Archives of Sexual Behavior, Vol. 33, No. 5, October 2004, pp. 433–442 (© 2004)

New Age Eunuchs: Motivation and Rationale for Voluntary Castration

Richard J. Wassersug, Ph.D.,[1,4] Sari A. Zelenietz, B.S.,[2] and G. Farrell Squire, B.S.[3]

Received July 22, 2003; revision received November 11, 2003; accepted November 11, 2003

We used a survey posted on the Internet to explore the motivation of men who are interested in being castrated. Out of 134 respondents, 23 (17%) reported already having been castrated. The 104 (78%) individuals who said they had not been castrated were asked why they wanted to be castrated and why they had not actualized that desire. They were given multiple-choice answers to select from. The major reason (selected by 40% of respondents) for desiring castration was to achieve a "eunuch calm" and freedom from sexual urges; however, a large proportion (∼30%) of respondents found fantasies about being castrated sexually exciting and a similar percentage desired castration for the "cosmetic" appearance it achieved (which we interpret to mean scrotal removal along with an orchiectomy). This high interest in castration as either a sexual stimulus (a fetish) or a cosmetic enhancement was unexpected and contrasted with the more classically stated motivation for voluntary castration in the psychiatric literature, i.e., libido control and transsexualism. Internet discussion groups that serve these men may encourage them to act out their castration fantasies. Alternately, Internet discussions may give them a displacement outlet for their fantasies and decrease the risk of castration by nonmedically qualified "street-cutters" or by self-mutilation. Forty percent of our respondents claimed that they would have an orchiectomy, if it were cheap, safe, and simple. A quarter wanted to try chemical castration first, but 40% were embarrassed to talk to their doctors about their interest in castration. Information now available on the Internet provides these men with increasingly easy access to street-cutters and directions on how to perform surgical castrations, putting them at risk of permanent injury and disability. Physicians need to be aware of these risks.

KEY WORDS: castration; Internet; orchiectomy; eunuch; fetish.

INTRODUCTION

Eunuchs are castrated men whose testicles are surgically removed or otherwise made nonfunctional by crushing or drug treatment. Next to tooth extraction and circumcision, castration has arguably been the most commonly practiced surgical ablation on the Asian continent since before Christ. It produced the hundreds of thousands of eunuchs that administrated much of the Byzantine world (Ringrose, 2003) and the Ottoman Empire in the west (Ayalon, 1999; Marmon, 1995) and the Chinese dynasties in the east (Tsai, 1996; see also Tougher, 2002).

Although Tsai (1996) considered castration the "worst form of human exploitation" and Taylor (2000) labeled it the "epitome of loss" and the "ultimate humiliation," psychiatry has documented many cases of men in modern times castrating themselves (e.g., Aboseif, Gomez, & McAninch, 1993; Becker & Hartmann, 1997; Martin & Gattaz, 1991; Masson & Klein, 2002). Unfortunately, our understanding of what motivates these men is largely derived from a biased sample: those individuals whose attempts at self-surgery or use of a medically unqualified castrator are not completely successful are the ones who come to the attention of the health profession.

[1]Department of Anatomy & Neurobiology, Dalhousie University, Halifax, Nova Scotia, Canada.
[2]Dalhousie University, Halifax, Nova Scotia, Canada.
[3]Arbody, Inc., Little Rock, Arkansas. (Deceased)
[4]To whom correspondence should be addressed at Department of Anatomy & Neurobiology, Sir Charles Tupper Medical Building, 5850 College Street, Dalhousie University, Halifax, Nova Scotia, Canada B3H 1X5; e-mail: tadpole@dal.ca.

Men who desire to be castrated and achieve it without complications (by either self-castration or the services of a nonmedical castrator, i.e., a "street-cutter") may never be seen by a physician. Similarly, men who fantasize about being castrated, but do not act out their fantasies, may also be invisible to the medical system. Little is known about what motivates these people to get castrated or to delay acting out their fantasies.

In this study, we make use of adult discussion groups on the Internet to explore the reasons why some men wish to be castrated, yet have not proceeded to have an orchiectomy either within or outside of the medical system. We make use of the fact that the privacy and anonymity afforded by the Internet has allowed large discussion groups to form among people who share obsessions that encompass areas that society at large might consider taboo (see, e.g., Williams & Weinberg, 2003).

In our case, we focused on groups where castration was either a major or minor defining theme of the group. We included a few discussion groups related to prostate cancer because chemical and/or surgical castrations are standard treatments for advanced prostate cancer. Through our survey, we were able to identify motivation factors beyond the two commonly identified: a desire for celibacy and transsexualism (Money, 1980). We were also able to get a rough demographic profile on a set of men who are fascinated with the idea of being castrated.

METHOD

Participants and Procedures

A survey was designed that was specifically directed toward men interested in castration. It was posted between May and September 2002 on 30 adult discussion groups on the Internet.[5] The groups were selected to cover a breadth of interests in castration, ranging from transsexual fantasy sites to advanced prostate cancer discussion groups. Our key method of finding groups was through Internet searches using key words such as "castration" and "eunuch." Included were sites that might be visited by both heterosexual and gay men interested in castration, although we made no effort to explore the sexual orientation of respondents.

