

## **CIRCUMCISION DECISION IS CLEAR-CUT**

Dr Ronald Goldman

New information about the American cultural practice of circumcision is in sharp contrast to cultural beliefs about circumcision that persist among both laypeople and professionals. (References are available upon request.)

**Worldwide prevalence:** The U.S. is the only country in the world that routinely circumcises most of its male infants for non-religious reasons. About 95% of the world's male infants are not circumcised.

**Pain:** According to a comprehensive study, newborn responses to pain are “similar to but greater than those observed in adult subjects.” Crying is not a reliable indicator of the overwhelming pain of circumcision because some infants withdraw into traumatic shock. A study reported in the *Journal of the American Medical Association* found circumcision so traumatic that doctors ended the study early rather than subject any more infants to unanesthetized genital surgery. No experimental anesthetic has been found to be safe and effective in preventing circumcision pain in infants.

**Behavioral response:** Various studies have found that short-term effects of circumcision include changed sleep patterns, activity level, and mother-infant interaction, more irritability, and disruptions in feeding and bonding. Canadian investigators reported that during vaccinations at age four to six months, circumcised boys had increased behavioral pain response and cried for significantly longer periods than did genitally intact boys, a possible indication of post-traumatic stress disorder and altered neural pathways.

**Circumcision risks:** There are more than 20 different complications associated with circumcision. The rate of complications occurring in the hospital and during the first year has been documented as high as 38% and includes hemorrhage, infection, surgical injury, and in rare cases, death.

**Cleanliness:** The American Academy of Pediatrics (AAP) says, “The uncircumcised penis is easy to keep clean” and “requires no special action. . . Foreskin retraction should never be forced.”

**Health claims:** No national medical organization in the world recommends routine male circumcision. Medical societies in English-speaking countries describe circumcision as “traumatic,” “invasive,” “inappropriate,” and “unethical.” The AAP states that studies of health benefits for circumcision are “tentative,” “conflicting,” “inconclusive,” and “may have methodologic flaws.” If circumcision were introduced today it would have to be proven safe and effective. Neither has been demonstrated.

**Matching friends:** The national circumcision rate is about 56%, less than 35% in some states. Though past circumcision rates were higher, there is no documented emotional harm to boys who have natural genitals. To the contrary, there are growing reports from men who have disliked being circumcised since they were boys, even though they were in the majority. Boys who have a foreskin sometimes feel sorry for those who have had theirs cut off.

**Adult circumcision:** The medical need for circumcision in adults is as low as 6 in 100,000. Adults, unlike infants, receive anesthetics that are safe and effective, and there is significantly reduced risk of psychological trauma because the surgery is chosen rather than forced.

**Foreskin function and size:** The foreskin protects the head of the penis, enhances sexual pleasure, and facilitates intercourse. Men circumcised as adults report a significant loss of sensitivity. One described it

as sight without color. Men who have restored their foreskin report much increased sensitivity and sexual pleasure. The foreskin on the average adult male is about 12 sq.in. of highly erogenous tissue.

**Avoiding study of harm:** There are no studies on circumcision and potential connections to numerous variables including erectile dysfunction, adult male behavior, self-esteem, relationship satisfaction, neurochemical changes, stress response, attitudes, and reduced emotional expression.

**Sexual behavior:** The reduced penile sensitivity resulting from circumcision may affect male sexual behavior without awareness of the connection. In a national study reported in the *Journal of the American Medical Association*, circumcised men were more likely to engage in alternative methods of stimulation (e.g., oral sex and masturbation) than genitally intact men.

**Jewish circumcision:** Jewish circumcision never had anything to do with health concerns. Jewish press articles have questioned circumcision. Circumcision conflicts with significant Jewish laws and values. A growing number of American Jews are not circumcising their sons. Circumcision among Jews in Europe, South America, and Israel also is not universal.

**American origin:** Routine infant circumcision started in the U.S. in the 1870s when it was promoted as a preventive cure for masturbation. Subsequent American circumcision studies claimed dozens of benefits, from treating blindness, deafness, epilepsy, clumsiness, indigestion, swollen feet, and mental disorders in the late 1800s to preventing sexually transmitted diseases today. Though the claims generally did not withstand scrutiny by medical policy committees, their continued promotion led to medical myths that were believed by doctors as well as the public. Circumcision is the only surgery in history ever advocated as a widespread means of preventing disease.

**Male attitude:** Male satisfaction with circumcision depends on knowledge about circumcision. The more men know, the more likely they are to be dissatisfied. Some men wish they had a choice about their circumcision. In summary, their feelings include anger, sense of loss and being violated, confusion, grief, shame, fear, distrust, and pain. For most men, lack of awareness and understanding of circumcision, emotional repression, and fear of disclosure help to keep circumcision feelings a secret.

**Why Americans Circumcise:** Communication between the physician and parents about circumcision is often insufficient for informed parental consent, largely because of emotional discomfort with the subject. A so-called neutral or balanced presentation of circumcision to parents is preferred by physicians and childbirth educators so that parents can feel “comfortable” with whatever choice they make, but it does not provide accurate and complete information. A national survey showed that doctors typically mention only three of eight common categories of complications and risks of circumcision to parents. Furthermore, myths about conformity and health benefits die hard.

The solicitation of circumcision by hospital personnel suggests that it is an approved medical practice when it is actually a cultural practice. Defending circumcision requires producing overstated medical claims about protection from potential future harm and minimizing or denying the actual harm. Those men who most strongly insist on circumcision for their sons are least aware of the effect their own circumcision has had on them physically, sexually, and emotionally. Parents do not know what they are choosing, and physicians do not feel what they are doing. The separation of the decision maker from the decision implementer helps to perpetuate the pain.

**Ethical Action:** Circumcision knowledge and awareness come with an ethical challenge. When the welfare of a newborn infant is at issue, neutrality is unacceptable. One must take a stand. Silence gives implicit permission for more circumcisions. Passivity is complicity. To be opposed to circumcision requires action. For this reason, some doctors and nurses refuse to perform or assist with circumcisions even though it may result in lost income.

Some people may have difficulty being motivated about the circumcision issue. They value only what they perceive affects them personally and directly. If they are circumcised or have circumcised sons, the typical attitude is, “It’s done, and there is nothing I can do about it.”

By withdrawing to our own little worlds and leaving the rest of society to take care of itself, we make a costly mistake. To think that newborn infants can be subjected to circumcision without its having any impact on others ignores the interconnectedness of all life. What we do about circumcision today for the next generation can help affirm our connectedness to others and prevent needless pain.

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