



## MALE CIRCUMCISION GRIEF: EFFECTIVE AND INEFFECTIVE THERAPEUTIC APPROACHES

*Lindsay Watson and Tom Golden*



---

### ABSTRACT

*Cultural circumcision has been an under recognized cause of male body-loss grief. Male circumcision grief is now being more commonly expressed. We evaluated the experiences of 22 men who sought therapy for circumcision grief. We found that therapists were reluctant to accept that the grief was real, were unaware of foreskin functions, denied circumcision had physical or psychological sequelae and minimized patient grief using humor, cultural aesthetics, controversial health benefits, sexism and an erroneous understanding of penile anatomy and sexual function. Male therapists were more likely to deny that circumcision is harmful and to be less empathetic than female therapists. We discuss methods to help make circumcision grief therapy more effective for men.*

**Keywords:** male circumcision, therapy, body-loss, grief, cultural bias

---

## INTRODUCTION

“Don’t try to minimize or understate the significance of the impacts of circumcision. It takes a lot for someone to come to a stranger, even a professional, and admit to this sort of vulnerability, to admit that their "manhood" is less than it should be, and to admit that it has a serious impact on a daily basis. Even if you can't understand how, it is a big deal to anyone motivated to come to you for help” . (Patient R).

A woman patient presents with grief arising from when she was genitally mutilated as a girl. Ideally a therapist would support this woman to work through her grief, rather than joke about circumcision, say she is “nuts,” justify her circumcision using health reasons or tell her she should be grateful for what was done to her. In contrast, in the case of the man, anecdotal reports suggest that a therapist is likely to joke about circumcision, say he is “nuts,” justify his circumcision using health reasons or tell him he should be grateful, rather than support the man to work through his grief. “The women’s pain is usually seen as a call to action. People want to help out somehow. The man’s pain is something that people want to avoid as if it were a taboo (Golden, 2013, p. 16).”

This sexist bias arises from a western societal construct that female circumcision is more damaging than male pedocircumcision. Some forms of female circumcision are more damaging, but some are quite innocuous in terms of the reduction in erogenous tissue, effect on mechanical and protective functions and damage to the development of protopathic neuronal pathways (Circinfo.org, 2014; Department of Gender and Women's Health and Department of Reproductive Health and Research, 2001; Fitzgerald & Walker, 2003).

For example, pricking, piercing or incision of the clitoris and/or labia is less damaging than the removal of a 1.5” x 5” double layer of muscle and dermal tissue, containing several thousand encapsulated nerve endings that make up the male foreskin (Taylor, Lockwood, & Taylor, 1996). However, to say one type of circumcision is worse than another contravenes human rights principles (Boyle, Svoboda, Price, & Turner, 2000). Since non-therapeutic pedocircumcision involves the deliberate act of removing healthy erogenous tissue from a minor without his consent, some consider non-therapeutic circumcision to be sexual assault, as it would most certainly be if done to a non-consenting adult (Boyle et al., 2000).

The bias in favor of male pedocircumcision arises from the belief that the foreskin is a superfluous structure and is prone to a range of dangerous pathologies. These cultural constructions are promoted by the North American medical profession in sharp contrast to medical organizations in the UK, Europe and Australasia (Darby, 2013). In reality, the foreskin is an integral part of the normal penile circulatory, muscular, sensory and mechanical systems. It provides a major part of the sensory input during sexual activities via the sensory receptors in the ridged band, the frenulum and the frenular delta (Sorrells et al., 2007; Taylor et al., 1996; Winkelmann, 1959). It also preserves the sensitivity of the glans corona by acting as a barrier to abrasion, low air or water temperatures and desiccation, provides enough skin to accommodate the increased penile volume during erection without skin tears or hemorrhage, reduces the force needed to penetrate the vagina—the “shoehorn effect” (Taves, 2002), reduces friction by acting as a linear bearing between the penis and the vaginal walls (Lakshmanan & Parkash, 1980) and retains vaginal fluids during intercourse (Bensley & Boyle, 2003).

