Eunuchs in Contemporary Society: Characterizing Men Who Are Voluntarily Castrated (Part I)

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ABSTRACT

Introduction. Some males desire to be emasculated for no medical reason. These individuals are often secretive about their desires and little is known about their background and motivation.

Aims. We sought to characterize these modern eunuchs and to identify risk factors for genital self-mutilation or self-administered chemical castration.

Methods. We posted a questionnaire on the Eunuch Archive (http://www.eunuch.org) that was responded to by 135 voluntarily castrated males. Questionnaire data were supplemented by accompanying narrative responses and several personal interviews.

Main Outcome Measures. Participants answered questionnaire items pertaining to their knowledge about androgen deprivation, the nature of their castration, and the length of time between initial presentation of castration paraphilia and castration. These questionnaire data allowed us to compare and contrast voluntary chemical and physical eunuchs.

Results. The physical castrations were largely premeditated, with an average of 18 years from the time that an individual developed interest in being a eunuch to the time of their actual castration. We identified four factors that may promote castration ideations: (i) abuse sustained during childhood, including parental threats of castration; (ii) homosexuality; (iii) exposure to animal castration during youth; and (iv) religious condemnation of sexuality. Chemical eunuchs were more likely to have sought castration for libido control or to advance transition from male to female ($P < 0.05$). Physical eunuchs had a nonsignificant tendency to have masochistic paraphilia involving genital mutilation in advance of their castration ($P < 0.1$). Both Body Integrity Identity Disorder and Gender Identity Disorders occur among those who self-identify as eunuch.

Conclusions. We present evidence that the majority of self-identified voluntary eunuchs are not male-to-female transsexuals. Whereas the majority identify as male, many view themselves as in an alternate nonmale, nonfemale, gender space. We therefore suggest that male-to-eunuch is a valid transgender identity. Johnson TW, Brett MA, Roberts LF, and Wassersug RJ. Eunuchs in contemporary society: Characterizing men who are voluntarily castrated (Part I). J Sex Med 2007;4:930–945.

Key Words. Androgen Deprivation; Body Integrity Identity Disorder; Castration; Eunuch; Gender Identity

Introduction

While eunuchs are often considered strictly historical characters, there may be more castrated males—i.e., individuals whose testicles have been destroyed or removed—alive today than during any earlier period. Estimates for the castrated Hijra population in contemporary India exceed 2 million [1]. Additionally, at least 40,000 men are chemically or surgically castrated each year in North America to treat advanced prostate cancer [2]. Considering both the Hijra and the hundreds of thousands of androgen-deprived prostate cancer patients, there are millions of genetic males alive today who no longer have functional testicles. By definition, these individuals are eunuchs.

The focus of this study is on a smaller set of contemporary voluntarily castrated individuals, who are neither Hijra nor prostate cancer patients,
but who self-identify as eunuchs. Their self-identification is evidenced by their willingness to participate in an online survey posted explicitly for eunuchs and eunuch "wannabes."

Other than the research on the Hijra of India [reviewed in 1], we are aware of only one survey of voluntary eunuchs in the contemporary world. This previous study involved a brief questionnaire that focused almost exclusively on the core question of the motivations for voluntary castration [2]. That study included responses from a population less than a seventh the size of the one we report on here and did not address questions of basic demographics or contributing factors that promote castration ideations. The goals of the present study are to (i) characterize modern voluntary eunuchs; (ii) identify risk factors for castration ideation; and (iii) extract a preliminary psychological profile of men who voluntarily seek castration.

There is some relevant literature on the effectiveness of voluntary castration offered to repeated sexual offenders to reduce their libido. Such contemporary castrations are permitted in certain countries and a few states in the United States [3,4]. The voluntary judicial castrations in the USA are all chemical, except in Texas where, though legally allowed, surgical castrations are rarely performed [5].

Medical literature is also available that addresses the desire for, or actualization of, castration based on individuals who come to the attention of emergency personnel after genital self-mutilation [6–10]. This literature provides little evidence for the actual frequency of nonmedical voluntary orchiectomies as many individuals never come to the attention of the medical system. Greilsheimer and Groves [11] state, “intentional self-mutilation of the genitals in males is exceedingly rare,” as they only found 53 cases reported worldwide between 1901 and 1977. Romilly and Isaac [12] identified an additional 44 reported cases, bringing the worldwide reported average in the twentieth century to slightly more than one case per year. In contrast, Aboseif, Gomez, and McAninch [13] identified 14 cases in a single San Francisco hospital over a 10-year period, which suggests a much higher rate of occurrence.

Greilsheimer and Groves [11] and Romilly and Isaac [12] explored the motivation behind male genital self-mutilation. Much of the literature reinforces their view that “[m]en who intentionally mutilate or remove their own genitals are likely to be psychotic at the time of the act” [11]. Aboseif et al. [13] reported that 65% of their cases were psychotic. Romilly and Isaac [12] concluded that “about two-thirds of male genital self-mutilators are psychotic . . .” Most of the mutilations deemed to be psychotic acts, however, focused primarily on the penis. Our population, in contrast, consists largely of men who have removed or destroyed their testicles as a conscious, premeditated act.

More recent articles have suggested other factors besides psychosis that may put individuals at risk for genital mutilation, including castration. Nakaya [10] reviewed 110 cases since 1901 and found that an absent father figure, strong religious beliefs, feelings of guilt associated with sexual confusion, alcoholism, and past homosexual thoughts were underlying risk factors that seemed to affect these individuals. Not surprisingly, Nakaya also noted that individuals with a history of genital mutilation or who have repeatedly requested castration were more likely to castrate themselves.

**Aims**

The primary goal of the current project was to characterize voluntary eunuchs as a social group, as well as to identify the origins of their interests in and reasons motivating their castration. Although the psychological results of androgen deprivation are virtually identical whether achieved through chemical or surgical castration [14], we recognize that the resultant physical form is quite different. As surgical castration is irreversible, it could be considered more extreme and those who select that approach may be different from those who choose chemical castration. Therefore, we have separated the chemically castrated eunuchs from the physically castrated eunuchs and whenever possible we compare the two groups.

