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Circumcision and forced disability: Routine male neonatal circumcision and the consequences of amputation within a critical disability studies framework

La circoncision et le handicap forcé : la circoncision néonatale masculine de routine et les conséquences de l'amputation dans le cadre des études critiques sur le handicap

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Abstract
Through the lens of critical disability studies, this article analyzes the discourse surrounding routine neonatal male circumcision in Canadian and Western contexts. The function of the foreskin is explored, and the functional limitation inflicted by the act of routine neonatal male circumcision is presented. In a critical disability studies framework, it is argued that the act of amputating healthy erogenous tissue and the consequences of that amputation cause disability, particularly from a counter-hegemonic lens. Various principles of critical disability studies are employed, including: recognizing the expertise of disabled people in their own lives; centering the lived experiences of people; factoring in social and political definitions; accounting for the intersections of gender and sexuality; addressing accommodation and equity; and the overall reinterpretation of disability. Through the lens of critical disability studies, considerations include: the intactivist movement; social justice initiatives; foreskin restoration movements; structural violence; the Accessibility for Ontarians with Disabilities Act; and support for men who live with an amputation due to forced genital cutting.

Résumé
À travers le prisme des études critiques sur le handicap (« critical disability studies »), l'article analyse le discours qui concerne la circoncision néonatale masculine de routine dans les contextes canadiens et occidentaux. La fonction du prépuce est explorée et les limitations fonctionnelles provoquées par l'acte de la circoncision néonatale masculine de routine sont présentées. Dans le cadre des études critiques sur le handicap, l'argument se manifeste que l'amputation du tissu érogène sain et les conséquences de cette amputation peuvent mener à des handicaps, surtout d'une perspective anti-hégémonique. De nombreux principes des études critiques sur le handicap sont employés dans l'article, tels que : la reconnaissance de l'expertise personnelle des personnes avec des handicaps ; la centralisation des expériences vécues des individus ; l'inclusion des définitions sociales et politiques ; la considération des intersections qui existent entre le genre et la sexualité ; tenir en compte l'accommodation et l'équité ; et la réinterprétation globale du handicap. À travers le prisme des études critiques sur le handicap, ces considérations incluent : le mouvement « Intactiviste » ; les initiatives pour

la justice sociale ; les mouvements pour la restauration du prépuce ; la violence structurale ; la Loi de l'accessibilité pour les personnes handicapées de l'Ontario ; et le soutien offert aux hommes qui vivent avec une amputation en raison de la coupure forcée du membre génital.

Keywords
male, circumcision, critical disability studies

Mots clés
Mâle, la circoncision, les études critiques sur le handicap

There is currently no research or writing in critical disability studies (CDS) that looks at circumcision. Conversely, there is no research or writing in medical or academic research around routine neonatal circumcision (RNC) that considers a CDS lens. CDS offers a valuable perspective through which to explore the Canadian RNC discourse as it locates disability in various personal and political arenas, encourages speaking from lived reality, and works to upend medicalized disability discourse. In my analysis, I look at males who have been subjected to RNC and live their lives without multiple parts of their penis, which have been amputated, and explore research that illuminates the functionality of the foreskin. I argue that men who have undergone circumcision through RNC, but not necessarily men who have consensually pursued circumcision for surgical necessity, are men who live with a disability. CDS influences the definition of disability and situates RNC as disabling in a historical and counter-hegemonic context. Drawing on Reaume (2014), I unpack the RNC discourse as it relates to lived experience, lived reality, political power constructs, intersectionality, accommodation, and equity. Through the CDS lens, I offer considerations for future action.

Circumcision is the oldest known surgical procedure worldwide. Illustrations on Pharaohs' tombs dating back to 4000 and 2000 B.C.E. depict the procedure (Renshaw, 2006). While Jewish and Muslim cultural and religious doctrines feature circumcision as an important rite of belonging, some Western physicians in predominantly English-speaking nations adopted the practice into the 19th century as a misguided intervention to address various health ailments (Gollaher, 2000). Spilsbury et. al. (2003) describe the medical profession taking note of Jewish customs and then using circumcision to cure diseases, including alcoholism, rheumatism, and masturbation. In the 20th and 21st

centuries, Spilsbury et al. note a reduction in circumcision rates across North America. This reduction is found in Ontario health records that show boys in Ontario, Canada, having a 44% circumcision rate in 1994, down from 53% in 1979. In the United States, it is estimated that 80% of newborn babies were circumcised in 1980, compared to 61% in 1992. At present, RNC is a surgical procedure that is relatively uncommon in the Western world outside of Muslim and Jewish minority communities and the United States, where it has become a medicalized birth custom and is the most frequently performed inpatient procedure (Drash, 2019).