## BACKGROUND

Some research has investigated the psychological effects of non-therapeutic pedocircumcision (Boyle & Bensley, 2001; Cansever, 1965; Glover, 1929; Goldman, 1999; Leone-Vespa, 2010). Ramos and Boyle (2001) found that of 1577 Filipino boys aged 11 to 16, ‘almost 70% of boys subjected to ritual circumcision and 51% of those subjected to medical circumcision fulfilled the DSM-IV criteria for a diagnosis of PTSD.’ Rhinehart (1999) and Golden (1999) during therapy to resolve early trauma, were as surprised as their adult male patients to discover that in some cases the original event was pedocircumcision. Rhinehart (1999) found “*serious and sometimes disabling lifelong consequences.*” In a non-therapy situation one man spontaneously re-experienced his circumcision (Watson, 2014, pp. 86-88). Such experiences should not be surprising, since analgesics for infant circumcision have only come into common use in recent decades (Chamberlain, 1989). An fMRI investigation concluded that infant pain experience closely resembles that seen in adults (Goksan et al., 2015). Hammond (2013) and Watson (2014) have collected anecdotal evidence to indicate an array of psychological sequelae.

Most circumcised men, including physicians and psychiatrists, live in a state of denial that they have been damaged through a neonatal cosmetic surgery over which they had no control. North American media reinforce the cultural construct by portraying male pedocircumcision as

humorous, beneficial or harmless, and the intact penis as potentially dangerous or obscene. In spite of this, some men discover information on the Internet that shocks them into an awareness that they have lost out sexually. There is every possibility that the rate of this awakening will increase as the percentage of circumcised boys falls below 50% in the US. Some circumcised men remember when they first learned what had been done to their genitals as infants and recall reactions such as anger, shock, sorrow, disbelief, curiosity and profound grief (Hammond, 2013; Watson, 2014).

Circumcision grief (CG) is the psychological and physiological reaction of a man (or a woman) to the physical and functional loss of part of their genitalia, along with the consequential loss of full sexual experience and confidence in intimate situations. CG is intense because the circumcised penis “*is the source of a negative self-image that goes far beyond sexuality*” (Gollaher, 2000, p. 181). For a very small but increasing number of men, the psychological breakthrough of their circumcision denial state can result in deep grief. Such men report feeling dissatisfied, violated or raped, frustrated, angry, mutilated, betrayed by parents, shamed, spiritually traumatized and powerless. Other reactions include violent retributive thoughts towards the circumciser, recurrent nightmares, depression and suicidal thoughts and attempts, self-harm, body eudysmorphia, poor self-image, alexithymia (Bollinger & Van Howe, 2011) and an inability to engage in intimate relationships (Boyle, Goldman, Svoboda, & Fernandez, 2002; Hammond, 2013; Watson, 2014). This parallels the reactions of circumcised women, who feel deep anger, bitterness and betrayal (Denholm, 2004). Such reactions are consistent with those experienced by people coping with the loss of other body parts (Desmond & MacLauchlan, 2002; Maguire & Murray, 1998). As amputees can develop an obsessive preoccupation with their missing body part (Maguire & Murray, 1998), so circumcised men may also become obsessive about their missing foreskin.

On entering CG men feel isolated and alone, and are unable to seek support from peers, parents, partners and medical professionals because within a circumcising culture they fear ridicule (Hammond, 2013; Watson, 2014). As a man learns that “people are uncomfortable talking about it, and he is treated like it’s not important or that he shouldn’t question it, a man becomes cut off from society, and then a deeper circumcision of the soul sets in (Gollaher, 2000, p. 180).” Even sexual partners may not give much support, as men must be seen as strong and in control,

and usually seek to solve problems on their own (Golden, 2000). Commonly anecdotal accounts of visits to professional therapists report a negative outcome. Unsurprisingly, to avoid demeaning reactions, such men seek support in their grief through the anonymity of foreskin restoration websites.

The present study aimed to evaluate the quality of therapeutic support for men undergoing CG to test whether the anecdotal claims are true.

## **METHOD**

### ***Participants***

Twenty-two self-selecting men from three websites: A Voice For Men (<http://www.avoiceformen.com>), Foreskin Restoration (<http://www.foreskin-restoration.net>) and Restoring For Men ([www.restoringforeskin.org](http://www.restoringforeskin.org)) participated. Men whose ages were known ranged from 18 to 74. The sexual orientation of the men is unknown, but anecdotal reports suggest that the proportion of gay to straight men using foreskin restoration websites is greater than that in the general male population.

### ***Procedure***

Originally, we designed a partially quantitative survey, but found the number of respondents too few for such an analysis and that the narrative responses were revealing. We advertised for men's experiences on the three websites. All patient returns were assigned new letter codes (A to V). Both authors analyzed patient responses separately and then compared findings to identify common patient therapy experiences.

