All of nature's processes are governed by a single energy; orgone energy. This energy permeates the cosmos and courses through all living things. The emotional and physical health of human beings depends upon whether this energy flows freely in the body or whether it is blocked. When the energy is unimpeded, individuals feel alive, are able to relate well with others, and function well in their work. When it is blocked, they feel dissatisfied and every aspect of functioning suffers. From birth, and quite possibly before, humans respond to traumatic events by physically contracting, especially in their musculature. When muscular tension becomes chronic, it is known as "armoring," and its presence prevents the natural flow of orgone energy through the body. Armoring forms as a consequence of early, painful experiences of infancy and childhood. Feelings and memories are held in the armor and, as such, the unconscious resides not in the "mind" but rather in the whole human being. Thus, mind and body are united with orgone energy functioning as the common principle.

From Reich's discovery of armoring we know that even the earliest emotional experiences are biophysically held in the body as chronic muscular contractions. Adults cannot remember back to their earliest days of life, but initial feelings and experiences remain locked within them, laying the foundation for neurosis with all its untoward consequences. Medical orgone therapy seeks to reestablish the free flow of orgone energy by relieving armoring, and in so doing it brings about the expression of long-buried feelings and emotions.

Prevailing opinion holds that the human condition is almost entirely the result of either heredity or social factors. However, life's first experiences shape character most, and lay the foundation for either healthy functioning or chronic discontent. Birth and the first few days of life are the most important and decisive period of development, and the earliest traumas produce the most severe damage. This is because the newborn has not developed any means to defend against shock and injury. The trauma of circumcision produces a severe biophysical contraction, concentrated at the site of the injury. With no mechanism yet developed to defend against the excruciating pain, the infant can only scream and then withdraw into himself.

Adults, during the course of medical orgone therapy, regularly recall past traumas as armoring is released. As impossible as this may seem, sometimes a patient will relive his circumcision. It is a horrendous experience for the patient and very disturbing for the physician. If individuals could see a circumcision being relived, with all its pain and terror, there would be no question that even the earliest infantile experiences remain alive in the adult and are not at all "forgotten."

The location of armoring, the site where the flow of energy is predominantly blocked, determines the type and degree of neurosis that will develop. Thus, armoring that occurs as a result of circumcision has its own particular lasting aftereffects. The severe trauma of circumcision increases pelvic armoring and serves to block the flow of feeling into the genital; therefore the full energetic discharge that should normally accompany orgasm becomes inhibited. Dr. Elsworth Baker tells us that castration anxiety is produced originally "through the threat of
castration, either with words and implications, or by circumcision."(1) In the adult, castration anxiety manifests itself as a fear of natural sexual relations, and such individuals are always orgastically impotent-they lack the capacity for complete surrender to the involuntary contractions that occur with orgasm and complete discharge of sexual excitation. Because of pelvic armoring and castration anxiety, which increases the holding in this area, one would expect circumcised men to be more likely to engage in pregenital forms of sex. Indeed, a recent study of the effects of circumcision found a relationship between circumcision and sexual activity(2). Specifically, circumcised men were shown to engage in a more elaborate set of sexual practices, particularly masturbation and oral and anal sex. The authors of the study hypothesized that this behavior may be due to reduced sensitivity of the penis. While reduced sensitivity exists, from what we know of the effects of armoring, and specifically castration anxiety, it can be speculated that those who have been genitally traumatized prefer less threatening outlets for their sexual drive.

The American Academy of Pediatrics determined in 1971 that there was no valid medical need for routine circumcision (4). However, physicians ignored this report and continued to advocate the procedure for health reasons. What are the real roots of this barbaric practice? What is at work in man's structure that permits this brutalization of helpless infants? Reich has provided us with answers by elucidating what he called the "emotional plague."

Most people are rigidly armored and as such are incapable of achieving a state of natural, healthy functioning. However, at their core, they long for freedom and release from this straitjacket of armoring (5). People fear and hate what they long for most but cannot have. Reich tells us that there is "[a] terror that strikes the armored human being when he faces any kind of living expression [and this] is responsible for the systematic armoring of newborn generations." Reich called this reaction "plague behavior" and it has become organized in many of our social institutions.

One can recognize the emotional plague individual by the following characteristics:

- He is always genitally frustrated and his impulses, in particular, are sadistic.
- He imposes his way of thinking and living on others.
- His behavior is exceedingly well rationalized.
- The real motive for the behavior is never the stated motive.
- He seriously and honestly believes in the stated goal.
- Touching upon his hidden motives always produces anxiety and anger and he strongly defends his thinking and actions.