The survey yielded 134 replies. The age and educational levels of the respondents are given in Tables I and II. The mean age was approximately 45, assuming that the number of respondents under 25 ($N = 5$) had an average age of 20 and those over 55 ($N = 23$) had an average age of 60. Because these polls were posted largely on sites that are technically restricted to adults, it is likely that few of the respondents were below the age of 20 (the minimum age to view the sites is 18). However, given the large number of replies from men over 55, our estimate of a mean age of 45 is likely to be slightly low.

The majority of respondents had at least four years of college education. Only 1 person had not completed high school, whereas 12 respondents had doctoral degrees. Thus, overall the respondents represented a group of well-educated, mature adults.

The survey consisted of three questions: (1) What is your castration status? (2) Why haven't you been castrated? and (3) Why do you want to be castrated?

The latter two queries were directed at individuals who were interested in being castrated, but who had not undergone the procedure. The questions had 17, 12, and 24 choices for answers, respectively (see Appendix). Respondents could select only one choice for the first question, but as many choices as applied for the second and the third questions. Many of the choices were similar (e.g., choices

Table I. Respondents by Age

Age	*N*	%
Under 25	5	4
25–35	21	16
35–45	31	23
45–55	51	38
Over 55	23	17
No answer provided	3	2

Table II. Respondents by Education Level

Educational level	*N*	%
Non-HS	1	1
HS graduate	21	16
2 yrs college	29	22
4 yrs college	33	25
Postcollege	34	25
Doctoral degree	12	9
No answer provided	4	3

[5]The groups where the survey was posted or where directions to the survey were posted included www.eunch.org, phml@phcagroups.org, circle@prostatepointers.org, prostate@listserv.acor.org, advanced@phcagroups.org, as well as the following, which all start with the prefix "http://groups.yahoo.com/group/": eandmlifestyle, psychemasculation, chemicallyalteredsexuality, eunuchshaven, eunuchsreferralsandadvice, GYNARCHY, Gynosupremacy, menwithoutballs2, MWJournal, newthrones, theneuteringnews, triumphantamazons, TG_Writers, tgchristians, barbarastransgenderedchat, marisastransgendersalon, midwesttransgendersupport, nicoleststgsupport, transgenderededucationassoc, tenntvtgtsstation, TsDoItYourselfHormones, valleytgirlfetish, msjilljorgensen, fantasygirl, seattletransgenderedandsos.

Table III. Most Common Reasons Respondents Gave for Not Having Been Castrated Yet

Rank		Number of responses
1	A medically safe castration is too expensive for my budget	45
2	If castration were as cheap, safe, and painless as a flu shot, I'd be much more likely to get it done	43
3	I'm embarrassed to talk to my physician or urologist about this	42
4	I fear that an operation by a street-cutter would be dangerous	35
5	I would like a trial run with a reversible chemical castration first	28

6 and 10 for Question 2). However, some were admittedly unlikely (choice 21 in Question 3) given the targeted subject pool, that is, postpubescent males over 18 years of age. The goal was to give as broad a sweep of options in Questions 2 and 3 as possible. Respondents were permitted to select more than one answer to these two questions. Permitting multiple answers also reduced the chances that we would get more than one survey filled in per individual. Because we tracked e-mail addresses, we know that each response came from a different e-mail address.

Basic demographic information was also requested, that is, age and educational level. We did not ask where the respondents were from, but this survey was only posted in English, so we assume that most of the respondents were from English-speaking countries. We also asked the respondents to tell us when they first became interested in castration.

To encourage veracity, the questionnaire was introduced by stating that (1) the survey was being conducted for a professor in a medical school in Canada and (2) all individual replies would be kept strictly confidential. In posting this survey on the Internet, we realized that the responses we received were subject to a variety of biases, as discussed, for example, by Mustanski (2001). We assumed that all of the respondents were males and honest in their replies; however, we had no way to independently verify this.

We also recognized that the respondent pool might have been biased toward individuals who had easy, but private, computer Internet access. A similar possible bias was acknowledged by Williams and Weinberg (2003), who used the Internet, much as we did, to locate and survey individuals with sexual interests in animals. These individuals were likely to be people with some economic independence, which may correlate with their age and educational level.

RESULTS

Of the 134 replies, 23 (17%) respondents claimed to have been castrated whereas 104 (78%) stated they had not. Two respondents gave their castration status as "other" and five provided no answer. The many people who responded to the second and the third questions but who had not been castrated suggest that there is a sizable community of "eunuch wannabes" who are largely hidden from public view.

