcision until hearing the broadcast and discovering the websites, yet still he intends to tackle the restoration process. And NORM promises big results. According to the site, restoring and restored men may experience increased pleasure and "[f]or most men seeking restoration, this alone is reason enough to restore" (National Organization of Restoring Men n.d.). Additionally, the foreskin provides protection against clothing, helping a man regain his original sensitivity. The website also promises an aesthetically appealing penis because "85% of the world's men feel an intact penis is normal, natural and attractive" (National Organization of Restoring Men n.d.). These benefits are clearly in line with Intactivist research on circumcision's physical side effects.

But the emotional and personal gains promised are even greater than the physical ones. Restoration offers men the opportunity to feel whole again: "When seeing their circumcision scar, many men sense that part of their body is missing, which is very similar to women who have had a breast removed" (National Organization of Restoring Men n.d.). Moreover, "[w]hen feeling hopeless over their unchosen circumcised state, men can be helped to manage anger by doing something about a condition which they had always believed was irreversible" (National Organization of Restoring Men n.d.). Finally, men will decrease their feelings of resentment, while increasing feelings of empowerment. As NORM explains: "Victims of rape, crime and child or spousal abuse typically report a deep sense of helplessness and vulnerability. Who is more helpless and vulnerable than a restrained newborn having part of his penis amputated? Men restore to take back control of their bodies from the damage done by parents, their physicians

and our culture” (National Organization of Restoring Men n.d.). Spend enough time on these websites and reading the literature, and one finds that circumcision is at the root of almost any problem a man might experience: problems at work, in school, with parents and sexual partners, emotional problems like depression and anxiety, behavioral problems like anger management issues and criminality (see for example, Goldman 1997). And if lacking a foreskin is the cause of these problems, then foreskin restoration seems a logical solution.

These final promises are, I believe, the sociologically interesting and important ones. Certainly foreskin restoration must offer some aesthetic benefits—it is, after all, partly a cosmetic alteration, like circumcision. Ironically, in spite of the purported “autonomy” of the men pursuing foreskin restoration, the uniformity of the desired end results makes it similar to labiaplasty among women, the outcome of which is reduced labia that resemble the genitalia of airbrushed porn stars (Davis 2002); women purchasing this surgical alteration are often very aware of their desire to look like someone else, that it is conformity that they seek. And like most genital body alterations, it is seen as offering some sexual gratification, either because of the functional change, or at least because of the confidence boost it offers. But of particular import are the supposed psychological and emotional benefits of changing the physical self.

Davis explains that

Before people will spend enough money on something as expensive and uncomfortable as cosmetic surgery, they need to be motivated not only by desire but also by concern or self-doubt... Advertisers have always been both matter-of-fact and explicit about delineating and then steadily working to create a sense of deficiency where once there was indifference or even, God forbid, enjoyment, working to incite new arenas of insecurity, new personal anxieties, so that more things can be marketed and sold. (2002: 10)

As with most consumer goods, the restoration sales pitch changes curiosity into consumption using a compelling emotional argument, the notion that he is defective, and the possibility of a “quick fix.” To be clear, foreskin restoration is not a quick process; in fact, it may take years of consistent dedication to achieve the desired results. However, when considering the psychological, emotional, sexual, and physical problems restoration is said to cure, it stands as a relatively simple solution. Having trouble connecting emotionally with your partner, or trouble finding one? Restore your foreskin. Having problems with erectile dysfunction? Restore your foreskin. Do you have resentment toward your parents? Restore your foreskin. Feeling sad, angry, out of control, or empty? No need for therapy, surgery, medication, or conversation, just restoration.

Seidler (2003), Kimmel (2003), and Bonde (2003) have all documented how men have been taught to understand their bodies as instrumental. Just as Kimmel describes the health and athletics craze in the 1990s as evidence of men using their bodies to express their masculinity, so too can we understand foreskin restoration. Loss of external control—sometimes the result of economic shifts, as Kimmel describes, or in the case of circumcision, the nonconsensual alteration of one’s body—men may assert autonomy through body projects. But even this external manipulation is patterned in particular ways. We can see this same pattern in the narrative of foreskin restoration. Men who feel out of control because of circumcision seek a physical fix, in this case, stretching the remaining foreskin. The use of a physical “fix” for men’s

emotional problems is relatively well-documented by masculinity scholars. In dealing with erectile dysfunction, a problem which often results from a combination of physical, emotional, and relational factors, many men seek a quick, physiological cure—Viagra (Loe 2001; Potts 2000). Rather than see the problem in all its complex dimensions, it is typically reduced to an individual issue, one which can be individually treated. Rather than deal with the messy, complicated relational, communicative, or psychological issues, men have turned to pills, and even to painful penile injections. In this context, the idea of a man tugging, taping, and stretching his foreskin for hours a day, for months or years on end, may make a bit more sense.

### **Restoration = Augmentation**

When undertaking the foreskin restoration project, all restoring men must consider the question of end goals. What exactly does one imagine when picturing the restored foreskin and penis? Reading the NORM website, or any of the information accompanying restoration devices, one gets the impression that restoration is a rather autonomous process, whereby a man reclaims his genital and bodily autonomy from his parents, his doctors, and his circumcising culture. If circumcision is a one-size-fits-all surgery, then restoration must, if it is to confer a sense of empowerment and autonomy, provide men a variety of options from which they can choose, right? In theory, yes; in practice, conformity seems to beat autonomy.

Intact, or uncircumcised, men may vary dramatically in terms of foreskin coverage. Some intact men have a very small foreskin and appear to be circumcised when flaccid and erect. Others have some coverage of the glans when flaccid, but the foreskin retracts fully to expose the glans during erection. Other men have a long or redundant foreskin that hangs over the glans in both flaccid and erect states. In other words, there is a lot of natural variety among foreskins. This variety is represented by the coverage index (CI) which describes 10 different foreskin lengths.<sup>36</sup> The first example I described, where an intact man might appear circumcised, represents CI-1 on the index. The second example would classify as a CI-5 or CI-6, and the final example would be a CI-10. Men circumcised in the U.S., where a tight or high circumcision style is the norm, typically begin the restoration process at a CI-1 or CI-2. The end goal? Often a CI-10 or beyond.

Chuck, avid restorer and inventor of the Dual Tension Restoration (DTR) device, documented his own restoration process through photos and videos on his product website. Chuck began at a CI-2 and within twenty four months had achieved a CI-7. But that did not stop him. Chuck continued for more than 90 months and reaching what I would label a CI-10+, basically off the chart. He continues to “tug” to see what is possible with foreskin restoration. DTR consumers write to Chuck about the device, commenting on its quality and effectiveness, as well as their own personal progress. From these user comments, it becomes clear that many customers are seeking the foreskin abundance that Chuck displays. Jerry, for example, exclaims: “I noticed the foreskin did not retract all the way back and stayed covering about 3/4 of the gland [sic] for an extended period of time. WOW never ever have I had this experience. Eventually it retracted - I can only imagine what it must be like to have full coverage 24/7! Chuck your invention is amazing and I am looking forward to full coverage” (ForeskinRestore.com n.d.).

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<sup>36</sup> Coverage index available here: <http://www.newforeskin.biz/CI/CIchart.htm>

Several men were excited after using the device that they were beginning to appear intact, and others described a desire for full coverage, like Alan, who tells Chuck, “I shall go on with this until I have reached the amazing overhang YOU achieved” (ForeskinRestore.com n.d.). Lest the reader think that this is merely characteristic of those who purchase Chuck’s DTR device, here is a comment from a man using the CAT II Q Tugger (Constant Applied Tension), a competitor device: “I am planning to continue until I have a nice overhanging foreskin. Presently, even though I have grown a fair amount of skin, my rather large glans does not remain covered unless the skin is cold from swimming or from the weather” (CATS Online, LLC n.d.).

At work in these online interactions in restoration communities is an element of homosocial masculine performance. Scholars have long suggested that a man’s masculinity is tested and judged by (and for) other men (Bird 1996; Flood 2008; Kimmel 1994, 2006). This is usually about distancing oneself from all things feminine. Often the gender policing entails violence, bullying, misogyny, anything necessary to prove one’s manliness. But the comments here, and in most Intactivist communities, strike the reader as different. They are not aggressive or bullying; they are, rather, congratulatory and encouraging. Intactivist and restorer’s spaces are safe spaces. And yet, gender is always a performance. In this support group-like environment, the men still feel the need, very literally, to measure up to one another. Rather than simply seeking simple restoration, to have a bit more than they had before, they up the ante. If Chuck can have a CI-10, then each man hopes to have a CI-10 (or more).

Although these men reject the culturally dominant aesthetics of the penis that continue to value circumcision, this does not mean that they are free to create any look they desire. The restoration community establishes an alternative image which becomes the new measure of their masculinity. This conformity suggests that there is a governing aesthetics of the foreskin that operates in the community, and perhaps among Intactivists more generally. It exposes the myth of “natural male sexuality.” This normative aesthetic persists despite Intactivist claims that they hope to replace the natural appearance that was stolen from them; in place of natural variation, they seek a particular look. I believe that this is at least in part due to the importance of penis size, and more specifically, length, to how men view themselves. Some Intactivists construe circumcision as a penile reduction surgery because it removes whatever length the foreskin would have added. A longer foreskin may appear as a longer penis, so restoration works as a kind of enhancement procedure. In many ways, this emphasis on length shows that this alternative is not new; restorers do not fully reject the dominant values, but redefine them in ways that include the foreskin.

It also suggests that restoration, like any consumer product, and almost all cosmetic surgery, is driven by conformity. We may think that we are expressing inner desires, autonomous self-creation, or inventiveness in our product searches, but in fact, our desires are socially constructed. The men who seek out restoration devices and support are influenced in many ways by the community of restoring men, and the products marketed for restoration.

## **Sexual Loss and Restoration**

Keith spoke to me at length about his sexual problems. His story suggests the relationship between the physiological consequences of circumcision (the physicals sexual side effects) and

intimacy problems. He told me that a sexual encounter with an intact man really solidified his Intactivism. It was his first time with someone “who had his full anatomy and it was a very, it was a very different experience...you know I’ve had my ex-boyfriend that was, that was, that didn’t have a foreskin and he was like, you know, we would have sex and you know, be like, ok we’re both done, and like that’s it and, um, when I had my first intact partner, it was like an *experience* for him.” But what, exactly, is that intact experience, at least as circumcised men imagine it? The websites convey the physiological losses—the nerve endings and specialized nerve types, the foreskin’s gliding mechanism, the sensitivity of the frenulum—but how do men interpret these losses? One must remember that, for most Intactivist men, who have been circumcised for their entire lives, the idea of intact sexuality is purely imagined, never directly experienced. Keith experiences it vicariously through his partner; others see it in pornography, or read about it on the internet. Many of them choose foreskin restoration to “restore” this sexuality, though their experience then filters through their preconceived expectations. There are two key components of Intactivists’ dissatisfaction with sex: first, diminished physical sensation, and second, problems with intimacy. The two are deeply connected.

Intactivist rhetoric takes traditional ideas of masculine sexuality—what Potts would call “heterosex,” hard thrusting, penetrative, porn-like sexual encounters (2000)—and adds something like “masculine sensuality.” They seek to make room for a softness among men, an emotionality, and an intimacy that is typically denied by these popular depictions. Nevertheless, their vision of sex is still deeply entrenched in the hegemonic view, as I describe below.

I return to Keith’s story in some detail here. He suggests that circumcision interferes in men’s sex lives in a number of ways. First, the trauma interferes with one’s ability to trust and form emotional connections with others. The emotional components of sex are important to many of the stories I heard from Intactivist men. He goes on:

And so once you’ve been like able to get past that [the problems of emotional connection] enough to be able to have sex then there’s the matter of, of the mechanics of it. So not having a foreskin means that there’s going to be a lot less like, um, intimacy in the like actual act of sex because like foreplay is, you know, a lot of like, you know moving around each other’s genitals and like being like very kissy and sort of like flirting with the idea of sex and if you don’t have any like, moving parts, once you get an erection, nothing like really moves down there. There’s, you can’t really be like seductive about anything. And that’s why I think American men get like criticized for like, you know, not having enough foreplay and it’s because they really don’t have the parts that are needed for foreplay! (laughs) Um, and so they get in a hurry to, to have actual sex and then they’re less likely to use condoms because they already don’t have as much sensitivity um because the head of their penis which is supposed to be covered is all banging around in their pants all day. So then they’re less likely to use condoms and so I think that creates another like, sort of, weird, weirdness between like the male and the female partners, because ok I’m trusting this person, then as far as the woman goes, I’m trusting this person doesn’t have STDs, er, STIs, STIs or any of those things. And so like it creates all these other, like, little internal struggles.

The mechanical failures caused by circumcision—here, he refers to the gliding function of the foreskin—are the root cause of two significant sexual concerns: a lack of foreplay and the avoidance of safe sex practices. That men should be excused from wearing condoms because of their reduced sensitivity is often taken for granted in our society. Men’s pleasure trumps women’s safety when it comes to sex. Keith uses circumcision as an excuse for men’s bad sexual etiquette and behavior.

More than that, though, Keith is concerned with sexual satisfaction. Satisfaction is somewhat equated to orgasm for him, though that equation is a discomfiting one.