**Methods**

Participants were recruited through a survey posted on an Internet message board hosted by the Eunuch Archive (http://www.eunuch.org). The Eunuch Archive was founded in 1996 as a “friendly home for eunuchs on the net.” Today, it is visited by over a quarter of a million unique IP addresses each month and has over 3,500 registered members (Talula, Administrator of the Eunuch Archive, January 2007, pers. comm.). These members include eunuchs and “wannabes” (as they are called within the community), who desire castration, plus other male and female individuals who are fascinated by the idea of castration.
The idea of a survey was originally presented by a member of the Steering Committee of the Eunuch Archive, a PhD in psychology, who produced an initial draft set of questions. The questions went back and forth between two of the authors and members of the Steering Committee, which included several surgical eunuchs. This interactive exchange process both expanded the number of questions and refined the language to match that used in the community. Members of the Steering Committee were thus actively involved in the creation and approval of the final survey. The Archive administrator did the necessary coding and placed the survey on the Eunuch Archive server.

The final questionnaire (Appendix I) was posted for 3 months (February 20 to May 20, 2005). Participation in the survey was controlled in such a way that individuals had to request access to the survey through the Eunuch Archive. They were then given a password that could only be used to access the survey once. This reduced the chance of multiple submissions from a single individual while protecting the anonymity of the participants.

The format of the questionnaire was such that participants answered questions specifically relevant to their current castration status (e.g., eunuch vs. wannabe, chemical vs. physical eunuch). Therefore, not all participants answered the same set of questions. Several of the questions pertain to the companion paper [15].

Additionally, we obtained qualitative data in the form of open-ended, personal narratives provided by many of the participants. Data from our survey and the qualitative narratives have been supplemented further by information obtained from ongoing interviews with eunuchs who included their E-mail addresses and volunteered to provide more information. Interviews were undertaken with them in part to confirm that we were not receiving fraudulent or fabricated information; always a concern when collecting data via the Internet [16]. The first author has personally interviewed 19 participants so far. The interview lengths ranged from a single 2-hour session to multiple sessions over several days, totaling 10 or more hours.

Chi-squared tests were employed to identify statistical differences between the physically and chemically castrated groups. Of the 996 individuals who completed the survey, 927 specified their current castration status. This number was further reduced to 902 after the removal of answers from nongenetic XY males (e.g., females, Klinefelters). Of the remaining participants, 166 claimed to be castrated, five were penectomized without castration, and 731 self-identified as “wannabes,” a term commonly used on the Eunuch Archive.

The castrated population was sorted into those individuals who were involuntarily castrated (13), those who were castrated for medical reasons (18), and those who were voluntarily castrated (135). Of the self-identified nonmedical voluntary eunuchs, 92 were physically castrated and 43 were chemically castrated. These two groups are our primary focus below. Within the physically castrated group were 17 individuals who were “nullified” (orchiectomy plus penectomy).

Main Outcome Measures

Through the survey we gathered basic demographic information about the participants and the motivating factors for their castration. In addition, we obtained self-reported information about health (both physical and mental), sexual orientation, history, and activity, and their openness about their castrated status.

The participants were presented with a list of conditions of well-documented side effects of androgen deprivation [e.g., 17,18]. The list also included three reasonably common conditions that are not considered to be linked to androgen titers: tooth decay, joint pain, and change in eyesight. The list was designed to help us understand how well informed the study population was about the effects of androgen deprivation. The conditions not linked to androgen deprivation were included to serve as indicators of the accuracy of the answers.

Results

Demographic Data

Basic demographic data (M ± SE) on the physically and chemically castrated groups are given in Table 1. There were no significant differences between the two groups for any of the demographic data (all Ps > 0.25). While the majority of participants claimed to live in North America or Europe, a small number reported that they lived in Africa, Asia or Australia.

The age of the physically castrated participants ranged from 18 to “80+,” with a mean age of 46.2 years (SE = 1.4). Despite the fact that the survey was posted on a website for adult access only (i.e., over 18 years old), the ages given by the
Table 1  Comparative data for chemical and physical eunuchs who responded to our online survey

<table>
<thead>
<tr>
<th></th>
<th>Physical (N = 92)</th>
<th>Chemical (N = 43)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 and younger</td>
<td>7 (8)</td>
<td>4 (10)</td>
</tr>
<tr>
<td>26–65</td>
<td>79 (86)</td>
<td>37 (88)</td>
</tr>
<tr>
<td>Older than 65</td>
<td>6 (6)</td>
<td>1 (2)</td>
</tr>
<tr>
<td><strong>M = 46.2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Highest education level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school diploma or less</td>
<td>22 (24)</td>
<td>7 (16)</td>
</tr>
<tr>
<td>Trade school certificate</td>
<td>8 (9)</td>
<td>4 (9)</td>
</tr>
<tr>
<td>Associate degree</td>
<td>12 (13)</td>
<td>9 (21)</td>
</tr>
<tr>
<td>University degree</td>
<td>50 (54)</td>
<td>23 (53)</td>
</tr>
<tr>
<td><strong>M = 46.1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion raised in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>67 (73)</td>
<td>27 (63)</td>
</tr>
<tr>
<td>Judaism</td>
<td>4 (4)</td>
<td>4 (9)</td>
</tr>
<tr>
<td>Other</td>
<td>18 (20)</td>
<td>9 (21)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>27 (29)</td>
<td>19 (44)</td>
</tr>
<tr>
<td>Partnered but not married</td>
<td>17 (18)</td>
<td>5 (12)</td>
</tr>
<tr>
<td>Single</td>
<td>36 (39)</td>
<td>13 (30)</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>12 (13)</td>
<td>6 (14)</td>
</tr>
<tr>
<td><strong>M = 23.7</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age of first interest in castration (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 and younger</td>
<td>22 (24)</td>
<td>6 (14)</td>
</tr>
<tr>
<td>13–20</td>
<td>27 (29)</td>
<td>18 (43)</td>
</tr>
<tr>
<td>21–50</td>
<td>39 (42)</td>
<td>15 (36)</td>
</tr>
<tr>
<td>Older than 50</td>
<td>4 (4)</td>
<td>3 (7)</td>
</tr>
<tr>
<td><strong>M = 24.4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age when castrated (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 and younger</td>
<td>16 (17)</td>
<td>—</td>
</tr>
<tr>
<td>26–35</td>
<td>15 (16)</td>
<td>—</td>
</tr>
<tr>
<td>36–65</td>
<td>58 (63)</td>
<td>—</td>
</tr>
<tr>
<td>Older than 65</td>
<td>3 (3)</td>
<td>—</td>
</tr>
<tr>
<td><strong>M = 41.6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-identified gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male*</td>
<td>58 (63)</td>
<td>21 (49)</td>
</tr>
<tr>
<td>Female*</td>
<td>11 (12)</td>
<td>11 (26)</td>
</tr>
<tr>
<td>Third/Other/Neither</td>
<td>22 (24)</td>
<td>11 (26)</td>
</tr>
<tr>
<td><strong>Gender presentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very masculine</td>
<td>7 (8)</td>
<td>6 (14)</td>
</tr>
<tr>
<td>Moderately masculine</td>
<td>38 (41)</td>
<td>14 (32)</td>
</tr>
<tr>
<td>Neither masculine nor feminine</td>
<td>27 (29)</td>
<td>6 (14)</td>
</tr>
<tr>
<td>Moderately feminine</td>
<td>16 (17)</td>
<td>15 (35)</td>
</tr>
<tr>
<td>Very feminine</td>
<td>4 (4)</td>
<td>2 (5)</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual/straight</td>
<td>27 (29)</td>
<td>13 (30)</td>
</tr>
<tr>
<td>Homosexual</td>
<td>29 (32)</td>
<td>8 (19)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>25 (27)</td>
<td>15 (35)</td>
</tr>
<tr>
<td>Asexual/other</td>
<td>11 (12)</td>
<td>7 (16)</td>
</tr>
<tr>
<td><strong>History of abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>15 (16)</td>
<td>5 (12)</td>
</tr>
<tr>
<td>Sexual</td>
<td>18 (20)</td>
<td>6 (14)</td>
</tr>
<tr>
<td>Emotional</td>
<td>19 (21)</td>
<td>9 (21)</td>
</tr>
<tr>
<td>Other</td>
<td>14 (15)</td>
<td>10 (23)</td>
</tr>
<tr>
<td><strong>Prior knowledge of side effects of androgen deprivation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of libido</td>
<td>69 (75)</td>
<td>—</td>
</tr>
<tr>
<td>Hot flashes</td>
<td>63 (68)</td>
<td>—</td>
</tr>
<tr>
<td>Genital shrinkage</td>
<td>61 (66)</td>
<td>—</td>
</tr>
<tr>
<td>Gynecomastia</td>
<td>59 (64)</td>
<td>—</td>
</tr>
<tr>
<td>Weight gain</td>
<td>58 (63)</td>
<td>—</td>
</tr>
<tr>
<td>Secondary hair loss</td>
<td>57 (62)</td>
<td>—</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>50 (54)</td>
<td>—</td>
</tr>
<tr>
<td>Depression</td>
<td>44 (48)</td>
<td>—</td>
</tr>
<tr>
<td>Impaired short-term memory</td>
<td>22 (24)</td>
<td>—</td>
</tr>
<tr>
<td>Joint pain†</td>
<td>16 (17)</td>
<td>—</td>
</tr>
<tr>
<td>Tooth decay†</td>
<td>14 (15)</td>
<td>—</td>
</tr>
<tr>
<td>Changes in eyesight†</td>
<td>13 (14)</td>
<td>—</td>
</tr>
</tbody>
</table>

