

## Case Report

# Eviration in a Psychiatric Setting: An Unusual Case Report

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## Abstract

*This paper describes a case of eviration by a second person. A 53-year-old man persuaded an acquaintance to evirate him for money. Forensic psychiatric assessments of the two subjects were carried out. Both men suffered from psychiatric disorders: the first from a delusional disorder of somatic type, histrionic personality disorder and slight mental retardation associated with diabetes (subject 1), and the second – the active subject – from alcohol abuse in remission associated with borderline personality disorder and slight mental retardation (subject 2). The case offers many opportunities for reflection from a clinical and forensic point of view (German J Psychiatry 2010; 13: 45-48).*

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## Introduction

Self-amputation of genitals, generally by psychotic patients, has frequently been described (Agoub and Battas, 2000; Bhatia and Arora 2001; Duggal et al., 2002; Eke, 2000; Galassi et al., 1989; Gossler et al., 2002; Grohmann et al., 1982; Keil et al., 1994; Linn, 2001; Myers and Nguyen, 2001; Novak-Grubic, 2002; Ristic et al., 2008; Schmal, 1990; Tomita et al., 1984; Yang and Bullard, 1993) and can be considered a form of self-mutilation (Evren et al., 2006). Self-punishment, tension reduction, improvement in mood and distraction from intolerable affects are reported as motivation of self-mutilator acting (Evren et al., 2006).

Amputation of genitals by a second person is a rare event (Hirschfeld and Spinner, 1930; Katsumata et al., 1984; Wagner, 1957; Wirth et al., 2008) compared with self-eviration, and may be associated with cultural and religious motifs (Eke and Nkanginieme, 1999), rituals (Pounder, 1983), personal (Hirschfeld and Spinner, 1930) or pathological reasons (Pfäff-

lin, 2008). Mutilation of genitals for cultural-religious reasons is undergone by women, victims of “female circumcision” (Eke and Nkanginieme, 1999). Ritualistic mutilation of genitals is practised in some groups of Australian aborigines, for the purpose of obtaining blood to be drunk by the sick man in question, in the belief that it will cure him (Pounder, 1983). When the reasons are personal, the active subject is often a woman, and the aim is usually revenge. The objectives of the gesture are to reduce the sexual possibilities of the partner, by disfigurement or physical hindrance, for further sexual activity (Hirschfeld and Spinner, 1930). Cases of post-mortem amputation of genitals by homosexual partners have also been described (Wagner, 1957; Strauch and Wirth, 2005). Pathological reasons can include not only the fulfilment of fantasies of the perpetrator but also of the victim as happened in Germany in 2002 (Pfäfflin, 2008). In that case the perpetrator severed the victim’s penis before killing, slaughtering and eating him (Beier, 2009); the victim had sexually arousing fantasies of being slaughtered by a male (including cutting off the penis) and the wish to experience this while still alive, the perpetrator had a “severe

paraphilia – a special kind of fetish preference for male flesh” (Beier, 2009).

The authors present a case of eviration by a second person which, due to the psychiatric characteristics of both subjects and the dynamics of the event, is unique in the literature.

## Case Report

A 53-year-old man (subject 1) repeatedly asked a male acquaintance (subject 2) to evirate him. He was convinced that, once this had been successfully carried out, the action could be reversed (transplant of a new penis after amputation). The initial and prolonged resistance of subject 2 was finally overcome by the offer of money.

Eviration was accomplished by means of a kitchen knife and a cutting-board, and the penis of subject 1 was cut off 1 cm from its base. One hour previously, subject 1 had drunk a large quantity of alcohol and had then called his associate who, after tying the hands of subject 1 and carrying out the “operation”, took the sum agreed upon, untied the hands of subject 1 and left.

Immediately after this, subject 1 called another acquaintance, who alerted the emergency services. Transported urgently to the urology department, he was immediately subjected to surgery. In spite of the technical difficulties involved in the operation and those due to the basic pathological picture (diabetes), the man’s penis was successfully re-attached, although problems due to vascularisation of the terminal portion were apparent right from the beginning. Vascular problems led to peripheral necrosis, which later required partial amputation of the gland. The patient is now able to urinate adequately and has recovered erectile function.

Subject 2 – *the active subject* (acquaintance) - was arrested a few hours after the event.

Psychiatric assessment of the two subjects was carried out for clinical and forensic purposes by means of medical documentation analysis, psychiatric interview and psychological testing (WAIS-R and Rorschach Test administration).

Subjects 1 suffered from a delusional disorder of somatic type, histrionic personality disorder and slight mental retardation associated with diabetes and cleft palate; subject 2 suffered from alcohol abuse in remission associated with borderline personality disorder and slight mental retardation (APA, 2000).