And um, then once the man and the woman have reached the point where the man is penetrating the woman he has to really concentrate on like, ‘ok well I need to ejaculate and like you know I need to, or (gets emphatic) I need to concentrate on I need to *not* ejaculate’ cuz you know there are some men that like, which is sort of weird thing that circumcision makes you more sensitive but less sensitive at the same time and it’s because, like, the triggers for ejaculation aren’t there anymore and so either the man will be like just incredibly sensitive that as soon as he enters, one thrust later it’s over um, either he’ll have that experience or like, he’ll be like thrusting all day long and not being able to, to orgasm because um because he doesn’t have the trigger to orgasm. Um even me being restored, I still, like, find it so hard to reach the point of orgasm, and you really have to concentrate on like, ok, I need to orgasm and like making sure that you’re persuading yourself. And if you’re more concerned with making sure that you orgasm you can’t, you can’t concentrate on like the closeness that you’re experiencing with your, with your partner, you can’t, you know you can’t make sure that she’s enjoying the sexual activity because you really need to make sure that you keep an erection and you know, you ejaculate. You know, the things that you need to physically do. [Amanda: So you can’t be present, basically.] Yeah.

There is much packed into this segment of his narrative. First and foremost is the centrality of male ejaculation to his definition of a sexual encounter. Not only is the male orgasm primary, indeed, the whole sexual encounter is defined by the man’s satisfaction. Delaying or encouraging orgasm is the sole focus, to the detriment of the sexual partner, whose needs are not getting met. For Keith, blame for this lies with circumcision, not with the man who focuses solely on his own needs. Again, circumcision excuses men’s bad behavior.

More than merely providing an excuse, though, we can see the degree to which this narrative is influenced by dominant images of masculine sexuality and by biological essentialism. Somehow, the biology of circumcision harm can explain both premature ejaculation and the failure to ejaculate. Keith deploys a notion of “triggers,” ignoring the psychology of sexuality, and even ignoring his own account of the importance of trust and intimacy; all we are left with are physiological triggers. The primacy of the erect penis, and its ability to complete its purpose (ejaculation) remains central to the Intactivist vision of masculine sexuality. Certainly there is a great deal of pressure on men to perform, sexually. This pressure accounts for the ongoing narrative in his mind, to focus on ejaculating, to focus on thrusting, on orgasm. And yet he does acknowledge this cultural construct. Instead, circumcision becomes the explanatory factor for men’s sexual selfishness, with no mention of the cultural construction of



heterosexuality, or the privilege men wield in it (or even the pressures that come along with that privilege). That men worry more about their own sexual needs is written off as purely biology (a post-operative biology).

Keith is well into the restoration process. He tells me

Now that I have like some foreskin, it's still isn't what it naturally would be because I've seen the actual foreskin erect and they have the ridged band that like creates more gliding sensation, they have, um, the frenulum that's functional that can hold the foreskin where it's supposed to be, and um all of these things that I don't have. But the fact that like the head of my penis remains, um, more moist and it's gotten significantly more sensitive um, the fact that like when I'm having sex, um, without a condom it's still, like I can still have some of that gliding and I can still, it's much more comfortable. So yeah there's just a lot more physical sensation and that's definitely helped and I still know it's not as much as I would naturally have but it's significantly more than I used to have.

Restoration makes his pleasure much easier to achieve. Thus, he can be freed up to be a more considerate partner.

James\* expressed some similar sentiments, though his story is much more desperate. When James\* first learned about circumcision, he told me, he was literally sick to his stomach over it. I asked what, specifically, had gotten him so upset about it. "Uh, the sexual loss," he responded immediately.

I've always been, it's always been something that I've looked forward to. Cuz, not uh just sex, but I've always looked forward to uh, getting married, and, and, having a relationship, and sex being an important part of it. Um, so from, from a relatively young age you know, I always looked forward to that and like all the, like all the kind of problems of childhood, you know and going through high school, all of these problems of uh, and frustrations, I always looked forward to finding a good woman, getting married, and having a healthy relationship with her. And when I found out that I was missing the best part of the penis and you know that what remains of it is uh, dull and broken, it just, it, it, ruined that hope in many ways. It felt like nothing was good anymore.

For Keith, intimacy and sexual pleasure are connected, the former making way for the latter. For James\*, while still deeply interrelated, it seems that sex makes relationships possible, and without sex, relationships can't prosper. James\* sought out restoration options to remedy this overwhelming problem, but found that it didn't seem to work for him. While it helped change his penile appearance, none of the sexual benefits accompanied those aesthetic changes. Interestingly, though, he remains dedicated to process, demonstrating that the aesthetics of restoration are of significance to these men. He is also the only man I spoke to who, having tried restoration, did not claim to experience sexual benefits.

As Coston and Kimmel point out, the Men's Right movement "may sound at times, progressive in their critique of traditional notions of masculinity, but it's actually quite regressive. They seek to return to an era where the playing field was so decidedly tilted in their

favor that they felt they what they were entitled to. But they seek to do so in ways that allow them to express more feelings” (2013: 380; see also, Allan 2016). Likewise, the addition of “masculine sensuality” or what Keith describes as emotional intimacy, sounds like a progressive improvement over masculine “heterosex.” But in many ways, Keith and other Intactivists want their cake and want to eat it too. They want the orgasms, they want their pleasure to be central, *and* they also want intimacy. If, physiologically, a (restored) foreskin makes it easier to be a more considerate partner, that is certainly a benefit, but they don’t really want the responsibility or sacrifice of real concern for a partner’s satisfaction.

## Penis Talk

What may still seem strange is how open and forthcoming restoring men are about their genital manipulation. Certainly they do not openly advertise what they are doing—in fact, one characteristic that they like about the devices for sale is they are discreet when worn out and about. But they talk candidly, online and face to face in support groups, with one another about the process. This seems to fly in the face of what we know about men and masculinity—namely that independence/autonomy and rationality are defining components of “true” masculinity. How, then, do men undertake this body project, which could be viewed by many as a vain preoccupation with physical appearance?

The answer is relatively simple: the body project of foreskin restoration is framed by men as a kind of autonomous self-expression, and a way of correcting a physical defect. Recall the study of men’s body projects by Gill, Henwood, and McLean (2005). Men engaged in these actions justify them as expressions of individual or autonomous desires; the authors argue that these projects are governed by a grammar of individualism. Yet opposing actions could both be justified the same way. For example, growing a beard might seem to express an individual’s identity or be seen as trendy and thus, not autonomous. The same desire—to appear independent—justifies two totally different actions. The grammar of individualism must structure each action a man takes. In the case of foreskin restoration, we see that men claim bodily autonomy while still taking cues from others in the restoration community and conforming to the governing aesthetic of an overhanging foreskin. Ian, user of a DTR device, writes the following: “I thank you for sharing this well designed and manufactured product with ‘we’ guys who (largely), were cruelly robbed of our birth right and, who strive to regain the one thing which will finally make us feel complete” (ForeskinRestore.com n.d.). Here Ian is the autonomous actor seeking to restore himself after being robbed—foreskin restoration is like restorative justice undertaken by the victim.

Men also were careful to reject vanity when describing their body project. As in Gill, Henwood, and McLean’s study, men felt that foreskin restoration was reasonable because it was not rooted in appearance. Rather, it is a curative measure taken to help with mechanical/physiological issues. For example, Edward B. writes

Until two years ago my doctor was prescribing expensive drugs to help with my sexual dysfunction. Disillusioned with the results, I researched the matter and discovered that my problem may have resulted from the absence of my foreskin. It was then that I discovered the ForeRestore which has changed my life. What I

needed was a foreskin not drugs! My performance has been restored and my relationship with my wife has never been better. (ForeRestore.com n.d.)

Here foreskin restoration was a cure that even the doctor failed to provide and Edward's sexual dysfunction is remedied. Similarly, when I interviewed Richard, who uses the CAT II and the TLC Tugger (and who hopes to invest in the Foreballs system), tells me that his problems became especially apparent as he aged:

I think now that I've turned 40, I'm 41 now, um I can tell that there are more negative side effects sexually to being circumcised. [Amanda: More so than when you were younger?] The loss of sensitivity after 40 years is noticeable. It's becoming, it's definitely becoming noticeable now as I've hit my 40s. Um, and uh, now it's becoming more important that I restore my foreskin before it gets worse.

In particular, he tells me, he hopes to restore the foreskin's gliding action. For Richard, the physiological problems of aging are compounded by the lack of foreskin, thus creating a medical situation in need of remedy, a remedy he believes is offered by foreskin restoration. He is even able to offer a mechanism by which foreskin restoration may cure his ailment—the gliding action. His knowledge of this mechanism derives precisely from the literature I described above, the movement's framing strategies. Interestingly, Richard didn't seek out the information on his own. Rather, when he requested an information packet about writing anti-circumcision legislation, a foreskin restoration pamphlet was also included. This led him to internet sites and online support groups.

Another restorer, Tom, pushes the curative element even further:

Some of us out in Restoration Land were losing sensation to stimulus. This is a completely different dysfunction than erectile dysfunction. I have had both problems, but the ED part of things is easily handled with medication. The loss of response to stimulus is not. The only thing that has seemed to help with that is the small progress I have made in restoring over the last 5 months. (CATS Online, LLC n.d.)

Tom suggests that some forms of ED do not even justify restoration since a similar, less bodily option (medication) can be used as a cure. (In his interview with me, Richard surmises that most who seek out restoration are in search of restored sensitivity; this differs from his own desire for the gliding mechanism.) However, Tom's needs went beyond prescription alternatives, and therefore render his foreskin restoration project well within the realm of acceptable body projects.

As Gill, Henwood, and McLean show, the concept of vanity is a negotiated one (2005). Plastic surgery was, for their participants, a contentious issue where participants struggled to defend projects on the grounds of physical deformity or condemn them if taken on for cosmetic reasons; their interviewees established a middle ground, psychological suffering, that they also used to defend body projects. We can see a similar dynamic in the foreskin restoration community. Tom and Edward both suggest that restoration is justifiable when there are health problems that result from circumcision. But what about those men for whom circumcision did

not cause ED or other mechanical problems? Here, Ian provides us an argument in favor of foreskin restoration for psychological suffering: “As I guess happens with a lot of us, restoration has become much more than ‘something to do’ for me. I’ve discovered a lot of deep meaning very suddenly and surprisingly, something I wasn’t intending to happen. I feel like there is some foreseeable closure on a difficult part of my life. And we all know how rare that can be” (ForeskinRestore.com n.d.).

Interestingly, in pro-circumcision testimonials, we can see similar tendencies. Pro-circumcision men who were circumcised at birth often begin their testimonials by explaining that they rarely thought about their circumcision status until some event triggered them to consider it, usually something having to do with the growing anti-circumcision movement. Because “real men” are not supposed to concern themselves with their physical appearance (for this is something that women do), these men must appear disinterested in their corporeal existence. One man “gave the subject little attention for a long while,” another “was very satisfied (didn’t think much about it, really),” and another insists that circumcision “is not something I really spend a great deal of time thinking about” (all from CircInfo n.d. b). This last man spends half of his testimonial explaining that, unlike a “guy I once knew who was an anti-circ zealot” and “total weirdo,” he isn’t too concerned with his penis (CircInfo n.d. b); here the man distances himself from someone who shows too much concern for the body. These men demonstrate that thinking about the body is unmanly or feminine. Many pro-circumcision men are quick to point out that anti-circumcision activists are overly emotional, to the point of being “hysterical” (CircInfo n.d. a, b). One man expresses amazement at “how much emotional energy is attached to this topic” (CircInfo n.d. a) while another pities “all those who spend time whining about their loss of identity” (CircInfo n.d. a). Manly self-control does not leave room for such emotional expressiveness, which is understood as being quite childish or feminine (Kimmel 2006: 87, Phelan 2001: 43). By construing anti-circumcision activists as immature and effeminate, pro-circumcision men position themselves as superior. They are more rational, more controlled, more mature, more manly. Expressing so much concern (or vanity) about the body is effeminate and should be avoided.

In contrast, men who chose circumcision as adults must go through some of the same rhetorical hoops as those engaged in foreskin restoration. Some of them justify having been circumcised using medical explanations. One refers to the public health dangers of remaining uncircumcised, and the dangers of smegma for causing cervical problems in his female partners (CircInfo n.d. a) while others suggested it as a cure for premature ejaculation:

Notably [before circumcision] as orgasm approached and the glans swelled to its maximum, the foreskin would remain behind the glans and the overwhelmingly constant sensations on the now very sensitive glans would trigger a sudden rush to orgasm. Today [after being circumcised], the control is greater as the glans is stimulated earlier in intercourse and I think the receptors ‘down-regulate’ so that, great as it feels, there seems to be no sudden rush of sensation to unstoppable orgasm. (CircInfo n.d. a)

Still others pushed for a middle ground of psychological suffering. Uncircumcised men raised in the U.S. will have a mostly circumcised peer group, something which can cause distress. These

men chose circumcision later in life because of the embarrassment and stigma of being different—constant teasing created enough psychological suffering to justify surgery.

Still other men point to the autonomy of their decision, relying on a grammar of individualism. Pro-circumcision men defend their choice to be circumcised as one not influenced by others, thus keeping in line with the ideology of the self-made man. Some men feel it is healthier to be circumcised, both for themselves and their sexual partners; one man who “had it done when 25 as a matter of choice” maintains that “in this age of many sexually transmitted diseases, I think it is much safer and easier to keep clean and avoid the obvious danger of having a place to incubate some unwanted disease” (CircInfo n.d. a). Others choose it for hygienic reasons, with several men complaining that no matter how often they washed, smegma and odors would quickly return.<sup>37</sup> Finally, some men choose it purely for aesthetic reasons. To ensure that you get the result you seek, a few men recommend to others that they inform their surgeon about the style of circumcision they wanted. After some research and dialogue in a circumcision discussion group online, a Canadian man “decided that the best style would be to preserve as much of the erotically-sensitive inner lining of the foreskin as possible, and have as much of the shaft skin removed as practical, leaving a rather tight result...At my appointment with the urologist, I spelled out exactly what kind of circumcision I wanted and he agreed to do it as I requested” (CircInfo n.d. a). Some men favor a tight circumcision, while others want it looser, with a bit more skin retained; the men also disagree with one another about the importance of preserving the frenulum. But once they achieve the look they desire, which at times takes multiple procedures, the men feel a renewed sense of pride and self-confidence.