In my analysis I have focused specifically on medical practices of circumcision and not of ritual and cultural practices. However, I acknowledge that ritualistic neonatal genital cutting practices could be considered just as impactful and equally valid for CDS analysis. Although I do speak to some Jewish male experiences of RNC, the vast majority of research and scholarly articles I have engaged with focus on medical RNC. Furthermore, my focus has been geared toward the medical uptake of the RNC practice in the West and the disabling impacts on male biology, psychology and culture. A focus on the physical, social, and psychological disabling effects of the genital cutting practices of these groups is better suited to the scope of another analysis entirely, and as such, the parameters and methods of forced genital cutting in tribal and other cultural contexts have been omitted from my analysis.

What is removed in circumcision, and what is the functionality of the foreskin

Colloquial descriptions of RNC often use language such as “a little snip,” as found in a *Globe and Mail* article titled “To snip or not to snip” (Ubelacker, 2015). Contrary to this language, the actual medical procedure is much more involved. As the foreskin is

typically fused to the glans of the penis at birth, RNC involves forcing it apart with the application of a blunt probe (Miani et al., 2020). After the glans is forced apart, RNC uses various methods where multiple parts of the penis are crushed, severed, or strangulated (with the Plastibell device), including the frenulum, ridged band, and inner and outer foreskin (Cold & Taylor, 1999). Overall, the practice is typically done in a device called a "Circumstraint (™)," which immobilizes the baby for the procedure to be performed (Brown, 2016).

Multiple sources conclude that the body parts that are amputated in the RNC procedure are not redundant, such as The Canadian Paediatric Society, which states explicitly that the foreskin is not redundant tissue (Sorokan, 2015). The foreskin varies in size and was found to be an average of 46 square centimetres in a study of adult male cadavers (Werker et al., 1998). It is described as a complex, double-layered structure that protects the glans from environmental irritation and is rich in sensory nerve endings and sensory structures (Berry & Cross, 1956; Cold & Taylor, 1999; Earp, 2015, 2016a; Frisch & Earp, 2018; Johnsdotter, 2013; Werker et. al., 1998). Sorrells et. al. (2007) compare the fine touch sensitivity of the circumcised penis and natural penis and find that the glans of the circumcised penis is less sensitive to delicate touch than the glans of the natural penis. Bossio at. al. (2016) reflect these findings and show that the foreskin is the most touch-sensitive part of the penis. Sorrells et al. go on to report that the transitional region from the external to the internal foreskin is the most sensitive region of the natural penis and is more sensitive than the most sensitive region of the circumcised penis. Snyder (2009) describes the foreskin as skin that is mobile enough to allow for exposure of the glans for sexual pleasure, cleaning, or any desired purpose. Hammond and Carmack

(2017) identify the natural penis as a dynamic, self-stimulating organ with refined sensory and linear bearing/gliding capabilities. Collier (2011a) quotes Dr. George Denniston, who describes the intact penis as something that glides in and out of the foreskin during intercourse, reducing friction.

Locating RNC as an impairment

There exists some scholarly writing in bioethics and medical academia that identifies the impact of RNC, illuminating its relation to sexual impairment, as well as compromised mood, psyche, and mental health of men.". Earp and Darby (2015) critically speak to studies of circumcision and allude to lost function:

> Of course, any sensation in the foreskin itself is guaranteed to be eliminated by circumcision, as are any sexually-relevant functions associated with its manipulation. In other words, a man without a foreskin cannot 'play' with his foreskin, nor can he glide it back and forth during sex. That these can be pleasurable activities, with great subjective value to genitally intact men and their partners, is uncontroversial. To say that circumcision makes "no difference" (therefore) to sexual function or satisfaction… is to have an extremely impoverished definition of those terms (p. 14).

The definition of impairment presented by Earp and Darby demonstrates the dysfunction evident in the consequences of circumcision. Regarding masturbation, the elimination of the foreskin presents a radically different version of self-pleasure than with an intact penis, where there is no foreskin to use for the rhythmic gliding action of masturbation. This masturbation dysfunction is identified by Kim and Pang (2007) in a study of 373 men who underwent circumcision as adults. In their study, 48% of participants reported decreased masturbatory pleasure after circumcision, and 63% reported increased masturbatory difficulty. Instead of using the fully functional and erogenous foreskin—which, like female genitalia, provides self-generating lubrication—men who are circumcised are confined to using partial remnants of foreskin or taut shaft skin that requires saliva or commercial

lubrication to stimulate (Bensley & Boyle, 2001). Note the remarkable similarities to other types of disability, in which dysfunction is present (here, the amputation of functional erogenous tissue) and then an aide is introduced to provide accommodation for the dysfunction (lubrication).

