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PSYCHOLOGICAL EFFECTS OF CIRCUMCISION AS PRACTICED IN TURKEY

A Preliminary Report *

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In modern psychological medicine and child psychology, frustrating and painful experiences of childhood have been used to explain the development of many emotional disorders. Very often there has been a failure in defining what is frustrating and painful for the child or for the adult. In addition, the correlation between pathology and frustration and pain cannot be easily established as these are relative and changing concepts which differ from one culture to another, particularly after the child reaches a maturational level in which his interaction with the society becomes an essential part of his further development. Each culture has its own way of rearing children and sometimes cultures may normally include certain painful or frustrating experiences in their child - rearing practices, thus aiding the child to form a personality more or less specific for that culture. (2, 3, 7, 8) However, there are of course, certain common elements in the biological instinctual development of human beings. Some child-rearing practices that seem to be painful or frustrating, or both, may give one the impression that these are actual traumas, or contradictions by society of the human instinctual development. There is evidence to believe that as long as a culture provides institutionalized methods to cope with potential traumas,

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experiences of pain or frustration even during the most critical phases of development, do not lead to psychopathological conditions. In order to clarify this point, a preliminary report of an uncompleted study on the psychological role of circumcision in the development of personality in the Turkish male is presented here.

In Turkey, Moslem children are circumcised without anesthesia at an age most critical from a psychosexual point of view. Interviews conducted with villagers and city - people from various parts of Anatolia indicate that about 80 per cent of the children are circumcised between the ages of four and nine. An insignificant number is circumcised younger and the remainder undergoes this experience between the ages of nine and fifteen. There are rare cases of individuals who have not been circumcised until the age of 20 due to extreme poverty, negligence, indifference, and also to lack of a family. Most of these people are circumcised during their military service. In general, rural children are circumcised between the ages of four and seven, whereas urban people perform the operation when the child is between seven and ten. These figures are based on personal interviews and observations during the last two years. A questionnaire answered by 35 adults from various districts of Turkey elicited the same information. The following points drawn from our observations and the results of the questionnaire are also worth noting: about 65 per cent of the children know the procedure ahead of time and are adequately prepared and rewarded as will be described below. About 40 per cent report having had fears of actual castration prior to circumcision and 30 per cent report having had fears, and feeling punished, during the experience itself. Thus, about 30 per cent are probably being subjected to an important traumatic effect which may or may not be erased by later experiences of life. Eighty - five per cent of adults feel that they would have felt shame, inferiority and inadequacy as a man, and also to a lesser extent from a religious point of view, had they not been circumcised.

It is quite clear that this is a rather important childhood experience as it is practiced in Turkey and, although difficult, it is possible to investigate the after - effects of it in adult personality. Most children are told how and why they will be circumcised, and during the operation festivities in the form of feasts, games, shows and music, take place. The child is also given many gifts after the operation. Probably more important than the ceremonies, the child is given the feeling that only by being circumcised can he grow up to be a man and gain status among his peers, and that he must be calm and brave during the operation. Circumcision is in general performed by the

so - called circumciser or experienced sanitarian. Only in the larger cities are surgeons occasionally asked to perform the operation under anesthesia, mostly by people of the higher socio - economic level.

In psychoanalytical terms, the age of circumcision in Turkey coincides with the phallic stage or the early part of the latency period. The phallic phase, known also as the Oedipal phase, is a period during which the child who has become aware of his own sex, develops increased attachment to the parent or parent substitute of the opposite sex and becomes a rival of the parent of the same sex. In a rather complex and conflictual relationship the child has guilt feelings and fears of punishment, the prototype of which is castration anxiety. These are gradually resolved by the identification processes and the child enters a dormant psychosexual stage, the latency period. (1, 4, 5, 6) This knowledge would lead one to deduce that children in Turkey, particularly rural children, may be experiencing serious trauma right in the midst of resolving Oedipal conflicts and castration anxieties. In fact, however, it is as if the society had known that its own practices might be dangerous or contradictory to normal instinctual development and had therefore instituted ways and means to make this specific experience at a specific period of life an ego - building process. The child's pain and loss are rewarded by ceremonies, gifts and the status gained and promised. Children to be circumcised are prepared ahead of time with explanations and counterphobic defense systems in the form of ideals of manliness and bravery. The fact that most adults report that they would have felt shame, inferiority and inadequacy had they not been circumcised indicates that the society's compensations and rewards make this experience one that is needed by the adult ego.

However, there is a significant group which is deprived of the society's rewards and compensations. Among these it is possible to see the traumatic effect. Some families, unaware of the potential trauma, may ignore the traditional preparatory ceremonial and status - giving aspects of circumcision. Under such conditions, the child may not be able to overcome the trauma and may develop psychopathological reactions or an already existent insidious pathology may be activated or aggravated.

Two cases will be briefly presented in which the patients had rather different experiences and backgrounds, but in which one can see, at least as one important factor, the role of this practice in the development of a symptom or a shaky identity.