*The two populations differ at the P < 0.05 level. All other differences between the physical and chemical eunuchs were not statistically significant at the P = 0.05 level.

†Not an established side effect of androgen deprivation, but provided as a choice in the survey. Because of rounding errors and questions left unanswered by some participants, percentages may not equal 100.
chemically castrated individuals ranged from 16 to 71, with a mean age of 46.1 years (SE = 2.2) (see Table 1 for a summary of the age distribution for both groups).

Members of both groups were well educated, with a majority having earned a postsecondary degree (see Table 1). Within both groups, the majority of the participants claimed that they had been raised Christian. Other participants were raised in a variety of environments, including Jewish, atheist, or agnostic households (see Table 1).

Eighteen percent of physically castrated individuals were in relationships, but not married. Of those individuals, two-thirds were partnered with males and one-third was partnered with females. Seven percent of chemically castrated individuals were partnered, but not married, to males and 5% were partnered to females (see Table 1).

First Acted on Interest
The participants were asked when they first acted on their castration ideation through fantasy, play, or research. The reported age range was very wide (see Table 1 for a summary of the age distribution). Among the physically castrated group, the youngest reported age of first active interest was 4, whereas the oldest age reported was 72 years. The chemically castrated group reported a similarly wide range, from 4 to 56 years. There was no significant difference between the mean ages of reported first active interest for the physically and chemically castrated groups, \( \chi^2 = 3.6, P > 0.3 \). The majority of both groups had acted on their interest in castration by age 20 years. A quarter of the physical eunuchs, but only 14% of the chemical eunuchs, had taken action by age 12 years.

Age When Physically Castrated
The physically castrated group was asked how old they had been when their castrations were performed and how long it had been since the procedure. There was a wide range of ages from 16 to 80 with a mean age of 41.6 years (SE = 1.4; see Table 1 for a summary of the age distribution). Thirty-two percent of these castrations had been performed within the last 2 years. Another 29% had been castrated 2–4 years ago and 22% had been castrated 5–10 years ago. The remaining 10% of the castrations were performed over 10 years ago.

Self-Identified Gender, Gender Presentation, and Sexual Orientation
Although all the eunuchs were genetic males, many of the castrated individuals self-identified as alternate genders. In addition to those who identified as male, many participants considered themselves female, an unidentified third gender, neither, or other (Table 1). A comparison between those who identified as male and female showed a significant difference between the chemically and physically castrated groups, \( \chi^2 = 4.35, P < 0.05 \), with far more physical eunuchs continuing to identify as male.

The participants were asked to rate themselves on a scale from very masculine to very feminine. Almost half of both the chemically and the physically castrated groups considered themselves to be very or moderately male (Table 1). The differences between the self-representations of the physically castrated group and the chemically castrated group approached significance, \( \chi^2 = 8.56, P = 0.07 \).

The participants subsequently identified their sexual orientation; either heterosexual, homosexual, bisexual, asexual or other (Table 1). There was no significant difference in sexual orientation between groups, \( \chi^2 = 2.79, P > 0.4 \). Unfortunately, because of the wording of the question, it is impossible to determine how those who identified as genders other than male evaluated their sexual orientation. For instance, genetic males, who self-identified as female and were partnered to a male, could consider themselves to be homosexual, heterosexual, or bisexual.

Abuse
The incidence of childhood abuse was high in the population. Many participants reported suffering more than one type of abuse, including physical, emotional, or sexual abuse. The abusers of the physically castrated participants were mostly males (77%) and 90% were well known to the participants as either close family friends or family members. The incidence of a female abuser was significantly higher in the chemically castrated group, \( \chi^2 = 5.08, P < 0.025 \).