Further impairments become clear when considering vaginal or anal sex. In Denmark, male circumcision was associated with orgasm difficulties and a range of sexual difficulties in women (Frisch, 2011). Bronselaer et. al. (2013) found decreased sexual pleasure in circumcised men and lower orgasm intensity, along with unusual sensations and more effort to achieve orgasm compared to men with a natural penis. Darby and Svoboda (2007) suggest that one of the most common medical versions of circumcision in the United States is the most severe, which is a high and tight version performed by devices that ensure maximum tissue loss. This leaves circumcised men with little to no foreskin to facilitate the gliding action during sex. In this experience of sex for such men, who have had as much skin amputated as possible, the penis becomes less of a collaborative part of the body that facilitates gliding and lubrication and more of a blunt probe. Furthermore, the keratinized glans that dries out after circumcision can be abrasive to the internal mucous membrane of the vagina (Collier, 2011a). Rather than the intact penis entering into the vagina or anus in a smoothly lubricated manner, the act of intromission becomes one of friction and chafing. The impairment is clear, such that RNC robs men of the penis' natural ability to facilitate sex and instead restricts to intercourse as something needlessly abrasive to him and his partner(s).

The loss of the foreskin fits a descriptor of amputation within the context of legislative definition, and using the definition of amputation to describe what is done in

circumcision is not novel. The 2005 Accessibility for Ontarians with Disabilities Act (AODA) categorizes “amputation” as a physical disability. The AODA is provincial legislation that acknowledges the discrimination that people with disabilities face. The legislation focuses on developing, implementing, and enforcing accessibility standards, with particular focus on goods, services, facilities, and accommodation. In their Circumcision Policy Statement (1999), the American Academy of Pediatrics identified the RNC procedure as “amputation of the foreskin.” Multiple sources use the definition of amputation to describe the procedure, including Drash (2019), who uses the word amputation to describe the procedure of the removal of the foreskin in a look at the ethics of experimentation on human subjects. Earp refers to the procedure as amputation in a number of papers on preputial amputation (2013) and describes it as an “amputation of healthy tissue” (2015). As amputation is already recognized by the AODA, men who live with the amputational consequences of RNC fit well within the legislative definition.

Research shows a number of mental health difficulties faced by men who become aware of their RNC, and these difficulties should fall under AODA disability legislation. Links between circumcision status and mental health difficulties include significantly higher scores for circumcised men compared to intact men for alexithymia (Bollinger & Van Howe, 2011), reports of significant psychological and emotional harm from circumcision (Hammond & Carmack, 2017), acute circumcision related distress (Hammond et. al., 2023), disturbed adult socio-affective traits (Miani et. al., 2020), grief and loss (Morris, 2025), long-term psychological and psychosocial implications (Tye & Sardi, 2023) and significant adverse physical, psychological and sexual consequences (Uberoi et. al., 2023). Mental health difficulties are acknowledged as disabilities under the

Ontario provincial legislation of AODA (2005) under subsection (b) as a “condition of mental impairment,” and (d) “mental disorder.”

Arguments that situate the RNC as innocuous

It should be noted that some systematic reviews and meta-studies claim there is no impact on sexual function from circumcision, although these reviews and studies carry numerous flaws. In a meta-study, Tian et al. (2013) found no difference in circumcision or intact status with self-reports of premature ejaculation, intravaginal ejaculation latency time, erectile dysfunction, low or absent sexual desire, orgasm difficulties, and dyspareunia. Morris and Krieger (2013) conducted a systematic review in which 36 studies found no difference between intact and circumcised status in self-reports, sensitivity tests of penile sensitivity, sexual arousal, sexual sensation, erectile function, premature ejaculation, ejaculatory latency, orgasm difficulties, sexual satisfaction, pleasure, or pain during penetration. Morris and Krieger (2020) presented another meta study in which 46 publications show no or minimal adverse effect of circumcision in self-reports and sensation tests of sexual function, sensation, or pleasure.

These systematic reviews and meta-studies, in particular those led by Morris (2013, 2020), that find no difference in sexual function with circumcision have come under scrutiny with numerous flaws discovered under my analysis and the analysis of others. In my examination of Tian et. al. (2013) and Morris and Krieger (2013, 2020), I found no consideration of the function or complexity of parts of the penis that are amputated in circumcision, including the inner and outer foreskin, the ridged band, and the frenulum. In a critique of Morris’s work, Earp and Darby (2015) describe Morris as waging “a quixotic campaign against the foreskin” (p. 2). Earp and Darby find numerous distortions,

misrepresentations, and inadequately referenced claims in Morris's work (p. 17). Earp (2016b), in his biomedical ethics work, describes Morris' work as "gish gallop," a term coined by science educator Eugenie Scott that describes the act of putting out masses of flawed information so vast that they overwhelm counter debate. Van Howe (2018) criticizes Morris et al.'s (2016) work around HIV and circumcision status, finding the figures quoted by Morris and his co-authors to be exaggerated. Bossio et. al. (2015b) found the Morris and Krieger 2013 review to be of "low quality on account of high risk bias" (p. 1306). Most of the studies about sexual satisfaction cited by Morris dealt with voluntary, adult circumcision and have very little relevance to RNC, in which the added dimension of lifelong resentment over nonconsensual loss of bodily/genital integrity and autonomy is present (Bossio & Pukall, 2018).