Circumcision is a classic example of a practice rooted in the emotional plague. It fulfills every requirement of plague behavior. The very act of cutting the newborn's penis speaks to the genital frustration and sadistic impulses at work. Ideas about circumcision are imposed on others by our culture, and those who defy the practice are reproached. (You who are not circumcised are "dirty," you who are not circumcised look "ugly," you who are not circumcised shall not enter into a covenant with God.) The reasons for circumcision (health, hygiene, and religious devotion) are very well-rationalized. The real motive for advocating circumcision, the desire to kill life in newborns, is never stated. Those who advocate the practice seriously and honestly
believe in their stated objectives, but if their hidden motives are touched upon anxiety and anger always appear.

Thus, it is the emotional plague in man that rationalizes genital mutilation with pseudo-hygienic pretexts; drives him to strap down helpless newborns and cut away a third of the skin of the penis, with its concentration of sensitive nerves; and allows him to say and believe that the screaming infant feels no pain or just a little discomfort. Circumcision, more than any other invention of armoring man, demonstrates our deep seated hatred of sexuality and our need to destroy what we fear most.

The emotional plague will continue to influence human behavior and therefore circumcisions will continue to be performed. Circumcision will remain a practice of cultures so long as there are love-starved individuals. Parents will continue to demand that their sons be circumcised and rationalize their conduct. Physicians will continue to scare parents with threats that their boy will develop cancer of the penis and suffer from urinary tract infections. All this will be done with good intention. Reich tells us that the emotional plague "... [has] to give way when confronted, clearly and uncompromisingly, with rational thinking and with the natural feeling for life." For this reason, education and appeals to spare defenseless infants from a brutal assault will slowly bring about change.

Some parents may recognize that circumcision is damaging, and that the remote possibility of health consequences of an intact foreskin does not warrant its amputation. Yet despite this understanding, these parents may still be reluctant to leave their child intact. They fear that later in life their boy will suffer social disapproval because he was not circumcised. Parents are also concerned for themselves; what will friends and family think and say when they discover the new baby is not circumcised? These are legitimate concerns, but they need to be put into perspective. Reich tells us:

If the rigid armoring of the human animal is the basic common principle of all his emotional misery; if it is this armoring which puts him, alone among biological species, beyond the pale of natural functioning, then it follows logically that prevention of rigid armoring is the main and central goat of preventive mental hygiene. (7)

In light of this, it should be the goal of parents, above all other considerations, to prevent armoring in their children wherever possible. Children should not be adapted to a neurotic world by fostering the development of a rigid character. A child who grows up relatively free from armor will understand that it is society that has the problem, not he. Because of this he will be able to confront society's neurotic reactions. Reich tells us that we must learn from children instead of "forcing upon them our own cockeyed ideas and malicious practices, which have been shown in every new generation to be damaging and ridiculous."(8)

There is a simple solution for parents who have doubts about whether to circumcise: Let the child decide for himself. If he feels at some point that social or religious pressures warrant the operation, he can elect to undergo the procedure fully informed and with a developed ego. No lasting armoring will result. "LET THE CHILDREN THEMSELVES DECIDE THEIR OWN FUTURE. Our task is to protect their natural powers to do so."(9)
Footnotes

1. Moses Maimonides, the foremost intellectual figure of medieval Judaism, wrote that one purpose of the commandment to circumcise was to diminish sexual passion. Rabbi Elie Munk, in his commentary on Maimonides, states: "Thus scarcely having entered the world the Jew is put onto the road of self control. It is the first of a long series of steps, religious and moral, all permeated with a moral purity which envelops him in an atmosphere of chastity and human dignity and prevents him from falling to the level of an animal." (3

2. It is interesting to note here that female genital mutilation (FGM), which is practiced in Africa, the Persian Gulf, and the southern Arabian Peninsula, is also defended with rationalizations of better health, improved aesthetics, and appeals to religion and tradition. When we hear of FGM practiced in another culture we are appalled. But when circumcision which has so much in common with FGM is performed in our hospitals, with the rationalizations we give to it, the practice is accepted with hardly a second thought.

3. Although cancer of the penis only occurs in the uncircumcised, we know that it is extremely rare and occurs most often in the severely mentally ill and those who practice poor hygiene and health care. Some studies show that urinary tract infections are slightly more frequent in the uncircumcised, but they often resolve spontaneously, without adverse long-term effects or can be readily treated with antibiotics. A possible explanation as to why the uncircumcised child has a slightly increased incidence of urinary tract infection may be found in the over-attention paid to cleanliness. Retraction of the foreskin to clean the penis (which should not be done in boys under two years of age) causes or contributes to urinary tract infection. Regardless of what might account for the slight potential risk of infection, the danger does not warrant amputation of the foreskin as a preventative measure.

References


6. Reich, W p. 18.

7. Reich, W p. 16.
8. Reich, W p. 20.