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Circumcision: A Brief Overview

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Abstract: Currently, the rate of circumcision is declining in the United States (The Circumcision Reference Library, n.d.). Estimates vary from one in six men circumcised worldwide (Dunsmuir and Gordon, 1999) to one in three according to a 2008 report from the World Health Organization. This paper explores the historical roots of circumcision and where the procedure stands today, from a practical and an ethical perspective. The current debate over whether to circumcise or not to circumcise young males is explored through the lens of a prenatal and perinatal psychology student.

Keywords: Male circumcision, circumcision rates

Introduction

This paper provides information to be considered in addressing the issue of infant male circumcision. The premise is advanced that circumcision as an unnecessary and potentially dangerous procedure in today's modern world. This paper will cover the following aspects: a brief history of circumcision, viewpoints from recent literature, and concluding arguments from the lens of pre- and perinatal psychology.

Brief History

Circumcision is an ancient surgical procedure with roots dating back to pre-biblical times. Circumcision was first practiced in Africa - the oldest history we have comes from the oral tradition of the Dogon tribe in Western Africa (deMeo, 1989). Later it was practiced by the Egyptians on their priestly casts for cleanliness and their slaves for

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identification. It may be safe to say that circumcision was introduced as a cultural practice. To this day, anthropologists do not agree on the origins of circumcision and suspect that the ritual surfaced in many of the world's cultures around the same time. Little is known about the beliefs of circumcision back then. Although more recently, "the techniques and controversies…have evolved since the operation has become medicalized" (Dunsmuir and Gordon, 1999, p.1). The infiltration of circumcision into western medicine has also been documented by Frederick M Hodges (1996) in his paper "A Short History of the Institutionalization of Involuntary Sexual Mutilation in the United States."

Dated medical texts offer somewhat detailed accounts regarding the practice of circumcision. At the same time, it is much more difficult to find historical reflections and controversies relating to this ritual. By the early 19th century, adult male circumcision is mentioned in various textbooks, but with little detail compared to today's texts. Justifications for circumcision included "impotence, nocturnal enuresis, sterility, excess masturbation, night terrors epilepsy, etc." (Dunsmuir and Gordon, 1999, p.9).

At that time, circumcision had not been suggested as a procedure for infants, medically speaking. Again, minimal amounts of information are known coupling religious circumcision practices and infants, except that Genesis 15 was probably the first covenant between God and Abraham and it did not mention circumcision, however, the P text, the work of the priestly class, which emerged in the late sixth century some thirteen centuries after Abraham's lifetime, does mention it (Glick, 2005). What becomes increasingly clear is the recommended technique in the 19th century texts, along with the possible long-term benefits of circumcision. Little has changed, in terms of technique, since that time. Dunsmuir and Gordon (1999) state, "The turn of the 19th century was also an important time in laying the foundations of surgical technique" (p. 4).

By the latter part of the 19th century, requests for newborn circumcision had greatly increased. All the while, the procedure had risks associated with it, particularly infection, hemorrhage, and surgical mishap. A variety of clamping and crushing instruments were created in response to this risk and the last 100 years has seen an evolution of such instruments. (Dunsmuir and Gordon, 1999). Warnings came forth regarding the risk of injury to the glans (head of the penis), by the 1930s, and ever more instruments were created.

Current Considerations

For the past three decades members of the allopathic medical community have increasingly questioned circumcision, specifically the purpose and function of the prepuce, or foreskin. One anonymous doctor suggested the following analogy: the prepuce is to the glans what the eyelid is to the eye (Dunsmuir and Gordon, 1999). The foreskin serves to cover and protect the urinary meatus (the urinary tract is meant to be sterile) and the glans penis, keeping it soft and moist once the foreskin becomes retractile. The foreskin provides skin to accommodate a full erection, and circumcised males complain of tight, painful erections, tearing, and bleeding at the scar. Thanks to the work of Canadian pathologist and researcher, Dr. John Taylor (2007), we now understand that the foreskin houses somewhere between 20,000 and 70,000 specialized, erogenous nerve endings in the ridged band that encircles the opening of the foreskin.

