



## Antecedents of Emotional Distress and Sexual Dissatisfaction in Circumcised Men: Previous Findings and Future Directions—Comment on Bossio and Pukall (2017)

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Bossio and Pukall (2017) make an important contribution by identifying the subpopulation of men distressed by having been circumcised nontherapeutically as infants or children. This group, heretofore largely overlooked, has been recognized for decades by grassroots citizens concerned about risks, harms, and disadvantages of culturally motivated genital cutting.

We agree that “Future research is required to... explore the antecedents of distress in this subpopulation.” Although earlier explorations of such antecedents were reported, those surveys relied on self-selecting samples and should be regarded as preliminary (Hammond, 1999; Hammond & Carmack, 2017). Even so, serious and even debilitating distress over having been circumcised in infancy has now been described in several reports (Earp & Darby, 2017).

Based on available data, such distress can be caused by physical damage, including excessive skin removal causing tight, painful erections; meatal stenosis; prominent or irregular scarring; numb, hypersensitive or painful scars; unsightly scar pigmentation; painful skin bridges; gouges in and/or toughening of the glans; and other issues. Extensive photographic

evidence of physical damage submitted by Hammond’s respondents is viewable at [www.CircumcisionHarm.org](http://www.CircumcisionHarm.org).

Sexual distress may be caused by, among other variables, insufficient skin mobility for self-pleasuring or ease of vaginal/anal penetration; loss of mechanical lubrication, reduced seminal fluid preservation, inability to achieve sufficient stimulation from vaginal intercourse to reach orgasm (causing respondents to resort to anal, oral, manual or artificial stimulation); premature/delayed orgasm; and erectile dysfunction perceived as attributable to circumcision.

Still others endure psychological, emotional, and self-esteem issues subsequent to acquiring knowledge regarding the significant loss of erogenous tissue (Earp, Sardi, & Jellison 2018); elimination of the foreskin’s valuable protective, sexual, and immunological functions (Fleiss, Hodges, & VanHowe 1998); and one’s lack of choice and control in determining how much of their genitals they were permitted to keep.

These circumcision sufferers often express a deep sense of having been damaged or mutilated; feelings of compromised masculinity or shame; depression; addictive behaviors; alexithymia; and body eudysmorphia [meaning *true* dysmorphia where the body itself is distorted] (Watson & Golden, 2017). Others describe feelings of violation of their basic human right to bodily integrity and autonomy through medical, religious, and governmental neglect; a breakdown in sexual intimacy; betrayal by parents and medical professionals; and compromised relationships with family, friends, and others who discount or ridicule their pain. Others experience suicidal ideation and/or attempts.

Previously published books exploring the disadvantages and harm of nontherapeutic newborn circumcision (Goldman, 1997; Watson, 2014) and proliferating social media outlets (Foregen, 2017; I Am Not Thankful, 2017; Men Do Complain, 2017; National Organization of Restoring Men, 2017; Personal Accounts of Circumcision Resentment, 2017) provide a broad and deep foundation for more empirical

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The original version of this article was revised: The term “body eudysmorphia” in the 6th paragraph of this Letter to the Editor incorrectly read “body dysmorphia” in the letter as originally published.

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research. Moreover, specific guidelines for exploring long-term adverse physical, sexual, and mental health effects of newborn circumcision may be found in Hammond's two surveys. Caution, however, is warranted in drawing too many conclusions from quantitative analyses. Researchers must also listen to the lived experiences of this subpopulation.

Since an estimated 30% of the world's males were subjected to nontherapeutic circumcision as newborns or children (U.N. International NGO on Violence Against Children, 2012), the scope of this problem could be significant and will surely grow as knowledge about foreskin anatomy, development, and physiology becomes more easily accessible with the expansion of the Internet.

Even without further research into this subpopulation, we support Bossio and Pukall's recommendation that "... this reaction to one's circumcision status—among others—should be addressed in future public policy statements about circumcision."

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