## Conclusion

Embodiment is a complicated and messy project that each of us undertakes. Just as we think about “doing gender,” it may be useful to think of “doing embodiment”—that is to say, that our bodies are not just material things, but surfaces upon which society writes and tools that we as social actors use (Butler 1993; Bordo 1999; Gremillion 2005). We cannot understand embodied actions as mere reflections of dominant norms, but rather as a negotiation of structural and individual elements. When we modify our bodies, we challenge the idea that bodies are given and natural. Through our modifications, we can challenge all types of social structures. We can challenge popular aesthetics, as in scarification, tattooing, and piercing, or we can challenge larger ideologies of gender, as in transgender surgeries. However, because our ‘creative’ alterations are themselves the product of social forces, their transformative power should not be overstated. As Pitts explains, “body modification proceeds within the context of forces that socially inscribe the body-subject, producing meanings that make new discursive creations

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<sup>37</sup> I believe the men highlight the effort they took to try to keep clean before getting circumcised because anti-circumcision activists insinuate that men who choose circumcision for hygiene reasons do so because they are too lazy to be bothered with basic washing. For example, one anti-circumcision man states: “We intact men can attest to the fact that the foreskin is NOT an impediment to good hygiene. One only has to peel back the skin and clean, the entire process is done in a matter of seconds. How much harder is this [than] cleaning other parts of the body? To claim otherwise seems to indicate laziness and negligence, a lack of effort” (The Intactivism Pages n.d.). Pro-circumcision men want to make it clear that they are not being lazy or irresponsible.

possible” (2000: 445). In other words, the possibility of creating “new” meanings with our bodies proceeds from the very structures that constrain meaning.

Foreskin restoration can be seen as a challenge to the hegemonic aesthetics of the penis in our society. Rather than the hard, impenetrable male genitalia that circumcision produces, foreskin restorers favor a softness, a suppleness, a sensuality. And yet their project is never free from the constraints of masculinity that, at least partially, govern men’s lives. Thus, they describe their body project in patterned terms, and seek a very particular style of foreskin. For example, they emphasize length, though now measured by foreskin overhang, which maintains the value of penis size found in the dominant culture’s masculine values. Despite claims of autonomy, their body is still never fully their own. Moreover, though they seek a return to nature, to “restore” what once was, they inadvertently create something new; that is, they are actively constructing, collectively, the very idea of natural masculine bodies and natural sexuality. That soft, supple, sensual masculinity they hope to “regain” is not any more natural or real than the hard, impenetrable tool of circumcised masculinity.

Importantly, too, their focus on the penis as both the cause of and cure for their problems maintains the centrality of the phallus for definitions of masculinity and masculine sexuality. In her insightful essay on hegemonic masculinity and conceptions of erectile dysfunction, Potts (2000) recommends a fundamental change in the meaning of men’s and women’s sexuality, removing the penis from its exalted position in sexual activity. Because hardness is emphasized in the discourse of erectile dysfunction, Potts contends that we have no conception of pleasures associated with the flaccid or semi-erect penis (2000: 99). Likewise, because of the emphasis on impenetrability in pro-circumcision tracts, Americans and others from circumcising cultures have little understanding of the pleasures of the foreskin, and this is a major contention of the anti-circumcision movement. Expanding our understanding of other penile pleasures is certainly an important step in challenging the heterosexism of hegemonic masculinity, and indeed is one of the projects central to Intactivism. Yet rather than creating an alternative that truly challenges the dominant culture, Intactivists and foreskin restorers fall into a masculine trap, prioritizing the penis as central to their self-definitions and worth, and continuing to encourage other men to measure up to their newly established standards. Instead Potts calls for

a relinquishment of this ‘organ’s’ executive position in sex...Perhaps, then, those men currently restricted by hegemonic masculinist imperatives might begin to explore the possibilities of no longer struggling with *either* an overpowering physical passion *or* a rational mind and instead enjoy experiencing *both* the emotions *and* the meanings of sex, *and* their bodily responses—a sexual Möbius strip in which mind/body and culture/nature are no longer opposites but come into play across a single eroticized surface that turns continually from one into the other. These male bodies might become differently inscribed, coded for holistic pleasures, for jouissance beyond the phallus/penis. They might enjoy a variety of penile styles: flaccid, erect, and semiflaccid/semierect. Male eroticism would incorporate different sensations connected with the diversity of the penis, as well as, and significantly, the exploration and enticement of other erotogenized regions of the male body in pleasure. (2000: 99-100)

Were we not so intent on preserving the position of the penis in sex, we might feel more comfortable with the variations among penises—some are big and some are small, some are circumcised tightly, some loosely, some not at all, some get harder than others, some are growers, some are show-ers. They do not need to look the same, behave the same, or create the same sensations.

Interestingly, Keith hinted at Potts' sentiments in my interview with him. He told me that he believed one of the reasons we continue to circumcise, in large part, is because we place too much emphasis on genitalia for gender definitions. Men refuse to fight against circumcision because to do so would mean to admit that their penises were harmed by it. Keith explains, "the penis is masculinity, masculinity is the penis, um and that's sort of the deciding factor." He draws examples from his experience of the transgender community, saying that many trans women don't feel like women until they have their penises removed, and among trans men, having big muscles and facial hair isn't enough if they don't have a penis.<sup>38</sup> Even as he makes this argument, one that would suggest we decentralize the penis (and the genitals more generally) from gender definitions, his sexual narrative, described above, presents a penis-centric view of male sexuality, one from which he does not stray. As I've suggested elsewhere, Intactivist essentialism prevents radical gender critiques, and interferes with the development of a truly feminist critique of circumcision.

The fact that Intactivism and foreskin restoration, which are both conscious attempts to redefine the masculine body, masculine sexuality, and masculine identity, continue to privilege the penis, and a very particular penis/phallus, as central to men's lives reveals just how much power the phallus continues to wield in our culture. In some key ways, foreskin restoration opens new possibilities, transgressing the limitations that traditional penile aesthetics offered. Nevertheless, in many other ways, these new aesthetics are just more of the same, for these men are still in and of this culture, unable to fully escape its values, especially when it comes to the values of masculinity.

It is clear from this analysis that the framing of foreskin restoration influences men's embodied experiences of the process, and their ability to provide normatively masculine justifications for it. If foreskin restoration provides men not just with aesthetically pleasing results, but can correct the physical problems caused by circumcision, and can offer psychological benefits too, then it is not a vain undertaking. It can be seen as a correction for a physical deformity, or as a way of dealing with acute psychological suffering. In this way, foreskin restoration is a kind of panacea for the ills of circumcision. The grammar of individualism and rejection of vanity that are clear in the case of foreskin restoration give another insight. Foreskin restoration is, above all else, about restoring a man's sense of masculinity and self-worth. Having been victimized, his manhood attacked, he must reclaim his body as his own. In this, he fulfills the demands of phallic masculinity (Phelan 2001). He begins the process a victim and transforms himself back to a real man. In the next chapter, we will trace the next, and final, phase of his embodied evolution: victim → real man → activist hero.

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<sup>38</sup> Here, I am simply citing Keith's explanation. I believe there is more variation in the trans community than his answer suggests.

## **Chapter 7: Superhero (and Super Villain) Politics of the Intactivist Movement**



“I feel like my foreskin is a hero, like a superhero. A superhero saving me from diseases and germs” (7 y/o boy from Seattle protesting with his mother)<sup>39</sup>

The men of the Intactivist movement do not represent ideal masculinity—they are not dominant men, they are not alphas. Their very identity as men is rooted in their sense of victimization, the abuse they suffered at someone else’s hands. In many ways, this feeling of victimization and pain places them at odds with traditional masculine values, of autonomy and independence, of dominance and power. And yet, images of heroic men, most notably Foreskin Man, the superhero of Intactivist comics who flies around the globe protect innocent children from barbaric circumcisers, abound. But it is not just the fictional superhero, but the activist who is celebrated as hero in the movement. There are, for example, men who dress up in costume—like the Bloodstained Men and their Friends—who evoke a kind of superhero imagery. And then there are the regular men of the movement; they do not dress up in wild costumes but, when donning their Intactivist t-shirt and marching in their local Pride parade, or protesting at the local hospital, they feel a connection to one another and a power that they didn’t feel before. The ‘hero’ permeates the movement, a collective motivation and justification for action, a kind of salvation from the negativity the men experience as victims of circumcision. Here, I explore the ‘heroism’ of Intactivism and suggest how this imagery functions for the movement and for the men who embrace it.

## **Theories of Masculinity and Power**

To understand what heroism means in the movement, one must first understand how masculinity functions and its relationship to power. Many scholars have written about masculinity, attempting to theorize men’s power and privilege while simultaneously trying to make sense of the differences among men (Connell 1987; Connell and Messerschmidt 2005; Coston and Kimmel 2012; Kimmel 2006; McCaughey 2008; Messner 1998; Nagel 1998; Pascoe 2007; Phelan 2001). The framework of “hegemonic masculinity” (originally formulated by Connell (1987) and reworked by Connell and Messerschmidt (2005)) suggests important points about how masculinity functions in our society. Ideas about masculinity function as part of a gender regime that informs social institutions and individual identities and interactions. The gender regime ranks people and bodies hierarchically. It is an intersectional ranking, placing young, white, heterosexual, upper-class, native-born, cis-gendered men at the top. Differently positioned individuals have different access to power in different situations. For example, while African American men may wield power and privilege as men, their racial identity may leave them disadvantaged relative to white women educational settings, and undocumented migrant men may be disadvantaged relative to white women in certain economic settings. The theory thus suggests that power is relational. Importantly, in this theory, most men do not actually fit the ideal, but even those who don’t fit continue to value it and strive toward it (Connell and Messerschmidt 2005: 846).

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<sup>39</sup> video available here: <https://www.youtube.com/watch?v=soweaS9GOKc>

When describing Intactivist men, many of them occupy social positions of relative power. They are primarily white, for example. Although some are working class, many are at least lower middle class in income, and have a decent educational background which enables them to navigate legal and medical terminology. Some are of an even higher class position, the doctors, lawyers, and other experts involved in the movement. Although there is a high percentage of gay and bisexual men in the movement, many of the men with whom I spoke were gender conforming and would not be readily identified as gay (except for their affiliation with a movement about the penis). Nevertheless, the men feel victimized, and believe themselves to be at the bottom of a social hierarchy. They describe themselves as having been treated as disposable by society, sacrificed to the supposed greater good of public health. Importantly, they fail to embody the sexual dimensions of masculinity—they are not Casanovas by any stretch of the imagination. Their bodies fail them, failing to perform when sex is desired, or failing to desire sex the way that men are “supposed” to. Their sense of victimization and the attendant negative emotions lead them to be soft-spoken, quiet, and in some cases, quite meek, at least in their pre-Intactivist identities.

Standards of masculinity shift over time, according to changes in social institutions like the law, the economy, and the family. One of Intactivism’s goals is to affect change in cultural values around masculinity. In particular, they seek a simple change—to add a foreskin to the ideal male body. They also appear to want to include a broader range of emotionality into masculinity, for example. But despite their desire for change, Intactivist continue to reference and reinforce traditional masculine values. This is particularly evident in the hero imagery that is the subject of this chapter.

Shane Phelan offers a description of “phallic masculinity” that is particularly useful for understanding the role of the hero and heroism to the Intactivist movement (2001). Central to his framework are several characteristics. First, the phallic man (or true man) is an active citizen, never willing to be victimized or dominated, always ready to come to the defense of self or others. Phallic masculinity, like hegemonic masculinity, is possessed only by those at the top of the social hierarchy; it is the realm of white heterosexual men. Second, phallic masculinity is an embodied identity. As Phelan explains, the phallic man’s body is strong and impenetrable. His heterosexuality is also visibly embodied; women are drawn to him and he is in control of them. Third, his strength is not that of animal instinct, but rather, a strength tempered by rational self-control. This, according to Phelan’s theory, suggests that phallic men are different both from women, whose bodies are thought of as leaky and soft and who are believed to be ruled by emotion, and also from gay men, who are conceived as too feminine, and men of color, believed to be hypermasculine and lacking self-control. Ehrenreich offers a similar discussion, suggesting that “real men” “use violence against people of color,” “civilize barbarians,” and “rescue women” (2005: 131), to which I would also add, they rescue children (since women and children are often lumped together by their presumed lack of ability). Thus, phallic masculinity, as performed by “real men,” is an intersectional concept that reveals how this gender identity is co-constitutively produced with ideas about race and sexuality. It is raced (white), classed (middle or upper), sexualized (heterosexual) and gendered (particular form of masculinity).

To be a victim, then, is to fail as a phallic man, or to be less than the hegemonic ideal of masculinity; it is to be marginalized men, to be not-quite-man. Thus, to be an unhappily circumcised man (or any circumcised man, if we take the Intactivist premise seriously) is to fail

in phallic masculinity. But Intactivism, like foreskin restoration, promises a restored sense of self, and perhaps a renewed feeling of masculinity, or power. I use Phelan's theory to describe the hero (and villain) politics of Intactivism, problematizing its racial (and racist) dimensions and the problematic gender relations it implies.