## **RESULTS**

Nearly all responses came from North American men. Some had attended several therapists; the most common type reported being psychologists. Beside CG, some men had additional psychological problems. Many men returned lengthy narratives that we have quoted extensively.

Most respondents were "extremely upset" before therapy. Apart from those seeking help for depression, many were unsure of what they would achieve through psychotherapy. Some patients wanted validation of their grief, others wanted coping strategies –

I wanted to be able to sleep without waking up in the middle of the night, screaming over visions of a doctor slicing into my penis. (F).

Another wanted to be able to accept his “mutilated” organ (E) and another wanted to –

...work past the episodes of grief/rage/depression that would come and go, to be able to have sex again. (Q)

Some wanted strategies to cope with suicidal thoughts (B, G aged 22, Q). A minority of patients felt accepted by the therapist. Some therapists, even though CG was completely outside their experience, did make efforts to empathize with the patient (E) –

She said, ‘we don’t just cut women’s boobs off, that’s the same thing.’ Recently she told me that I have opened her eyes, and that if she ever has a boy she won’t circumcise him. (I)

These examples indicate the finding that female therapists often perceived their patient’s grief was real, while male therapists tended to reject the possibility. Patient (B) observed –

“With men [therapists] I’ve sometimes encountered resistance due to their obvious personal circumcisions and related emotional baggage”. (B)

Some therapists initially reacted with a stunned silence, indicating shock (C, D & F). However, a common reaction was active denial and minimizing the patient’s grief through justifications (D, H & I) –

He explained that uncut penises ‘look funny’ and he’s glad he was cut. He joked about how his son had to be cut twice because the first time didn’t ‘turn out’. Not helpful. ... The next guy was ... a Jew and joked about his own son’s circumcision and his own. (C);

She said “I should be ‘grateful’ that I was cut as if it’s the best thing that could have happened for your sexual health and that you’ve been given a great ‘gift’. (M);

...the foreskin isn’t part of the penis. ... some girls prefer it.(L);

...it’s medically proven to be beneficial. (J)

Several therapists said CG indicated deeper problems or was ‘a metaphor for something else,’ rather than simply the grief for a lost body part (B & J) –

I have had several psychiatrists presume that I am basically delusional for thinking that circumcision harmed me in any way. (B);

The look on their faces and their attitude disgusted me, they thought I was crazy! (D)

Some felt that their grief was being dismissed –

Dr. H. kept comparing me to pro-lifers. He wanted to dismiss me anyway he could (P);

The therapists ... tried to attribute my sorrow to something else, made me feel invalidated, infuriated, and sad. (B);

The therapist “told me something else was causing me to feel this way. (Q)

In one case, after the patient revealed he had “had a botched neonatal circumcision,” the topic was never mentioned again.

Opinions differed widely as to whether patients felt understood and respected. Few patients experienced empathetic therapists –

I felt understood and respected eventually. (H);

...she was aware that circumcision could reduce sensitivity. I felt VERY understood (E).

However, these were the exceptions. One patient was “*laughed out of the office*” and was told “*it was ME who was the problem.* (C)”

Anger was a common patient response to ineffective therapy –

Terrible on all accounts. Embarrassed further about my body and emotions. Angry at the medical profession as a whole. (C);

Extremely angry and as if I was dismissed. (D);

This made me angry, because I’ve heard this advice from many people, and simply saying ‘accept it’ hasn’t helped me at all. It’s not much different from telling someone to ‘get over it. (G)

Some felt undervalued as males –

I felt pretty dismissed and it reinforced the idea that people generally don’t care about men. (H);

God it’s not helping. I came home and was tempted to self-harm again. ... Right now, I hate the psychologist. (D);

It made me feel ashamed and embarrassed. Going to see someone about penis issues is difficult enough, but to be dismissed in this way made me feel even lonelier. (Q)

Rather than diagnose grief over a lost body part, the range of diagnoses, when given, included OCD (C), body dysmorphia (D & E), obsessive behavior (I), sexual fetishism (P), paranoia (P), sex

addiction (Q), sexual abuse as a child (Q), autism spectrum disorder (T) and the obsession was “a political issue (P).” The failure to acknowledge the actual cause of the anguish provoked powerful reactions in some patients –

A female rape victim who had been drugged and couldn't remember a thing, and whose body had merely been penetrated would not have received such treatment. Fucking god damn medical profession. (C)

Therapists suggested a range of strategies to their patients: medication (A, C, D, H & T), focusing on the positive (A & K), foreskin restoration (B, I & J), meditation (C & F), accept and “roll with it” (G, K & T), journaling/essay therapy (F), talking (F, K & P), self-reflection (H), avoiding foreskin restoration websites (I), avoiding approaching parents about the issue (K), focusing on the bigger picture (K), realizing that “not enjoying sex as much as my Mrs does” is just in your head because “the brain is the biggest sex organ” (K), somatic experiencing technique (S) and cognitive behavioral therapy (P). In one case three strategies were proposed (H).

