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POSTPONEMENT OF RITUAL CIRCUMCISION (BRIT MILAH) IN YOUNG CHILDREN FOR PSYCHIATRIC REASONS: A HALAKHIC ANALYSIS*

I

Brit Milah is a simple surgical procedure. Certain conditions of physical frailty understood by Halakhah to dispose toward aversive if not life-threatening consequences may cause postponement of the procedure. The indications of physical frailty, such as a yellowish tint of the skin or eyes which corresponds roughly to the modern medical notion of jaundice, or a red color (erythema neonatorum), are clearly described in the halakhic codes and are carefully studied by the *mohel* during his apprenticeship[1].

When these contraindications are evident, or if a major illness or abnormality of any organ system exists (with certain exceptions[2]), the circumcision must be postponed until a halakhically defined improvement in physical status is ascertained. In some cases, such as where an infant had been preceded by two siblings who died as a consequence of circumcision, or when an infant is determined to have a genetic condition such as hemophilia or a congenital abnormality requiring surgical correction, ritual circumcision is postponed until such time as the individual is older, stronger, or the condition has changed.

In the existing halakhic outlines of the legitimate contraindications

* This analysis does not purport to be a responsum on the topic and it should not be relied upon as such. This matter should appropriately be presented before a halakhic authority for due deliberation before policies, etc. are designed around the following analysis.

1 *Sh. A.; Y. D.*, 260--263.

2 see *Bet Yosef* to *Tur Sh. A.; Y. D.*, 263

3 *Sh. A.; Y. D.* 263:2--3; *Resp. Noda be-Yehudah: Tanina Y. D.*, no. 165; *Arukh ha-Shulhan: Y. D.*, 263 (7).

for ritual circumcision, the central concern is the physical well-being of the infant[4].

There does not, however, seem to be any evidence of a halakhic concern for *psychological* consequences of this procedure on the 8-day-old infant. Presumably, its effects at that time are appropriately repressed much the same as is the trauma of birth. Yet, in cases where ritual circumcision is performed on older infants and young children between the ages 2 and 5 or 6, the question of possible psychologic trauma or adverse reaction becomes relevant. Examples would be infants whose circumcision were delayed pending subsequent physiological maturation, the cessation of an illness, delay for the repair of congenital abnormalities (where it is impossible to perform the circumcision prior to other medical intervention), or children of converts to Judaism who, even if circumcised, would require a token incision and letting of blood (*hatafat dam brit*) for the express purpose of fulfilling the biblical obligation.

Currenly, the opportunity of ritually circumcising young children who have not previously been circumcised (or whose circumcision is ritually unfit) is presented by the influx of Russian Jewish immigrants in American cities. In our experience in the city of Cleveland, Ohio, 83 ritual circumcisions have been performed in the last two years on this immigrant population. Twenty-three ritual circumcisions have been performed on children, ages 2 to 5 years; 25 on children, ages 6 to 11 years; and 10 on adolescents, ages 15 and 16 years. The families of these children are usually very recent immigrants who are experiencing the frustrations of socialization and acclimation to their new environment and language. They are assisted by various social service agencies; notably by certain hasidic organizations which introduce these families to Jewish customs and, among other things, of the need for ritual circumcision.

In these cases, the subjects are, by kind arrangement, admitted to the pediatric floor of Cleveland's Mount Sinai Hospital, on the urologic service. A physician-*mohel* (Henry C. Romberg, MD) and a urologist (JG) work as a team to complete the preoperative evaluation and perform the operative procedure. The surgery is performed on an ambulatory basis; the child spending only part of one day in the hospital. The operation is usually performed under a general inha-

4 *Sefer ha-Hinukh*, commandment no. 2; *M. T.; Hil. Milah; Sh. A.; Y. D.*,

lation anesthetic after adequate premedication which sometimes includes an amnestic agent.