A current topic gaining much attention relates to the spread of HIV among the uncircumcised population. Specifically, "there has recently been startling evidence that HIV infection is significantly associated with the uncircumcised status" (Dunsmuir and Gordon, 1999, p.9). On the more extreme side, there has been the promotion of routine world-wide neonatal circumcision to try to control HIV and AIDS. This radical view has not existed without scrutiny. Even with widespread sexually transmitted diseases, the American Academy of Pediatrics (AAP) has concluded that there is no strong valid indication for circumcision. They report:

> Scientific studies show some medical benefits of circumcision. However, these benefits are not sufficient for the AAP to recommend that all infant boys be circumcised. Because circumcision is not essential to a child's health, parents should choose what is best for their child by looking at the benefits and risks. (American Academy of Pediatrics, 2007)

Additional research is needed to accurately determine whether circumcision is worth the risks and to determine the degree to which it truly reduces the risks of spreading sexually transmitted diseases. Infant circumcision in the United States has slowly declined over the past decade (Birth News, 2000).

Literature Review Of The Current Debate

The current circumcision debate is not as straightforward as it may initially appear. The obvious "to circumcise or not to circumcise" decision is at the forefront. The issue of consent has surfaced, as an infant cannot consent to such a life-altering procedure. In addition, statistics indicate that only a percentage of infants receive pain-relief during the procedure. A clinical report published by the AAP (2004) states, "…our youngest patients are at the highest risk of receiving inadequate analgesia" (p.1348). According to a 1999 article in Time magazine, "45% of U.S. circumcisions are still carried out without analgesia" (Gorman, 1999, p.100).

In the past there was great controversy over whether neonates could feel pain. It was also believed (Gardner, 1994) that their immature central nervous systems were incapable of perceiving pain. "The myths that children do not feel pain the same way adults do and that pain has no untoward consequences in children still exist" (Zempsky and Cravero, 2004, p.1349). According to these misleading perceptions, pain relief was not considered necessary. Zempsky and Cravero (2004) report that only recently has clinical staff have been educated in pain management. Furthermore, the reports of "back-street" circumcisions have become an issue due to certain insurance companies' unwillingness to cover the procedure, as it is not considered a medical necessity. These concerns make the circumcision debate multi-layered. While neither this section, nor this paper, will cover this final issue, it must be recognized, nonetheless. Finally, there are too many possible negative outcomes of the actual circumcision procedure itself (e.g. excessive swelling, hemorrhaging, infection, etc.), to name here. Medical texts, such as Comprehensive Pediatric Nursing, as well as online sources are available for further inquiry into these outcomes.

According to the American Academy of Pediatrics (AAP), there are several things to consider when making the circumcision decision. Minimal reduction of rare diseases and infections, cultural or religious tradition, hygiene, and wanting a son that looks like the other males in the family are the top reasons for circumcising infant males.

On the other end, avoiding surgical risks of circumcision, increase in adult sexual satisfaction (due to maintained sensation), not wanting to surgically alter genitalia, and desiring to spare a newborn son a painful introduction to life, are the top reasons for not circumcising infant males.

Whatever the choice made by the parents, one thing is certain; the

AAP (1999), states in their Circumcision Policy Statement that "adequate analgesia should be provided if neonatal circumcision is performed." In addition, the policy statement also states:

> There is considerable evidence that newborns who are circumcised without analgesia experience pain and physiologic stress. Neotatal physiologic responses to circumcision pain include change in heart rate, blood pressure, oxygen saturation, and cortisol levels. One report has noted that circumcised infants exhibit a stronger pain response to subsequent routine immunization than do uncircumcised infants. (p. 688)

The 2004 AAP clinical report continues to remind pediatricians of the value of pain control. "Inadequate sedation and pain control has negative implications for pediatric patients. Neonates who undergo procedures with inadequate analgesia have long-standing alternations in their response to and perceptions of painful experiences" (p. 1348).

Knowing that so many infants are circumcised without adequate analgesia, that circumcision is painful, interferes with the maternal/infant bond, disrupts breastfeeding and normal sleep patterns, and undermines the baby's first developmental task of establishing trust raises the question as to whether such a procedure should be done without the consent of the child. Is it acceptable that a parent decide for their baby that he must endure such intense physiological reaction and stress? What about potential long-term consequences? Since infants do not speak verbally, we could wait until they can make an informed decision when they have reached the age of majority (usually 18-years-of-age). Behaviorally speaking, their screams and cries before, during, and after the circumcision procedure is an infant's only way of protesting. And, if we are to seriously accept an infant's movement, facial expressions, and overall behavior as genuine communication, then their bodily protest to circumcision should be enough to tell us that the procedure is unwanted. To view this surgical procedure both youtube.com and the film *Birth As We Know It* are fine sources.