We identified the following interventions as unproductive:

- Being told to stop viewing foreskin restoration websites.
- Meditation, because it involved –  
...concentrating on the ‘body’ and its ‘wholeness.’ It just made things worse. (C)
- Telling patients to ‘get over it’ –  
I often hear, ‘It’s a piece of skin, you need to get over it’. (I)
- Being told that some girls prefer circumcised partners provoked this response:  
I would not prefer a girl who did. That says something about her as a person ... I wonder what people would think of me if I said “I prefer girls who’ve had their clit. cut off at birth, it looks better. (L)
- Diminishing circumcision pain and grief.  
Therapists should learn about circumcision, and be willing to take an alternative view of it and of the minds of men who have been hurt by it. They must focus on the fact that the man in front of them needs help, he is their patient, and it is their job to help him with his reality, not to keep circling the wagons on behalf of the medical profession that has come up with almost all of what they believe about circumcision and about men



who complain about it. (U)

- Referring patients to therapists based in hospitals:

A hospital or any kind of medical environment is the last place someone who is suffering suicidal thoughts over their circumcision should be sent to. (T)

The degree of success of the therapy process varied widely. One patient recorded real progress –

After several sessions, I ceased to wake up at night, and though the horror of the circumcision sometimes surfaces, even now, I'm able to deal with it ... like we do when remembering the death of a close friend or relative. We mourn the loss, but we learn to put it in perspective. (F)

However, there were unsuccessful encounters –

The therapy left me exactly where I was. It was a waste of my time. (G);

I didn't want to go to a psychiatrist again, because I now regarded psychiatrists as part of the same medical establishment that unapologetically performed circumcisions and prescribed pills to dull rather than explore painful feelings. (A);

I had a very bad experience with therapy and I will not be considering it again. I've become stronger having discovered foreskin restoration and I will not take advice on the matter from medical 'professionals' any further. (C);

Therapists have to know that there are those of us who have symptoms strikingly similar to PTSD and that certain events can trigger these repressed emotions. Therapists shouldn't dismiss these feelings or try to immediately find an alternate cause. (Q)

In summary, we conclude that:

1. Many therapists do not recognize that the foreskin is a functional part of the genitals and its loss can result in grief as profound as the loss of a larger body part or even a loved one;
2. More male than female therapists exhibit denial that pedocircumcision is sexually and psychologically damaging;
3. Therapists demonstrate denial by using diagnoses such as OCD and dysmorphia;
4. Some therapists demean and minimize the patient's CG using humor, local cultural aesthetics, non-universally recognized health benefits, sexism and erroneous conceptions

of penile anatomy and sexual function;

5. Therapists, particularly males, often push their own personal bias and insecurity, favoring circumcision at the expense of establishing patient rapport;
6. Therapists use a variety of strategies and techniques, some less effective than others in supporting the male circumcision grieving process;
7. Therapists seem unaware of masculine modes to support male grief;
8. CG patients are very knowledgeable about the anatomy and the sexual functions of the male genitals, the weaknesses of medical justifications for non-therapeutic pedocircumcision, and the ethical issues involved in cutting the genitals of minors;
9. CG patients easily identify therapists who are in denial of circumcision harm, resulting in the therapist losing credibility and rapport;
10. CG patients are often very angry but suppress their anger;
11. In some cases CG may be only one aspect of a man's psychological profile. The men surveyed had great diversity in their backgrounds and psychological states. In some cases the CG was accompanied by other serious issues;
12. In some cases of CG men can be suicidal;
13. Therapists may erroneously identify body dysmorphia as a characteristic of CG;
14. Some therapists advise men not to approach parents because little advantage is likely to result.

## DISCUSSION

It is not surprising that therapists are largely at a loss as to know how to treat men who exhibit CG, as most training in grief focuses on the loss of a person rather than a body part. Oppawsky (2009) discussing the grief associated with the loss of a body part, says "Missing from the literature is [a] ... specific therapy specifically for those clients who are distraught by what has happened to their limbs or body parts after they were severed, removed, or amputated and

who cannot find closure to their grief because of this. The thought of parts of their body being disposed of as “medical-waste solution” has been described as “almost too much to bear.” (p.57).

