Chapter 16

A SURVEY OF SUBJECTIVE FORESKIN SENSATION IN 600 INTACT MEN

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Abstract: The foreskin contributes immensely to the enjoyment of sex. Phimosis may mar this enjoyment but is a condition that may well be preventable by appropriate early instruction. The foreskin is a sexual organ in its own right, which is ablated forever by the act of circumcision.

Most people are aware that circumcision removes the foreskin and permanently exposes the glans of the penis. This results in the thickening or keratinization of the glans. For some, this is a bonus because it enables them to delay an orgasm, for others it is a curse, making efforts to reach orgasm tedious or even impossible. I believe that many women and most circumcised men are totally unaware of the role the foreskin plays in the enjoyment of sex. To increase this awareness, I have asked more than six-hundred intact men to answer twenty questions related to their subjective experiences of foreskin sensation.

The subjects were drawn from a variety of sources: men whose intact status was already known to me; referrals from these men, many of whom replied to an invitation to complete my questionnaire, which was placed on the NORM-UK website and on a naturist website; and some were recruited from subscribers to three Yahoo foreskin-related internet discussion groups. A large group came from men whose foreskins were too tight and who had sought advice via the NORM-UK website. During the preparation of my questionnaire, I showed it to Dr. John Taylor, who suggested some extra questions. I shall discuss the questions posed and the replies received.

G.C. Denniston et al. (eds.), Bodily Integrity and the Politics of Circumcision, 177—188.

QUESTION 1. AGE INCIDENCE

The youngest respondent was sixteen and eight replied, the peak incidence was in the twenty to twenty-four age group with over sixty and a further peak of over fifty replies in the forty to forty-four age group.

QUESTION 2. "HOW MUCH OF THE GLANS IS COVERED (A) WHEN FLACCID? (B) WHEN ERECT?"

This question was posed because of the wide natural variation of length of the foreskin. It varies from total coverage with overhang to so little coverage that the owner could be mistaken for a circumcised man. Indeed, several men with a short foreskin were uncertain whether this represented a naturally occurring state or whether they had been circumcised. After excluding the phimotic men, the majority of my respondents, eighty-eight percent (270), had a foreskin that covered the glans fully when flaccid and at least three-fourths on erection.

QUESTION 3. "CAN YOU RETRACT YOUR FORESKIN FULLY (A) WHEN FLACCID? AND (B) WHEN ERECT?"

The returns from Question 3 have enabled me to divide foreskins into three groups:

(i) Normal – fully retractable both flaccid and erect. (90% of my survey)
(ii) Phimotic Grade 1 – retractable when flaccid but not when erect.
(iii) Phimotic Grade 2 – non-retractable when flaccid or erect. This graph shows the incidence of these groups in my study.

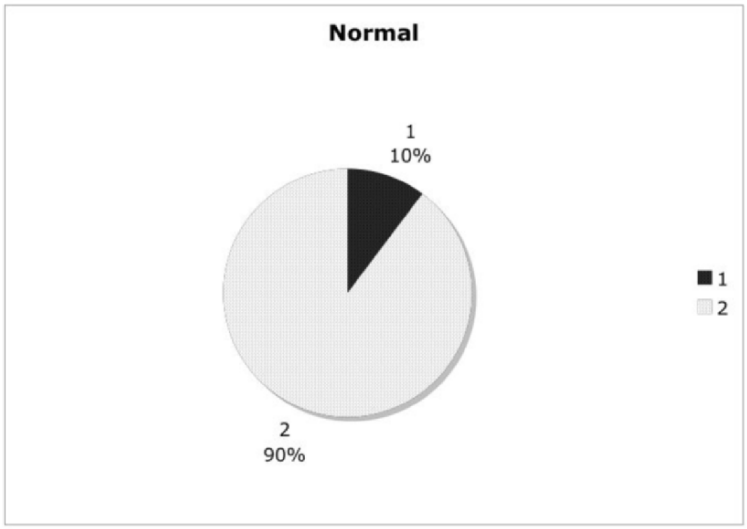

Figure 16-1. Normal.