CDS and defining disability

Defining disability through the scope of CDS incorporates politics, discourse, and a deconstruction of conventional notions of disability. Reaume (2014) defines the central role of CDS as the reinterpretation of what it means to be disabled. Goodly et. al. (2019) locate disability as a politicised phenomenon in public discourse that reveals the conditions of inequality not just in North American contexts but also the global stage. They identify "the disability construct" as the precarious position occupied by disabled people in societies blighted by disableism (p. 973). Disability, through the CDS narrative, becomes a counter-hegemonic movement that undermines conventional notions of disability as individual, medical, and apolitical. Goodley et. al. conceptualize disability and CDS as engagements with frameworks of feminism, postcolonialism, and queer and crip theories.

The historical reinterpretation of disability that CDS offers gives a sense of what is possible in responding to problematic areas in the disability discourse. It becomes possible through CDS to apply a disability lens to contexts far outside of what has traditionally been considered "disability." Whereas traditional disability analysis focuses on medical and intellectual impairments, Minich (2016) argues that topics for disability scholarship could reach into areas of obesity, STDs, mood disorders, addictions, non-normative family structures, intimate partner violence, police brutality, neurological differences, pregnancy, cancer, aging, asthma, and diabetes—just to name a few (p. 3). Opportunities abound to release the focus on medical and intellectual impairments and expand to an interpretation of psyche, mood, race, gender, and sexual identity in the disability sphere.

There is no formal recognition of circumcision as a disability—or a forced disability in the case of RNC—in medical literature, scholarly articles, or international overseeing bodies. This brings an opportunity for CDS to enter into the RNC landscape to recognize RNC as a disability within a counter-hegemonic discourse, in a space which has historically been unoccupied by disability lenses. The act of arguing that RNC constitutes a disability is counter-hegemonic in nature, and I posit that the disability of RNC is about sexual dysfunction and impairment through amputation. CDS can illuminate the harm and violations inherent in RNC. Furthermore, arguing that RNC is a disability not only enlivens the counter-hegemonic discourse of CDS but also contributes to it by incorporating RNC into analyses of deconstruction and critical examination.

The lens of CDS applied to RNC

When considering the lens through which RNC is analyzed as a disability, I embrace principles of CDS. As CDS is currently a developing field, I draw on the conceptualizations of a number of authors, including Reaume (2014), Minich (2016), and Goodley and Lawthom (2019). Reaume, in particular, outlines five important aspects of CDS:

1. Recognizing the expertise of disabled people in their own lives while advocating for progressive social change.
2. Viewing Disability as a lived reality where people's experience of disability is central to interpreting their place in the world.
3. Upholding a social and political definition of disability based on societal power definitions.
4. Situating disability in a space that intersects with multiple social phenomena, including gender, class, and sexuality.
5. Understanding disability not as something to be corrected, pitied, or victimized. Rather, disability is something that warrants accommodation and equity for all disabled people.

Reaume's (2014) five principles can be employed to generate compelling questions that guide my analysis. What becomes possible when men share expertise based on their responses to the disability caused by circumcision? What interpretations do men come to as they become aware of what was done to them? How does RNC inform the dynamics of definitional authority and power dynamics in the domination and control of bodies? What about elements of intersectionality and the lived experiences of men in the

circumcision discourse? If, through the lens of CDS, disability is something that is not to be corrected, pitied, or victimized, and is rather something that warrants accommodation and equity, what do accommodation and equity look like in the sphere of RNC?

Of further note, in the following examination, I call on peer-reviewed work as well as personal and professional contacts. I am highly involved in the intactivist movement and frequently participate in online and in-person activist initiatives to end the forced genital cutting of all children. I am also a social worker with a private psychotherapy practice. One of my areas of specialization is performing narrative therapy with men who live with the consequences of RNC. I also help facilitate a support group with Intact America, an organization in the State of New York is dedicated to ending RNC.

I will employ the five principles from Reaume (2014) as follows:

1. **Recognizing the expertise of disabled people in their own lives while advocating for progressive social change.**

If it is the case that people who have been circumcised live with a sexual disability, what does it look like to have expertise around this disability and to do advocacy? In the Reddit forums I frequent, called r/Intactivism and r/Circumcision Grief, some men share their expertise. These informal communities feature members opening up about the physical and psychological impacts of RNC and adult circumcision. I have witnessed members share support for other members who are facing the devastation of becoming aware of the violation that was committed against their body through RNC, trauma triggers in their social and cultural context, and confronting parents, family, and partners around RNC. Members share tips around masturbation and working to avoid “death-grip,” a tight hold on the penis during masturbation, as a way of discouraging continued desensitization

after circumcision. Some share stories about encounters with health professionals and acknowledge those professionals who stand opposed to RNC and who could be accessed for psychological or medical support. Members work to organize in weekly, online virtual groups with different support topics each week. Some posts are dedicated to collecting research and resources that support men who live with RNC.