Insult is added to injury when men enduring CG learn that their circumciser was a woman or that neonatal foreskin fibroblasts are used by SkinMedica to manufacture face cream endorsed by Oprah Winfrey (Morris, 2013). In American culture, therapists need to consciously work against the prevailing pro-circumcision social construct and as well as the natural response to avoid confronting men’s pain. Men soon learn that that their emotional struggles are not valued. Therapists should make clear to their patients that they recognize and accept that CG is real.

Men need to be taught the basics of the grieving process to understand that their experience is normal. They should be told to:

...embrace the anguish and try to feel it as strongly as [they] can, preferably in the company of someone supportive, so that it can begin to fade. I found my girlfriend of five years to be very supportive. I’ve spent a few afternoons crying on her furniture, and this was great to help me move forward (somewhat). I’ve found the copper cyanide I need to die, but I’m thinking I may stick around a bit longer. (G)

One factor that complicates a productive psychotherapeutic approach for many therapists is that men tend to have different ways to process their emotions and work towards healing. Most men will find that connecting their pain with an action of some sort is more harmonious with their nature. This approach varies from the more traditional talking therapy. You can see this difference clearly when men will connect their emotional pain with an action that helps them in both experiencing and processing that emotional pain. This explains why writing an essay, journal, poem or song etc., or actively non-surgically restoring their foreskin are excellent healing modes for men processing CG. Many therapists have never been taught this more masculine mode of healing. It is easily incorporated into talk therapy by simply focusing the therapeutic talk on the man's actions and the resulting emotions and memories.

As more circumcised American males become aware, through the Internet, of what they have lost, it is important that therapists are prepared for this type of grief.

Frankly, I think the therapist probably needs to accept that circumcision really is an act of sexual mutilation and rape—a violation of the most intimate part of one’s body. I don’t

see how a therapist who thinks their patient is delusional can be highly effective. (B);

Some of these [therapists] need to watch and hear an infant as he's being forcibly subjected to the totally unnecessary amputation of his prepuce. Perhaps then they will realize how it affects some adult men, when, finally they consciously realize what happened to them. (F);

A few minutes visiting the grief sections of (non-surgical) foreskin restoration websites, as mentioned above, will demonstrate that CG is real. (Watson, 2014) briefly covers the basic foreskin anatomy and functions, the process of CG, the male grief modes and detailed accounts of men processing CG.

Therapists need to be aware that pedocircumcision is harmful. "Circumcision removes the most sensitive parts of the penis and decreases the fine-touch pressure sensitivity of the glans penis (Sorrells et al., 2007)." A later study concluded the foreskin is important for "penile sensitivity, overall sexual satisfaction, and penile functioning (Bronselaer et al., 2013)." (It is of interest that both these studies were published outside the United States and ignored by US media.)

Foreskin restoration is one of the most powerful methods of working through CG since it empowers the patient.

...Not seeing any [therapist] currently. [I'm] just restoring and trying to live life to the fullest. It's working too, to take shit into my own hands. (C)

Therapists should –

...familiarize themselves with foreskin restoration, and what is involved (methods, outcomes, etc.) to be able to understand how long it takes, and the labor and emotions involved with restoration. They shouldn't badger you about it. (E);

I wanted to try out a year of foreskin restoration, and now I'm thinking I may stick around for the full six. I also think that men should be told of foreskin restoration as a treatment, and that therapists should be supportive in such pursuits. (G)

The term *body eudysmorphia* (meaning *true* dysmorphia) is preferable to the term *body dysmorphia*. Body dysmorphia refers to a distorted mental image of the body, even though the body structure is within the normal range. However, in the case of CG it is the body itself that is distorted—the glans penis is dried out instead of being smooth and shiny, the penis shaft is scarred and the foreskin, and some of the shaft skin, is missing.