A specific concern is that the surgical procedure on the genitalia, with its attendant general anesthesia, may elicit undesireable psychological reactions in young children who have reached the age of awareness of sex difference (approx. 2 years) and in preschoolers for whom already burgeoning involvement with psychological themes of loss, castration, and disfigurement may become destructively exaggerated by this procedure or exacerbated by pre-and post-operative mishandling of these psychological issues. These concerns also exist for latency age children and are not uncommon among young adults around the age of puberty.

The issue, when raised by medical facilities, is generally one of policy. In its extreme form, the question is: Can Halakhah accept the idea of categorically postponing the *brit* of young children to a psychologically more propitious time, perhaps after puberty, assuming that ritual circumcision may elicit adverse reactions? In its more conservative form, the question is whether Halakhah recognizes the need for a pre-opeartive counselling period of sufficient duration to mitigate the prognosed psychological reactions in some individuals to this surgery.

II

There are three issues involved in responding appropriately to the problem. The first concerns the implicit assumption that *brit milah* is an elective and, hence, postponable procedure. The second involves examining the generally marshalled psychiatric literature in order to determine under precisely what conditions adverse psychological reactions are elicited by surgery on young children. Finally, one must ask whether such reactions as have been reported constitute, in the judgment of Halakhah, a danger or risk sufficient to warrant the postponement of ritual circumcision.

According to Halakhah, *brit milah* cannot be viewed as elective surgery. The Talmud, expanding on a biblical account[5], relates that Moses himself was threatened with heavenly punishment for an inadequately justified delay of his son's circumcision[6]. In instances

5 Exod. 4:24--25.

6 *Ned.* 32a.

where ritual circumcision has been postponed for whatever reason beyond the 8th day of birth, the obligation to fulfill the biblical commandment is incumbent daily, if not with each passing moment. This obligation is initially the father's and, if he is unwilling or unable to discharge this obligation—or if a now grown child is unwilling or unable to discharge his own obligation to have himself circumcised—is transfered upon *bet din*, or the Jewish community at large, *in loco paternis*.

While practical considerations, duress, or lack of knowledge often preclude realizing this obligation immediately, the obligation remains. Each day of unjustified postponement of *brit milah* amounts to *bitul Aseh*, an inappropriate annulment of a positive commandment, and the eventual penalty for intentional failure to fulfill the obligation is *karet*, excision at the hands of heaven from the Jewish community[7]. *Thus, ritual circumcision is in no circumstance an elective procedure* and its implementation cannot be constrained by anecdotal or intuitive apprehensions, or by statistical probabilities which have not been accepted by Halakhah.

The next task is to examine what sorts of psychological or behavioral reactions have been reported following surgery on young children and, then, to ascertain whether children's psychological susceptability to trauma can find a place in the halakhic attitude toward postponement of ritual circumcision.

As could be expected, there are disparate findings in the literature on the psychologic effects of hospitalization and surgery on young children. After reviewing this literature, one can distill certain salient observations. There is unanimity that *any* surgical procedure and any hospitalization episode elicit *some* reaction in young children, but that persistent *traumatic* reactions are not inevitable[8]. Aversive reactions

7 *Rama* to *Sh. A.; Y. D.;* 261

8 Prugh, D. A study of emotional reactions of children and families to hospitalization and illness. *Am. J. Orthopsychiatr.*, 1953, 23, 70--92; . Investigations dealing with the reactions of children and families to hospitalization and illness: problems and potentialities. In G. Caplan (Ed.) *Emotional Problems of Early Childhood,* New York: Basic Books, 1955; . Clinical Appraisal of infants and children. In W. Nelson (Ed.) *Textbook of pediatrics,* Phila.: Saunders,

reported include enuresis, feeding disturbances, thumbsucking, restlessness, increased aggressive play behavior and aggressiveness toward siblings, nightmares, anxiety reactions, vague to specific fears of mutilation, attribution of pain to parental disfavor and punishment, and, occasionally, more severe regressions[9]. Schowalter[10] specifically examined the reactions of adolescents to surgery and illness and notes complications in stage-specific issues of self-esteem and ego-ideal formation as a reaction to bodily illness. Vernon *et al* suggest a relationship between unfamiliarity of hospital setting, separation from parents, and *post-operative trauma,* and between age, separation from parents, and traumatic reaction *during* hospitalization[11]. They found ages 3 or 6 months to 3 years the most susceptible period (interestingly, the variable of actual pain experienced during hospitalization did not produce systematic effects in this study). Finally, we have the isolated and unqualified statement of Bergmann and Freud that circumcision after infancy is "inevitably" construed as a parental punishment[12].