### **Foreskin Man, the Ideal Intactivist**

To understand how Intactivists imagine heroism, how they envision phallic (or superhero) masculinity, one must look first at the premier Intactivist hero, Foreskin Man. Foreskin Man appears in a comic series imagined and produced by Matthew Hess, founder of the Intactivist organization, MGMBill, which has working on numerous local, state, and national legislative efforts. The comic series debuted in 2010, just before an Intactivist campaign that would have outlawed circumcision in the city of San Francisco. That bill was struck down, replaced instead by reactionary legislation that outlawed any attempt to ban circumcision in any city in California. The comics, conceived by Matthew Hess, fueled opposition to the bill in part because of their anti-Semitic imagery. While some Intactivists distanced themselves both politically and ideologically from the comics,<sup>40</sup> others embraced the hero, even including him in the 2012 San Francisco Pride Parade.

In the superhero tradition of Batman and Superman, Foreskin Man is the heroic alter ego of Miles Hastwick, curator of the fictional Museum of Genital Integrity just outside of San Diego, CA. When Miles transforms, he becomes "an intactivist superhero who rescues innocent boys from the clutches of the world's cleverest and most dangerous circumcisers" (Hess n.d.). Powered by his "technologically advanced plasma boots, Foreskin Man flies above the city to hunt down criminals who cut the genitals of innocent boys" (Hess n.d.). In three issues, Foreskin Man fights white, American villains: an American doctor (Dr. Edric Griswold) who transforms into a monster (Dr. Mutilator; he returns in issue 7), and a company that uses foreskins in cosmetics creams, headed by a sleazy looking fellow (CEO, Max Warmong). In the four other issues, Foreskin Man combats non-white or non-Western villains: Monster Mohel, a Jewish circumciser, and his goons, Jorah and Yerick; Githinji and Ghinjo, ritual circumcisers from Kenya; Kudret Çelik, a Turkish man who falls under the spell of evil Sünnet Knife, a circumcising tool that is "most powerful in the hands of the weak-minded and the morally bereft"; and finally, Jovelyn Luansing, a nurse associated with "Operation Tuli," a Philippines-based group intent on circumcising young boys, and her boyfriend, Banta Tubo (Hess n.d.).

Is Foreskin Man a phallic hero? Indeed, he is the paragon of phallic masculinity, both as Foreskin Man and in his everyday existence as Miles Hastwick. Miles is a former scientist who has opened the Museum of Genital Integrity, his attempt to try to change the hearts and minds of citizens who are unaware of the dangers of circumcision. He is also Foreskin Man. Foreskin Man, the website's character description tells us, is "frustrated by society's failure to protect its most vulnerable citizens" and thus he uses his powers to intervene where society failed (Hess n.d.). In his everyday life, he tries to effect political and social change through his museum, the Museum of Genital Integrity, the goal of which is to educate the public. He is an active citizen

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<sup>40</sup> See, for example, Cassell who quotes Bay Area Intactivist, Lloyd Schofield, who "believes the comic book goes too far" (2011: para. 22).

who will speak the truth, who defends those who cannot defend themselves. Foreskin Man is even more active in his defense of others. In the seven issues, he rescues six boys, saves a man from taking revenge on a doctor and also saves his unborn son, and even assists as a female heroine (Vulva Girl) rescues her niece from female circumcision. Foreskin Man is never willing to be dominated or victimized, and when he see that society has failed to protect others, he flies in to save the day. He risks life and limb in defense of others—that he is a hero is quite clear.

But he is more than simply a hero, he is a phallic hero, and we see this clearly in his physicality. Foreskin Man conforms to many superhero tropes: his body is muscled, chiseled under his spandex costume. He bulges in all the right places, biceps, abs, and thighs. His body reflects the classic inverted triangle, with exaggeratedly broad shoulders and narrow hips. His blond hair and blue eyes set him apart from dark haired Batman and Superman, instead looking quite like Captain America. A strong jawline and large hands complete the look. His body is imposingly masculine, unquestionably sexual.<sup>41</sup>

Indeed, his sexuality oozes out of him and he conquers women in each issue. In contrast to other superheroes, whose human alters are often awkward, shy, or private, Miles is just as charming, intelligent, and popular with the ladies as the hero himself. Issue one focuses on routine infant circumcision. In issue one, Foreskin Man defeats Dr. Mutilator as he attempts to circumcise baby Orlando, despite his mother's objections. The issue ends with a kiss between Foreskin Man and Nurse Jenny, a busty brunette nurse in skintight scrubs who contacts Foreskin Man whenever a circumcision is about to take place in the hospital. A few panels prior to their kiss, Jenny looks on jealously as Foreskin Man comforts Ms. Amber Young, Orlando's scantily clad mother. Earlier in the same issue, Miles and busty blonde museum patron, Aurora, share a moment. Aurora reappears in issue five and Foreskin Man saves her son from being circumcised by vengeful CEO Max Warmong, from whom Aurora has stolen a batch of foreskins to be used for beauty cream.

The pattern continues in each subsequent issue of Foreskin Man. In the second issue, targeting Jewish circumcision, Miles hosts a yacht party where he is surrounded by beautiful, fit women in bikinis. Among them is Miah, whose brother-in-law is considering circumcision for his son, Glick, the following day. Miah has a problem; she has no date for the bris until Miles volunteers. In issue four, emphasizing Turkish circumcision, bellydancer Leyla welcomes Miles with "her finest Oryantal Dans greeting" (Hess 2013a: 5 of 16), and after he rescues her son from impending circumcision, she invites him to stay awhile so she can show him the sights around Istanbul; the reader can infer what she wants, but because the conversation takes place in a hotel room, some sexual tension must be intended. Finally, in issue six, the Museum of Genital Integrity's chief "sculptress" (Hess 2014: 2 of 16), Malaya Luansing, returns to her home in the Philippines to discover that her nephew will be circumcised. Foreskin Man flies to Manila to prevent mass circumcision, known there as Tuli. When Miles calls her, the phone ringtone goes as follows: "Foreskin Man, I need your lovin' tonight/ It's the only thing that makes me feel right/ Foreskin Man, I want that slip and slide/ Won't you please come glide..." (Hess 2014: 7 of 16). It is telling that the phone rings from her pocket, and we are shown a close up crotch shot with these first lyrics. The song actually continues, in full length, on the Foreskin Man website. The lyrics which pick up where the ring tone trail off are as follows: "Foreskin Man, I miss your

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<sup>41</sup> image available here: <https://www.flickr.com/photos/mgmbill/6496626535/in/album-72157628381790273/>

gentle caress/ My body cries for you, I do confess/ Foreskin Man, visit my balcony/ Being gone this long is a felony” (MGMBill 2011). Women’s bodies uncontrollably desire Foreskin Man—he is in complete control over them as their bodies betray their feelings.

Foreskin Man’s body, and the bodies of the women who desire him, emphasize sexual dimorphism. Foreskin Man’s body is the ideal masculine inverted triangle of broad shoulders and narrow hips, while the women’s hourglass figures include large breasts, narrow waists, and ‘womanly’ hips. These sexed bodies are deeply connected to heteronormativity, and to Foreskin Man’s overt heterosexuality. And yet, his sexuality is tempered by rationality and self-control. He never gets sexually involved until the task at hand, rescuing boys from circumcision, is complete. So despite the fact that women throw themselves at him, he demonstrates supreme control.

Foreskin Man’s phallic masculinity depends not just on his masculinity and his overt sexuality, but also on his difference from (read: superiority over) Others (or, in Ehrenreich’s terms, his use of violence against racial Others in order to “civilize” them). The racist depictions of the Other seemed clear to me from the first moment I saw the comics.<sup>42</sup> And yet, I’ve encountered the following reaction when I say this to others: “Two of the villains of the Foreskin Man series are white men. If that’s the case, how can you say this unfairly depicts the Other? How is the author racist?” Indeed, a full one third (two out of six) villains in the comics are white men—Dr. Griswold aka Dr. Mutilator, and BioFlesh CEO, Max Warmong. Does their presence negate the argument that Hess (and the Intactivists who promote this comic series) and his comics are racist? No. In fact, I argue that the way these white villains are depicted actually dramatizes the racism that we find in the other four issues. Dr. Griswold is the only villain who makes a complete transformation as villain—he literally becomes a monster when Dr. Mutilator emerges. No other villain goes through any physical transformation. In contrast to the Kenyan, Turkish, and Filipino villains, whose bodies are always already coded (both in the comics themselves and in popular imaginaries) as dangerous, barbaric, subhuman, monstrous, the white doctor must be transfigured into something Other, must become nonhuman. This transformation leaves hegemonic (white, middle/upper class) masculinity relatively untouched.

Max Warmong goes through no such transformation. He is marked as villain in other ways. In many ways, Max appears as a kind of crime boss. He lives in Las Vegas, is surrounded by henchmen who do much of his dirty work. The reader intuits that he is different from our hero through a number of coded markers: his flabby, hairy body; his bad habits of cigar smoking and cursing. This white man is a distinctly human kind of villain. He does not transform into a monster, nor is he already marked as one. He is a bad man, but he is still a man.

Contrast these white villains with our nonwhite/ethnic ones which appear to fall into distinct categories: effeminized men (Monster Mohel), hypermasculine men (Githinji) (and between these positions, the simultaneously effeminized and hypermasculine Kudret), and masculinized women (Ghinjo, Jovelyn Luansing). Each of these ties directly to anti-Semitic, racist, and colonizing stereotypes and we shall explore each one in turn.

Monster Mohel appears in issue two, by far the most controversial in the series. His appearance and the publication of the issue coincided with political tensions for Intactivism in

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<sup>42</sup> Images of all the characters, including villains: <https://www.flickr.com/photos/mgmbill/sets/72157628381790273>

real life—specifically, activists were attempting to get legislation that would outlaw circumcision in San Francisco and were facing criticism from a variety of groups, including the Anti-Defamation League and the ACLU, for religious intolerance. Needless to say, this issue of Foreskin Man added fuel to the fire. And, rightly so. Monster Mohel is a gruesome looking creature—one might call him a man, but he borders very obviously on the monstrous. He appears as something out of a Nazi or neo-Nazi rendering (see Blumenfield 1996 for more). He has a long hook nose and claw-like fingernails, and his teeth drip with saliva and his eyes glisten, pupil-less, as he forces the lily white baby boy down on a pool table for his “sacred cut.” This representation traces far back; for example, Blumenfield cites scientist Robert Knox’s description in 1850:

[H]is muzzle-shaped mouth and face remov[e] him from certain other races...the [body] contour is convex, the eyes long and fine, the outer angles running oward the temples; the brow and nose apt to form a single convex line; the nose comparatively narrow at the base, the eyes consequently approaching each other; lips very full, mouth projecting, chin small, and the whole physiognomy, when swarthy, as it often is, has an African look. (cited in Blumenfield 1996: 152)

Blumenfield argues that this “immutable biological type” (1996: 152) solidified into a particular popular image, almost always of the Jewish man, and he quotes Isaacs (1940)—the Jewish male had a “hooked nose, curling nasal folds, thick prominent lips, receding forehead and chin, large ears, curly black hair, dark skin, stooped shoulders, and piercing, cunning eyes” (cited in Blumenfield 1996: 152). Monster Mohel, who appears in 2011, fits these centuries old depictions almost perfectly.

Hess also includes a quick reference to “metzitzah b’peh,” an uncommon Orthodox addition to the circumcision ceremony, wherein the mohel sucks the blood from the wound in a ritual cleansing (Hess 2010b: 10 of 16). The ritual made headlines when several New York City boys contracted herpes and died. Between this reference and the hodgepodge of mismatched Jewish symbols (the simonim, or curly sidelocks, and yarmulke on Monster Mohel’s goon, Jorah; the brimmed black hats donned by both Monster Mohel and his other goon, Yerik; Monster Mohel’s prayer shawl), Hess clearly intends to incite disgust for Judaism, and religious Jews, among his readers. Because these symbols are mixed—in fact, they come from different ethnic groups and specific religious traditions—Hess implies that the only good Jews are secular Jews. He perpetuates the old myth of the “immutable biological type” (Blumenfield 1996), a type which not only suggests biological difference, but also different moral capacities. The Jewish threat is legible on the body.

In addition to the obviously anti-Semitic imagery, Monster Mohel’s body is clearly effeminized, a trend also consistent through history (Blumenfield 1996). Unlike Foreskin Man, whose bulges signify his masculinity, Monster Mohel is tall and thin, narrow where Foreskin Man is broad. Monster Mohel requires the protection of two heavily armed guards, yet Foreskin Man defeats them with nothing more than a billiard ball. This style of representation is familiar, tracing back to Nazi traditions which coded the Jews as effeminate and untrustworthy, dangerous to the state and to its white, Christian inhabitants. Likewise, Hess suggests that these Jews are a danger to secular communities, especially baby boys, and allows his own Aryan hero, Foreskin Man, to save the day.

In issue four, Foreskin Man arrives in Turkey, in search of the *Sünnet Knife*, a powerful weapon with incredible powers. According to Hess, it “can be contained by never destroyed. After being locked inside its box for decades, the notorious blade longs to be free. Sensing an opportunity for escape during transport, it searches for a suitable host. While almost any soul will do, The *Sünnet Knife* is most powerful in the hands of the weak-minded and the morally bereft” (Hess n.d.). Enter Kudret Çelik, the weak-minded and morally bereft father of Murat Aydın.