Writing an article or keeping a journal seems to work well for some CG patients (e.g. F). One man wrote a paper and presented it to the Tenth International Symposium on Genital Integrity. He was received with great applause, and the paper was later published (Johnson, 2010). He writes:

This experience proved more therapeutic than any of my efforts to get help from therapists, primarily because the individuals [at the symposium] ... all had had experiences similar to mine, confirming the validity of my observations. They knew that circumcision is extremely traumatic and that the trauma endures as a permanent imprint in the unconscious as a form of post-traumatic stress disorder. Furthermore, they knew that the foreskin is an important part of the penis and that its loss seriously damages a man's sexual sensitivity and capability throughout life to the detriment of intimacy and thus to general happiness for himself and his intimate partners. ... After my paper was published, I sent it ... to the man who had been my psychiatrist for twelve years, asking for his honest reaction. He wrote back as follows: "Sorry. I can't deal with this." That was all he said. (A)

CG is real for the patient and should not be minimized.

Don't downplay the patient's grief! I don't care if other men are happy with their circumcisions, and it isn't particularly helpful to hear that at least I can reach orgasm (as if this is the only purpose of sex, or as if a change in sexual function is the only reason I'm upset about having my body violated). Treat the man the same way you would treat a woman who was upset about a gross violation of her body. (H)

Therapists should be there to

...empathize, to validate your feelings and to help you sort out your feelings and help you to solutions". (E);

Understand that it's a horrible thing and offer techniques to overcome it and not just say things like 'you need to move on'. (D)

It is important that circumcised male therapists actively avoid justifying their own circumcision.

One man said:

I specifically saw a woman who had 'Men's Issues' in her professional profile. I wanted a woman, because I didn't want to end up with a cut guy who had the 'fuck you, ain't nothing wrong with my dick' attitude. (E)

Encouraging the man to recognize *real* positives may help. Patient K was helped when his therapist pointed out that:

The most important thing you did in all of this was to spare your son ... so, you need to honor that and know that and be proud of that.' Indeed... I've broken the chain at least in my own blood line. (K)

Therapists should rightly be cautious about encouraging the men to involve parents (Watson, 2014). Many circumcised men want to confront their parents to ask “why?” This can also result in a family rift that is extremely difficult to heal, therefore it cannot be recommended without considerable forethought and planning. It should not be undertaken in the early stages of grief when the patient’s emotions are very raw. Preparation of a well thought out “no blame” document, that seeks information, along with a patient advocate or support person may work. The normal parental reaction is defensiveness, although fathers are more likely to be defensive and less apologetic than mothers (Hammond, 2013). Bigelow believes honesty between both parents and the son “might well heal breaches in the family structure that many parents do not even know exist” (Goldman, 1997, pp. 199-200). He reports that most men have never discussed with their parents how they feel about having been circumcised (Bigelow, 1995). Discussing the matter with parents helps towards at least partial closure and sometimes it is all that is required for the man to be able to process the grief.

Encouraging a patient to visit restoration websites is usually beneficial, but triggers can make the experience distressing. Early in the grief process repeated reminders of what has been lost can be devastating, particularly for young men. However, considering that his partner, friends, families and medical professionals are unlikely to understand and offer support, these moderated websites are probably the only safe place a man can be heard and not ridiculed. Apart from restoration group meetings organized by branches of the National Organization of Restoring Men ([NORM](#)), it is best to regard foreskin restoration websites as the only support groups available; the members of which will help monitor the patient and offer advice from their own experiences. Few men have supportive partners.

This study finds that most psychotherapists do not recognize CG as a subset of body loss grief and tend to minimize this form of grief. By recognizing the authenticity of CG and advising grief strategies that include distinctly masculine activity-centered approaches, such as non-

surgical foreskin restoration, the outcomes for CG patients might be greatly improved. While CG seems to be a minute proportion of patients experiencing body loss grief, the exact magnitude of the phenomenon presents an opportunity for further investigation.