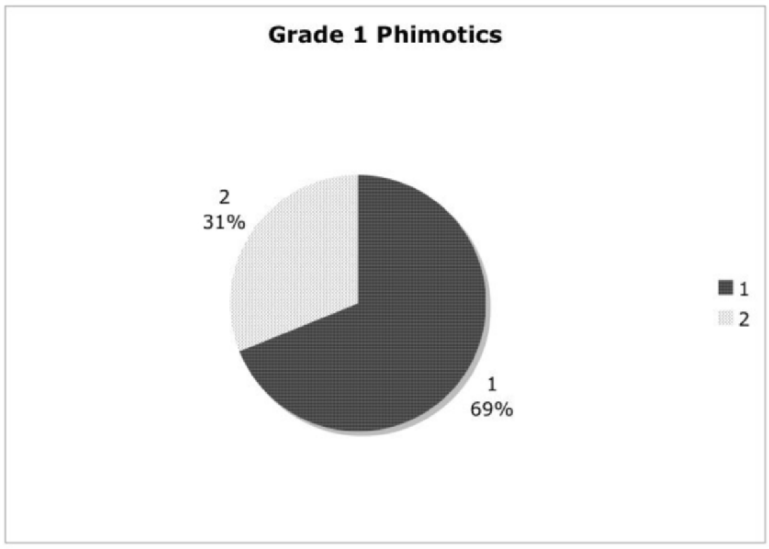

Figure 16-2. Grade 1 Phimotics.

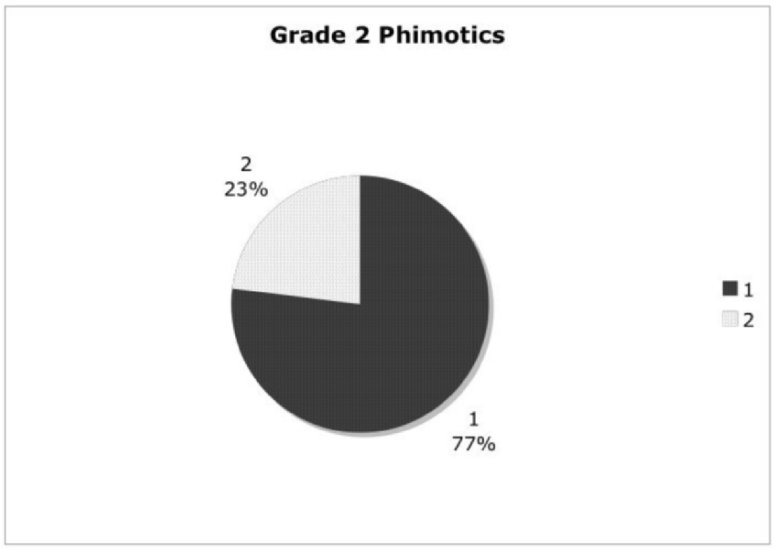

Figure 16-3. Grade 2 Phimotics.

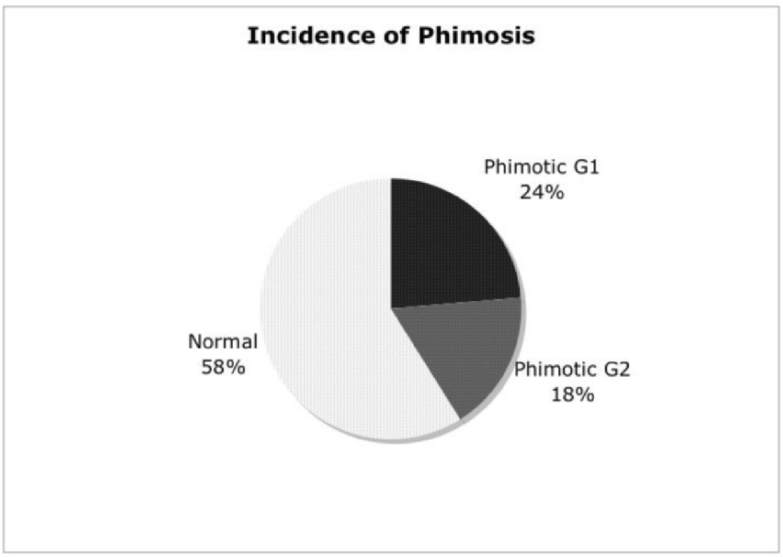

Figure 16-4. Incidence of Phimosis.