One challenge in locating expertise among circumcised, disabled men is in the meaning-making and definitional awareness of males who have been subjected to the procedure. Earp et. al. (2018) found that many circumcised men and women hold false beliefs about unaltered genitalia and the consequences of RNC, primarily due to acculturation that devalues the important functions of their missing genital structures. In an examination of Western discourse on female and male genital cutting, Bell (2005) finds that "this (discursive) framework results in a widespread inability to conceptualize male circumcision as anything other than beneficial and a similar inability to conceptualize female circumcision as anything other than a form of sexual mutilation tied directly to patriarchal domination" (p. 140). Paakkanen (2019) finds that the discourse around male genital cutting relies heavily on scientific debate and the need to continue cultural and religious practices, while female genital cutting focuses on human rights violations. In this polarization, men are defined as a group recruited to accept the view that what was done to them is purely beneficial. This makes it challenging to identify circumcision as a disability and, consequently, difficult to gather the expertise of this disabled community.

Given the challenge of building awareness among men about the effects of RNC, it is important to recognize the intactivist movement as a catalyst for progressive social change. The intactivist movement consists of groups that stand opposed to all

unnecessary genital cutting (Bollinger, 2017). Kennedy and Sardi (2016) describe the intactivist movement, also known as the genital integrity movement, as a movement that challenges not only the medical justifications for a practice historically rooted in religion and culture, but also the morality of such a procedure performed on an infant (p. 2). Several grassroots organizations in the intactivist movement have put out information on the function of the foreskin and the loss that follows circumcision. The National Organization of Circumcision Information Resource Centers (NOCIRC) has a pamphlet that addresses questions about circumcision. Here, they note the specialized nerve endings of the foreskin that enhance sexual pleasure (NOCIRC, 2007). They also note that all circumcised males lose all of the sensitivity of their foreskin in the act of circumcision. Intact America has a pamphlet that gives parents instructions on how to care for the intact penis and instructions to prevent forced retraction of the foreskin (Intact America, 2018).

2. **Disability as a lived reality where people's experience of disability is central to interpreting their place in the world.**

The lived reality of men who have been circumcised is radically varied, and responses to circumcision include different interpretations of men's place in their community of belonging. Bossio and Pukall (2018) analyzed men's attitudes toward circumcision status and found that attitudes vary significantly. They found that men who were circumcised as adults had more satisfaction than men who were circumcised as infants. Lower satisfaction with circumcision status was connected with worse body image and sexual functioning. While circumcision status for many men is a non-factor and not considered a disability, Bossio and Pukall support the belief of men who locate circumcision as a source

of sexual dysfunction, particularly men who are circumcised as infants and who are dissatisfied with their circumcision status (p. 780).

Men I have spoken with in my social work practice, as well as through personal communication, have a lived reality of significant sexual dysfunction that they locate in circumcision. Of the men who start to notice significant sexual dysfunction as they age, they will identify the dried-out, keratinized glans as a source of sexual dysfunction. Some men report a “high and tight” cut, which is popular in modern circumcisions and referenced by Darby and Svoboda (2007) as the most common form of RNC in the United States. This high and tight cut is a style of circumcision that amputates significant amounts of foreskin and can leave men with painful erections or a chafing experience during vaginal or anal intercourse. Other men talk about the devastation they experience from living in a society that refuses to protect them from what is understood in many cultures as an evil and barbaric act, performed on them in their most vulnerable moments. This devastation is consistent with findings from Hammond (1999) and Hammond and Carmack (2017), wherein men report short and long-term physical, sexual, emotional, psychological, and self-esteem disturbances around their circumcision. My private practice has shown clear evidence that when men consider RNC and what was done to them, or face the consequences of RNC, it becomes a significant part of how they come to view and experience the world. Furthermore, as men build awareness, they come to view parents, physicians, religious leaders, child protection workers, and policy makers in a different light, such that the people they were taught to trust are the very people who contributed to the unnecessary amputation of part of their genitals.

One unique aspect of responding to circumcision is non-surgical foreskin restoration, and men involved in this practice place numerous meanings on the act in interpreting their body and the world. The practice of non-surgical foreskin restoration has been practiced for thousands of years and is recorded to have been practiced by Jewish men in the Roman Empire (Kennedy, 2015). Kennedy describes Jewish men as trying to "pass," for intact as they were otherwise othered by their cultural markings. Kennedy goes on to note that men with an exposed glans were prohibited from participating in the Greek Olympics. These men took varying approaches to cover their glans with skin to appear intact. Modern foreskin restoration involves several approaches and includes manual tugging of any remnant skin on the shaft of the penis or the use of different devices to apply tension to the available shaft skin. The idea is to apply continuous, gentle tension to the shaft skin to encourage skin mitosis and lengthen it to the point of "passing" as an intact man.