Forensic psychiatric assessment concluded, according to Italian legislation, for a diminished capacity of subject 2.

## Discussion

The circumstances of the case described here are unlike any other amputation induced by another person appearing in the literature. Although the act was materially carried out by

a second person, the psychiatric characteristics of the evirated subject, and the dynamics of the actions set in train, combined to produce a form of hetero-induced self-mutilation.

Castration ideations fall under several categories of the Diagnostic and Statistical Manual of Mental Disorders (Roberts et al., 2008), like Gender Identity Disorder or Body Identity Integrity Disorder. The act of self mutilation is related, according to most authors, to some kind of psychiatric disorder. There are descriptions of chronic paranoid schizophrenia (Waugh, 1986) and a form of schizophrenia characterized by hallucinatory orders (Koops and Puschel, 1990; Hall et al., 1981). There are also alcohol- and drug-correlated cases among the other forms of psychosis associated with self-mutilation (Chen, 1991; Mora and Drach, 1980). Psychiatric conditions not indicating a clearly defined nosographic picture include characteristic personality traits, such as a sense of guilt associated with aberrant sexual behaviour, and conflicts in altered bodily image in transsexuals (Shimizu and Mizuta, 1995). In this context, the frequent association with depressive traits defines the gesture leading to suicide or attempted suicide. Diagnosis of suicide in cases of mutilation of the genitals is mainly based on the absence of elements indicating homicide at crime scene investigation and at external-internal examination of the body. In particular the absence of the penis and the instruments near the body and the diffuse presence of bloodstains all around suggest a homicide. The same hypothesis is confirmed by the evidence of lesions other than eviration caused by the instrument(s) used (knife wounds, bites, etc.). Suicide is frequently associated to signs of previous attempts (e.g., superficial wrist cut) and to other means of suicidal action.

The absence of psychiatric disorders is reported by only a few authors (e.g., Shimizu and Mizuta, 1995).

In the case described here, the authors believe that the match between demand (request for eviration) and supply (eviration) was possible only thanks to the complementary nature of the specific kind of psychiatric disorder of the two subjects in question.

Subject 1 was affected by a delusional disorder of somatic type. His fixed false belief that his penis could be substituted (non-bizarre delusion) due to lack of erection due to diabetes (delusions that he had a physical defect) motivated him to ask for help in amputation. At this point, his histrionic personality disorder played an important role in convincing subject 2. The development of subject 1’s personality was severely influenced by the repeated surgical operations required to correct cleft palate. During early adulthood, the mental suffering caused by the conviction that he was different from other people of his own age led him to socialize only through theatricality, exaggerated expression of emotion, and seductive behaviour, with the aim of drawing attention to himself. The only way he knew of interacting with other people was used to convince subject 2. The capacity for manipulation, typical of cluster B personality disorders, clearly emerged in his relations with subject 2, characterized by boasts of asserted relationships with women, his obviously false self-confidence and his persistence in attempting to convince subject 2.

The psychopathological and personality traits of subject 2 overlapped and were in some ways complementary to those of subject 1. Subject 2, affected by borderline personality disorder, was fascinated by the manipulative capacity of subject 1 in a way that led to an intense relationship characterized by idealization. Subject 1, unable to manifest his own aggressiveness, was "helped" by subject 2, who had already expressed aggressiveness, mainly self-induced (previous attempts at suicide).

The overlapping and complementary nature of these psychopathological and personality pictures meant that, in causing the event, factors such as payment and the conviction on the part of subject 1 that the mutilation could be reversed - two factors which would not have been important in healthy subjects - became determinant. The evaluation of psychopathological pictures of both subjects was fundamental in the estimation of diminished capacity of subject 2.

No form of alcohol-induced psychosis was involved in the planning of the eviration. Subject 1 drank heavily just before the event because he was afraid of pain.

The case described by the Authors is very different from other cases reported in the literature and in particular from the eviration, preceding the homicide, perpetrated in Germany in 2002 (Beier, 2008). In that case motives were related to a sort of "paraphilic interaction" (Beier, 2008) between the victim and the perpetrator. The request of amputation of the victim was related to the desire to have his penis removed, "to suffer and bear pain (an extreme case of masochism) and the idea of castration was a part of the fantasy of being devoured by the person". The perpetrator, on the other hand, had a special kind of fetish preference for male flesh.