In fact, in every study where adverse reactions are reported, certain addition variables are common: hospitalization is protracted or involves a stay longer than 2 weeks, the illness requiring hospitalization and surgery tends to be chronic or, at least, complicated, and

1964; . Eckhardt, L. Children's reactions to illness, hospitalization, and surgery. In A. Freedman, H. Kaplan & B. Sadock (Eds.) *Comprehensive Textbook of psychiatry,* Balt.: Williams & Wilkins, 1975ed.

9 Bowlby, J., Robertson, J. & Rosenbluth, D. A 2 year-old goes to the hospital. *Psychoanal. Stud. Child.,* 1952, vol. 7, 82--94; Cansever G. Psychological effects of circumcision. *Brit. J. Med. Psychol.,* 1965, 38, 321--331; Prugh, *op. cit.;* Vernon, D., Foley, J., Sipowicz, R. & Schulman, J. *The Psychological Responses of Children to Hospitalization and Illness.* Springfield, III.: Vharles C. Thomas, 1965.

10 Schowalter, J. Psychological reactions to physical illness and hospitalization in adolescence: a survey. *J. Amer. Acada. Child Psychiatr.,* 1977, 16, 500--516; also in S. Chess & A. Thomas (Eds.) *Annual Progress in Child Psychiatry and Development,* New York: Brunner/Mazel, 1978.

11 Vernon, *op. cit.,* 1965.

12 Bergmann, T. & Freud, A. *Children in the Hospital,* New York: I. U. P., 1965, p. 144.

there is separation from parents for considerable lengths of time and, in some cases, parental mismanagement during the pre- and post-operative period[13].

In their review and replication, Davenport & Werry[14] point out the additional problem of numerous methodological flaws in studies such as Vernon's and others'. Davenport & Werry conclude that there is no significant evidence of psychological upset as a result of properly managed hospitalization, anesthesia, and surgery. They assert additional qualifications which are relevant for our problem. Favorable reactions are most likely when hospitalization is of short duration (2 weeks or less), post-operative discomfort is minimal and does not require extended periods of immobility, anesthesia is explained to the patient and applied skilfully and compassionately. Their study amply covered children under 4 years old and the authors did not find evidence of marked psychological trauma within this subgroup.

With regard to the assumption that genital surgery itself causes traumatic reactions, consider Oz'urk's study[15]. Ozturk specifically studied circumcision on young, Turkish (Islamic) children (30 Ss, ages $2\frac{1}{2}$-11 years; 46% were between ages 3-6 years) upon whom this ritual procedure is done without anesthetic. He found that though castration anxiety and nightmares of related con'ent attend the period immediately preceding and following circumcision, upon follow-up 45 days later, only 8 children reported occasional nightmares or were observed to be slightly more aggressive in play. He concludes that while psychological reactions do occur at about the time of ritual circumcision, the societal preparatory experiences and meanings attached to the ritual have far more impact than castration fears or stage-specific vulnerabilities. Any immediate anxieties are apparently resolved in three ways: (1) by compensatory mechanisms such as ritual fanfare, parties, gift-giving, the achievement of envied status; (2) by counterphobic mechanisms such as "not being afraid" or being able to make castration threats to other children; and (3) by, or con-

13 see Prugh, *op. cit.*, 1953.

14 Davenport, H. & Werry, J. The effect of general anesthesia, surgery, and hospitalization upon the behavior of children. *Am. J. Orthopsychiatr.*, 1970, 40(5), 806--824.

15 Ozturk, O. Ritual circumcision and castration anxiety. *Psychiatry*, 1973, 36(1), 49--60.

tributing to, an accelerated identification with the father and developing an attitude of submission to the father.