On the note of passing, Brune and Wilson (2013) define passing as an attempt to hide impairment to avoid stigma and pass as "normal" (p. 1). While passing has traditionally been understood as a practice of response to race, gender, or sexuality, Brunne and Wilson argue that passing concerning hiding disability receives relatively little attention. They speak to the personal and intimate aspects of passing as having significant meaning to disabled people, particularly as the act is performed in response to the stigma of normalizing gazes. "Normal" in the context of foreskin restoration is quite culturally subjective, whereas in the United States, normal is a circumcised penis in many communities. Within the foreskin restoration movement, passing in this context means presenting a body that appears not to have been altered by medicine or religion and that

appears fully functional. In my experience, this does not carry the same meaning as described by Brunne and Wilson; rather, it is seen as a positive, desirable act within the restoring community.

Men who are restoring have been described as framing the restoration process as an act of autonomous self-expression and as a way to correct a physical defect (Kennedy, 2015). Other restoring men have been identified as engaging in restoration as an act that rejects vanity (Gill et. al., 2005) or as a response to victimhood in genital mutilation (Collier, 2011b). What comes forward in foreskin restoration is a culture of body reclamation wherein men engage in a reclaiming of what was taken from them. This culture is illustrated with men online and at Pride events who will use the code word "KOT," an acronym for "keep on tugging." The KOT acronym serves as a community rallying cry that speaks to the tugging action involved in foreskin restoration. From the emergence of a foreskin restoration discourse comes an individual and a community-based movement that sees the mutilated penis as both a body part that has been violated and a site for recovery. This worldview immerses men in the trauma of victimhood, but also a personal and collective engagement with responding to the trauma.

3. A social and political definition based on societal power definitions.

Comparisons between male genital mutilation and female genital mutilation offer enlightening perspectives around definitional authority in the RNC discourse. In reference to the demonization of female genital mutilation and encouragement of male circumcision, DeLaet (2009) argues that the most common forms of male and female circumcision are not sufficiently divergent practices to warrant a differential response from the international community. Darby and Svoboda (2007) echo the argument that male circumcision should

be assessed under the same lens as female genital mutilation. Specifically, they respond to criteria put out by the World Health Organization that categorizes female genital mutilation into four types and argue that, just as female genital mutilation can be classified into four types, so too can male genital mutilation. Darby and Svoboda's categorization displays the power of societal and institutional definition. This exercise in defining power shows that male genital mutilation can be categorized in equal levels of severity as female genital mutilation. This analysis implies that if baby girls should be protected from forced genital cutting, so too should baby boys.

An anonymous article published in Critical Social Work (2018) employs a vulnerability analysis to examine RNC. This vulnerability analysis discusses the personal, cultural, and structural levels of oppression enacted through RNC. At the personal level, the article argues that the masculine gaze objectifies the infant body and mutilates baby boys as a recruiting act into the body of the oppressor. RNC is seen as a desexualizing act that works to obtain oppressive control over the male body through stripping it of the most feeling parts (also stated by Svoboda [2013]). On a cultural level, the reduction of male sexuality through the loss of sensitivity due to RNC serves to limit male sexual experience and, thereby, restricts the male body in circumcising communities to sex purely for reproduction and not pleasure. At the structural level, the article situates RNC as a form of structural violence, featuring oppressive medical practitioners as agents who inflict pain on vulnerable populations.

In my analysis of language and definition, corporate medicine engages in substantial ways that profit from the violation of the male body through reductionistic terms. Over the course of January 2025, I reviewed three consent forms from Greater

Toronto Area clinics and found that they used minimizing language to describe the procedure. The consent form from Gentle Touch Toronto (2025) only speaks to the use of anesthesia in the circumcision procedure and describes the procedure only as “infant circumcision,” and includes no mention of the body parts to be amputated. The Circumcision Clinic (2025) describes the procedure as “a procedure in which the foreskin (fold of skin that covers the end of the penis) is surgically removed.” In the single legal guardian form provided by Gentle Procedures Toronto (2025), the procedure is referenced only as “Circumcision.” None of these consent forms describes future psychological or physical impairment as a potential risk of the procedure. Furthermore, none identify that the foreskin is not redundant tissue. This reductionism brings forward the intentions of capitalist, profit-driven businesses that discourage the protection of infants from medically unnecessary procedures.

Given the pressure parents face as substitute decision-makers for their children, the structure of consent in Canada makes them legally liable for consenting to RNC. The Health Care Consent Act (1996) states that the substitute decision maker will consider whether a less restrictive or less intrusive treatment would be as beneficial as the proposed treatment (1996, c. 2, Sched.). A, s. 21 (2). Therefore, the parent has a duty to consider if less invasive treatment would be as beneficial as amputating healthy erogenous tissue, such as using antibiotics for urinary tract infections or condoms for HIV and STD prevention. I am unaware of any circumcision consent form in Canada that outlines the less invasive interventions that could act as alternatives to RNC.