The figures do not reflect the natural distribution of phimosis, which is abnormally high in this study because of the addition of all my phimotic subjects. About ten percent of self-selected subjects were phimotic by my definition.

QUESTION 4. "WHAT DO YOU FEEL AS THE FORESKIN IS RETRACTED?"

QUESTION 5. "IS IT PLEASURABLE?"

The answers to these questions reveal a significant difference in experience between the normal and the phimotic. Pleasurable feelings were reported by eighty percent of the normal, while only three percent of the phimotics had any pleasant feelings, and they were all reported by the Grade1 group. The reason for the difference is clear. In the phimotic group, the early onset of tightness or pain negated any pleasure that they might have experienced from stimulation of the ridged band.

We are indebted to Dr. John Taylor, *et al.,* for demonstrating the nature of the human foreskin in microscopic detail. The description of the "ridged band" gave an anatomical basis for the pleasure that the foreskin provides during sexual activity. In 1996, Dr. John Taylor and colleagues wrote a paper in which they describe the histological appearance of an area 2-3 mm within the mucocutaneous junction of the foreskin that was packed with end organs unique to that area, which were sensitive to touch, movement, and stretching. This region can be seen with the naked eye as a series of ridges in the inner foreskin that encircle the tip and converge on the underside of the glans into the frenulum. Dr. Taylor called this the *ridged band.* Details of his discovery can be found at http://research.cirp.org.

QUESTION 6. "IS THE FEELING RELATED TO ANY PARTICULAR PART OF YOUR FORESKIN AND IF SO WHERE?"

The number of men reporting pleasure was 90% in the normal group and 46% in Grade 1 phimotics and 24% in the Grade 2 group. The reason for the low figures in the phimotic groups was that pain frequently replaced pleasure as the foreskin was retracted. The descriptions from the normal group were rich and varied, for example, "Extremely pleasurable," "Very

horny sensation," "All sensations are more intense," "Yes it's sensational," "A very erotic sensation." Some 60% of normal foreskin owners related the site as being within the tip of the foreskin. Some of the phimotics could relate the feelings to the end of the foreskin.

QUESTION 7. "IS THIS FEELING DIFFERENT IF THE FORESKIN IS RETRACTING TO ACCOMMODATE AN ERECTION?"

A few of the normal group said that the erogenous feelings were enhanced, while the phimotics all described pain.

QUESTION 8. "CAN YOU DESCRIBE IT AND SAY WHERE IT IS FELT?"

QUESTION 9. "CAN YOU DISTINGUISH BETWEEN SENSATIONS FROM THE GLANS AND FROM THE FORESKIN?"

Some sixty percent thought they could distinguish feelings between the foreskin and the glans.

QUESTION 10. "CAN YOU DESCRIBE WHAT FEELINGS THE FRENULUM PRODUCES AS THE FORESKIN IS RETRACTED"

Turning now to the frenulum, this has been variously described as the g-spot, the love chord, the anchor. This is indisputably the most erogenous zone of the penis.