While we are considering the informed consent, stress, and pain debate, it is interesting to remember that only recently has the allopathic medical community acknowledged that infants actually feel pain. In the past, it was "believed that they have no memory of pain and that pain cannot be assessed objectively in nonverbal patients" (Gardner, 1994, p.85). The whole idea of an infant's ability to remember stress and trauma has yet to be fully accepted by the majority of

allopathic medical practitioners. Seasoned trauma therapists as well as those in the field of prenatal and perinatal psychology understand this to be true, as the nervous system and implicit memory faculties are functioning at birth (Siegel, 1999).

One source that promoted infant circumcision listed many health and hygiene benefits without showing the low percentage difference between the circumcised and uncircumcised. Medicirc.org states that "circumcision performed after the newborn period is more complicated and traumatic, there are fewer qualified operators and general anesthesia may be used, increasing the risk of complications" (Schoen, 2007). Concern has been expressed about claims that circumcision after the newborn period is more traumatic. There seems to be nothing available to support these claims.

Professor of Pediatrics, Dr. KJS Anand (2008), in his Canadian Medical Association Journal publication regarding vaccinations, circumcision, and other trauma, makes the following statement, "Acute pain caused by skin-breaking procedures can lead to physiological instability and behavioural distress, and it has downstream effects on subsequent pain processing, development, and stress responsivity ….prevention of pain are worthwhile clinical goals" (p.11). When circumcision cannot be prevented altogether, pain relief is crucial for neonates. EMLA, a local anesthetic, is reported to be safe for use with newborns, and skin-to-skin contact with the mother during a procedure decreases pain behaviors associated with painful stimuli (Zempsky and Cravero, 2004).

Gardner (1994) wrote a wonderful article, Pain and Pain Relief in the Neonate, to provide nurses the signs of stress and pain in neonates. She provides lists and charts to help people understand the responses they are seeing in a neonate and determine appropriate and effective treatment. Reinforcing Anand's findings, Gardner states:

> Neonates, full-term and premature, exhibit physiologic, hormonal, metabolic, and behavioral responses to surgical procedures that are similar to, but more intense, than adult responses. Pain relief benefits the neonate by decreasing physiologic instability, hormonal and metabolic stress, and the behavioral reactions accompanying painful procedures. (p.85)

In summary, this short review of the literature demonstrates that infants have the capacity to feel pain, and that avoiding the experience of painful events is recommended. The circumcision decision should not be taken lightly. It is a major surgical procedure. Since the

allopathic medical community does not deem circumcision to be absolutely necessary, it is up to each family to decide how they will approach the issue. This takes into account the decision to include or ignore the individual choice of the infant.

Discussion

In regards to circumcision, what are the possible greater outcomes of one such decision? If we are to accept that an infant remembers, as research findings continuously demonstrate, then we must also accept that there may be developmental consequences regarding early events. Among those of the Jewish faith, circumcision is performed on the eighth day after birth. While still very young, the infant's nervous system and non-declarative memory processes are functioning (Siegel, 1999).

Can early experiences affect developing attitudes, fears, expectations, and anxieties? Pre- and perinatal psychologists would claim they do. Early experiences pave the way for future interactions; they form patterns and imprints. This is not only psychological, but neuro-biological and physiological as well.

All systems are inter-related. For example, the physiological stress of surgery floods the body with adrenaline hormones, thus affecting neurological and endocrine systems: one's biology. Mental perceptions are then formed based on the experience and outcomes of that experience. Siegel (1999) reminds us that brain "structure and function are directly shaped by interpersonal experience" (p.1). This impacts behavior and future relationships. The potential lack of attachment formation, and unconscious and unresolved emotional issues are just the tip of the iceberg of the impact stress and trauma can have.

Conclusion

It is my suggestion that we strongly reevaluate the meaning of our current practices and determine the long-term impact of common cultural and medical rituals. Is circumcision worth it? From having just examined a variety of sources, it appears to be unnecessary and risky business. If circumcising a newborn is the desired outcome, I advise the parents to request that a local anesthetic be used to provide pain relief, and to be in proximity to the child during the procedure, so that a gentle voice and touch is simultaneously experienced.

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