Kudret occupies an in-between position—on the one hand, a hypermasculine Muslim man who represents a danger to his ex-wife and son during his drunken, violent outbursts, and on the other, an effeminized position of irrationality and lack of control, his mind controlled by the knife’s powers, his eyes glowing under its spell. This representation is deeply Orientalist. As a place of exotic beauty but also of danger, the Orient occupied a special place in the Western imagination (Said 1979). We see Orientalist tropes throughout the issue—the exotic sexuality of Leyla’s welcoming bellydance at the “Aladdin Club” (a reference so obvious as to be utterly ridiculous) and a nude painting in her dressing room; the jeweled and ornate costuming and architecture; the elaborate palace and ceremonial chair for the soon-to-be-circumcised Murat (2013a). All of it encourages the reader to imagine the Oriental harem. The trope of the harem was long used to justify colonialist interventions in Arab and Muslim states; it provided both a sexualized image of Oriental women, easily consumed by Western men, and suggested that these women needed to be saved from the Arab men who would mistreat them (Alloula 1986). Thus, we are introduced to Oriental danger—the patriarch who controls the harem, the women (and by extension, here, the children). Unlike the Western patriarch, often understood as a benevolent one, this patriarch is dangerous, unstable, irrational. Under the spell of the *Sünnet Knife* (or under the spell of alcohol), Kudret is all of these things. It is up to Foreskin Man, with his true strength and moral fortitude (read: his phallic white masculinity), to save the day.

Issue three takes us to Kenya where we meet two Other, racialized tropes: the hypermasculine (black) man and the masculine (black) woman. Just as Monster Mohel embodies well known anti-Semitic stereotypes, Githinji and Ghinjo embody tropes which harken back to past eras of direct colonization of the African continent (D’Emilio and Freedman 1988[1997]; Nagel 2000, 2003). The two are dangerous, their followers untrustworthy, their tribal practices barbaric, their bodies foreign and Other.

This issue is unique in a number of ways. First, it is the only to tackle anything other than male circumcision; in this case, female circumcisions are being performed alongside their male counterpart. It is also the only issue containing a heroine, Vulva Girl. Vulva Girl assists Foreskin Man in a two pronged attack on Githinji and Ghinjo. First, Vulva Girl rescues Foreskin Man who has been tricked by his guide and led into a trap. She then orchestrates a diversion as she rescues her niece and several other girls about to be circumcised, allowing Foreskin Man to save the young boy from Githinji’s dangerous grip. More than that, Vulva Girl is presented at an altar to Ghinjo—she is proper, Western, whitewashed femininity, in contrast with Ghinjo’s dark, scarified, Otherness. I will return to this point shortly, by way of direct comparison. First, we turn to Githinji, Foreskin Man’s primary focus.

Miles Hastwick makes the trip to Kenya in an attempt to rescue a young boy, Kito, who has been kidnapped. Kito’s mother, Ahera, is convinced that he was taken from San Diego by

Githinji, a “ruthless circumciser” (Hess 2011: 4 of 16) and “the de facto leader in an otherwise lawless region of the Kenyan jungle” (Hess n.d.). Hess draws on preexisting beliefs about Africa and African men, leading readers to a foregone conclusion about the continent’s savagery. Miles arrives only to be led into a trap by his guide, apparently paid off by Githinji. The readers quickly understand that no African adult can be trusted; Miles’ guide was Ahera’s neighbor, and even he has turned on her. Githinji’s goons trap Miles, who has quickly changed into Foreskin Man, grabbing his arms and holding him at knifepoint. This is when Vulva Girl interrupts and Save Foreskin Man using her magical amulet powers. Importantly, this is the first time, and in fact, the only time, we see Foreskin Man’s safety threatened dramatically. Githinji’s henchmen have muscles that rival Foreskin Man’s, their brute strength tied, we might imagine, to their animal or bestial nature, a representational trope common in Western depictions of African people.

Together Foreskin Man and Vulva Girl plan their attack—Foreskin Man will handle Githinji and his bodyguards (who we learn carry poisonous darts) as Vulva Girl heads on to defeat Ghinjo. When we finally encounter Githinji, we find him ready to circumcise a group of boys. His body and musculature rivals Foreskin Man’s—his rippled abs, chest, and arms visible as his only clothing is a long, skirt-like wrap. His bodyguards, like the men who held Foreskin Man mere pages ago, are also bulky, their muscles revealed by simple loincloths. His face is marked, perhaps by war paint or scarification, his eyes (like Monster Mohel) pure white without pupils. The stereotypes abound—tribal body markings, dangerous-looking yet simple weapons (knives and poisonous darts), premodern clothing, the jungle setting. Just as Hess reduced all the varieties of Jewish expression to a few coded markers, here he relies on imperialist renderings of a unified, simplistic, backwards “Africa.” Githinji’s massive body and tribal markings imply his hypermasculinity. These African men are a real threat to Foreskin Man, and if they are a threat to him, then they are a threat to us all.

Meanwhile, Vulva Girl infiltrates Ghinjo’s nearby encampment, where girls are being readied for their cuts. Again, the imperialist imagery abounds—the girls are being held, and will be “mutilated,” in simple huts with dirt floors. Ghinjo is preparing her tools, a sharp pair of scissors whose purpose readers already know. Unlike the men, Ghinjo is shrouded in a heavy robe. However, like them, her skin is marked by paint or scars, and her fingernails are sharp, reminding the reader of animal claws. Thus, she represents the danger of Africa—its animal-like inhabitants who use savage instruments to mutilate children in the name of tradition.

We read Ghinjo’s body in contrast to Vulva Girl. Vulva Girl’s body is taut and busty like so many of the women in the Foreskin Man series. Her brown skin is creamy and light compared to Ghinjo’s dark greyish brown, her hair long, straight, and silky, while what we see of Ghinjo’s is close-cropped and tightly curled. Vulva Girl is highly sexualized while Ghinjo is shrouded, literally, in mystery and fear. If African men are hypermasculine, it appears that so are African women. Their bodies are dramatically Other.

This is not the only masculinized woman Foreskin Man helps defeat. In issue six, Foreskin Man travels to the Philippines to protect a young boy from ritual mass circumcision. Here, the main villain is Jovelyn Luansing, a nurse who performs circumcisions on masses of young boys and intends to do so on her own son, Kidlat. She is assisted by her boyfriend, Banta Tubo. Jovelyn, like Ghinjo, is masculinized. Although her body is more revealed by tight



clothing and a sexualized nurse's uniform, there are a few hints about her masculine nature. First and foremost, she lacks a maternal instinct, being willing and even excited to circumcise her own child. Malaya, Jovelyn's sister and Kidlat's aunt, is more concerned about his wellbeing than his mother. She lacks the morality we typically associate with proper femininity.

Her immorality is also signified by her body. In several shots, Jovelyn's features are masculinized. Her biceps and triceps bulge as she empties "roofies" (the date rape drug) into her sister's drink, and her breasts appear almost as pectoral muscles, hard, not soft and feminine. Elsewhere, Jovelyn prepares for surgery, the red lipstick in striking contrast to her heavy brow bone, strong jawline, and shading on the chin and jaw, making her look almost bearded. While her sister fits the Western beauty mold, Jovelyn is rendered monstrously masculine. Just as Vulva Girl provided the necessary contrast for understanding Ghinjo's problematic femininity, such is the relationship between Malaya and Jovelyn.

We don't spend much time with boyfriend, Banta, but his masculinity is called into question by his girlfriend's masculine body. Curiously, the Tuli (circumcision) procedure is performed by an all-female group of nurses. This fits with preexisting beliefs about the hypomascularity of Asian men, who are frequently depicted in the Western imaginary as effeminized. Hess hints at this effeminized position, perhaps even implying that their masculinity is effaced when they are circumcised by women.

### **Embracing the Hero Identity**

The most recent issue of *Foreskin Man* follows a victim of circumcision, Donovan Tracer. Cut in infancy by Dr. Griswold (aka Dr. Mutilator), Donovan lives a damaged life. He realized "wasn't quite right in the man department"—he has an unsatisfying sex life, he can't maintain relationships, and we learn that he has a series of low wage jobs (Hess 2015: 4 of 16). He just can't get his life together. His journey is a rollercoaster. From these lows, a high; Dr. Mutilator/Griswold is arrested, giving Donovan a sense of freedom. He then meets a woman who understands him and has experience with circumcised men, and who even convinces him to begin foreskin restoration. Suddenly though, the doctor is released and Donovan decides to seek his own revenge. He buys a gun and a disguise and tracks Griswold down, intent on his murder. *Foreskin Man* intervenes at the last minute, once again defeating Dr. Mutilator and protecting Donovan from the damage of a vengeful act. We learn that Donovan's ex is pregnant with his son.

In the final panels of the issue, Donovan struggles with his identity—should he be a vigilante killer, or step up for his unborn son and become...an "Intactivist dad" (Hess 2015: 14 of 16)? This whole issue of the comic is an interesting representation of real Intactivists. They begin as failures, with something not "quite right in the man department." They often feel sexually inadequate, angry, vengeful, sad. Because of these emotional problems, they may struggle in life—in their relationships and in their work. Intactivism and foreskin restoration are solutions for these problems. They may not become real superheroes, like *Foreskin Man*, but they can take life into their own hands, and maybe even effect real change in the world. And, they can still make sure the bad guys pay.

Like Donovan Tracer, most of my interviewees began their stories with the pain of circumcision. Most trace the pain to the moment they discovered the meaning of circumcision. Richard recalls his 15 year old self learning he was circumcised: “I’d never even heard of such a thing. And I was horrified from the moment that I found out, that something had actually been done to me, like that. Um so that was probably my first foray into Intactivism.” That moment of discovery often triggered a spiral of negative emotions. Jonathon saw an intact penis for the first time while watching pornography. He told me,

I didn’t understand why my body didn’t look like that and after doing a little research I came to the conclusion that um I had been circumcised. I had heard the word before that time but I really didn’t know what it entailed and whether or not I’d had that. So...(pause) Once I learned this, um things got really hard. I became very depressed, I became very angry, became very resentful and I just felt like I’d had um a part taken from me, stolen from me. That I’d been violated um and I didn’t understand um why this had happened to me um and uh I began to understand that I would never feel or experience partially sex, but just life in general, the way that men um are intended to experience that, you know uh, sex, masturbation, urination, just day to day activities with the you know the penis in its normal state was something that was out of my reach and it shook me very hard as a teenager.

Jonathon’s realization triggered a spiral of depression, a rapid cascade of thoughts as he imagined more and more areas of his life that would be affected by the trauma of circumcision.

Keith also told me that he’d suddenly recognized the damage done by circumcision. His realization, though, came by way of experimenting with a transgender identity and performance. As a child, he had come to deeply dislike his penis, so much that he thought, “‘ok, if I don’t like my penis then that must mean I want a vagina.’ So I actually started like transitioning and I like started dressing as a woman and I adopted like a different name and I tried to sort of, be trans.” Ultimately, this gender experiment didn’t fit; he recalls thinking “‘ok well, I am a guy, alright, um, what, where do I go from here because I still don’t like my penis?’” He soon happened upon an answer on the website of an Intactivist group: “they were just like, you know, circumcision is bad and it leads to all of these problems. And some of the problems they listed were things that I had and I was like ok well that explains it.” He struggled with depression, trying to cope with the recognition that his penis was damaged, that it would never function normally.

The men I interviewed attributed so many of their problems to the trauma of circumcision. For James\*, it was his sexual dissatisfaction; he told me that when it came to his own pleasure, “It was frustrating to want it so badly and to get up to it and fall flat on your face.” For Jonathon, sexual pleasure was certainly part of it, but it was also everything about his penis, all of its functions, that was compromised. And Keith told me directly, “my penis was not ok.” Several of them described relationship problems, both in their romantic and familial relations. The fact that they attribute so many of life’s failings to circumcision is obviously a result of decades of writing on circumcision. Circumcision advocates had long suggested that the uncircumcised man was unfit for sex, marriage, and work. In response, Intactivist scholarship has argued the reverse: circumcision breaks men, and the trauma impacts their sex, work, and

love lives. Regardless of ideological position relative to circumcision, it appears that the penis really does make (or break) the man.

Luckily though, Intactivism offers solutions to these debilitating problems. Foreskin restoration can help him recover much of what was lost physiologically, which can in turn have wonderful psychological benefits. But the movement also offers men the possibility of a restored identity. It offers the possibility of transformation—from victim to hero. The “hero” functions as a kind of collective identity for the movement (Fominaya 2010; Gamson 1995; Gamson 1996, 1997; Haenfler 2004; Holland, Fox, and Daro 2008; Melucci 1995; Polletta and Jasper 2001; Smith 2013; Snow 2001; Wieloch 2002). Indeed, the hero imagery and narrative performs many of the duties of collective identity: it defines the “we” (heroes, activists) against an outside enemy (villains, circumcisers) (Gamson 1995; Gamson 1997; Melucci 1995; Snow 2001; Taylor and Whittier 1992); it produces a community built on shared positive feelings (Haenfler 2004; Polletta and Jasper 2001); it helps men manage a spoiled masculine identity (Smith 2013), replacing their broken masculinity with a powerful one.