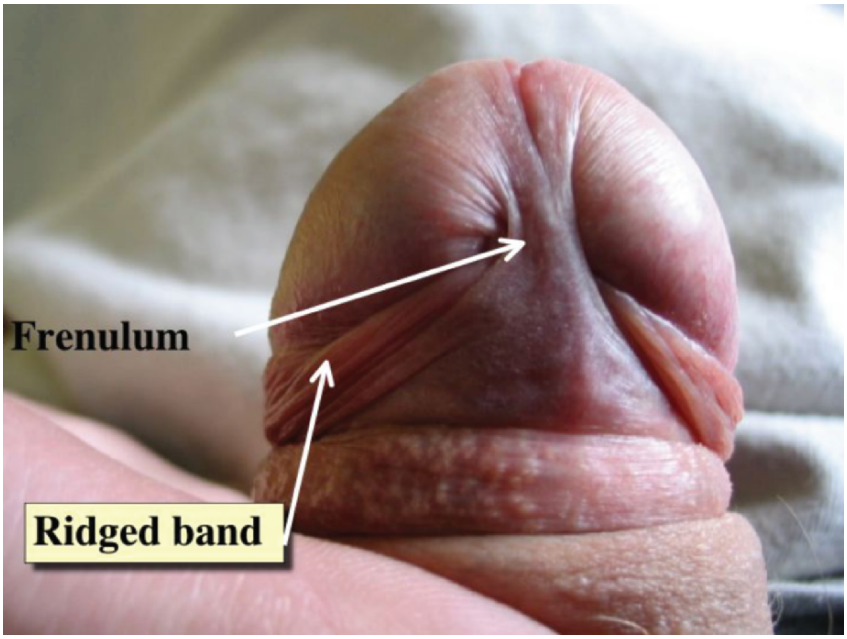

Figure 16-5. Frenulum

QUESTION 11. "HOW DOES THIS DIFFER WHEN IT IS STRETCHED DURING AN ERECTION?"

These questions brought into focus another variability of the intact penis, the length and elasticity of the frenulum. Many frenula are long enough to allow the foreskin to be retracted right down to the base of the shaft. Some become painful the moment the foreskin is moved across the glans. If it is short or inelastic, its owner usually describes it as tight. The owner will describe the frenulum tugging the glans ventrally when the foreskin is retracted. Sometimes this caused no problem but, for many, particularly in the phimotic group, pain on stretching negated any erotic feelings.

In the normal group, sixty-five percent found it highly pleasurable to be stimulated, and this increased when the frenulum was stretched. Some men reported that they could reach orgasm by stimulating this area alone.

QUESTIONS 12 AND 13. "HAVE YOU HEARD OF TAYLOR'S RIDGED BAND? IF SO, HAS IT ALTERED YOUR ABILITY TO LOCALIZE SENSATION?"

The subjects were also asked whether they had heard of Taylor's ridged band and, if so, had it altered their ability to localize sensation? Only one percent were aware of the ridged band and of those about half said it had improved their ability.

QUESTION 14. "CAN YOU IDENTIFY ANY PARTICULAR PART OF YOUR PENIS OR MOVEMENT THAT TRIGGERS EJACULATION?"

This question produced a variety of answers. Those in the intact group mostly reported that to and fro movement of the foreskin over the glans was the trigger. A few said it was stimulation of the glans and not sensation from the foreskin that triggered the climax. Some said stimulation of the frenulum and others said that kneading the tip of the foreskin without retraction could cause ejaculation. The phimotic group reported that movement of the foreskin around the glans was the trigger.

QUESTION 15. "ANY COMMENTS ON FEELINGS RELATED TO THE FORESKIN DURING INTERCOURSE OR MASTURBATION WOULD BE WELCOME."

This produced the biggest variety of descriptions. Here, Dr. Taylor's description of the penis rolling in and out of its skin tube during intercourse was echoed by the answers to this question. Some fifty percent of intact men intimated here that, for them, the foreskin was essential for the enjoyment of sex whether for masturbation or intercourse. A few tried wearing the foreskin in the fully retracted position for a few days in an attempt to experience what it must feel like to be circumcised. One man kept his foreskin retracted for over a year. All were very relieved to return the foreskin to its normal position. Many took this opportunity to express their thankfulness that they had been left intact and to deplore the act of circumcision. I referred to Kirsten O'Hara's book *Sex As Nature Intended It*.

She wrote this book for the American male, most of whom had been circumcised. She describes in detail her experiences with intact and circumcised men and explains why she believes that intercourse with intact men is infinitely more pleasurable than with circumcised.

QUESTION 16 "WOULD YOU LIKE TO BE INFORMED OF THE RESULTS OF THIS SURVEY?"

Ninety-nine percent said "Yes."

QUESTION 17. "WHAT INFORMATION WERE YOU GIVEN AS A CHILD ABOUT THE CARE OF YOUR FORESKIN?"