Prior Knowledge of Side Effects
Seventy-five percent of physically castrated individuals claimed that they were aware that their castration would lead to loss of libido. Other common responses to castration—hot flashes, genital shrinkage [recently reviewed in 19], gynecomastia, weight gain, and loss of body...
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hair—were reported to have been known to the
majority of the participants in advance of castration (Table 1). Less than half were aware of the
potential psychological effects of androgen depre-
vation, namely depression and reduced cognitive
function [cf. 17,20].

From the list of control conditions that are not
linked to the effect of castration—i.e., tooth decay,
joint pain, and a loss of visual acuity—we found
that of the physically castrated participants 15%,
17%, and 14%, respectively, believed that they had
known prior to their castration that these were
effects of androgen deprivation.

Origin of Interest

When the physically or chemically castrated par-
ticipants were asked about the origin of their inter-
est in castration, penectomy, or nullification, 22%
and 26%, respectively, indicated that they were
unable to explain the reasons. The rest of the par-
ticipants selected from a list of choices we pro-
vided (Table 2). Multiple responses to the question
were possible. Among the responses to this ques-
tion, the two groups significantly differed in the
number of participants who selected (i) reduction
of libido; (ii) fantasy/curiosity/cyberplay; or (iii)
Male-to-female transition* as their origin of
interest in castration (see below). Between the two
groups, there were no significant differences in the
remaining choices.

The primary putative origin of interest in cas-
tration was a desire to reduce libido. To quote one
participant, “Libido-caused problems were affect-
ing my work and sleep. Sexual thoughts were
addictive and I couldn’t get free of them...The
decommissioned penis isn’t a threat to anyone, so
I don’t mind it now.” This reason for castration
was significantly more common among the chemi-
cally castrated group, $\chi^2 = 5.31, P < 0.025$. Participants
sought to reduce their libido to address a
variety of desires, including, but not limited to:
allaying religious concerns, preventing the possi-
bility of sexually offensive behavior, or pleasing
their partner (see Table 2).

Religious concerns were expressed in a variety
of ways. For example, one participant said, “I’ve
always thought that I penectomized myself as
penance for past sexual ‘sin’...I was taught that
sexual fun was sinful and degrading.” Another
individual said, “[Jesus’s words (‘If your right hand
causes you to sin, cut it off’) played a major role in
my decision [to be castrated].]” Religious concerns
also surfaced as one participant felt that his “over
active libido” interfered with his “Christian walk.”

In some cases, the desire for a reduced libido
stemmed from a desire to prevent “the further
possibility of sexually offensive behavior.” One
participant wrote, “History of inappropriate sexual
behavior and exhibitionism, a legacy of my sexual
abuse from my biological father. Now totally
asexual and would NEVER go back. NO
REGRETS!”

Several participants claimed that their interest
in a reduced libido originated from a desire to
please their partner. Some potent males specifi-
cally desired to match their wives’ reduced libido.
This was seen among a few older married hetero-
sexual males whose wives, because of age or
disease, had become less sexual. One participant
stated he “wanted [his] sex drive to be equal to [his]
wife.” Other participants reported getting castrated
to please their partner, including submitting
to physical castration in a sadomasochistic rela-
tionship. One participant stated:

I am the wife of a man now, a real wife and as such he
had me remove my testicles, sort of a engagement gift,
to be his for life. I was reluctant at first but now I see it
as a true gift of love to become his shemale wife. I will
keep my penis for life, I will never get a pussy, but my
balls are now his souvenir.

“Fantasy/curiosity/cyberplay,” including sad-
moschistic impulses of a paraphilic nature, was
statistically more common among the physically
castrated group, $\chi^2 = 3.06, P < 0.1$ (see Table 2). One
individual reported, “I just wanted to have my
genitals removed for the ‘hell of it’, and I love it.”

Some participants stated that their interest in
castration began with thoughts of MtF transition.
Significantly more, $\chi^2 = 5.07, P < 0.05$, of the
chemically castrated individuals cited this as an

Table 2  Voluntarily castrated participants’ stated origin of
ingerest in castration

<table>
<thead>
<tr>
<th>Origin of interest in castration</th>
<th>Physical (N = 92)</th>
<th>Chemical (N = 43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction of libido*</td>
<td>34 (37)</td>
<td>25 (58)</td>
</tr>
<tr>
<td>Esthetic (dysmorphic view of testicles/penis)</td>
<td>30 (33)</td>
<td>10 (23)</td>
</tr>
<tr>
<td>Fantasy/curiosity/cyberplay**</td>
<td>28 (30)</td>
<td>7 (16)</td>
</tr>
<tr>
<td>Male-to-female transition*</td>
<td>16 (17)</td>
<td>15 (35)</td>
</tr>
<tr>
<td>To prevent sexually offensive behavior</td>
<td>15 (16)</td>
<td>9 (21)</td>
</tr>
<tr>
<td>Health concerns</td>
<td>14 (15)</td>
<td>6 (14)</td>
</tr>
<tr>
<td>To please partner</td>
<td>14 (15)</td>
<td>3 (7)</td>
</tr>
<tr>
<td>Just came across topic on Internet</td>
<td>8 (9)</td>
<td>3 (7)</td>
</tr>
<tr>
<td>Religious concerns</td>
<td>5 (6)</td>
<td>3 (7)</td>
</tr>
<tr>
<td>Other</td>
<td>17 (18)</td>
<td>6 (14)</td>
</tr>
<tr>
<td>Cannot explain reason</td>
<td>20 (22)</td>
<td>11 (26)</td>
</tr>
</tbody>
</table>

*P < 0.1. **P < 0.05.
Participants could select more than one reason.
origin of interest, characteristic of a Gender Identity Disorder (GID) [21]. The majority of both
groups, however, demonstrated a desire to transition out of male, but rejected the idea of becoming
female. As one participant wrote, “[T]he desire [was] to lose my testicles and leave behind some of
the effects of being male . . . I should say that I have absolutely no desire to be female.” Another
wrote, “I never wanted to be a girl but I did not enjoy being male either.”

Several participants in both groups stated that the origin of their interest included a “dysmorphic
view of their testicles/penis,” i.e., that their genitals were alien and did not belong, characteristic of
a Body Integrity Identity Disorder (BIID) [21]. For example, one individual stated, “My penis
started looking like it didn’t belong, and I wanted the whole mess gone.” This attitude often resulted
in self-destructive behavior, most commonly demonstrated by genital self-mutilation. One partici-
 pant wrote, “I spent time trying to nullify that area with tape, glue, wire, etc. I figured it would be
better to retire from sex than to deal with it any more.” Two of the interviewees stated that their
BIID had been professionally diagnosed.

