ADVERSE SEXUAL AND PSYCHOLOGICAL EFFECTS OF MALE INFANT CIRCUMCISION

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Summary.—A survey of the 35 female and 42 gay sexual partners of circumcised and genitally intact men, and a separate survey of 53 circumcised and 30 genitally intact men themselves, indicated that circumcised men experienced significantly reduced sexual sensation along with associated long-lasting negative emotional consequences.

Many circumcised men subjected to involuntary genital cutting as infants or children have expressed strong negative feelings about the violation of bodily integrity that forced circumcision entails and their belief that circumcision has hindered their sexual enjoyment as adults (3, 4, 6, 7, Boyle, Svoboda, Price, & Turner, 2000, Circumcision of healthy boys: criminal assault? Journal of Law and Medicine, 7, 301-310. [On-line] Available at http://www.cirp.org/library/legal/boyle1). Loss of body parts, including partial penile amputation, may trigger grief resulting from altered body image or function, anxiety, depression, sexual problems, dissociation, or obsessive preoccupation with the loss (3, 4, 8). Many men are so unhappy with being circumcised that they have even resorted to foreskin restoration methods in order to recover at least some of the sexual sensitivity lost to circumcision and as a mechanism to promote psychological healing (2, 5, O’Hara & O’Hara, 2001, Sex as nature intended it. Hudson, MA: Turning Point. [On-line] Available at: http://www.SexAsNatureIntendedIt.com).

METHOD

Women (n = 35) and gay men (n = 42) who had experienced sexual relations with both genitally intact men and men circumcised as infants, completed sexual awareness surveys, each comprising 32 items in a 2-point forced choice response format (1). Women’s ages ranged from 18 to 69 years (M = 33, SD = 10.8); and gay men from 19 to 71 years (M = 36.3, SD = 12.5). A separate sample of 53 circumcised and 30 genitally intact men aged from 20 to 71 years (M = 36.2, SD = 11.8) was also surveyed.

RESULTS

The combined sample (n = 77) reported that circumcised sexual partners were unhappy with their circumcision status significantly more often
than were genitally intact sexual partners \((p < .05)\). Also, their circumcised partners experienced significant progressive decline in glans sensitivity \((p < .001)\), and had to use significantly different techniques when masturbating \((p < .001)\). Circumcised partners more often resorted to unsafe sex practices; they were significantly more likely to engage in anal intercourse \((p < .05)\), and significantly more reluctant to use condoms \((p < .05)\). Respondents reported significantly higher mean discontent among their circumcised partners than among their genitally intact partners \((p < .05)\).

As compared with genitally intact men, circumcised men reported significantly greater dissatisfaction with their orgasms \((p < .05)\) and a wide range of negative emotions associated with being circumcised \((p < .05)\). Previous research indicates women enjoy intercourse better with genitally intact men (9, O'Hara & O'Hara, 2001, see above). In view of the present findings based on self-selected participants, the possible negative effects of circumcision on adults' sexual function and psychological well-being need to be discussed in obtaining informed consent for circumcision (sexual reduction surgery) imposed on unconsenting male minors. Much larger representative samples are desirable.

REFERENCES