

LONG-TERM CONSEQUENCES OF NEONATAL CIRCUMCISION

A Preliminary Poll of Circumcised Males

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Male foreskin amputation, euphemistically termed "circumcision," has persisted in various cultures with the unsubstantiated belief that it is a trivial or benign practice. This has been due in large part to the silence of the victims. Indeed, when male genital mutilation occurs at puberty, a male's silence during the cutting is a measure of his manhood. Today, men's silence about these mutilations is being broken and they are demanding to be heard.

Since altering form inevitably alters function, circumcision, at any age, carries distinct physical, sexual and psychological consequences. The earlier the age at which the mutilation occurs, the more profound the physical and psychological damage. The earlier the age at which the mutilation occurs, however, the less likely victims are able to recognize the damage later. Furthermore, the pain inflicted by the surgery is so great that the conscious mind suppresses memories of the event.

Although estimates of the immediate complication rates of neonatal circumcision have been suggested in the medical literature, the American medical profession has not yet established an accurate and consistent method of recording these complications. The purpose of this study was to inquire into the nature and existence of *long-term* consequences of neonatal circumcision.

1. METHODS

In 1993, the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM) sent a questionnaire to circumcised males who had contacted either the national office of NOHARMM in San Francisco, California, or various foreskin restoration support services that work closely with NOHARMM. The survey was directed at this particular group of non-intact (circumcised) men because they may be the most aware

of the long-term consequences of neonatal circumcision. Three-hundred-thirteen (313) circumcised males participated in the survey.

2. RESULTS

2.1. Demographic Data

Of the 313 circumcised men participating in the study, 1% were under 19 years of age, 13.1% were between the ages of 20 and 29 years, 26.8% were between the ages of 30 and 39 years, 33.9% were between the ages of 40 and 49 years, 16% were between the ages of 50 and 59 years, and 9.3% were over 60 years of age. The average age of respondents was 42 years.

Of the men participating in the study, 89.1% were circumcised in infancy, 6.1% were circumcised between the ages of 1 and 12 years, 1.0% were circumcised between the ages of 13 and 17 years, and 3.8% were circumcised after 18 years of age.

The ethnic and religious backgrounds of respondents were disproportionate to the percentages of those backgrounds found in the United States. Of the respondents, 96.8% identified themselves as "White," 0.3% were African-American, 1.3% were Hispanic, 0.3% were of unspecified Asian origin, 0.3% were Native Americans, 4.2% were Jews, and 1.0% "other." The religious identification of respondents was equally disproportionate: 77.3% identified themselves as Christian, 4.2% identified themselves as Jews (which is greater than the overall percentage of Jewish males in the United States), 18.5% identified themselves as Atheist or Buddhist.

2.2. Reported Circumcision-Caused Harm

Of the 313 circumcised men participating in the study, 96.2% suspected or were confident that circumcision had resulted in a reduction of the normal male capacity for sexual response and pleasure. The percentage breakdown of categories of circumcision-caused harm are as follows:

- Sexual Harm: 84%
- Emotional Harm: 83.1%
- Physical Harm: 81.5%
- Psychological Harm: 75.1%
- Low Self-Esteem: 74.4%
- Problems with Intimate Relationships: 44.7%
- Problems with Addictions/Dependencies: 25.6%

A remaining 13.1% of respondents variously attributed their non-intact state to their problems with masculine identity, self-confidence, and fear of doctors.

Of the 313 circumcised men participating in the study, 55.3% attributed the following physical problems to their circumcision:

- Insensitivity of the glans penis: 55.3%
- Excess stimulation required to reach orgasm: 38.0%
- Prominent scarring: 29.1%
- Insufficient residual shaft skin to cover the erect penis: 26.8%

Specific psychological consequences of circumcision were recorded by respondents in the unstructured essay statement requested by surveyors. A statistically significant number of identical responses were recorded. Of the 313 respondents, 69.0% felt general dissatisfaction with their condition, 62.0% felt mutilated, 60.7% felt they were unwhole, 60.4% felt resentment over what had been done to them, 60.1% felt abnormal and unnatural, 60.1% felt that their human rights had been violated, 54.3% felt anger about circumcision, 53.0% felt frustration over their non-intact condition, 49.5% felt violated or raped, 47.3% felt inferior to genitally intact males, 42.5% felt that their circumcised penis was an impediment to sexual relations, and 33.9% felt that they had been betrayed by their parents for allowing them to be circumcised.

Despite the severity of the psychological and physical harm attributed by respondents to their circumcision, 61.1% had not sought treatment at the time of the survey. Of the respondents who had not sought treatment, 39.3% believed that there was no recourse available, 19.8% were too embarrassed, 15.7% feared ridicule, 12.5% cited mistrust of doctors, and 3.5% felt that it was not important enough.

3. DISCUSSION

The disproportionate participation of men between the ages of 30 and 49 may be due in large part to two important factors. First, this is the time of life when men, in general, begin to reassess their lives and to question past experiences and assumptions. Second, this is also the time when non-intact men begin to become more aware of progressive sensitivity loss of the glans.