In response to a question about the influence of Internet sites where castration is discussed (such as
http://www.eunuch.org and various adult Yahoo! groups [see 2]), the majority of both physically and
chemically castrated participants stated that their interest was independent of anything found on the
Internet. However, some participants reported that they just happened across the topic on the
Internet and became interested in it (see Table 2).

Several factors not listed as choices in our survey emerged as origins of interest for partici-
pants. Emotional abuse, parental threats, and exposure to animal castration were influencing
factors for castration that repeatedly appeared in the personal narratives.

Several participants discussed the influence of emotional abuse upon their decision to pursue castr-
at. One participant said, “My father told me that when I was young that I should be castrated as
I was ‘not man enough’ to father children. My father sexually abused me from a young age. I
believed him.” Another reported that his “mother threatened to cut off [my] penis when I was seven.”
Threats of genital mutilation for behaviors that were considered inappropriate by the parent were
commonly described by participants; for example, one informant remembered being caught playing
with his penis when he was young. “As I recall she (my mother) became unglued. She took me into
the kitchen, pulled my shorts down around my ankles. She picked up a knife and gripped my little
boy thing in the other hand. She asked me if I wanted her to ‘cut it off’ because I was playing with
that thing.”

Several participants associated the origin of their castration paraphilia with having assisted or
witnessed animal castration in their youth. One participant said explicitly, “[I] assisted castration of
pigs and calves during puberty—it was very sexually exciting then and a fascination ever since.”

Reason for not Being Castrated
Among the chemically castrated group, the most common reason given for not having been sur-
ically castrated was economics (19%). The next most common reason was fear of rejection
by family or partners (16%). However, 30% responded with “other.” Within their personal
narratives, it was clear that many chemically castrated individuals were transsexuals who did not
consider themselves in the right place or time, or with sufficient financial resources, to undergo the
surgery necessary for full sexual reassignment to female. When asked explicitly whether they
desired to change gender, 47% said yes; however, we were unable to determine whether the desired
gender change was to female or eunuch.

Discussion
It should be stated at the outset that we recognize that we have here a small and potentially biased
subsample of individuals with extreme castration ideations. This is a self-selected sample of indi-
viduals who are not only castrated but are active in an Internet community for people interested in
eunuchdom.

Characterizing the Population
The chemically and physically castrated groups were remarkably similar in demographics. They
did not differ in age, education, marital status, nor the age when they first became interested in being
emasculated. The only significant differences found between the two groups were in their
origins of interest in castration, specifically, those who were chemically castrated were more likely to
have been motivated by either a desire to reduce their libido or to transition from male to female.
The physically castrated eunuchs, in contrast, were more likely to have been motivated by “fant-
asy/curiosity/cyberplay,” i.e., sadomasochistic paraphilia.
The individuals who responded to our survey were typically castrated during middle age. In part, these results were biased by the fact that the survey was not supposed to be available to individuals below the age of 18 years, although a few slipped through the filters. However, a similarly high mean age was seen in males who have presented in emergency rooms secondary to complications of attempted self-castration [10,11].

Both the physically and chemically castrated groups had a similar mean age of first active interest in castration, approximately 24 years (Table 1). Among the physically castrated group, there was an average of 18 years between an individual’s first active interest and actual castration. Clearly, there is a prolonged progression from first interest to surgery, sometimes involving chemical castration as an intermediary step. Based on the interviews, the participants were all aware of historical eunuchs and castrati before their own castrations. This suggests that for the majority of eunuchs, castration was premeditated.

An informal link between education level and eunuch identity may exist, in that to identify as a eunuch, one must understand the definition of a eunuch, the role of testicles in controlling sexuality, the existence of eunuchs in history, and the ability to imagine a gender space between or beyond the common binary alternatives male and female. As noted by Gooren [22], the option of being something other than female, i.e., outside the male–female binary, may not be obvious to all males with sexual fantasies of being something other than male.

The similarities between the two groups extended to their self-identified sexual orientation. A difference occurred, however, in the self-identified genders of the two groups, with proportionately more of the physically castrated individuals identifying as male and more of the chemically castrated individuals identifying as female (Table 1). This suggests that a large portion of the chemical eunuchs were presurgical transsexuals. From these data, it appears that approximately a third of the chemically castrated group could be classified as MtF transsexuals. The percentage was lower among the physically castrated individuals, presumably because postsurgery most MtF transsexuals would identify as female rather than eunuch and therefore they would not have been likely to be members of the eunuch community (http://www.eunuch.org) and have participated in our survey.

Based on data from the United Kingdom, approximately 1% of the population at large consider themselves asexual [23]. Given that eunuchs are stereotypically assumed to be asexual, it was surprising that only a small minority (12–16%) of the castrated participants self-identified as such (Table 1). In their review of the sexuality of eunuchs throughout history, Aucoin and Wassersug [24] demonstrated that, in various times and in various cultures (e.g., Roman antiquity, European castrati), eunuchs were indeed sexually active. Both historical and contemporary eunuchs affirm the view that social setting, as well as androgen titers, influence sexual interest.

A similar number of the individuals in both groups did not consider themselves either male or female, but rather identified as “third/other/neutral” (Table 1). These individuals may still be sexual but in a passive manner. The high number of eunuchs who were partnered indicates that androgen deprivation need not preclude pair bonding, although it does not address the issue of sexual intimacy within the dyads. Data from a different population, namely castrated advanced prostate cancer patients, suggest that involuntary (i.e., medically prescribed) castration can put stress on spousal relations [25].

As noted above, the most significant difference between the chemical vs. physical eunuchs was in the origins of their interest in castration. For both groups, the primary origin of interest was a desire to reduce libido, but this was significantly higher for the chemically castrated group. Significant differences also emerged in the secondary reasons for origin of interest in castration. Among the chemically castrated individuals, the second most commonly reported origin of interest was a desire for MtF transition, i.e., a GID [21]. For the physically castrated group, the second most prevalent origin of interest (although not significant) was esthetics; the individuals held a dysmorphic view of their testicles and/or penis and felt that castration provided a more favorable genital morphology, i.e., a BHID [21]. Castration paraphilia (sexual sadomasochistic fantasy) was the third most common reason cited by the physically castrated group for having been castrated and it was a significantly more common reason for castration among them than among the chemically castrated group (Table 2).

In summary, if one’s castration ideations are motivated by body dysmorphia or by masochistic paraphilia involving genital mutilation, then one is more likely to end up physically emasculated than if one’s castration ideation is the result of a strict desire for libido control.