## REFERENCES

- Bensley, G. A., & Boyle, G. J. (2003). Effects of male circumcision on female arousal and orgasm. *New Zealand Medical Journal*, 116(1181), 595-596.
- Bigelow, J. (1995). *The joy of uncircumcising, exploring circumcision: history, myths, psychology, restoration, sexual pleasure and human rights*. Aptos: Hourglass.
- Bollinger, D., & Van Howe, R. S. (2011). Alexithymia and circumcision trauma: a preliminary investigation. *International Journal of Men's Health*, 10(2), 184-195.
- Boyle, G. J., & Bensley, G. A. (2001). Adverse sexual and psychological effects of male infant circumcision. *Psychological Reports (Missoula)*, 88(3 Pt 2), 1105-1106. doi:10.2466/pro.2001.88.3c.1105
- Boyle, G. J., Goldman, R., Svoboda, J. S., & Fernandez, E. (2002). Male circumcision: pain, trauma and psychosexual sequelae. *Journal Health Psychology*, 7(3), 329-343. doi:10.1177/135910530200700310
- Boyle, G. J., Svoboda, J. S., Price, C. P., & Turner, J. N. (2000). Circumcision of healthy boys: criminal assault *Journal of Law and Medicine*, 7, 301-310.
- Bronselaer, G. A., Schober, J. M., Meyer-Bahlburg, H. F., T'Sjoen, G., Vlietinck, R., & Hoebcke, P. B. (2013). Male circumcision decreases penile sensitivity as measured in a large cohort. *British Journal Urology International*, 111(5), 820-827. doi:10.1111/j.1464-410X.2012.11761.x
- Cansever, G. (1965). Psychological effects of circumcision. *British Journal Medical Psychology*, 38(4), 321-331.
- Chamberlain, D. B. (1989). Babies remember pain. *Prenatal and Perinatal Psychology Journal*, 3(4), 297-310.
- Circinfo.org. (2014). Male and female genital mutilation. Retrieved from <http://www.circinfo.org/FGMclassification.html>
- Darby, R. (2013). *The Sorcerer's Apprentice: why can't the United States stop circumcising boys*. Retrieved from <http://www.amazon.com/The-Sorcerers-Apprentice-Robert-Darby-ebook/dp/BooAXPRD1Q>.
- Denholm, N. (2004). *Female genital mutilation in New Zealand: understanding and responding—a guide for health and child protection professionals*. Auckland: Refugee Health Education Programme.
- Department of Gender and Women's Health and Department of Reproductive Health and Research. (2001). *Female genital mutilation: integrating the prevention and the management of the health complications into the curricula of nursing and midwifery: A teacher's guide*. Geneva: World Health Organization.
- Desmond, D., & MacLauchlan, M. (2002). Psychological issues in the field of prosthetics and orthotics. *Journal of Prosthetics and Orthotics*, 14, 19-22.
- Fitzgerald, M., & Walker, S. (2003). The role of activity in developing pain pathways. In J. O. Dostovsky, D. B. Car, & M. Koltzenburg (Eds.), *Proceedings of the 10th World Congress on Pain. Progress in Pain Research and Management*. Seattle: IASP.
- Glover, E. (1929). The 'screening' function of traumatic memories. *International Journal of Psychoanalysis*, 10, 90-93.
- Goksan, S., Hartley, C., Emery, F., Cockrill, N., Poorun, R., Moultrie, F., . . . Slater, R. (2015). fMRI reveals neural activity overlap between adult and infant pain. *Elife*, 4. doi:10.7554/eLife.06356
- Golden, T. R. (1999). Do you "remember" the trauma of circumcision Retrieved from