The mean number of responses to Question 2 ("Why haven't you been castrated?") was 2.9, with a range of 1–8. The five most common reasons why the men who nurture fantasies of being castrated and have nevertheless not had orchiectomies are given in Table III. The general reasons that these men gave for not having the procedure were cost and medical safety. Cost and medical safety concerns accounted for three of the four most frequent reasons for not actualizing their fantasies of castration (ranked first, second, and fourth in Table III). More than 40% of the 104 uncastrated males surveyed selected one or more of these three reasons for not having been castrated. On the one hand, they feared going to street-cutters (ranked fourth) and, on the other hand, they were embarrassed to talk to their physicians about medically safe orchiectomies (ranked third). Approximately a quarter of the men who responded to the survey expressed interest in a trial run with reversible chemical castration (ranked fifth in Table III).

The mean number of responses to Question 3 ("Why do you want to be castrated?") was 3.3, ranging from 1 to 11. The five most popular reasons for desiring castration are given in Table IV. The two most common answers were similar: a desire to have a "eunuch's calm" (ranked first) and a loss of sexual urges/appetite (ranked second). Approximately 40% of the uncastrated males selected one or both of these reasons for wishing to be castrated.

The next most frequent answer (ranked third) was the "excitement of the castration scene." This answer suggests that, for some, castration fantasies may fall into the realm of paraphilias, as identified in the *DSM-IV-TR* (American Psychiatric Association, 2000) although castration fantasies are not specifically listed there. This answer was followed in popularity by a desire for the cosmetic appearance associated with castration (ranked

Table IV. Most Common Reasons Respondents Desire Castration

Rank	Reason	Number of responses
1	A feeling of calm, often called the eunuch calm	42
2	A sense of control over one's sexual urges and/or sexual appetite	41
3	The excitement of the castration scene itself	32
4	Cosmetic effect. Just like the look	31
5	Feeling a deep desire to be submissive to partner	26

fourth). We interpret this to mean that the respondents viewed castration as including removal of the scrotum, because a pure orchiectomy without scrotal removal would not produce an overt change in the appearance of the external genitalia (other than eventual shrinkage). The fifth most common reason was a "deep desire to be submissive to a partner." A quarter of the uncastrated males selected this as a reason for desiring castration.

Of the castrated males, only five respondents selected medical treatment for disease as a reason for their castration (choices 1–3 in Question 1). Another well-known reason for castration is as part of sexual reassignment surgery (SRS) for male-to-female (MtF) transsexuals, but only four respondents gave that as a reason for their orchiectomies (choices 4–6 in Question 1).

A series of two-sample t tests, matching the ranks given in Table IV with the ages of the respondents, failed to show any age bias in the rankings (all ps $> .25$). Men, both young (<45) and old (>45), were equally likely to pick, for example, control of "sexual urges" or a fascination with the cosmetics of castration as reasons to desire castration.

Data in Table V indicate how persistent the fascination with castration was among uncastrated respondents. Over a third of those respondents date their initial interest in castration to when they were less than 25 years old. Almost half of the subjects date their interest to before they were 35 years old. Given the high mean age of the subjects, this suggests that, on average, the respondents' interest in castration endured for more than a decade, and in many cases for several decades.

Table V. Age Respondents Were First Interested in Castration

Age first interested	*N*	%
Prepuberty	9	7
Puberty to 25	38	28
25–35	18	13
35–45	12	9
45–55	11	8
Over 55	5	4
No answer provided	41	31

DISCUSSION

We are not the first to use an Internet survey to explore psychosocial aspects of an otherwise uncommon psychological presentation (e.g., Huang & Alessi, 1996; Lipsitz, Fyer, Paterniti, & Klein, 2001; Mustanski, 2001; Williams & Weinberg, 2003). The power of this approach is that it provides simple, quick access to a large sample from the targeted population. However, this convenience is balanced against the difficulty of confirming the validity of the anonymous responses obtained. Such uncertainty concerned us because males are known to provide less-than-truthful answers to questions about their sexuality (see Siegel, Aten, & Roghmann, 1998) and, until proven otherwise, this might include their castration status.

Some reassurance as to the validity of our data was provided by an independent survey posted to the Yahoo "Psychemasculation" adult discussion group. That survey, which was smaller than ours, ran some months after our survey ended and, like ours, asked respondents if they were castrated or not. Out of 32 replies received, the ratio of castrated-to-noncastrated respondents was 1:3, which was close to the 1:4 ratio we obtained with our larger sample (z test, $p = .25$).

Classic Reasons for Seeking Castration

The major reason for the castration of men in modern society is for the treatment of oncological diseases—most notably advanced prostate cancer. On the basis of the number of men that die of prostate cancer each year, and the fact that castration is offered to virtually all of them when primary treatments (e.g., prostatectomy, external beam radiation, brachytherapy) fail, we estimate that more than 44,000 patients with prostate cancer are either chemically or surgically castrated each year in North

America. These men, however, are largely quiet about their treatments. Few, if any, responded to our survey. Although they are castrated, these men were castrated out of medical necessity and are evidently not fixated on the procedure. Many men on hormonal ablation therapy do not equate this chemical castration with surgical orchiectomy, although the resulting androgen deprivation is the same.

If castration enters the public eye, we believe it is mostly in the context of a procedure to control excessive sexual urges amongst those whose sexual obsessions are dangerous to themselves and/or others (Gawande, 1997). Controlling such urges was the major motivator for castration among the "eunuch wannabes" who replied to our survey. We have no information, however, on how well these respondents are controlling their sexual yearnings without castration.