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The fundamental difference underlying these two groups was that many of the chemically castrated individuals did not wish to remove their genitals. As a higher proportion of them identified as presurgical MtF transsexuals, they may have desired to retain genital (scrotal) tissue for reconstruction of a female perineum in the future. (We note that an orchietomy can be performed without removing the scrotum; however, scrotal tissue shrinkage is a common sequela to surgical removal of the testicles.) In contrast, members of the physically castrated group were relatively more motivated by a desire to be free of their male morphology. Clearly, for libido control, chemical castration alone is adequate, but it is not enough to correct a perceived body dysmorphia.

Risk Factors

A high percentage of both the chemical and physical individuals were abused as children. The percentage of our population who suffered from childhood sexual abuse (Table 1) was higher than the 4% (range 0.6–10.9%) reported for boys in 10 different studies from North America, Europe, and New Zealand, (reviewed in [26]). Problematic parental dynamics have been considered a risk factor for the development of GID [27,28]. Additional literature suggests that a domineering mother and the absence of a strong father figure may promote interest in genital mutilation [10,29,30]. Maternal threats of castration can be considered an extreme form of domination and were reported in the submitted narratives and other interviews. The chemical eunuchs also reported a particularly high incidence of abuse from females during their developmental years, some of which included maternal domination.

The high incidence of physical and psychological childhood abuse may be linked to the absence of a father figure in at least two ways. A father that was abusive may be evicted from the household once the abuse was discovered. Conversely, the lack of a protective father could lead to abuse from other individuals.

The high incidence of sexual abuse may be similarly intertwined with homosexuality [28]. Holmes and Slap [28] reported that “abused adolescents, particularly those victimized by males, were up to 7 times more likely to self-identify as gay or bisexual than peers who had not been abused.” Being the target of pederasty may have led several of the participants to associate sexual arousal with males and to thus identify as homosexuals. Clearly, more probing questions will need to be asked of the eunuch population about the nature of the abuse they received and their sexual orientation pre and post castration to better understand any causal connections.

There is also evidence that individuals who have been sexually abused are more likely to have internalized homophobia [31]. If they are homosexual, this could manifest itself as revulsion at their own masculinity. This, in turn, could present as a castration paraphilia that may be eventually consummated. Among males, who are active in sadomasochistic clubs in Finland, 61% of heterosexual males and 75% of homosexuals males participate in “cock binding” as a form of sadomasochistic “play” known in the eunuch community as cock and ball torture (CBT) [32]. Castration, in turn, may be the ultimate CBT.

Many participants, who in their youth witnessed or assisted in the castration of farm animals, reported that this exposure was what stimulated their interest in castration. This origin of interest may have parallels with the development of apotemnophilia as a BIID, where an individual sees another individual with a limb amputation and develops an amputation paraphilia [2,33–35]. Active participation in an animal castration is much more likely to have an impact than simply owning a dog or cat that has been neutered by a veterinarian. Although the amputation of the genitalia is, in one sense, more drastic than amputation of a lateral appendage because of the hormonal and reproductive repercussions, this masochistic desire is similar and castration paraphilia could be considered an extreme form of apotemnophilia.

Castration ideation that is motivated by a conviction that sexual activity and sexual desire are immoral was common for our respondents, and is known as the Skoptic Syndrome [36,37]. Cesnik and Coleman [38] described such individuals as sharing “an intellectually superior but obsessional and self-absorbed cognitive history.” Although these individuals repudiate masculine eroticism, they are not necessarily transsexuals [30,39].

Skoptic Syndrome was named for a Christian sect that practiced castration, taking a literal interpretation of passages from the Sermon on the Mount beginning with Matthew 5:29, “And if thy right eye offend thee, pluck it out, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell.” These passages were repeated with slightly different phrasing in
Matthew 18:8–9, followed by the most frequently cited passage, Matthew 19:12,

For there are some eunuchs, which were so born from their mother's womb: and there are some eunuchs, which were made eunuchs of men: and there be eunuchs, which have made themselves eunuchs for the kingdom of heaven's sake. He that is able to receive it, let him receive it.

Several eunuchs in both our study and the medical literature referenced these passages [11,40].

Skoptic Syndrome is not necessarily linked to Christian scripture. Religious principles motivate castration among the Hijra in India and have been reported in several cases among devout Buddhists, who sought freedom from sexual thoughts [10, Bigot, 1938; as cited in 41].

Much of the older medical literature on religiously motivated self-castrators presumes that these individuals were psychotic [10,11,29]. However, for the majority of individuals with Skoptic Syndrome, their actions were premeditated and consistent with their fundamentalist interpretations of religious texts. In that regard, it would be incorrect to equate extreme religious devotion with psychotic delusion.

**Psychiatric Diagnoses**

Three features characterize psychotic genital self-mutilation: targeting of the penis, an inability to provide a cogent explanation for the mutilating action, and average or below average intelligence [8,9]. These features did not fit the majority of the individuals in our study:

1. The majority (81.5%) of the castrated participants in our study did not target their penis. Of the 92 physically castrated participants, only 17 had also been penectomized (nullified). And, although we could not use them in our study, as they had not been castrated, we had only three participants who were penectomized without removing their testicles. This overall lack of focus on the penis indirectly suggests that the majority of voluntary eunuchs in our study are quite different from the population that has been labeled psychotic.

2. The majority of the population could provide cogent explanations for their action. While 22% of the physical eunuchs were unable to explain where their interest in castration originated, the majority clearly knew (Table 2).

3. Psychotic genital self-mutilators are thought to have below average intelligence. This does not describe the majority of the population, as over 50% of eunuchs had postsecondary degrees (as did over three-quarters of those who had also been penectomized) and less than 5% did not have high school diplomas (Table 1).

A minority of the population (approximately 20%), however, may be psychotic self-mutilators, as suggested by their low education levels and ignorance pertaining to the side effects of castration [see also 15]. Twenty-four percent of individuals claimed to have been unaware that castration reduced the libido (Table 1). This is surprising given that libido reduction is the main reason males seek castration and should therefore be very well known.

A large percentage of participants were aware of the additional effects of castration—hot flashes, genital shrinkage, gynecomastia, weight gain, and secondary hair loss. This suggests that the majority of the voluntary eunuch population had extensively researched the procedure and had rationally considered their decision. Nevertheless, approximately 15% of the physical eunuchs believed in certain effects of castration, such as increased tooth decay, which are not supported by the medical literature (Table 1) [2]. This can be considered a variance measure of the veracity of the participants’ overall knowledge of the physical and psychological effects of androgen deprivation. Given that approximately 20% of the physical eunuchs were nullified, and a similar percentage could not explain their reasons for being castrated and were unfamiliar with the major side effects of castration, our data suggest that approximately one in five voluntary physical eunuchs may have been psychotic at the time of their castration. This number is well below the two-thirds estimate in the medical literature for men who have self-castrated [11–13].