It would seem that there is little evidence that severe psychological or behavioral adverse reactions are inevitable with childhood surgery in the normal population. It also does not seem to be the case that genital surgery is necessarily traumatic even under favorable conditions. Severe reactions occasionally observed are usually due to antecedant variables not present in the routine ritual circumcision of young children as practiced in most hospitals by sensitive practitioners. Reactions of the modal sort described by Prugh and others are readily preventable or manageable in a number of successful ways, to be discussed below.

Thus, where there is valid evidence in the child's personality profile of severe psychiatric disorder, such as childhood schizophrenia or borderline psychosis or any other poorly maintained psychiatric disorder, *and* where the ritual circumcision could not be assimilated without causing regression or exacerbation of symptomatology,* Halakhah would subsume such conditions under its general rubric of *sakanat nefashot* or danger to life[16], and would acknowledge that

16 see Spero, M. H. *Birkat ha-gomel le-ahar hahlamah mi-mahalat nefesh. Assia,* 1979, 23, 44--48.

* It is not clear that a *shoteh* is biblically required to be circumcised. The *shoteh* obviously cannot even as an 'adult' circumcise himself, but the father of the *shoteh* may be obligated to ensure that his son does not remain in an uncircumcised state (however, this view requires construing the commandment in the negative). The *Minhat Hinukh* addresses the issues of the obligation of the *suma* (blind person), who is generally exempt from *mitzvah* obligations, ruling that the *suma* is not biblically obligated, but may be rabbinically obligated to "not appear like a gentile." One might conclude that the *shoteh,* who is generally exempt from *mitzvah* obligations by simple virtue of being *non compos mentis,* is also biblically excluded from the obligation to be circumcised.[17a] However, others

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17a Some additional comment may be relevant on this point. The *shoteh* (and *heresh* and *katan)* is considered *non compos mentis* or *lav bar de'ah,* not possessed of judgment, which is almost always extended to mean that he is exempt from *mizvot (Git.* 23; *Men.* 93a; *Yeb.* 99b; *Hag.* 3a,

brit milah must be postponed. Should an individual with such disorder be engaged in psychiatric treatment where, in the opinion of the

maintain that the father of a *shoteh* must circumcise his son. Rav Pirutinsky notes *Kli Hemdah's* argument that the *shoteh* is different

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Rashi, s.v. *huz; M. T.; Hil. Edut* 9:11). Controversy around the true extent of this exemption exists in the *rishonim* literature. Maimonides disqualifies the *shoteh* from bearing testimony since he is *patur min ha-mizvot.* A serious question raised by *Lehem Mishnah,* lo. cit., is why Maimonides did not mention the more logical disqualification: *shoteh lav bar de'ah?* Indeed, Maimonides himself cites the argument of *lav bar de'ah* elsewhere in disqualifying the *shoteh* from bearing agency (*M. T.; Hil. Shiluhin ve-Shutfin* 2:2). Questioning from another avenue, *Resp. Shoel u-Meishiv* notes that the *shoteh's* exemption cannot be understood categorically inasmuch as other authorities have still forbad the guardians of a *shoteh* from allowing the latter to come to transgression, implying at least some responsibility to *mizvah* obligations (*Tanina,* Vol. 4, no. 87, referring to *Resp. Maharil,* no. 196; also see *Resp. Hatam Sofer, O. H.,* Vol. 1, no. 83). *Shoel u-Meishiv* explains that the shoteh is in fact exempt from *mizvot,* yet one must consider the possibility that the *shoteh* may become 'cured' someday and, thus, care must be taken that he not be permitted to become habituated to inappropriate behavior. At the moment, however, the *shoteh* will be exempt from *mizvot* because he is a *lav bar de'ah.* This response still does not explain the problematic rulings in the *Mishnah Torah.* Even more troublesome is that Maimonides quite explicitly exempts the *shoteh* from *mizvot* elsewhere in the *M. T.* without recourse to the principle of *lav bar de'ah* (*Hil. Hagigah* 2:4, *Hil. Hamez u-Mazah* 6:3), as do others (see *Turei Even* to *R. H.* 28b; *Maharz Hiyos* to *Yeb.* 62). The *Pri Megadim* in fact suggests that the *shoteh* is only exempted from positive, active *mizvot.* but not from omissive *mizvot.* At the same time, if a *shoteh* causes damage or 'transgresses' there is no earthly or heavenly penalty (*O. H.,* Introd., Chap. 2; *P. M.; Mishbezot Zahav, O. H.,* 266:4, s.v. *od; Resp, Pesah Devir,* vol. 3, no. 343 [12] rules that when the *shoteh* is 'cured,' he does not make recompense, but must try to experience some contrition or *teshuvah* for these deeds!).*According to this view, it would seem that the* shoteh *need not be circumcised, unless one views the* mizvah *of circumcision as also involving the prohibition against* being