To use Polletta and Jasper’s words, “Collective identity seemed to capture better the pleasures and obligations that actually persuade people to mobilize” (2001: 284)—even without the incentive of material rewards, which are often few and far between for activists, identity seems to provide some tangible goods to participants.<sup>43</sup> Among these goods are a shared sense of commitment to one another, feelings of benevolence and belonging. Another such good suggested in the literature is that collective identity can provide a way to manage a spoiled identity (Smith 2013). For example, in an article on American atheists, Smith suggests that movement participation and the attendant collective identity provides “a supportive structure and identity resource from which individuals can rework their stigmatized personal identities (or *potentially* stigmatized for those who are not ‘out’) into something that becomes more stable, concrete, and improves the self-concept through the legitimizing forces of group participation” (2001: 86-87). Atheists present themselves as positive examples by drawing on otherwise valorized social ideals—rationality, good works, free thinking. Smith quotes one atheist woman as saying, “We have to be conspicuous in public in a nonconfrontational way. This means to roam around in public acting like everyone else, but wearing something that identifies you as an atheist. The problem is that most believers don’t know any atheists in public so they don’t have any way of realizing we aren’t any different from them” (2001: 89). In many cases, this is precisely what Intactivists do. Jonathan’s Critical Integrity bike ride, while decked out in Intactivist gear, is one such example. So the identity, embodied through clothing choices in this case, serves both a personal and a tactical purpose.

Intactivists are not always “nonconfrontational.” In protest situations, they are more likely to take a direct, confrontational approach. (It is also true that different activists vary in their levels of confrontation.) Another way to manage a “spoiled identity” is to embrace and redefine it. Drawing on his work with intravenous drug users in the harm reduction movement, Wieloch shows that they use collective identity to produce an “oppositional community” when society would denigrate their existence (2002: 47). In a zine produced by one collective, these radicals present themselves in two ways: first, as “proud users” (reconfiguring the connotation

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<sup>43</sup> Whitehead analysis of collective identity in pro-eating disorder online communities challenges the idea that collective identity inevitable produces ‘goods’ for those who share in it (2010). In her study, it is precisely the collective gendered identity that enables them to maintain unhealthy, disordered eating (Whitehead 2010: 599).

typically associated with “junkie”) and second, as “oppressed” by society’s treatment (Weiloch 2002: 51). In his words, “these actors play up their Otherness by drawing upon symbolic expressions that serve to fetishize their marginal status” (Weiloch 2002: 51). Unlike Jonathon’s nonconfrontational bike ride, Intactivists in the Bloodstained Men and their Friends confront the world head on, in blood-stained suits (see more below); like the “junkies,” this approach re-appropriates the circumcision wound, and highlights what the activists see as society’s oppression of them. Thus, we see both of these tactical deployments of collective identity in the “phallic activism” of Intactivists.

In comparison to Foreskin Man, it may appear that living and real Intactivists fall a bit short of the hero ideal. In some ways, too, they do not fully fit Phelan’s model of phallic masculinity. For example, none of the men I interviewed physically match Foreskin Man, either in his masculine muscled glory or in his Aryan aesthetics. Neither do they exude the sexuality of Foreskin Man. (It has always confused me, in fact, that this hero and icon of the movement would provide such a heteronormative model when the movement has one foot strongly planted in the gay/bisexual community. That Hess made this character choice is revealing—heteronormative ideals of masculinity continue to dominate, in at least some ways, even in a movement full of sexual diversity.) In important ways, their initial identification as victims who suffer the ill effects of circumcision negates the sexual vitality and prowess that define phallic masculinity. Nevertheless, the hero model is relevant, influencing the way Intactivists collectively identify. Like Donovan Tracer, they choose a path of activism, becoming what I’ll call “phallic activists.” Adapting Phelan’s model, I argue that “phallic activists” demonstrate the following:

1. The phallic activist is an active citizen who, by virtue of his own experience of victimization or domination, is always ready to come to the defense of self or others.
2. Phallic activism is an embodied identity. Although their bodies may not be big and strong, they demonstrate their identity and united strength through costuming choices. These costumes convey unity to others and are experienced by the activists as strength.
3. Rationality and self-control are central to phallic activism. The value of rationality, already connected to dominant masculine ideals, is used to Other non-activists or opponent activists. (American Intactivists do participate in the Othering of ethnic and racial minorities through their demonization of religious/ritual circumcision. However, most of their energy aims at the medical practice. This does not mean, though, that they are not engaging in Othering.)

## **Phallic Activism**

### *Defenders of Rights*

All of my interviewees began from a place of pain, but quickly, their stories typically morphed into ones of excitement and empowerment through activism. Respondents described their experiences with political action as nerve wracking, but ultimately rewarding and empowering. It is direct action and interaction with other Intactivists that produces the sense of “we-ness” of collective identity. The benefits of political activism are hinted at online. The Bay

Area Intactivists, for example, describe themselves as: “a human rights organization comprised of community members who are working to end forced genital modification. Our mission is to defend the human right to genital integrity and to ensure that the genital autonomy of every individual is respected without discrimination based on sex, age, ethnicity, religious beliefs, disability, gender identity, or sexual orientation” (Bay Area Intactivists n.d.). This description provides some basic ideology, and hints at the kind heroism that will be developed—activists are “defenders” of human rights. The organizations establish their work in the vein of the first criterion of phallic activism—coming to the defense of others.

This goal is shared by activists themselves, who envision their work especially as protecting vulnerable populations, infants and young boys. They spoke not only of public activist events but also more personal interventions. Richard described interactions with both his brother and sister, trying to convince them not to circumcise their children. It was actually out of his failure in these conversations that his idea for a ballot initiative in San Francisco was born; if individual conversations weren’t going to help, then he was going to do something bigger. Initially, his individual attempts to make change were thwarted; both his nephews were circumcised despite his great efforts. So instead of continuing alone, he sought out something bigger than himself, creating one of the most famous (if unsuccessful) Intactivist actions, the attempted ban in San Francisco. Although the ballot measure was ultimately unsuccessful, and in fact cost Richard personally—he funded several thousand dollars of his own to support the effort—he described the moment of getting it on the ballot as a real “high point.”

Jonathon also felt called to do something big, something public. After seeing videos of Intactivists marching in Pride parades,

I was floored, I was absolutely floored um that there was this active, vibrant community, or group, this group in the community that was out there really trying to um make a difference and inform people and spread this message. And I felt that if there was any one thing in my life that I could or should commit myself to, um if there was any one social injustice that I felt that I needed to speak out against, it was circumcision. And to that end, I felt, well if that’s how I feel, then I need to get involved and I need to do something, and I need to speak out.

He soon moved to the Bay Area and joined the group, marching with them in the next Pride event. The clear sense of community that he saw depicted was the impetus he needed to join in, to get over the emotions that were getting in the way. He describes the event as full of emotion,

It was the first time that I was (sigh) in public um taking a stand against circumcision, it was the first event that I ever participated in and it, it really for me, it was a defining point because I was very publicly, I mean the parade is watched by you know thousands upon thousands of people, live, streamed, it’s photographed, it’s filmed, it’s on TV, I mean it’s everywhere. Um I was very, very um deliberately you know taking a side on this issue, publicly, and at first I was a little nervous about it...knowing how so many people in this country feel about it, to put myself out there was still a little, um, difficult for me. (Interviewer: unh-huh.) But I did it and I knew that I wanted to do it and I got through it and got over it and uh since that time I’ve grown a great deal in my

Intactivism, in my, in my comfort level, in my ability to talk about some very personal issues, about me, about the movement, and um here we are today.

Jonathon felt transformed by this experience. He overcame his fears, fears which were rather palpable, and was empowered by taking a stand:

it was definitely empowering and I felt very um very proud to be doing something about this issue. You know obviously I didn't think I was going to change the world by marching in a parade, but it was, you know, it was a step. And uh at the same time, I did feel very nervous because I wondered, you know, how are people going to react, people that I know, are they gonna see the parade, what are they gonna think, you know how is it going to impact my, you know, my relationships? And these were kind of, I guess you'd say fears, or at least things that were slight concerns to me, um they definitely weren't concerns enough to keep me from participating. But at the same time I wondered, because our nation is very polarized on this issue [Interviewer: yeah] and, you know, by taking a deliberate side I knew that I would maybe be, that there would be plenty of people out there who would be against me.

He began to feel the space between “us”, the Intactivists, and “them”, those people who would continue to favor circumcision. The “we-ness” of the Intactivist community—that “active, vibrant community” he had seen online just a few years earlier—helped him overcome his concerns and transform into a public, visible Intactivist, not just a man secretly struggling with his circumcision status.

So many of the activists with whom I spoke shared similar stories, of feeling a sense of pride and conviction when they entered Intactivism. They were not merely victims anymore; they were tackling, head on, the problem of circumcision. They are asserting their rights. In fact, everyone I interviewed framed circumcision as a violation of rights, whether human or civil; there is no doubt in their minds that they human rights, civil rights, activists. Framing circumcision as a violation of rights is a step towards reclaiming their masculinity; rather than seeing themselves as victims, the men are defending their rights and, as Phelan explains, “Insisting upon these rights is part of being a man in the United States; failure to do so would be ‘wimpy,’ ignoble, a demonstration of weakness” (2001: 55). To ignore the violations caused by circumcision would be unmanly; anti-circumcision activists, then, are the “real men.” This is the first step of the phallic activist.

### *Bearers of Strength*

Beyond simply stating their demands, the phallic activist must also look the part. But, in my experience, none of the activists I encountered live up to the appearance of Foreskin Man. As a group, they create a collective identity that is larger than themselves, and work to project a kind of strength. They embody the Intactivist identity through their costuming choices, exuding both unity and shared vision. By appearing publicly in Intactivist gear, they become readily identifiable as a group. This is how Jonathon was able to see such a “vibrant community” when

he viewed videos from their marches. Intactivist websites contain a plethora of such images, as do their social media sites, so visitors can envision this community as well.

Take, for example, the homepage of the Bay Area Intactivists.<sup>44</sup> It is full of images from their events. With friendly smiles, men and women congregate around a table or booth, all wearing Intactivist slogans. They are unified in the cause—this much is clear from their clothing—but they could also be friends out getting coffee, or volunteers working any cause. The images are subtle. Others are less subtle. Visit the Facebook page for the Bloodstained Men and their Friends and what you’ll find is quite different.<sup>45</sup> Men (and some women) standing in their infamous posture and costumes: arms up and spread, fists clenched, feet wide, in white painters’ suits with red splotches at the crotch. Usually several are lined up together, a wall of wounds to confront those who pass by.

There is nothing subtle in this kind of image. Like the Bay Area Intactivists, there is a clear sense of community and a unified message. But the costumes here say more than any t-shirt with a slogan. Brother K, who formed the group, and who was protesting long before getting the group together, says this about the costume: “The bloodstain magnifies the power of the protester through its profound symbolism, an image that simultaneously reveals his wound and his resistance to it. There is no rebuttal to a bloodstain” (IntactAmerica 2014).

The bloodstain costume is an effective tool—it grabs the attention of passersby, and sometimes more important, the media—and an argument in itself. Like the activist who is, himself, the result of this early “wound,” the strength of the costume emerges from the bloodstain. I interviewed Brother K at an Intactivist conference in Boulder, CO. He is a grandfatherly type, quite nice, a little bit goofy, and generally mild mannered, much like my own grandfather, if my grandfather had been a hippie. He spoke in easy terms with me, about his personal and political transformation to Brother K, a name he has legally adopted as his own. He smiled, reminiscing about former political actions, joking about the process of having credit cards issued in his new name. But his whole demeanor changed when I asked him about the bloodstained costume, and how he felt when he wore it to protests. He stood up silently, raised his hands above his head and clenched his fists, his feet stomping into position wide apart. He simply stood there, in his bloodstained man position, staring hard into space for a few seconds. Then, making defiant eye contact with me, as he does with passersby during protest, he said, “that’s how I feel.” That position, it seemed, said it all. He feels strong. Powerful. Large.<sup>46</sup>

The costuming choice helps him to embody strength. It is a kind of metaphor for what I’m trying to describe—their victimization, symbolized by the bloodstain, is transformed through embracing the traditionally masculine values of strength and autonomy, symbolized here by the power stance. Just as foreskin restoration helps men reclaim their bodies, and with that their sense of autonomy and self-determination, costuming offers a transformative power. And Brother K isn’t the only one using the power of embodied costumes—his whole troupe participates; Glen Callendar, of the Canadian Foreskin Awareness Project, who often participates in U.S. based protests, styles himself as the “Che Guevara of Foreskins,” wearing a beret, black

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<sup>44</sup> [www.bayareaintactivists.org](http://www.bayareaintactivists.org)

<sup>45</sup> <https://www.facebook.com/BloodstainedMenTheirFriends/?fref=ts>

<sup>46</sup> You can see Brother K in this pose and his costume here: <http://www.theblaze.com/stories/2013/03/28/brother-k-circumcision-same-sex-marriage/>

Intactivist t-shirt, black underwear and nothing else (or you might encounter him in a white lab coat and nothing else, during one of his foreskin demonstrations); another man I met also regularly wears a beret, alongside a slogan shirt, and keeps his nails painted. Even those who don't choose these more elaborate or intentional stylings regularly use the t-shirts, slogan stickers, and buttons to stand out.

### *Knowers of Truth*

The final component of the phallic activist is the practice of Othering one's opponents. In the Intactivist movement, Othering is most apparent in the derogatory treatment of ritual circumcision. It is clear, for example, in the Foreskin man series' treatment of Kenyan, Turkish, Jewish, and Filipino circumcision. Above, I argued that the depiction of Dr. Mutilator and Max Warmong escaped the representational tropes used to dehumanize the racial Other. The doctor and CEO retain their humanity somehow, despite their desire to mutilate baby boys. Although these depictions are perhaps more generous than those of the ritual or racialized circumcisers, I will argue here that these depictions are revealing of another kind of Othering that happens regularly in the movement.