**DSM-IV Considerations on Castration Ideations**

A desire to be emasculated is not explicitly recognized as a sexual dysfunction per se [42]. Although apparently not psychotic, the majority of the population were obsessive in their interest in castration, as demonstrated by the length of time that they spent fantasizing and thinking about castration prior to undertaking the actual act. This obsession with castration, either chemical or physical, can be indicative of either a formal BIID or a GID in the DSM-IV [21].

A BIID diagnosis is most likely for individuals who were not explicitly gender dysphoric and did...
not desire to be female, yet gave a cosmetic reason for being castrated. This is discussed more fully in Brett et al. [15]. This diagnosis would be most accurate for individuals who had not only their testicles removed, but also their scrotum and/or penis. Several of the participants, as noted earlier, asserted that they felt that their male external genitalia did not seem right for them. Several participants sought and acquired a “smooth bottom,” which is not the same as desiring a female perineum.

Other individuals, proportionately more among the chemical eunuchs, fit a GID model, but not necessarily that of a MtF transsexual; i.e., a desire to transition out of male, but not into female. Our data suggest that about a third of the chemically castrated group could be classified as male-to-eunuch (MtE) transsexuals with a GID.

A quarter of the individuals in both the physically and chemically castrated groups considered their gender identity to be neither male nor female. Therefore, it can be concluded that these physically castrated participants had a GID that could not be classified as that of an MtF transsexual, but rather a more pure desire for emasculation. The personal narratives confirmed a major theme from the questionnaire, namely that the desire to transition out of “male” need not be the same as a desire to become female.

Such a GID in the DSM-IV is classified as a GID-Not Otherwise Specified (GIDNOS). Pre-surgery, this includes “a persistent preoccupation with castration or penectomy without a desire to acquire the sex characteristics of the other sex” [21]. Based on our discussion above, we suggest that MtE is a valid GID that can stand alone, extracted from the “Not Otherwise Specified” category.

There are several obvious limitations of this study. Of major concern is that the data were collected anonymously from the Internet. The fact that we could not track individuals nor confirm from secondary sources (such as medical records) the veracity of the information provided concerns us. We are somewhat reassured that our profile of the eunuch community is consistent with the face-to-face interviews that we have conducted to date. More interviews are planned. In the interim we feel that this preliminary profile of voluntary eunuchs can help reduce the risk of injury from voluntary castrations that are performed outside the medical system. Knowing that some men so fervently desire to be castrated that they may seek castration through nonmedical channels may help bring the reality of castration ideation to the attention of the medical community.

Conclusion

There are a variety of reasons why some males desire to be emasculated. The most common reason is to reduce their libido. This can be part of a castration paraphilia or simply a desire for a more ascetic lifestyle motivated by strong religious beliefs. Whereas some members of the Eunuch Archive community are MtF transsexuals, most are not. The majority of castrated individuals continued to identify as male postcastration; however, a significant subset placed themselves in an alternative gender space where they identified as neither male nor female. The desire to have the testicles destroyed or removed may fit either a GID or a BIID in the DSM-IV. As a GID, it would fall under the subcategory of GIDNOS. We suggest here that MtE is a valid GID that can be extracted from the Not Otherwise Specified category.

Acknowledgments

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Statement of Authorship

Category I

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References


Appendix I

The Eunuch Archive Survey

The survey was initially proposed by a member of the Eunuch Archive steering committee who produced a draft set of questions on which this is based. All coding decisions for the establishment of jumps between questions were made by the head of the Archive when he posted it on the server.

After question no. 16, different questions were asked of those who had been chemically castrated, physically castrated, or who self-identified as eunuch “wannabes.” This is indicated by “C,” “P,” or “W” in square brackets after each question that was not asked of all respondents. Some information on the structure of the questionnaire is inserted in italics, but was not in the questionnaire proper.

Please answer all questions as honestly as you can. If you do not wish to answer a question, skip to the next.

1. What continent do you currently live in?
2. What is your current age?
3. What is your highest education level?
4. What is your birth gender?
   Male (XY chromosomes)
   Female (XX chromosomes)
   Other
5. What is your self-identified gender?
   Male
   Female
   Third gender
   Other/neither
6. What is your sexual orientation?
   Heterosexual (straight)
   Homosexual (gay/lesbian)
   Bisexual
   Asexual
   Other
7. Do you view yourself as being . . .
   Very feminine
   Moderately feminine
   Neither very masculine nor feminine
   Moderately masculine
   Very masculine
8. What religion, if any, were you raised in?
   A long list of choices was given, including “Other,” “None,” and “Don’t wish to disclose this information.”
9. As a child were you ever physically, emotionally, mentally, or sexually abused?
   Yes/No/Unsure
10. What kind of abuse? Please check all that apply.
    Physical abuse
    Sexual abuse
    Emotional abuse
    Mental abuse
    Other
11. What other type of abuse did you suffer?
    A box for narrative response opened for those who checked “other” to question no. 10
12. What gender was your abuser?
13. Was your abuser well known to you; i.e., family member or close family friend?
14. Please rate your current sexual desire from 1 to 10 (1 equals no desire, 10 equals overwhelming desire).
15. Please rate your current sexual activity from 1 to 10 (1 equals no activity, 10 equals a lot of activity).

16. What is your current state?
   - Eunuch (no, or physically nonfunctional, testicles)
   - Chemical eunuch
   - Penectomised (no penis, have testicles)
   - Nullified (no penis or testicles)
   - Wannabe (desire castration/penectomy/nullification)

17. How long have you been a eunuch? [C, P]
   *Check boxes provided for a range from “less than one year” to “over 50 years”*

18. How long have you been a wannabe? [W]
   *Same check boxes as question no. 17*

19. At what age, in years, did your castration occur? [P]

20. To whom do you identify yourself as a eunuch? [P]

21. Since being castrated, has your sexual orientation changed? [P]
   - Yes/No/Unsure

22. What does your hormone replacement therapy (HRT) involve? [P]
   - Full standard dosage of testosterone
   - Lowered/minimal dosage of testosterone
   - No hormones of any kind
   - Minimal dosage of estrogen
   - Transitional levels of estrogen

23. You were castrated/penectomized/nullified? [P]
   - Voluntarily
     - Medical reasons (i.e., prostate or testicular cancer)
   - Involuntarily