There has been much debate about offering or mandating castration for criminals convicted of sexual predatory behavior (Spalding, 1998). Our search of the data suggests that in states where castration is voluntary, very few criminals choose this option unless it leads to a reduced sentence (Baro Diaz, 2002; Marosi, 2001; Moczynski, 2003). It is difficult to obtain an accurate picture of how many men (convicted of sexual crimes or otherwise) who have requested either chemical or surgical castration for libido control ever get the treatment. Circumstantial evidence suggests, however, that it is a very small fraction (<0.5%) compared to the number of men who are castrated to treat prostate cancer. For example, in Texas the law permitting voluntary castration has been used only once in 6 years (Anonymous, 2003), and of 53 sex offenders in Texas who recently requested castration, most were ruled ineligible whereas eight await surgery (Anonymous, 2003).

Thus, both our study of individuals found through the Internet and reports about sex offenders in various states suggest that the number of males desiring chemical or surgical castration to control their sexual drive is much higher than those who actually receive treatment. One factor accounting for this discrepancy may be the taboo nature of the topic. The fact that some 40% of our respondents showed hesitancy to discuss castration with their doctors reflects how socially unacceptable it is to raise the topic, even in the confidential setting of a doctor's office. Concepts like Freud's "castration complex" (see Taylor, 2000) may have further demonized voluntary castrations, making the surgical procedure unpalatable to society and the medical system. In one psychoanalytical view, castration is "the most severe punishment that an individual. . . can be threatened with" (Michel & Mormont, 2002). Thus, despite the popularity of laws permitting or mandating castration for extreme sex offenders, there is little evidence of acceptance for the procedure on a case-by-case basis.

Another well-established reason for seeking a voluntary orchiectomy is as part of SRS for MtF transsexuals (e.g., Money, 1980; Sirota, Megged, Stein, & Benatov, 1994). As with voluntary castration for the control of sexual urges, it is similarly difficult to get accurate numbers on how many of these operations are performed in North America, but multiple informal (unpublished) estimates place the number at fewer than 2,500 per year.

Although our survey was posted on a variety of websites directed toward transsexuals and individuals interested in transsexualism, we received relatively few responses from individuals who wanted castration as part of SRS. One possibility for this low response rate was that most of the people in the transsexual community are not interested in castration per se, but only seek castration as a means to an end, that is, complete sex reassignment. Those individuals who have successfully and fully transitioned to female are not likely to be following Internet discussions directed toward males who nurture castration fantasies. They have achieved their goals. Transsexuals, like prostate cancer patients, do not show the avid interest in castration that most of the respondents in our study demonstrated.

Many of the people (approximately 40% in our survey) whose interest in castration was intense enough for them to participate in Internet discussion groups on that topic believed in the idea of a "eunuch calm" (ranked first in Table IV). It is worth noting, though, that this concept is not well defined in either the Internet or the medical world. A search in Google for "eunuch calm" produced only 12 hits (excluding our questionnaire) and half of those were either for www.eunuch.org or for a site devoted to transsexualism. A search on PubMed on the same word combination yielded no citations.

Despite a large volume of literature documenting decreased libido with chemical and surgical castration (e.g., Cheney & Peterson, 1997; Higano, 2003), the psychological effects of androgen deprivation go far beyond inducing a calm state vis-à-vis libido (see Higano, 2003). Other common psychological reactions are neither minor nor benign (e.g., depression, tearfulness, and assorted cognitive losses; Cherrier, Rose, & Higano, 2003). From the discussions that we have been following on www.eunuch.org and other Internet sites devoted to castration, it is clear that many of the people who undergo voluntary castration are neither informed, nor prepared, for the plethora of additional long-term side effects of castration. These include osteoporosis, loss of lean muscle mass, increase in body fat, changes in body odor, and loss

of body hair (see Higano, 2003; Smith, 2002; Smith et al., 2002). From following many Internet discussion groups, like those footnoted earlier, it is our impression that many voluntary eunuchs, who were castrated for reasons other than cancer treatment or transsexualism, will eventually take supplemental androgens to fight depression and improve their health and sense of well-being (Bain, 2001).

Novel Reasons for Seeking Castration

The fact that a quarter of our respondents expressed an interest in castration for cosmetic reasons came as a surprise to us and, we would argue, is a departure from traditional reasons for seeking castration. In apotemnophilia, a condition that is characterized by an obsessive interest in having a limb amputated (Elliott, 2000; Johnston & Elliott, 2002; Wise & Kalyanam, 2000), there is evidence that a seminal event in these individuals' lives was exposure to an amputee in their youth. However, it is unlikely that a similar experience influenced many of our respondents, who were fascinated, if not obsessed, with castration. For one thing, few, if any, of our respondents would have had much exposure during their youth to males without a scrotum (or penis). One might suggest, somewhat whimsically, that Ken dolls, GI Joes, and Mickey Mouse could have been surrogate models for male mammals lacking conspicuous external genitalia. However, we suspect that these cultural icons are not sufficiently similar to humans to act as credible models in the same way that real amputees may have seeded thoughts of limb amputation in apotemnophiliacs.