I thought there could be a connection between poor parental communication and subsequent phimosis. This is demonstrated by the pie chart shown below:

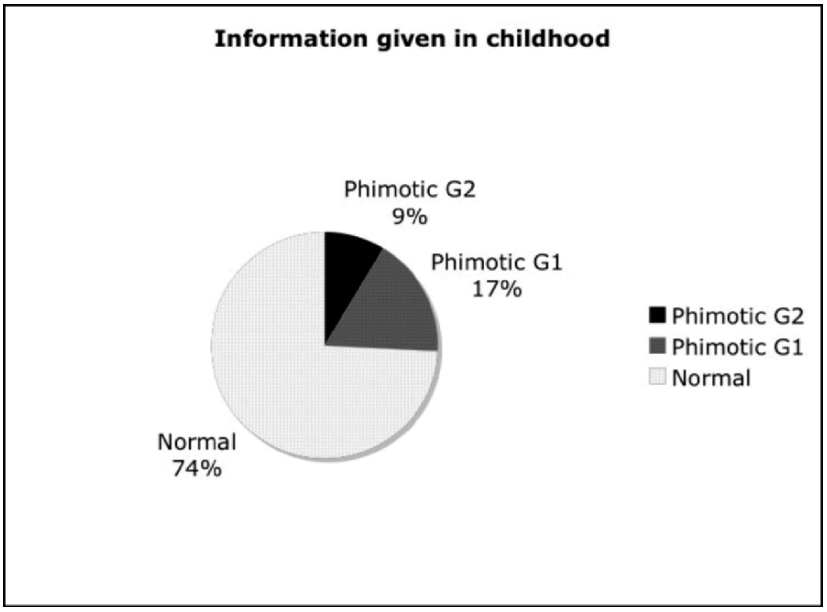

Figure 16-6. Information Given In Childhood.

In the phimotic group, the figure was twenty-six percent. Seventeen percent of Group 1 phimotics (the milder condition) and nine percent of Group 2 (the more severe phimotic) had been told by the parent or caregiver to tell the child that the foreskin was a retractable structure and that it should be washed regularly when any retraction was possible. I think that it is not every little boy that dares to pull back his foreskin, particularly if it hurts or feels uncomfortable.

He needs reassurance that it is safe to do so. I found the degree of ignorance among the phimotics quite astonishing. Many phimotics had reached puberty totally unaware that the foreskin should be able to retract and had never seen a circumcised penis. With family units getting smaller and diminishing school sports facilities involving communal changing rooms, the opportunities for genital comparison are limited. I expected to find that phimosis occurred because of lack of this information. I think these figures confirm this correlation.

When the boy gets older, he should be encouraged to attempt to retract his foreskin during his bath, and that, once retraction is achieved, he should be told that it is normal hygiene to wash the glans and foreskin with warm water daily. Soap can be a foreskin irritant and should be avoided. Remember the possibility of a newly stretched foreskin or prematurely retracted foreskin slipping behind the glans for the first time and the boy having difficulty in returning it to its normal position over the glans. This condition is called paraphimosis and is easily corrected by gently squeezing accumulated blood out of the glans and gently but firmly "popping" the foreskin back into place.

If the parent fails to return the foreskin to its normal position, this can become a medical emergency that requires immediate attention. It does *not* require circumcision. Obstetricians, pediatricians, urologists, general practitioners, health visitors, nurses, and parents are all potential threats to the child's foreskin. He will allow retraction to occur at a pace appropriate for him if he has been appropriately instructed and encouraged.

QUESTION 18. "HOW OLD WERE YOU WHEN YOU COULD FIRST FULLY RETRACT YOUR FORESKIN?"

About sixty percent could remember the time of first retraction. The answers ranged from "Always to Never." This is a graph showing the age incidence.