24. You indicated you were involuntarily castrated/penectomized/nullified. Please describe. [P]
   *A box for narrative response opened for those who checked “Involuntary” to question no. 23*

25. Which of the following medical consequences were you aware of before your castration? Check all that apply. [P]
   - Tooth decay/cavities
   - Hot flashes
   - Depression
   - Genital shrinkage
   - Secondary hair loss (body hair)
   - Osteoporosis (loss of bone mass; brittle bones)
   - Impaired short-term memory
   - Joint pain
   - Loss of libido (sex drive)
   - Changes in eyesight (lose focus, etc.)
   - Weight gain
   - Gynecomastia (breast growth)
   *Several of these conditions have not been linked directly to androgen deprivation, but were nevertheless included to help us assess the reasonableness of the answers obtained.*

26. What side effects of castration have you experienced? Check all that apply. [P]
   *Repeat of the choices given in question no. 25*

27. What side effects of castration have been most bothersome for you? Check all that apply. [P]
   *Repeat of the choices given in question no. 25*

28. What do you like most about being castrated? [P]
   - Slowed or stopped the growth of cancer
   - Foolproof birth control
   - A sense of control over my sexual urges and/or sexual appetite
   - A feeling of calm, often called the eunuch calm
   - It allows me to be more submissive
   - Freedom of guilt about having too many sexual thoughts and desires
   - Release of pressure to be macho
   - Cosmetic effect (just like the look)
   - Advanced my sexual reassignment to female
   - Other

29. You selected “other.” Please specify what you like most about being castrated. [P]
   *A box for narrative response opened for those who checked “other” to question no. 28*

30. How is your general physical health? (1 equals poor, 10 equals excellent) [C, P]

31. How is your mental health? (1 equals not stable, 10 equals very stable) [C, P]

32. Please rate your level of social interaction. (1 equals shy, isolated, 10 equals very outgoing) [C, P]

33. A number of people experience different mood and behavior patterns that will strongly influence their thoughts and decisions about castration/penectomy/nullification, both before and after. Which of the following, if any, did you experience BEFORE your modification? (please check all that apply) [P]
   - Major depression
   - Obsessive compulsive disorder

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Minor depression
Bipolar (manic depressive) disorder
Schizophrenic-type disorders
Asocial personality (prefer to be alone)
Borderline personality
Panic disorder or attacks
Other

34. And AFTER your modification? (please check all that apply) [P]
Repeat of the options given in question no. 33

35. Do you have any regrets about your castration/penectomy/nullification? (1 equals no regrets, 10 equals major regrets) [P]

36. In what way do you feel regret about your castration/penectomy/nullification, no matter how small? [P]
Loss of identity
Loss of sexuality
Loss of sense of gender identity
Feel maimed
Other

37. In what other ways do you regret your castration/penectomy/nullification? [P]
A box for narrative response opened for those who checked “other” to question no. 36

38. Many people are into body modifications that vary widely. Notably, some people feel that a part of their body (i.e., a limb) is alien, or does not belong there. If they achieve a removal (amputation) of that part of their body, they often describe themselves as feeling “whole,” “complete,” or “in-tune” with their bodies. How, if at all, does this concept fit with you, in relation to castration/penectomy/nullification? [P]
Not at all
Maybe—it might apply
I feel like my body is more the way it should be after castration/penectomy/nullification
I feel this is accurate—I am whole, complete, and in-tune after my castration/penectomy/nullification

39. How were you castrated? [P]
By a medical doctor
By a medical professional other than a doctor
By an underground cutter
By a friend
By a lover
Self-castrated

40. What method did you use to self-castrate? [P]

41. The origin of my interest in castration/penectomy/nullification involves (check all that apply):
Cannot explain the reasons
To prevent the further possibility of sexually offensive behavior
Religious concerns
To please my partner
Health concerns (testicular/prostate cancer)
Fantasy/curiosity/cyber play
Male-to-female transition
Reduction of libido (sex drive)
Esthetic (dysmorphic view of testicles/penis—that is, they are alien, don’t belong)
Just came across topic on the Internet
Other

The references to “fantasy” and “cyberplay” refer to the sadomasochistic interest within the eunuch.org community. The terms reflect the focus of the Eunuch Archives on fictional stories about castration, of which over 7,000 are now posted (as of February 2007).

42. At what age did you first act on your castration ideas through fantasy, play, research, etc.?

43. If you had not discovered Internet sites, like the Eunuch Archive, Yahoo Groups, or other web sites, do you feel you would have explored an interest in castration nonetheless?
Yes/No/Unsure

44. How much has the Internet influenced your interest in and desire for castration? Please rate from 1 to 10 (with 1 very little/no influence and 10 being very great/significant influence). [C, W]

45. Do you use the Internet (Eunuch Archives, Chat, Yahoo) as a source for fantasy, or as a source for information? [C, W]
Want to know more, desire castration
Interested in topic
Cyber play (i.e., in chat)
Fantasy

46. What is your current ambition regarding eunuchism? [C, W]
I just stumbled across this topic on the Internet
Just interested
Topic stimulates me (fantasy, etc.)
Seriously researching possibility
Actively seeking castration/penectomy/nullification
47. What prevents you from actual castration? 
   [C, W]
   Can’t afford it
   Fear of people finding out
   Fear of rejection (family, partner)
   Just don’t have the courage
   People will think I am mentally ill
   Castration is just a fantasy, don’t actually want testicles removed
   Other

48. You indicated there are other reasons preventing you from castration. Please describe those reasons [C, W]
   A box for narrative response opened for those who checked “other” to question no. 48

49. What, if any, steps have you taken toward accomplishing a goal of castration? [C, W]
   Contacted doctor about surgery, made appointment, etc.
   Attempted to make underground contact with “cutter”
   Posted desire online (Yahoo Groups, Eunuch Archive, etc.)
   Discussed interests either online (message boards, chat, etc.) or with partner, friends, family, etc.
   Attempted efforts at self-castration
   Haven’t acted on desires

50. How have you attempted to self-castrate? [C, W]

51. Do you experience any desire to change your gender (i.e., male-to-female)? [C, W]

52. Do you have children?
   Yes, all natural
   Yes, all adopted
   Yes, some natural some adopted
   No, I have no children

53. What is your current marital status?
   Single
   Married
   Separated
   Divorced
   Partnered to a male but not married
   Partnered to a female but not married

54. Is there anything else that you would like to tell us about your history and interest in castration?
   In total, 372 individuals provided narrative responses to this final question.