RNC can be understood as an act of disablism on infant male bodies. Goodley (2014) defines disablism as a process of medicalizing bodies, and the medicalization of

boys' genitals fits well with this definition. The act of amputating healthy erogenous tissue from a nonconsenting person is fraught with concerns regarding power dynamics, medical imposition, and religious occupation of the body. Circumcision, as a symbolic and literal act of cutting, is remarkably consonant with Goodley and Lawthom's (2019) understanding of ableism, which they describe as promoting citizens' being cut off from others and becoming capable, malleable, and compliant (p. 235). What emerges is a male baby who is subjected to RNC and forced into neoliberal subordination. As the male is subject to the amputating procedure, healthy erogenous tissue is removed, and the practice molds the individual under the will of society, parents, and medical or religious practitioners. Clearly, CDS offers much as an analytical vehicle with RNC.

4. **Disability exists in a space that intersects with multiple social phenomena, including gender, class, and sexuality.**

The RNC discourse revolves around various aspects of sexual identity, religion, and masculinity. I reflect on my personal and professional conversations with men, including some heterosexual men who speak about how devastating it is to meet their partner in intercourse, in the most intimate way, at a site that was mutilated without their consent. Circumcised gay men speak about being devastated when they encounter an intact partner and realize how much that was truly taken from them. In talking about their sexual experience, gay men discuss the importance of the gliding action of the foreskin and the ease with which intact men orgasm. In the gay community, intact genitals have come to be highly desirable (Bossio et. al., 2015a). The aesthetics are widely discussed in the gay community, and gay men talk about the humiliation of living with a dried-out, keratinized penis that often features an unappealing, discoloured scar. Men in the gay community

comment on the difference in orgasm among circumcised versus natural men, such that an intact man has greater access to a full body orgasm, and some circumcised men talk about their orgasm as the equivalent of a sneeze.

Jewish men who I have spoken with who have moved from orthodox families to secular life talk about the devastation of being physically branded and owned by a religion. These men bring a reminder of the permanence of RNC—the intractable nature of the event that permanently removes multiple body parts, no matter the extent of restoration efforts. Also of significance in the Jewish community is a growing number of Rabbis who refuse to perform the procedure. Instead, they opt to perform the "bris shalom," a naming ceremony on the eighth day of life that involves giving the baby boy a name without amputating part of his genitals.

Western constructs of masculinity sit in the epicentre of the circumcision discourse. Carpenter (2020) states, "The conviction that infants were not fully human and that masculinity entailed tolerating physical pain, was critical in making male circumcision routine in Anglo-American pediatric practice in the late 1800s" (p. 65). Carpenter examines the early 1800s version of Anglo-American masculinity and identifies an emphasis on physical courage, stoicism, endurance, and rejection of the feminine. In this context, circumcision becomes a treasured instrument in the polarizing of genders, with the procedure serving as a proving ground for strength and courage that also defines women as weak and men as strong. The symbolism of polarizing the sexes gives rise to the RNC procedure as one of amputating males into Western masculinity, ridding them of the most sensitive parts of their bodies. As RNC intersects with masculinities, the

symbolic and literal act of removing sensitive parts of the male body colludes with dominant forms of historic masculinity.

5. **Disability is not something to be corrected, pitied, or victimized. Rather, disability is something that warrants accommodation and equity for all disabled people.**

As I argue that RNC is a forced disability, problematic consequences arise from social attitudes and the correctional medicalization of male bodies that bring fear or demonization of the foreskin. Bossio et. al. (2015a) find that Canadian women in a relationship with a man report a slight preference for circumcised penises and hold more positive beliefs about circumcised penises (P. 117). The implications of these preferences become particularly troubling when considered in the context of circumcision. A name for this phenomenon is emerging in the intactivist movement: “foreskin-phobia defined as the rejection and humiliation of men with intact genitals. Furthermore, this preference can be understood as a corrective medicalized gaze that locates the man’s body as something dysfunctional and in need of correction in order to be accepted by women. The heteronormative thinking of parents should also be considered, as their choice to circumcise their boy discounts his possible future in the gay community where an intact penis is more desirable.

The preference for a circumcised partner steps into territories of body shaming, violations of consent, and ableism that defines a male’s natural body as lacking. Although less common today with decreasing circumcision rates, some men born in previous generations, where circumcision was more normalized than at present, speak about being made fun of in locker rooms for having an intact body and being rejected by partners for

their intact genitals. This body shaming casts judgments and objectifying gazes onto the body that a man is born with. When partner preferences for a circumcised man come forward, the politics of consent emerge. Similar to the experiences of Quinn and Long (2024), who speak about the discrimination directed toward people with cognitive disabilities in university research contexts, there is a message that consent is reserved for one particular group and not others. This ableism that discriminates against people with intellectual disabilities also discriminates against baby boys who are not given a chance to consent to the procedure when they are older. Discourses around consent become paradoxical, such that personal consent is necessary for sexual touching but not for amputating healthy body parts. The message to men can be one of exclusion from concerns about ethics and human rights, from the legislated consent process, and from protection from unnecessary, disfiguring surgery.