The pop cultural rise of tattooing, body piercing, and more extreme body modification may be influencing some men nurturing their castration fantasies. The emergence of "she-males," individuals who blend male and female secondary sexual characteristics (see Blanchard, 1993), exemplifies the elective anatomical diversity that is now not only possible but gaining exposure in the Western world. Websites, like Bmezine (www.bmezine.com), provide vivid images of extreme genital modifications, including total genital removal. Images of genetic males with a large variety of modifications to their secondary sexual characteristics abound on both the Internet and recently in print media as well. Until recently, such images were not widely available to citizens at large. The idea that these images, particularly on the Internet where access is not restricted, could influence health in a negative fashion has been raised before (e.g., Ribisl, 2003; Ribisl, Lee, Henriksen, & Haladjian, 2003; Wise & Kalyanam, 2000); however, rigorous testing of such hypotheses is difficult.

Approximately 30% of our respondents claimed that fantasizing about castration excited them sexually (ranked third in Table IV; see also Israel, 1998). For some of these individuals, their fantasies may be persistent and intense enough to be considered paraphilias. In the past, individuals with such extreme masochist ideations would most likely have kept their thoughts to themselves and rarely shared them with others. Indeed, because men with other paraphilias tend to de-emphasize them, our 30% response rate may be a low estimate. The Internet, however, allowed us to find and correspond with a fairly large number of people with these fantasies. It also allows them to find and correspond with each other.

Adult Internet discussion groups may breed communities of people who share deviant views and allow them to find instant validation for their obsessions. This point has already been made for apotemnophiliacs by Elliott (2000, 2003), pedophiles by Quayle and Taylor (2001), and zoophiles by Williams and Weinberg (2003). It is worth noting that three of the discussion groups, where we posted our survey, which focus specifically on castration (i.e., theneuteringnews, eunuchshaven, and menwithoutballs), all have over 1,000 members. Large communities such as these allow people who share similar paraphilias to correspond and reinforce each other's ideations, giving them a sense of communal acceptance, if not normalcy (see also Deirmenjian, 2002; McGrath & Casey, 2002); however we do not know whether such "cyber-support" leads to increased obsessions by individuals with such fetishes.

The fifth most common reason in our study for seeking castration was a desire to be more submissive to a partner (Table V). A quarter of our respondents selected that as a reason for castration. Fictional castration stories that devotees post on www.eunuch.org typically fit this masochist fetish model and a belief that castration produces extreme submissiveness. Endocrinology belies this fantasy. Castrated males have approximately the same androgen titers as females and one should not expect the castrated male to be any more (or less) submissive than the average female in any particular society. The thousands of males that are surgically or chemically castrated each year for the treatment of cancer do not stand out in our modern society as being exceptionally submissive. Furthermore, studies of eunuchs in history reveal that many were generals, chief advisors, powerful administrators; hardly meek, malleable, or obsequiously submissive in any obvious way (Scholz, 2001; Segal, 2001; Tsai, 1996, 2002).

Our survey identified a population of well-educated, adult men fascinated with the idea of being castrated and, in some cases, have evidently held such fascination for

decades. Assuming our respondents have been honest with us, many would voluntarily have orchiectomies if they felt that the procedure was simple, safe, and inexpensive.

The most common reasons that our respondents gave for wanting to be castrated are all in accord with the classic motivation of ascetics, that is, to ascend above carnal desires. Voluntary castration for this reason has been part of religious rituals for millennia (Money, 1988; Scholz, 2001; Taylor, 2000). Our data were consistent with the view that, for most individuals who desire castration, this passion was "not impulsive, but the result of long-standing conflicts, usually involving difficulties . . . to cope with sexual drives" (Sirota et al., 1994).

The interest in castration for a substantial number of our respondents, however, was of a fetishistic nature, reflecting fantasies of masochism and submissiveness that do not match the psychoendocrinological realities of androgen deprivation. Psychiatric research has documented enough cases of self-inflicted genital mutilation to indicate that this psychopathology is hardly new (e.g., Aboseif et al., 1993; Becker & Hartmann, 1997; Money, 1988; Sirota et al., 1994; Wise & Kalyanam, 2000).

Whether the fact that the Internet now allows men with such fetishes to correspond with each other is a good or bad thing cannot be resolved with the little information that we have. Internet support groups have been shown to reduce depression and perceived stress for women with breast cancer (Winzelberg et al., 2003). But how these communities affect individuals when their common shared feature is a paraphilia rather than an oncological illness is not known (see McGrath & Casey, 2002; Williams & Weinberg, 2003, for possibilities in this regard). On the one hand, it is possible that such keyboard camaraderie may inspire some men to act out their fantasies (Quayle & Taylor, 2001). On the other hand, these cyber associations may be safety valves that allow individuals with paraphilias, who could be dangerous to themselves or others, to displace the risk of real mutilating injury with the more benign symptoms of excess time at the computer terminal.