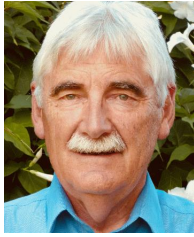
<http://www.menweb.org/circtom.htm>

- Golden, T. R. (2000). *Swallowed by a snake: the gift of the masculine side of healing*. Gaithersburg: Golden Healing Publishing.
- Golden, T. R. (2013). *The way men heal*. Gaithersburg: G. H. Publishing.
- Goldman, R. (1997). *Circumcision: the hidden trauma*. Boston: Vanguard.
- Goldman, R. (1999). The psychological impact of circumcision. *British Journal of Urology International*, 83 Suppl 1, 93-102.
- Gollaher, D. (2000). *Circumcision: a history of the world's most controversial surgery*. New York: Basic Books.
- Hammond, T. (2013). Global survey of circumcision harm. Retrieved from <http://www.circumcisionharm.org/>
- Johnson, R. C. (2010). The impact of neonatal circumcision: implications for doctors of men's experiences in regressive therapy. In G. C. Denniston, F. M. Hodges, & M. F. Milos (Eds.), *Genital Autonomy: Protecting Personal Choice* (pp. 149-166). New York: Springer.
- Lakshmanan, S., & Parkash, S. (1980). Human prepuce: some aspects of structure and function. *Indian Journal of Surgery*, 44, 134-137.
- Leone-Vespa, T. (2010). *Understanding the relationship between circumcision and emotional development in young boys: measuring aggressiveness and emotional expressiveness*. Dissertation. Psychology. Alliant International University.
- Maguire, P., & Murray, P. C. (1998). Coping with loss: surgery and loss of body parts. *British Medical Journal*, 316(7137), 1086-1088.
- Morris, J. (2013). Oprah protested for endorsing face cream made from foreskins. *Sault Star*. Retrieved from <http://www.saultstar.com/2013/01/23/oprah-protested-for-endorsing-face-cream-made-from-foreskins>
- Oppawsky, J. (2009). *Grief and bereavement*. United States: Xlibris Corporation.
- Ramos, S., & Boyle, G. J. (2001). Ritual and medical circumcision among Filipino boys: Evidence of post-traumatic stress disorder. In G. C. Denniston, F. M. Hodges, & M. F. Milos (Eds.), *Understanding circumcision: A multi-disciplinary approach to a multi-dimensional problem*. New York: Kluwer/Plenum.
- Rhinehart, J. (1999). Neonatal circumcision reconsidered. *Transactional Analysis Journal*, 29(3), 215-221.
- Sorrells, M. L., Snyder, J. L., Reiss, M. D., Eden, C., Milos, M. F., Wilcox, N., & Van Howe, R. S. (2007). Fine-touch pressure thresholds in the adult penis. *BJU Int*, 99(4), 864-869. doi:10.1111/j.1464-410X.2006.06685.x
- Taves, D. (2002). The intromission function of the foreskin. *Medical Hypotheses*, 59(2), 180-182.
- Taylor, J. R., Lockwood, A. P., & Taylor, A. J. (1996). The prepuce: specialized mucosa of the penis and its loss to circumcision. *British Journal of Urology International*, 77(2), 291-295.
- Watson, L. R. (2014). *Unspeakable mutilations: circumcised men speak out*. Ashburton: Lindsay R Watson.
- Winkelmann, R. K. (1959). The erogenous zones: their nerve supply and its significance. *Proceedings of the Staff Meetings of the Mayo Clinic*, 34(2), 39-47.



---

## AUTHOR PROFILES



**Lindsay Watson** is an independent researcher currently co-authoring a book on the history of male pedocircumcision in New Zealand. In 2014, he published [Unspeaking Mutilations: Circumcised Men Speak Out](#), an anthology of personal accounts by men psychologically and physiologically harmed by being circumcised as children, since translated into German. Lindsay was invited to participate in Otago University's *New Zealand Sexual Histories Workshop* in 2015. He has had papers published on nineteenth century [sexual quackery in New Zealand](#), [medical constructions of congenital phimosis](#) in twentieth century New Zealand, the [purity crusades in early twentieth century New Zealand](#) and the anti-masturbation fervor in New Zealand from 1860 to 1960 (*New Zealand Journal of History*, Vol.5, No.1).

**Contact details:** [lwatson@xtra.co.nz](mailto:lwatson@xtra.co.nz)

---

**Tom Golden** is well known for his first book [Swallowed by a Snake: The Gift of the Masculine Side of Healing](#) which opened the conversation about men, grief, and emotions. It was acclaimed by Kubler-Ross, Hope Edelman and others. Tom has also written [The Way Men Heal](#) and recently a book for moms [Helping Mothers be Closer to Their Sons: Understanding the Unique World of Boys](#). He enjoys giving workshops in the U.S., Canada, Europe and Australia, having been named the "1999 International Grief Educator" by the Australian Centre for Grief Education. His work and his web site [webhealing.com](http://webhealing.com) have been featured in the NY Times, Washington Post, as well as on CNN, CBS Evening News, ESPN and the NFL Channel. He served as the Vice Chair of the Maryland Commission for Men's Health and maintains a private practice in Gathiersburg Md. Find his men's issues work at [menaregood.com](http://menaregood.com)



**Contact details:** [golden@webhealing.com](mailto:golden@webhealing.com)

---

NEW MALE STUDIES: AN INTERNATIONAL JOURNAL (NMS) IS AN OPEN ACCESS ONLINE INTERDISCIPLINARY JOURNAL FOR RESEARCH AND DISCUSSION OF ISSUES FACING BOYS AND MEN WORLDWIDE.

THIS JOURNAL USES OPEN JOURNAL SYSTEMS 2.3.4.0, WHICH IS OPEN SOURCE JOURNAL MANAGEMENT AND PUBLISHING SOFTWARE DEVELOPED, SUPPORTED, AND FREELY DISTRIBUTED BY THE PUBLIC KNOWLEDGE PROJECT UNDER THE GNU GENERAL PUBLIC LICENSE.

THIS ARTICLE HAS BEEN DOWNLOADED FROM [HTTP://NEWMALESTUDIES.COM](http://newmalestudies.com)