professional mental health worker and the judgment of a competent halakhic authority, the advent of circumcision would constitute a serious obstacle to psychotherapeutic progress, or undo it, *brit milah* must be postponed.

Yet, one does not encounter such grave considerations with the majority of children and adolescents. Their reactions will be of the sort described by Davenport & Werry and Ozturk—e.g., nightmares, temporary anxiety, increased aggressiveness in play, etc.—which occur under favorable circumstances and which can be readily managed if not prevented. One is primarily interested in avoiding truly aversive sequelae which may develop from even 'normal' reactions by explaining procedures simply and adequately, clarifying misunderstands (e.g., circumcision is not due to illness and is not a punishment), training parents or significant others in proper post-operative management of the child's psychological and medical needs, and familiarizing the child with hospital surroundings and garb. It is of critical importance that one address any specific concerns of the child related to themes

than *suma* and is similar to the *trefah* who must be circumcised.[17]b. Indeed, the *shoteh* "who might even be cured someday" is logically more strongly obligated. Pirutinsky also cites a ruling of Rav M. Feinstein that, like the normal child, the 8-day-old *shoteh* may be circumcised on the Shabbat. Rav M. Sofer would reason that *brit* must be performed upon a *shoteh* so long as it would not present a 'danger' to the infant.[18] Elsewhere, R. Sofer forwards an argument which suggests that the father's obligation in this instance is "to prevent the 'ignorant' from encountering prohibition" but cites others who disagree.[19] Apparently, the obligation to be circumcised falls upon any individual who can be halakhically defined as a living organism (*ben hai*) regardless of intellectual or emotional capacity. The exceptions would be the *suma* and, more generally, where *brit* threatens to introduce or aggravate grave psychiatric danger.

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uncircumcised—*or, as preventing the* shoteh *from accidentally eating the* karban pesah *when uncircumcised.* With regard to the problematic rulings in the *M. T.*, see *Urim ve-Tumim*, no. 35(6).

17b *Sefer ha-Brit*, chap. 260, no. 59; see also *Resp, Maharam Shick: Y. D.*, no. 243; see also *Resp. Hatam Sofer: Y. D.*, vol. 6, no. 64.

18 *Resp. Hatam Sofer: Y. D.*, vol. 6, no. 64.

19 *Resp. Hatam Sofer: O. H.*, vol. 1, no. 83.

of castration, mutilation, sexual and gender confusion, parental punishment, and so forth. In this latter regard, Vernon & Schulman[20] have devised a useful, 27 item parental questionaire which can assist in the process of preparing parents and children for ritual circumcision, as can Geist's small primer, *A Child Goes to the Hospital*[21]. Avoidence of parental absence at least immediately before and after the procedure is vital. The encouragement of self-care is also helpful both with adolescents[22] as well as children who have reached the cognitive stage of concrete operations (approx. 7 to 11 years)[23]. With preschoolers, play therapy and direct and simple communication, in addition to parental support, are also helpful[24]. In other words, for the child whose reaction to genital surgery under favorable circumstances would appear to be 'normal,' no categorical delay of such surgery to an indefinitely later date is especially warranted.