One of the more surprising discoveries from our survey was the large number of men who wanted to be castrated because they liked the look of a castrated male, that is, the appearance of the perineum with the scrotum removed. We believe this to be a rather new (postmodern) reason for seeking castration. The psychiatric literature that we have reviewed does not list this as a motivation for castration outside of transsexualism.

What accounts for this new motivation is unknown. We speculate that it is fueled by the growing popularity of body modification in general (i.e., piercing, tattooing, cosmetic surgery) and the fact that images of surgically modified genitalia are now easily accessed on the Internet and in some adult magazines.

Should any of the eunuch wannabes in our study wish to bring their fantasies to fruition, the Internet provides them with all the information they need. The reality is that one can now get detailed directions on how to perform and where to obtain orchiectomies directly from the web (see Wise & Kalyanam, 2000).

Several facts taken together present a disturbing picture. First, a substantial number of men with castration fixations (about 40%) are embarrassed to talk to their doctors about their obsession (Table III). This increases the likelihood that—should they decide to live out their fantasies—the procedure will be performed in a nonmedical setting. Some men, out of desperation, may go to street-cutters[6] or self-mutilate (e.g., Israel, 1998; Murphy, Murphy, & Grainger, 2001; Sirota et al., 1994). People who are not medically qualified offer their services via the Internet to eunuch wannabes for free or at costs below those of medically qualified personnel. Some of the would-be eunuchs end up in emergency rooms as a result of these illegal procedures (see Masson & Klein, 2002).

If trial runs with chemical castration were an option for more men with castration fixations, perhaps fewer would take matters into their own hands. Our survey revealed that at least 25% of our respondents would happily explore a short-term course of temporary chemical castration before having an orchiectomy. This would give them a chance to experience the effects of androgen deprivation without the irreversibility of surgery. Of course, this requires that the individual contemplating nonmedical castration via either self-surgery or street-cutters first discuss their desire for castration with their doctors and seek counseling. Physicians can help these patients by initiating discussions that explore, in a supportive and nonjudgmental fashion, the castration fantasies and medical options available to these men. As an adjuvant to counseling, our data suggest that many men with castration paraphilia would happily undertake chemical castration if the opportunity were provided them.

ACKNOWLEDGMENTS

"One2dizzo" helped us format our survey for efficient posting on the Internet. Laura Bennett, Michele Byers, Ross Gray, Andrew Harris, Josie Johnston, Clyde Olson, Jean Olson, Wendy Olson, Kerri Oseen, Steven

[6]The USA's most recognized street-cutter, Gelding, by 2000 may have castrated >50 men (see www.sfweekly.com/issues/2000-06-28/feature2.html/l/index.html). Details on his life can be found at www.geocities.com/WestHollywood/5686/castrate.html and www.bmezine.com/news/people/A10101/gelding.html.

Phelps, Lesley Roberts, Dolly Wadhwa, Karen Warkentin, and Stephen Workman all offered insightful discussion and comments on draft manuscripts. This research was supported in part by a Natural Sciences and Engineering Research grant to RJW.

APPENDIX

Question 1: What Is Your Castration Status?

1. I have been castrated for medical reasons and, except for the treatment that it provided for my medical condition, I regret the other changes it has made in my life.
2. I have been castrated for medical reasons but I don't find the changes it made in my life particularly surprising or regrettable.
3. I have been castrated for medical reasons and coincidentally found the changes it made in my life better than I expected.
4. I have been castrated as part of the sequence toward sexual reassignment and now regret having it done.
5. I have been castrated as part of the sequence toward sexual reassignment and the changes it has made in my life are neither surprising nor regrettable.
6. I have been castrated as part of the sequence toward sexual reassignment and coincidentally found the changes it made in my life better than I expected.
7. I was castrated to fulfill a sexual/emotional need (other than transitioning from male to female) and regret having it done.
8. I was castrated to fulfill a sexual/emotional need (other than transitioning from male to female) and find the changes it has made in my life not particularly exciting or regrettable.
9. I was castrated to fulfill a sexual/emotional need (other than transitioning from male to female) and find the changes it has made in my life better than I expected.
10. I plan to be castrated for medical/health reasons.
11. I never want to be truly castrated, but I fantasize about it.
12. I think I would submit to castration, if I could have a scene just like my fondest fantasy.
13. I would submit to castration only if my partner truly wanted me to be their eunuch.
14. I want to be a woman's (or man's, if gay) eunuch, but would consider castration only if my partner sincerely shared my lifestyle ideal.
15. I wouldn't hesitate to be castrated if an affordable and medically safe operation was available.
16. I want to be castrated so badly I'm willing to be castrated in a non-clinical environment by a non-MD.
17. None of the above statements closely approximate my situation or feelings. (If you choose this selection, please send a brief explanation with your response).

Question 2: Why Haven't You Been Castrated?