Thinking about the second and third aspects of the fifth principle—that being disability as something not to be pitied or victimized—the foreskin restoration movement brings about a substantial, collective response to victimization. In my psychotherapy practice and involvement in the circumcision recovery community, I have encountered the spirit, resourcefulness, and resilience of members in the restoring movement. As men seeking foreskin restoration engage with creators of foreskin restoration devices, connect with other foreskin restoration community members, and engage in therapeutic support with therapists who are mindful of the restoration cause, men report moving from a mindset of victimhood to control. The slow and gradual growth of new skin brings a literal re-covering of the glans and personal recovery from the trauma of being mutilated. This speaks to the importance of accommodation and equitable access to support, as many

men report therapists reproducing belittling attitudes and minimizing the harm of RNC (Hammond, 2023). When the suffering of losing parts of one's genitals is validated, and the voices of affected men are witnessed and honoured, then physical, psychological, and community restoration can be possible. The lens of CDS helps bring attention to the problems of victimization, as well as brings about the importance of accommodation and equitable access to restoration tools, community support, and therapeutic support in recovery.

Recommendations for future action

I have brought forward research that demonstrates how RNC subjects men to functional limitation through amputation, particularly under the definition of disability laid out by the AODA. I have also situated RNC discourse within the counter-hegemonic disability definition of CDS. Looking forward to action, any man who has been subject to RNC, with no surgical necessity, should be entitled to the following accommodations:

- Recognition of disability in AODA legislation in Ontario, Canada, within the category of amputation and mental impairment for males who have been subject to RNC, acknowledging sexual dysfunction and adverse psychological consequences.
- Rehabilitative therapy in the form of foreskin restoration devices and professionals to advise proper usage of the restoration devices for partial foreskin recovery. As foreskin restoration becomes more popular and the movement continues to grow, qualified physiotherapists and physicians who can assist and guide the restoration procedure are needed, much as an orthodontist would monitor and guide tooth realignment.

- Psychotherapy services that are well-versed in men's trauma around genital mutilation. Men in the intactivist movement have suffered greatly, and when they seek out help with the burden of the trauma, they are often met with ridicule and a downplaying of what they have faced. Therapeutic services that are informed of the harm of RNC are vitally important in the support of men who have become aware of what was done to them (Watson & Golden, 2017).

If circumcision is recognized as a disability, there are various degrees of action that should occur at multiple levels in Canadian communities. For example, there need to be expectations placed on the Canadian Paediatric Society to provide a fair position on all aspects of the RNC discourse. Their position paper on circumcision must include considerations of the function of a whole, intact penis, and consider the repercussions of the medical infliction of sexual disability and its psychological impact on men. Furthermore, more attention needs to be put on consent with regard to irreversible procedures done to those who can not consent, particularly those procedures that leave individuals with a permanent sexual disability.

On an institutional level, the disability of circumcision needs to be recognized. Canadian medical websites, both private and public, should be obligated to acknowledge the dysfunction that is present in a penis with an amputated foreskin. Age-appropriate sex and health education programs in schools should include information about the anatomy and valuable functions of the penile foreskin and the importance of obtaining one's consent before allowing others to touch one's genitals, including in medical settings. Medical associations have a duty to convey the real and significant consequences of genital mutilation. Midwife clinics should take a value-based stance and educate new

parents on the real and significant body parts that are amputated during circumcision. Legislation should be amended to include protection for all children from medically unnecessary body modification.

Local and national collaborations can help bring more awareness to the consequences of genital mutilation. National initiatives, such as the Zero Tolerance for Female Genital Mutilation Day, should include zero tolerance for all forms of genital mutilation. Genital Integrity Awareness Week/GIAW (April) and Worldwide Day of Genital Autonomy/WWDGA (May) should be recognized on university campuses and given attention by human and children's rights organizations. University campuses should provide pamphlets letting men know that they did not consent to an irreversible, surgically unnecessary procedure during National Consent Week held on campuses in September in Canada. Sexual health initiatives have a duty to let men know how much of their body has been violated through routine circumcision, and in particular, how much sex and masturbation have been compromised, and the specific body parts that have been taken from them.

Conclusion

Through the lens of CDS, an alternative interpretation of RNC emerges, and the forced amputation of the foreskin comes to be defined as a forced disability. I reflect on the possibilities Reaume (2014) describes, which present CDS as a vehicle for reinterpreting the entire discourse of disability. Within the Canadian discourse around RNC, CDS opens up possibilities for locating the practice of RNC in a place of disability. It becomes possible to unpack the discourse in arenas of personal expertise and use the lens of disability to interpret what is done to baby boys. CDS enables the analysis of

power dynamics in RNC and locates multiple areas of intersectionality around circumcision. While the importance of stepping away from victimhood blurs in RNC discourse, the ideas of accessibility and equity offer many possibilities for recovery, resistance, and collective response. I hope that by using alternative, critical lenses such as CDS, men who have become disabled by RNC can receive accommodation and justice, and that future generations can be protected from the procedure entirely.

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