The results of this survey document that circumcision can adversely impact the overall psychological well-being of non-intact males. This survey demonstrates that neonatal circumcision can have negative consequences on the future sexual well-being of non-intact males. More than 60% of respondents who had gained knowledge about the functions of intact male genitalia recognized that circumcision had harmed them. Circumcised males reported that they had to resort to prolonged periods of intense and excessive thrusting to stimulate the residual nerve endings in the penis to trigger orgasm. These men reported that the unnatural dryness of their circumcised penis often made coitus painful for them and their partners.

Most circumcised men in the United States have not discussed or reported the inevitable damage inherently caused by this amputative genital surgery. Their silence may be due to the widespread societal ignorance of natural male genital anatomy and normal male genital functions. This ignorance is undoubtedly a result of the massive circumcision campaigns of the past. The results of this survey suggest that, before the damage of genital alteration can be recognized as such, the natural genital anatomy and function must be understood. The physical defects and sexual dysfunctions of which many non-intact males may be aware are often misperceived as a "birth defect" or part of the aging process, rather than as a direct consequence of their circumcision. Since many circumcised men in the United States have never seen a naturally intact human penis, they may wrongly perceive the dark, circumferential circumcision scar on the remnant of their penis to be a feature of "normal" anatomy.

While the overall complication rate here for neonatal circumcision is unknown, the estimated rates of 0.02% to 1.07% alleged by some authors¹ stands in sharp contrast to the long-term psychological and physical complication rate of 92.7% reported by respondents. The medical profession has not addressed this issue.

Most non-intact males, erroneously believing circumcision is a universal practice, may not feel that circumcision has left them with a diminished penis because they have no means by which to compare their experience. Among respondents, however, the heightened awareness of the adverse consequences of neonatal circumcision led to a firm conviction that the practice was a violation of the human rights to physical integrity, and self-determination, i.e., body ownership. Nearly half (49.5%) of respondents indicated feelings of violation. Over 60% of respondents felt that their human rights had been violated by neonatal circumcision. Such feelings increased with the age of the respondent.

Despite their strong feelings and intense focus on circumcision as a central issue in their lives, most respondents felt pressured to remain silent. In the United States, males are not encouraged to verbalize their feelings, in general, but, additionally, there is a very strong taboo against verbalizing feelings about the penis. This can arouse suspicion in other males that the person discussing his penis may be homosexual. The powerful taboos against homosexuality present in many cultures, including the United States, silences most men. They fear that violation of the taboo will lead to social ostracism, imprisonment, or violence. In some cultures, it may lead to government-authorized torture or death.

Despite these pressures, many circumcised men are breaking these taboos and are finding the courage to begin verbalizing their feelings and seeking ways to heal psychological damage caused by circumcision. To address the feelings of body dysmorphia caused by the recognition that the penis has been damaged, a growing number of non-intact men are engaging in the process of foreskin restoration. Those who feel that circumcision represents a violation of individual sovereignty find therapeutic benefit in working for social change. A significant minority seek justice through litigation. The psychological healing, social activism and foreskin restoration now being undertaken in the United States by men are documented in the award-winning film, *Whose Body, Whose Rights?*²

4. CONCLUSION

The results of this survey demonstrate that neonatal circumcision has profound psychological and sexual consequences for a significant number of men. The types of physical harm caused by neonatal circumcision remain largely unrecognized by the general population of non-intact males due to society-wide ignorance of the normal anatomy and functions of the intact human penis. Becoming aware of normal human male genital anatomy and function was the most important factor in recognizing the types of physical harm caused by neonatal circumcision. From this survey, it appears that subsequent to this recognition it is common for circumcised men to acknowledge that family members and respected people in the community, for example, doctors or religious leaders, are responsible for permitting this harm to occur. Many circumcised men fail to seek professional assistance because of their well-founded mistrust of the medical profession, or because they are unaware of the existence of the many peer resources now available. Others are reluctant to verbalize their feelings for fear of ridicule. Some non-intact men who have sought psychological counselling have been subjected to ridicule or misunderstanding from mental health workers. Until recently, men who understood that they had been psychologically and sexually damaged by circumcision suffered in silence. Those who have verbalized their dissatisfaction with circumcision have risked violating cultural taboos about discussing the penis or questioning their society's traditional practices. The psychological impact of recognizing one's harm, as well as the potential social disapproval from disclosing one's feelings, can be managed successfully through personal foreskin restora-

tion, peer support groups, and altruistic activism to end the practice of neonatal circumcision and spare future generations of males from experiencing the same types of harm.

REFERENCES

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2. Whose Body, Whose Rights? Produced by Tim Hammond and directed by Lawrence Dillon. 56 min. Dillonwood Productions, 1995. Videocassette. [Institutional distribution: University of California Extension Center for Media and Independent Learning, 2000 Center Street, Fourth Floor, Berkeley, CA 94704 USA. Catalog #38342.]