1. I would like a trial run with a reversible chemical castration first.
2. I fear knowledge of my castration could cause problems for me in the workplace.
3. I fear my wife/partner would disapprove of my decision to be castrated.
4. I fear family members, other than wife or partner, would disapprove of my decision to be castrated.
5. I have no partner and fear I'll damage my chances of finding one, if I become a eunuch.
6. A medically safe castration is too expensive for my budget.
7. I'm embarrassed to talk to my physician or urologist about this.
8. I fear an operation by a street-cutter would be dangerous.
9. I would only want to be castrated in a BDSM scene of my liking, not in a sterile, serious clinical environment.
10. If castration was as cheap, safe, and painless as a flu shot, I'd be much more likely to get it done.
11. I am concerned about long-term side effects other than loss of libido.
12. Other. (If you choose this selection, please send a brief explanation with your response.)

Question 3: Why Do You Want to Be Castrated?

1. For treatment or prevention of a medical condition (i.e., prostate cancer, testicular cancer, or any medical consideration).
2. Foolproof birth control.
3. A sense of control over one's sexual urges and/or sexual appetite.
4. A feeling of calm, often called the eunuch calm.
5. Partner's sex drive is much lower, castration of husband would make for more harmonious marriage.

6. Perception that relationship with partner would become more intimate if man were castrated.
7. As a symbol and token of total trust in his partner. Giving partner control over HRT is important.
8. Feeling a deep desire to be submissive to partner.
9. Feeling a deep desire to become submissive to women in general.
10. Male guilt. The perception that women in general have suffered historically at the hands of male-dominated culture.
11. Specific personal guilt. Something that individual has done that warrants castration as a means of atonement.
12. Guilt over one's sexuality in general. Feeling that all sexual thoughts and desires are wrong.
13. Castration for religious reasons.
14. A desire to become free of the power women hold over me through sexual attraction.
15. Avoidance of military service.
16. Avoidance of male responsibilities or pressure to be macho.
17. Increased chance of receiving unconditional love, like a pet or baby.
18. A reaction to feelings of sexual inadequacy (perceived or real)—needing to feel accepted as less than a man.
19. Cosmetic effect. Just like the look.
20. As a transitional stage in sexual reassignment surgery.
21. Retaining youthful soprano singing voice (castrati).
22. The excitement of the castration scene itself.
23. The physical pain of castration.
24. Other. (If you list "Other" among your selections, please include a brief description in your reply.)

REFERENCES

Aboseif, S., Gomez, R., & McAninch, J. W. (1993). Genital self-mutilation. *Journal of Urology*, *150,* 1143–1146.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Rev.). Washington, DC: American Psychiatric Association.

Anonymous. (2003, May 5). *Castration procedure not used on sex offenders*. Retrieved June 20, 2003, from http://www.click2houston.com

Arthur, L. (2002, June 3). *Imprisoned molester: Castration helped me*. Retrieved June 20, 2003, from The Miami Herald Web site: www.miami.com/mld/miamiherald

Ayalon, D. (1999). *Eunuchs, caliphs, and sultans: A study of power relationships*. Jerusalem, Israel: Magnes Press.

Bain, J. (2001). Andropause: Testosterone replacement therapy for aging men. *Canadian Family Physician*, *47,* 91–97.

Baro Diaz, M. (2002, June 6). *Florida judge denies request for castration*. Retrieved June 20, 2003, from The Salt Lake Tribune Web site: www.sltrib.com

Becker, H., & Hartmann, U. (1997). Genital self-injury and behavior: Phenomenologic and differential diagnosis considerations from the psychiatric viewpoint. *Fortschritte der Neurologie-Psychiatrie*, *65,* 71–78.

Blanchard, R. (1993). The she-male phenomenon and the concept of partial autogynephilia. *Journal of Sex and Marital Therapy*, *19,* 69–76.

Cheney, V., & Peterson, A. (1997). *The advantages of castration*. Millburn, NJ: American Focus.

Cherrier, M. M., Rose, A. L., & Higano, C. (2003). The effects of androgen blockade on cognitive function in prostate cancer patients during the first cycle of intermittent androgen suppression. *Journal of Urology*, *170,* 1808–1811.

Deirmenjian, J. M. (2002). Pedophilia on the Internet. *Journal of Forensic Science*, *47,* 1090–1092.

Elliott, C. (2000). A new way to be mad. *Atlantic Monthly*, *286,* 72–84.

Elliott, C. (2003). *Costing an arm and a leg*. Retrieved June 10, 2003, from Slate.msn.com

Gawande, A. (1997, July 13). *The unkindest cut*. Retrieved June 20, 2003, from Slate.msn.com

Higano, C. S. (2003). Side effects of androgen deprivation therapy: Monitoring and minimizing toxicity. *Urology*, *61,* 32–38.

Huang, M. P., & Alessi, N. E. (1996). The Internet and the future of psychiatry. *American Journal of Psychiatry*, *153,* 861–869.

Israel, G. E. (1998). *Castration in non-transsexual males*. Retrieved June 20, 2003, from www.firelily.com

Johnston, J., & Elliott, C. (2002). Healthy limb amputation: Ethical and legal aspects. *Clinical Medicine*, *2,* 431–435.