There are other occasions where a child's anxiety and confusion are greater and more pervasive than normal, where severe behavioral disorders (not of psychotic nature) follow being informed of the advent of circumcision, where parents are hostile to the procedure or appear to be too unsophisticated to prevent aversive reaction, where family confusion (e.g., due to immigration) is severe enough to warrant, from the psychological viewpoint, postponing circumcision at least until these problems have been satisfactorly managed. Yet, we noted above that there is a halakhic premium on fulfilling the obligation of *brit milah* as soon as possible. Does Halakhah allow for a preparation period sufficient to avoid adverse psychological sequelae in such cases? (Actually, when the physician-*mohel* must perforce, and in obedience to the limits of admissions dockets and hospital service availability, etc., schedule *brit milah* for such children a week in advance, there is ample opportunity to properly counsel the child and

20 Vernon, D. & Schuman, J. Hospitalization as a source of psychological benefit to children. *Pediatrics*, 1964, 34, 694--696.

21 Geist, H. *A Child goes to the Hospital*, Sprignfield, III., Charles C. Thomas, 1965.

22 Schowalter, *op. cit.*, 1977.

23 Neuhauser, C., *et al*, Children's concept of healing. *Am. J. Orthopsychiatr.*, 1978, 48(2), 335--341.

24 Prugh, *op. cit.*, 1964, p. 179.

family prior to the circumcision. The question raised in this paragraph assumes that one is capable at this given moment to perform the circumcision, but also wishes to psychologically prepare the child. Further assuming *arguendo* that such preparation would take more than a day, thus delaying the *brit* one full day, can one undertake such preparation in cases described above?)

The response lies in the words of R. Shabtai ha-Cohen in his commentary to *Shulhan Arukh*: *Yoreh Deah*: "An infant who is in pain [*she-who mitztaer*] either because of illness or because of anything else is not circumcised until he becomes well[25]."* In distinguishing "pain" from physical illness, one has evidence of Halakhah's recognition of the role of psychiatric distress in causing damaging consequences—as is the case where this distinction is made elsewhere in halakhic literature[26]. If the pain referred to here was the life-threatening sort discussed earlier, its role would not have necessitated additional comment. Thus, when conditions exist such that extensive (i.e., more than one day) prophylactic pre-operative counseling is necessary, Halakhah also allows that circumcision may be postponed for the shortest duration necessary to satisfactorly accomplish this task.** This requirement must not be abused and its implementation is the dual responsibilty of the mental health professional and the halakhic authority consulted on each individual case.

In summary, we have presented an analysis of a practical problem that has not been directly addressed in the extent halakhic literature. This apparent lacuna does not mean that Halakhah is unequipped to address in a meaningful and constructive way the changing sensitivities and sophistications of different generations. Indeed, the parameters for an appropriate response are ever those already established by halakhic precedent. We have stated that where severe psychiatric

25 262(3).

* *Nefesh Hayah*, no. 74, states, "The words of the sage [cited in *SHaKH*], 'or because of anything else'... mean that the child is in pain because of something internal even though it is not caused by sickness."

26 *Rama* to *Sh. A.; O. H.*, 328:17; *Resp. Igrot Moshe: O. H.*, vol 3, no. 53; see also Spero, *op. cit.*, 1979.

** Confirmed through personal communication with Rabbi Aron Soloveitchik, Dean, Yeshivat Brisk, Chicago, May 28, 1979.

disorder exists or is somehow immanent, it would be subsumed under the existing category of *sakanat nefashot*. Indications of such disorder would justify postponement of ritual circumcision. Apparently normal reactions to surgery under the most favorable pre- and post-operative conditions, on the other hand, cannot justify the postponement of this halakhically non-elective procedure, but can and should be managed in accordance with the principles of modern psychoprophylaxis. Where sufficient doubt exists as to the probable reaction of an individual child to such surgery, due to various unhealthy psychosocial prognosticators noted in the text, ritual circumcision may be postponed for a minimum amount of time involving active pursuit of the modification or alleviation of such factors. As for the question of policy, we have seen that Halakhah cannot accept categorical and indefinite postponement of ritual circumcision in consideration of the average psychological reactions to such surgery.