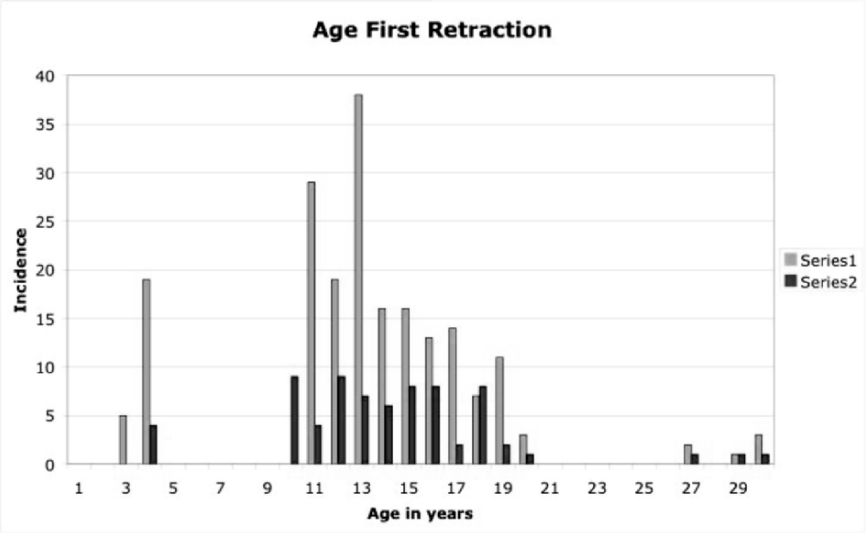

Figure 16-7. Age of First Retraction.

The light shafts are the Normal and the dark the Phimotic. There were peaks of incidence at three and then ten and twelve years in the normal group. The phimotic groups had a wide range of ages of first retraction. I was looking for a correlation between age of first retraction and phimosis in later life. I suspected that boys who had retracted their foreskins before puberty were unlikely to suffer from phimosis in later life. This is confirmed by this survey. Only five percent reported phimosis of late onset (older than thirty), some of whom were classified as suffering from BXO (balanitis xerotica obliterans). BXO is a skin disease, sometimes called lichen sclerosis. It can attack all ages but is more commonly seen in older men. The tip of the foreskin becomes white, scarred, and unretractable. It can involve the glans and can cause urethral strictures. It is treatable either by strong steroid creams or circumcision.

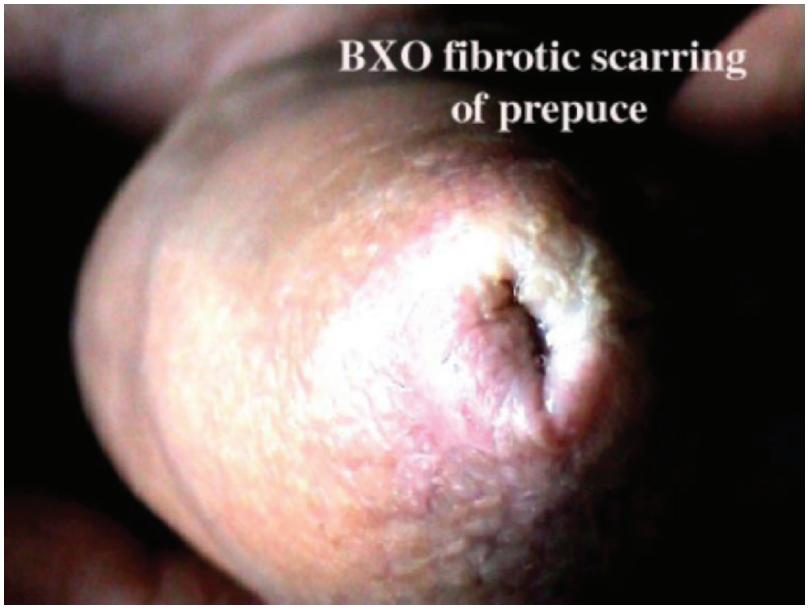

Figure 16-8. BXO.

QUESTION 19. "HAS YOUR FATHER OR ANY CLOSE FAMILY RELATIVE BEEN CIRCUMCISED?"

I suspected that fathers who had been circumcised were less likely to give useful information about the care of their son's foreskin since they were less likely to know what to tell them. The figures were inconclusive.

My thanks to the six hundred men who pondered so deeply to answer my questions.

REFERENCES

1. Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. Br J Urol. 1996;77:291-5.
2. http://research.cirp.org.