Lipsitz, J. D., Fyer, A. J., Paterniti, A., & Klein, D. F. (2001). Emetophobia: Preliminary results of an Internet survey. *Depression and Anxiety*, *14,* 149–152.

Marosi, R. (2001, March 2). *Some sex offenders seeking castration in bid for freedom*. Retrieved June 20, 2003, from The Los Angeles Times Web site: www.transgender.freeserve.co.uk

Masson, J., & Klein, A. (2002, June 12). *Police shocked by a castration gone awry*. Retrieved June 25, 2003, from the Detroit Free Press Web site: www.freep.com

Marmon, S. (1995). *Eunuchs and sacred boundaries in Islamic society*. New York: Oxford University Press.

Martin, T., & Gattaz, W. F. (1991). Psychiatric aspects of male genital self-mutilation. *Psychopathology*, *24,* 170–178.

McGrath, M. G., & Casey, E. (2002). Forensic psychiatry and the Internet: Practical perspectives on sexual predators and obsessional harassers in cyberspace. *Journal of American Academy Psychiatry Law*, *30,* 81–94.

Michel, A., & Mormont, C. (2002). Was Snow White a transsexual? *Encephale*, *28,* 59–64.

Moczynski, K. (2003, May 9). Sexual offender volunteers for chemical castration. *The Daytona Beach News Journal*. Retrieved June 20, 2003, from www.news-journalonline.com

Money, J. (1980). Genital self-surgery. *Journal of Urology*, *124,* 210.

Money, J. (1988). The Skoptic syndrome: Castration and genital self-mutilation as an example of sexual body-image pathology. *Journal of Psychology and Human Sexuality*, *1,* 113–128.

Murphy, P., Murphy, D., & Grainger, R. (2001). Self-castration. *Irish Journal of Medical Science*, *170,* 195.

Mustanski, B. S. (2001). Getting wired: Exploiting the Internet for the collection of valid sexuality data. *Journal of Sex Research*, *38,* 292–302.

Quayle, E., & Taylor, M. (2001). Child seduction and self-representation on the Internet. *Cyberpsychology Behavior*, *4,* 597–608.

Ribisl, K. M. (2003). The potential of the Internet as a medium to encourage and discourage youth tobacco use. *Tobacco Control*, *12,* 148–159.

Ribisl, K. M., Lee, R. E., Henriksen, L., & Haladjian, H. H. (2003). A content analysis of Web sites promoting smoking culture and lifestyle. *Health Education and Behavior*, *30,* 64–78.

Ringrose, K. (2003). *The perfect servant: Eunuchs and the social construction of gender in Byzantium*. Chicago: University of Chicago Press.

Scholz, P. (2001). *Eunuchs and castrati: A cultural history*. Princeton, NJ: Markus Wieder.

Segal, R. (2001). *Islam's Black slaves*. New York: Farrar, Straus and Giroux.

Siegel, D. M., Aten, M. J., & Roghmann, K. J. (1998). Self-reported honesty among middle and high school students responding to a sexual behavior questionnaire. *Journal of Adolescent Health*, *23,* 20–28.

Sirota, P., Megged, S., Stein, D., & Benatov, R. (1994). Self-castration. *Harefuah*, *126,* 186–188, 240, 239.

Smith, M. R. (2002). Osteoporosis and other adverse body composition changes during androgen deprivation therapy for prostate cancer. *Cancer Metastasis Review*, *21,* 159–166.

Smith, M. R., Finkelstein, J. S., McGovern, F. H., Zietman, A. L., Fallon, M. A., Schoenfield, D. A., et al. (2002). Changes in body composition during androgen deprivation therapy for prostate cancer. *Journal of Clinical Endocrinology and Metabolism*, *87,* 599–603.

Spalding, L. H. (1998). Florida's 1997 chemical castration law: A return to the dark ages. *Florida State University Law Review*, *25,* 117–139.

Taylor, G. (2000). *Castration: An abbreviated history of Western manhood*. New York: Routledge.

Tougher, S. (Ed.). (2002). *Eunuchs in antiquity and beyond*. London: The Classical Press of Wales.

Tsai, S. H. (1996). *The eunuchs of the Ming dynasty*. Albany: State University of New York Press.

Tsai, S. H. (2002). Eunuch power in imperial China. In S. Tougher (Ed.), *Eunuchs in antiquity and beyond* (pp. 221–233). Swansea, Wales: Classic Press of Wales.

Williams, C. J., & Weinberg, M. S. (2003). Zoophilia in men: A study of sexual interest in animals. *Archives of Sexual Behavior*, *32,* 523–535.

Winzelberg, A. J., Classen, C., Alpers, G. W., Roberts, H., Koopman, C., Adams, R. E., et al. (2003). Evaluation of an Internet support group for women with primary breast cancer. *Cancer*, *97,* 1164–1173.

Wise, T. N., & Kalyanam, R. C. (2000). Amputee fetishism and genital mutilation: Case report and literature review. *Journal of Sex and Marital Therapy*, *26,* 339–344.