The first case is that of a 24 year old mechanical engineer from Izmir who came to the Out - Patient Clinic of the Department of Psychiatry of the Ankara

Faculty of Medicine because of his severe stuttering. This intelligent, shy and somewhat inhibited young man spontaneously reported that his stuttering had started immediately after he was circumcised at the age of eight. The fact that this had been confirmed by his parents also leaves no doubt that this cannot be an infantile screen memory or misconstruction of the experience. The young man recalled that while other little boys in the neighborhood talked to each other and showed their penises, explaining the operation among themselves, he was kept out of such discussions and was given the impression that some kind of catheter would just be inserted and taken out. His parents, reserved and inhibited individuals themselves, sheltered and protected him from many facts of life. In a speedy and secretly arranged ceremony the child was told that he was going to be circumcised and that all he had to do was to shout: «Long live Atatürk.» The boy, terrified during the operation, screamed: «I wish I were not a Moslem» and fell unconscious. Reportedly after that day he began gradually to stutter.

There is no need to say that the child must have been very inadequately prepared for coping with and handling any traumatic and painful situation and thus circumcision itself was probably only a trigger. However, what could have been a constructive positive experience in this society became in this fashion a serious trauma. How the trauma led to a speech difficulty is hard to explain and suggests that there must have been other predisposing factors that determined the symptom choice.

The second case is that of a 20 year old male who was admitted to the Psychiatric Hospital of the Faculty of Medicine about one and a half years ago for evaluation and therapy. Since the early years of puberty the patient had shown many signs of psychopathy in the form of not adapting to school, absolute irresponsibility, non-conformity, playing many tricks on his parents and their friends and spending their money in excessive amounts, thus living a life guided seemingly by the pleasure principle. During psychiatric interviews he was found to be immature, impulsive and somewhat anxious, manifesting a low frustration tolerance. He also showed a façade of humorous anti-moralism and anti-intellectualism underneath which his feeling of insecurity and inadequacy and a depressive tone were not difficult to detect. His lack of a sense of identity and belonging and the resulting fear of life were later expressed by the patient himself. His acting-out, particularly in the form of spending tremendous amounts of money on show girls, was undoubtedly motivated by these feelings of inferiority and inadequacy which certainly belonged to the sexual sphere.

The patient had a successful, hard - working Turkish engineer as a father and a compulsive, moralistic German woman as a mother. As the only child he was pampered and had, himself, little feeling of autonomy and little initiative among other Turkish boys of his age. He was not treated as belonging to any definite ethnic group, either German or Turkish, Moslem or Christian, and because of such an indifferent family situation he was not circumcised. Actually this meant to the little boy that he could get away with things because of his special situtation. In school and in his other relationships, his ability to trick people and to escape pain and frustra-

tion, developed as a major pattern of behavior which had persisted up to the time he was seen. During our interviews, although initially he denied the importance of his feelings about not being circumcised, after some therapeutic relationship was formed the patient himself inquired about the matter. Upon the comment that if he wished he could be circumcised even at this age and that he could thus prevent many difficulties that might be anticipated during his military service, he himself asked for an appointment with a surgeon and kept his appointment. Since then the patient has joined the army, and there are many signs of improvement in his over-all behavior (*). In this case also, among probably many other factors, the lack of the experience of circumcision seemed to be closely related to difficulties in the sexual sphere as well as to other behavioral patterns.

Summary

In Turkey, children are circumcised without anesthesia at ages which are most critical from the psychosexual point of view. Psychoanalytical theory would lead one to deduce that Turkish children, particularly rural children, may be experiencing serious trauma right in the midst of resolving Oedipal conflicts and castration anxieties. However, it is as if the society had realized this and had therefore instituted ways and means to make this specific experience an ego-strengthening process. The child's pain and loss are minimized by adequate preparations and counterphobic defenses and are well rewarded by ceremonies, gifts and the status gained. Two cases which illustrate the implications of poorly handled circumcision in psychopathology are presented.

This is a preliminary report of a long - term research project.

REFERENCES

1. Benedek, T.: Personality Development, in Dynamic Psychiatry, ed. F. Alexander and H. Ross, Chicago, The University of Chicago Press, 1952.
2. Erikson, E. H.: Childhood and Society, New York, W.W.Norton, 1950.
3. Erikson, E. H.: Discussions on Child Development, ed. J. M. Tanner and B. Inhelder, London, Tavistock Publications, 1955.
4. Fenichel, O.: The Psychoanalytic Theory of Neuroses, New York, W. W. Norton, 1945.
5. Freud, S.: Three Contributions to the Theory of Sex, New York, Nervous and Mental Disease Publishing Co., 1930.
6. Freud, S.: The Passing of the Oedipus Complex, in Collected Papers, London, Hogarth Press, 1924, Vol. 2.
7. Mead, M.: From the South Seas, New York, Morrow, 1939.
8. Mead, M.: Discussions on Child Development, ed. J. M. Tanner and B. Inhelder, London, Tavistock Publications, 1955.

(*) Both circumcision and completion of the military service seem to be important in Turkish masculine - identity formation.