Most American Intactivists have arguments against ritual circumcision and will deploy them when asked. However, it is also true that their energies are devoted most toward medical circumcision since it is most prevalent in the U.S. (They are also cautious around the topic of religious circumcision because they are regularly, and often rightly, accused of anti-Semitism. They have, therefore, learned to tread lightly. Everyone except Matthew Hess, that is.) On the topic of medical circumcision, the most common form of Othering is a kind of intellectual Othering.

I asked each of my interviewees questions about the general culture. For example, I asked them to speculate about why the United States continued to be committed to circumcision despite the growing body of evidence against it. I also asked them why they believed the public had taken up the cause of "FGM" but generally ignored male circumcision. What I found was that their answers said as much about them as they did about the culture more broadly.

A common theme among respondents was that the vast majority of Americans have been brainwashed into believing the circumcision hype. Intactivists, however, were stronger than the brainwashing. Keith told me about his experiences trying to educate people. He explained,

I think it's really, really sad that like, you know the fact that like I started the NORM group here in the city and like when I tell people about what the group is, they sort of chuckle at it sometimes and then I have to educate them about the whole thing, and most people start to get it but still I've met a few that are just imbeciles (laughs). They're just really dense, like they're so incredibly brainwashed into thinking that there's something good about it.

Most people seem to "get it" when it comes to "FGM," and provide lots of support to victims, but "the conversation turns to circumcision and when it turns to circumcision, there were, you know, people chiming in (sarcastic) like, 'well, that's different.' Well, like no, it's not, like



you're violating someone's body." When Keith laughed about those "imbeciles," his derisive tone was clear. Although Intactivists are committed to educating the public, they don't really identify with those they're trying to educate, but rather see themselves as superior.

Lloyd describes the brainwashing as a kind of gauze over the eyes, like a veil that must be lifted:

To me it's, it's kind of astounding that anybody that looks at the subject of forced genital mutilation whether it's male or female and it doesn't click. There must be kind of a filter there that's filtering out the acknowledgement of what's actually going on. I guess the way that I see it is people have this gauze of cultural or religious denial [Amanda: Uh-huh] and some people have to kind of unwrap that gauze to see it but once you step back you look at it, you see it for what it is [Amanda: right] and <he snaps his fingers>, people get it.

Interestingly, though, he continues by distancing himself even from those who will lift the gauze and understand: "I never really had that gauze wrapped around my eyes, I guess." Likewise, Richard claims to be different from the herd. He explains,

it surprises me that people are so unable to look beyond their culture. I definitely think I'm the type of person who can question what's considered to be culturally acceptable, culturally normal or both. That's always been part of my personality is to just, you know, question everything, to look at things logically. Even if society says is normal or acceptable I still question things and make that decision for myself. But I don't think that people have that capability, most people just blindly follow what their culture says. I think that's part of the problem. We're just a bunch of sheeple.

It is interesting that he describes himself as so critical of cultural norms, since just moments before making this statement, he told me that it "took me a long time to see the intact penis as being attractive because I had to reverse the cultural norm. Um, for a long time, I didn't think it was attractive, but now I do."

Intactivist collective identity, which appears to be rooted in a sense of intellectual superiority over the vast American public, provides the positive emotions that many Intactivist men were lacking before coming into the movement. Where they once felt sad, embarrassed, humiliated, and victimized, they now have strength and intelligence. It also provides the momentum to continue participating in a movement that the general public considers niche (if they consider it all).

## **Conclusion**

The masculine imagery of the hero looms large in the Intactivist movement. From the young boy who thinks his foreskin is a superhero, to Foreskin Man whose super boots help him fly around the world to save babies, to Brother K and the Bloodstained Men whose costumes are a powerful symbol of their pain and strength, heroes are everywhere. The collective identity that this imagery, and the accompanying rhetoric, provides creates a space for positive feelings and

affinity between members, a sense of unity, and positive self-affirmation for men struggling with body image and self-esteem issues.

The reliance on this masculine archetype reveals the mythopoetic underpinnings of the Intactivist movement. Intactivists the move along a somewhat predictable trajectory: from powerless victim to triumphant victor. Much like mythic heroes, who must overcome some trauma or pain before rising victorious. There may be something worthwhile in this imagery—for example, the idea of helping the vulnerable members of society is something quite laudable. And yet, contained in this hero imagery, for all its positive possibilities, is a problematic and essentialized view of masculinity. This identity, while providing positive emotional resources to men in the movement also provides a space for dangerous colonial rhetoric (a new kind of white man's burden), and for the Othering of movement opponents. Importantly, this imagery highlights the costs of masculinity (the victimization) and men's solutions to these costs, with no reference to the privileges of masculinity; according to Messner, this places the movement in the terrain of anti-feminist politics (1997).

If Intactivism wants to further its message that intact genitals are a human right, and specifically that ending male circumcision is a human rights imperative, it would behoove them to drop the problematic imagery to which it regularly turns. This imagery is alienating to groups that might otherwise engage (perhaps even agree) with their message: for example, liberal feminists (like those at the New View Campaign, who broadly oppose the medicalization of human sexuality); reform Jews (some of whom have voiced opposition to circumcision but would be reticent to advocate for a movement whose leaders produce images like Monster Mohel); and LGBTQI (lesbian, gay, bisexual, transgender, queer, intersex) activists (who recognize the benefits of bodily integrity/autonomy for multiple sexualities and bodily configurations but who would oppose the essentialism and sex dimorphism of these images).

An improvement would be to identify the historical privileges and benefits associated with circumcision. Then, demonstrate how these privileges have demanded that men sacrifice a part of themselves (or their sons) to the cause of patriarchy. If men feel hurt, sad, and angry about circumcision, this could be a starting place for redirecting those feelings—they should feel hurt by, angry at, and sad about male domination and patriarchy. A more nuanced conversation that balances a discussion of harm with one of privilege would move the movement out of the anti-feminist terrain into the terrain of progressive coalition building, opening a new space for bridges between Intactivism and feminism, liberal Judaism, and LGBTQI activists. Such a conversation might preclude the easy reliance on masculine images like the hero, and activists might have to work out new collective identity resources, but this would be a small cost for a more progressive, broader, coalition-based movement. Moving away from this imagery might also encourage some of the positive masculine challenges the movement offers, like claims about masculine sensuality, emotionality, and connectivity, which are generally at odds with the hardened hero.

## Chapter 8: Conclusion

Circumcision is a practice that marks patriarchal power, white privilege, and ethnocentrism, on the bodies of boys. If the reading of the practice stopped there, we might assume, as some anti-circumcision activists do, that fighting circumcision means we are fighting those things. I have argued throughout this project that, in fact, the equation is not so simple, that opposing circumcision does not necessarily make one a progressive gender equality activist. Rather, I have tried to show how meaning emerges in discourses around circumcision, and that in some cases, the meaning that emerges in the fight against circumcision has much in common with mainstream ideals of masculinity, and much in common with pro-circumcision ideology.

When circumcision was being popularized as a medical procedure in the United States, it was sold as a solution to many problems. First, it could supposedly cure or prevent diseases. This fit well within Americans' emerging love affair with medical and health procedures. It also was well suited to the developing medical discipline which sought to extend its colonizing powers into traditionally female spaces—pregnancy and childbirth. Circumcision, as part of a hospital birth, assisted in the medicalization of birthing that would drive midwifery into practical extinction.

Second, it could prevent masturbation. Masturbation was a gender problem and men who masturbated were seen as failures. Physically, they looked pale and thin and lacked the manly vigor of “real” men; they were also failures economically, as they sapped their productive energy through loss in the spermatic economy. Thus, male masturbation was a social problem in an economy that was changing. Immigration was threatening “native” born white men's access to the productive public sphere. All of this meant that society was primed to see circumcision as a solution.

A third factor was also part of the circumcision solution: gender. As masculinity scholars have pointed out, men's bodies are often treated instrumentally; that is, they are tools for achieving certain ends. In times of turmoil, men's bodies are tools used for creating a sense of control and stability. Thus, in a time of social upheaval, of economic and social change, circumcision provided a gendered (and racialized) sense of control. (White) men could maintain their dominance in the workforce and in society through the simple <snip> of circumcision.

If that is what circumcision meant as it was being solidified as a medical procedure, what does it mean today? Gender is still a big part of the picture. Circumcision rates peaked in the U.S. in the late 1970s and early 1980s, with some parts of the country circumcising 90% or more of their infant boys. That means that most American born men living today are circumcised. The circumcised penis is the default penis in the American imagination—it is the scientific penis, the medical penis, the pornographic penis. It is THE penis. Thus, it is also the American phallus—that symbolic and powerful stand in for masculinity and men.

The default state of the American man is circumcised. This means that most men do not even really think about circumcision and when they are asked to consider it, most of them evaluate it positively; to do otherwise would be to see fault in their own bodies, so this is unsurprising. What is surprising, perhaps, is that there is a group of men (and some women) who vehemently oppose circumcision, who see their own bodies as deformed by the practice, and who openly admit it in public. Through this project, I've demonstrated that these men, who claim to comprise a gender equality movement, are in fact, not that different from the men who might defend circumcision.

The story of circumcision is a story about men's bodies. Sure, there are lessons in it about medicine, religion, and health, but first and foremost, there is the body, the penis, the Phallus. Remember the masturbator, from chapter 3, with his "low, mean look, a hand-dog expression; a pallid face; hollow, watery eyes, cold, moist hands; lusterless hair; constrained, embarrassed manner; drooping shoulders; a tendency toward twitching muscles; frequent repetition of swallowing motions." Contrast that with those who refrained from self-indulgence and who "radiated the 'virile power of superb manhood'" (Miller 2002). So, the practice of circumcision freed the pale, nervous, twitchy masturbator from his urges to become Superman.

For Intactivists, circumcision is a distinctly bodily violation. It is literal—the cutting of flesh. But it is also figurative—it cuts part of man's flesh which is deeply symbolic, of his worth, of his masculinity. To rescue that demonized foreskin from the surgeon's (or society's) grasp, Intactivists must free the Intact Body; it need not be hollow, damp, or embarrassed... it too can become the Hero. In Intactivism, it is activism and foreskin restoration that set man free, free to become Foreskin Man. The Intactivist vision of masculinity is not so different from the mainstream. Intactivist man is autonomous and independent, fully agentic despite his early violation. He is invulnerable and impenetrable, despite his early abuse. He is strong, a defender of the weak.

Intactivists borrow heavily from Men's Movements, predominantly regressive movements like the Men's Rights Movement and the Mythopoetic Movement. To qualify as a movement for gender equality, to truly break from mainstream masculinity ideology, Intactivists would need to align themselves differently. They would need to consider a more complete history of circumcision, of the penis generally, and they would need to pay attention to their own privilege. Instead, like MRAs and mythopoets, they focus on men's struggles—psychic, physical, spiritual, social—and suggest individual level solutions like foreskin restoration. Simply fighting against a violation that targets boys' bodies does not make them progressive gender equity activists.

## **Key Problems in the Movement**

Besides simply aligning themselves with the wrong movements, there are some gender theorizing problems that plague the movement. Primary among these is the problem of gender essentialism—the overly biologized understanding they have of the differences between men and women, and of men's drives generally. This gender essentialism is clear in many Intactivist writings, for example, in their most fundamental claims that removing the foreskin causes sexual problems. This most basic principle of Intactivist thinking ignores the complex components of sexuality identified by sociologists, psychologists, and sexologists. Sexuality is much more than nerves and genital stimulation; it is socially scripted, embodied, and relationally experienced.

Besides the gender essentialism of the movement, there is also an overarching acceptance of sex role theory. This allows them to equate men's "subjugation" with women's—for example, in their treatment of "FGM" and "MGM." It is beyond the scope of this project to deal with this comparison—and in fact, politically, I am disinclined to do so because of the ways in which "FGM" has been mobilized in service of continuing imperialistic interventions in Africa and the Middle East. Nevertheless, even if "MGM" and "FGM" were equivalent in their "harms," the

fact remains that women's bodies generally, and their genitals specifically, are subjected to numerous interventions the Intactivist movement ignores. Thus, the equivalence drawn is a false one, much like those drawn by the Men's and Father's Rights movements (discussed in chapter 4).

A final problem is the racism which permeates the movement. Though the movement claims to be interested in protecting boys/men of all races and religions—indeed, this is their response to frequent charges of anti-Semitism—their promotional materials hint at other things. First and foremost, their websites and pamphlets almost universally portray white baby boys. More than that though, materials like the Foreskin Man comics and its acceptance (sometimes tacit, other times explicit) in the movement, suggest that the movement is plagued by the same kind of white supremacy as the mainstream anti-“FGM” movement. It will be interesting to follow the development of the WHO anti-HIV/AIDS circumcision policy in sub-Saharan Africa, too. Based on their current critiques, it is likely that Intactivists will attempt to intervene “for” African men, regardless of whether African men evaluate the policy positively for themselves. Male circumcision may become a new arena for Western intervention, both by the WHO and by the Intactivists who would oppose it.

### **Fissures in the Movement**

The picture I've painted thus far has been quite unified, and there are some interesting fissures in the movement worth mentioning. Not everyone in this movement—which is as I have argued, unfortunately aligned with Men's Rights—would rightly be classified as anti-feminist or even pro-Men's Rights. There is some variety, and thus possibility for change even within the movement.

One illuminating example is an email conversation between members of an Intactivist organization. One member sent an email to the group, titled “Avoiding gender normative messaging.” The individual started by saying “It was recently brought to my attention that numerous messages used within the intactivist movement are gender normative (e.g. ‘his body, his choice’). By ‘gender normative’ I mean that the underlying assumption is that victims of forced foreskinectomy will have a male gender identity. The reality is that some victims of male genital mutilation will identify as transgender women later in life.” He continued,

So how does this affect the intactivist movement? Firstly, we should be mindful that there are transgender women who are victims of forced foreskinectomy and therefore our messaging should try to be gender-neutral to be as inclusive as possible (e.g. ‘My body, my rights’, ‘Intact genitals are a human right’, ‘Forced circumcision violates human rights’, ‘End the war on foreskin’, etc.) Because not all of the victims will identify as men, we can use this to our advantage by reaching out to groups and events that advocate for women's rights. By shifting away from gender normative messaging (basically anything that includes ‘boy(s),’ ‘man/men,’ ‘he,’ or ‘his’), we will stop alienating our transgender allies. For those of us living in [this] area, I think this is doubly important. We have a vibrant community of transgender activists who I hope we can make to feel both welcomed and respected.

When I first read this message, I was stunned. I had been studying the movement for about two years at that point, lurking on listserves, reading online publications and message boards, and attending events, and I this was the first sophisticated, even feminist, gender argument I'd encountered. In this short email, the writer affirms a non-binary view of sex/gender, supports transgender and intersex bodies and experiences, and pushes for a more nuanced set of messages for the organization. He clearly sees both a political and a practical side to this—it is more inclusive, but also will build bridges between Intactivists and trans activists in the community. In one short email, this activist moves towards Messner's terrain of progressive coalition building, paying careful attention to the differences between "men." I paused, suddenly wondering if I'd mischaracterized the movement. I later came to the conclusion that one argument did not change the movement as a whole, but I was excited to see this kind of theorizing happening among activists—it seemed promising.

The email provoked an ongoing conversation. The next message expanded the original: "Having a foreskin is incredibly important to transwomen. The penile skin becomes the vaginal lining if she has trans surgery. Without approximately 15 square inches of skin, her vagina will be very short and/or painful scar tissue and/or various other unpleasant possibilities. She may look great, but her vagina will not have much erogenous sensation." This writer connects the Intactivist message with trans bodily autonomy and experiences, using proper pronouns and articulating an understanding of postoperative needs.

The next response was less progressive. He begins by saying that he understands the points that have been made and that he is "the reverse of a Male Rights Activist." Nevertheless, he continues

Circumcision is done TO males AS males. Females are protected. The gender and sex of the person being circumcised are presumed to be male when parents are deciding whether to genitally cut him, and it is the parents we are trying to reach. I cannot see any future to 'If you're having a boy or transgender male-to-female-baby...' Nor do I see 'If you boy grows up to be transgendered, she will need her foreskin to line her vagina' gaining any traction as a reason not to circumcise.

He concluded, "'His body, his choice' is powerful, and loses power in more gender-neutral language." While this superficially appears as an appeal to practicality (this wording "loses power"), there is an underlying mocking to the tone of the writing. It is clear that the writer doesn't value the transgender argument, regardless of its political utility.

The next writer takes it further: "I agree that it is His penis...It is the boy that they cut it off of. It's the MAN who suffers the consequence. Perhaps any other way of looking at it is over thinking it. The potential to exclude is greater than the potential to include the group mentioned. Just sayin..... [sic]." Reading this message in particular reminded me of reading comments sections on internet articles about trans issues. In these spaces, individuals seem to come out of the woodwork to emphasize the presumed biological sex over trans people's articulated gender identity—we see this here with the writer's emphasis on "His" and "MAN" even as others in the email thread were careful with their use of pronouns.

My feelings that there was something more to this movement were rapidly waning. But, the original poster responded to each of these messages in turn. To the first, on the question of utility, he writes:

When it comes to demonstrations, I would argue that ‘MY Body, MY Choice - End Forced Circumcision’ is just as powerful and it has the advantage of drawing a personal connection. It’s not about some abstract individual but speaks about the human being standing there holding the sign. The one whose eyes meet yours as you pass. [...] I’m not suggesting that we need to use ‘transgender’, ‘male-to-female’, or ‘transwoman’ in all of our messaging. But I think we should be mindful to avoid using messaging that is an affront to the trans community as this will do nothing to help our cause. Trans individuals [...] might be a little more willing to work with us if our language doesn’t unintentionally come across as a slap in the face.

To the second detractor, the original poster had this to say: “We should be mindful that sometimes it is the woman’s penis. And a woman who suffered forced foreskinectomy doesn’t appreciate being made to feel as though she doesn’t exist.” Here he unambiguously reinforces the proper use of pronouns, and rearticulates the importance of non-deterministic gender language. Again, I was impressed and surprised. Unfortunately, the detractor responded, further reassuring me that my general reading of the movement as problematic still held true: “I submit that if someone feels ostracized by referring to a penis as a man’s, [he] has a lot more going on.....than that....”

I present this exchange, reproduced here at some length, because I think it is indicative of the tensions and fissures that appear within the movement. Although much of the rhetoric and ideology is essentialist, deterministic, overly-biologized, and anti-feminist (or at least, non-feminist), there are bits and pieces of the movement which represent some potential for change. The movement is certainly united in their opposition to routine neonatal male circumcision, but they are not necessarily unified in their formulation of that opposition. What I’ve presented throughout this project is the general scope and tone of the movement, but I want to be clear that not all the individuals that comprise the movement share all of its problematic components.

## **Future Research**

My findings here suggest some important avenues for future research. First and foremost, there are some questions that remain about the movement specifically. I’ve explored, in good detail, the motivations of American Intactivists, as they pertain to routine neonatal circumcision. But there is little research on the growing international movements against circumcision. For example, how does the movement differ in Germany or Denmark, where circumcision has never been medically popularized, but remains primarily a cultural or religious practice of immigrant groups; or, in Australia, where medical circumcision is uncommon, but indigenous penile practices might be known. It would be useful, also, to track shifts in Intactivism alongside the development of WHO policies. These policies, themselves, warrant investigation as the newest and among the strongest justifications of male circumcision in medical history. They have been criticized as overly simplistic, ignoring as they do any social determinants of the disease (ideas about safe sex, for example), as well as gender inequality. Moreover, at least one study, which



has been overwhelmingly ignored, suggested that circumcised women were less likely than intact women to contract HIV—why then, is the WHO not considering a female circumcision policy? Certainly, I would not suggest such a policy, but it raises questions about gender and bodies that a major health organization would promote some bodily alterations for disease prevention but not others; the values governing these policies are worth investigation.

The second question that emerges from my research is about the utility of Messner's theory of men's movements in evaluating movement organizations. I've used his model here to argue that Intactivism, as a movement, is predominantly an anti-feminist movement, not a gender equality movement as it claims. But, my investigation also identified some fissures in the movement, suggesting that it is not as unified as it might appear. I imagine this is true of movements generally, that their internal politics may vary geographically and by organization. To understand "movement dynamics" of men's movements, it could be useful to apply Messner's model at the organizational level, to gather a more detailed understanding of gender politics.

A final research direction engendered by this project revolves around the question of activism and embodiment. My findings demonstrate that gender and embodiment theories are useful additions to social movement theory. Specifically, I find that ideas about bodies function at many levels of a social movement—in its media and framing choices; in the expression and understanding of collective identity; and in the influence it wields over its members. That foreskin restoration is becoming more widespread among Intactivists, and that there is any awareness of it in our society, is a kind of movement success not predicted using traditional social movement theories; it is not a policy change, or even a cultural change per se. I suggest that social movements scholars would benefit from thinking about activist bodies and embodied successes. Theories of embodiment may shape why and how activists engage in a movement, how they connect with one another and with the movement's goals. And I think scholars have been thinking, at least superficially, about activist bodies without doing so explicitly. Perhaps it is because bodies seem so individualistic and social movement scholars have been interested in patterns of behaviors; but by not acknowledging bodies explicitly, we're missing some important patterns. Not only will this add to social movements scholarship, but to embodiment scholarship as well because social movements may be key players in the social construction of bodily values and identities.

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## Appendix A—Interview Schedule

This is the list of interview questions that guided my semi-structured interviews. I adapted the wording of the questions and their order based on respondents' answers to other questions, and my sense of their comfort level.

\*Regarding their individual lives and their activism:

How did you get involved in activism?

How did you become involved in this organization? What is your position in the organization?

How did you recognize circumcision as harmful? How do you feel about the phrase “male genital mutilation”?

(for men) Are you circumcised? How has circumcision affected your life?

Are you fighting against male and female circumcision or only one of them? Why?

Do you oppose religious circumcision, or only routine medical circumcision?

Do you oppose genital alteration on consenting individuals? For example, doctors will not amputate a finger even if the person asks for it and consents.

At what age do you think someone can consent to circumcision?

\*Regarding society/society's response to circumcision:

Why do you think the U.S. is so committed to the practice of male circumcision?

Why do you think we circumcise boys, while as a society we oppose (and legally prohibit) the circumcision of girls?

What type(s) of tactics are most important for dealing with the problem of male circumcision?

Do you believe that we should make male circumcision illegal as we have done with female circumcision? If so, who should be punished for circumcision (the mother or father who chooses it, the doctor or circumciser who performs it)?

The anti-circumcision movement has been accused of being anti-Semitic or anti-Islamic. Do you worry about these accusations? How do you respond to them?

\*Regarding their own tactics:

If your brother or sister was about to have a baby boy and was considering circumcision, what would you say to him or her to dissuade them?

How do you respond to men who claim that circumcision hasn't negatively affected them?

How do you respond to women who say they prefer circumcised men?

\*Regarding foreskin restoration:

(for men) Have you considered foreskin restoration?

(For restoring men) Why did you decide to pursue foreskin restoration? What method(s) are you using? How is it going?

Appendix B—Organizations

Table 1

<b>Organization Name</b>	<b>Website</b>	<b>Organization Function</b>
Attorneys for the Rights of the Child (ARC)	<a href="http://www.arclaw.org/">http://www.arclaw.org/</a>	Activist (legal, legislative)
Bay Area Intactivists	<a href="http://www.bayareaintactivists.org/">http://www.bayareaintactivists.org/</a>	Activist
Bloodstained Men	<a href="http://www.bloodstainedmen.com/">http://www.bloodstainedmen.com/</a>	Activist
Catholics against Circumcision	<a href="http://www.catholicsagainstcircumcision.org/">http://www.catholicsagainstcircumcision.org/</a>	Informational (religious)
Circumcision Information and Resource Pages (CIRP)	<a href="http://cirp.org/">http://cirp.org/</a>	Informational
Circumcision Resource Center (CRC)	<a href="http://www.circumcision.org/">http://www.circumcision.org/</a>	Informational
Doctors Opposing Circumcision	<a href="http://www.doctorsopposingcircumcision.org/">http://www.doctorsopposingcircumcision.org/</a>	Activist (medical)
End Routine Infant Circumcision (4ERIC)	<a href="http://www.4eric.org/">http://www.4eric.org/</a>	Activist
Intact America	<a href="http://www.intactamerica.org/">http://www.intactamerica.org/</a>	Activist
Intact Network	<a href="http://www.intactnetwork.org/">http://www.intactnetwork.org/</a>	Informational (coalition)
Intaction	<a href="https://www.intaction.org/">https://www.intaction.org/</a>	Informational, Activist
International Coalition for Genital Integrity	<a href="http://www.icgi.org/">http://www.icgi.org/</a>	Informational (coalition)
Jewish Circumcision Resource Center	<a href="http://jewishcircumcision.org/">http://jewishcircumcision.org/</a>	Informational (religious), some individual activism
Jews Against Circumcision	<a href="http://www.jewsagainstcircumcision.com/">http://www.jewsagainstcircumcision.com/</a>	Informational (religious), some individual activism
Lucky Stiff	<a href="http://www.luckystiff.org/">http://www.luckystiff.org/</a>	Informational, some individual activism

Male Genital Mutilation (MGM) Bill	<a href="http://www.mgmbill.org/index.htm">http://www.mgmbill.org/index.htm</a>	Activist (legislative)
Mothers Against Circumcision	<a href="http://www.mothersagainstcirc.org/">http://www.mothersagainstcirc.org/</a>	Informational (women's, parents)
National Organization of Circumcision information Resource Centers (NOCIRC)	<a href="http://www.nocirc.org/">http://www.nocirc.org/</a>	Informational
National Organization of Restoring Men (NORM)	<a href="http://www.norm.org/">http://www.norm.org/</a>	Informational, Support
Not Just Skin	<a href="http://www.notjustskin.org/node/1">http://www.notjustskin.org/node/1</a>	Informational
Nurses for the Rights of the Child	<a href="http://childrightsurses.org/">http://childrightsurses.org/</a>	Activist (medical, women's)
Peaceful Parenting/Saving Our Sons	<a href="http://www.DrMomma.org">http://www.DrMomma.org</a>	Informational (parents)
Stop Infant Circumcision Society (SICS)	<a href="http://www.stopinfantcircumcision.org/">http://www.stopinfantcircumcision.org/</a>	Activist
Stop the Cut	<a href="http://www.stopthecut.org/">http://www.stopthecut.org/</a>	Informational, Activist
The WHOLE Network	<a href="http://www.thewholenetwork.org/">http://www.thewholenetwork.org/</a>	Informational