In conclusion, this case shows how conflicts which are not resolved during adolescence may lead to uncertainties regarding the body, resulting in a permanently psychopathological framework. The pathological psychiatric states of both subjects gave rise to an event which took place in a context of social isolation, often found associated with psychiatric disorders. In this case, the urological and psychiatric consequences of genital mutilation were limited, thanks to immediate and efficient surgery and to proper psychiatric follow-up. The case finally points out the importance in forensic psychiatric assessment of the evaluation of the relation aggressor - victim.

## References

- Agoub M, Battas O. Male genital self-mutilation in patients with schizophrenia. *Can J Psychiatry* 2000; 45(7):670.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* 2000.
- Beier KM. Comment on Pfäfflin (2008) "Good enough to Eat". *Arch Sex Behav* 2009; 38:164-165.
- Bhatia MS, Arora S. Penile self-mutilation. *Br J Psychiatry* 2001; 178(1):86-87.
- Chen E. Drug-induced koro in a non-Chinese man. *Br J Psychiatry* 1991;158:721.
- Duggal HS, Jagadheesan K, Nizamie SH. Acute onset of schizophrenia following auto-castration. *Can J Psychiatry* 2002; 47(3):283-284.
- Eke N. Genital self-mutilation: there is no method in this madness. *BJU Int* 2000; 85:295-298.
- Eke N, Nkanginieme K. Female genital mutilation: a global bug that should not cross the Millennium Bridge. *World J Surg* 1999; 23(10):1082-1087.
- Evren C, Kural S, Cakmak D. Clinical correlates of Self-Mutilation in Turkish Male substance-Dependent Inpatients. *Psychopathology* 2006; 39:248-254.
- Galassi F, Bellini M, Cabras PL, La Malfa GP. Nosographic and psychodynamic problems of autoeviration. Presentation of 5 cases. *Minerva Psichiatr* 1989; 30(2):105-112.
- Gossler R, Vesely C, Friedrich MH. Auto-castration of a young schizophrenic man. *Psychiatr Prax* 2002; 29(4):214-217.
- Grohmann W, Stachler G, Brieger-Wagner M, Bender W. Selbstkastration - Zwei Fälle unter Berücksichtigung vergleichbarer Fallbeschreibungen in der Literatur. *Fortschr Med* 1982;100:1823-1826.
- Hall DC, Lawson BZ, Wilson LG. Command Hallucinations and self-amputation of the penis and hand during a first psychotic break. *J Clin Psychiatry* 1981; 42(8):322-324.
- Hirschfeld M, Spinner JR. *Geschlecht und Verbrechen*. Leipzig: Spinner; 1930.
- Katsumata Y, Ito H, Sato K, Sato M, Yada S. A case of strangulation with postmortem amputation of the penis. *J Forensic Sci* 1984; 29:934-937.
- Keil W, Betz P, Pennig R. Selbstkastration im Rahmen eines Suizides. *Arch Kriminol* 1994; 194:8-14.
- Koops E, Puschel K. Selbstverstümmelung und Autophagie. *Arch Kriminol* 1990; 186:29-36.
- Linn L. Auto-castration and psychosis. *Psychiatr Serv* 2001; 52(9):1258.
- Mora W, Drach GW. Self-emasculatation and self castration: immediate surgical management and ultimate psychological adjustment. *J Urol* 1980; 124:208-209.
- Myers WC, Nguyen M. Auto-castration as a presenting sign of incipient schizophrenia. *Psychiatr Serv* 2001; 52(5):685-686.
- Novak-Grubic V. Auto-castration and schizophrenia. *Psychiatr Serv* 2002; 53(4):485-486.
- Pfäfflin F. Good enough to eat. *Arch Sex Behav*. 2008; 37(2):286-293.
- Pounder DJ. Subincision of the penis among Australian Aborigines. *Am J Forensic Med Pathol* 1983; 4: 227-229.
- Ristic DI, Petrovic D, Ciric Z. Penile self-mutilation - two cases in one family. *Psychiatr Danub* 2008; 20(3):332-336.
- Roberts LF, Brett MA, Johnson TW, Wassersug RJ. A passion for castration: characterizing men who are fascinated with castration, but have not been castrated. *J Sex Med* 2008; 5(7):1669-1680.
- Schmal D. Auto-castration by a schizophrenic patient. *Psychiatr Neurol Med Psychol* 1990; 42(11):704-705.

- Shimizu A, Mizuta I. Male genital self-mutilation: a case report. *Br J Med Psychol* 1995; 68(Pt 2):187-189.
- Strauch H, Wirth I. Homicides with postmortal emasculation of the victim. *Arch Kriminol* 2005; 215(5-6):140-150.
- Tomita M, Uchijima Y, Okada K, Yamaguchi N. A report of self-amputation of the penis with subsequent complication of myiasis. *Hinyokika Kyo* 1984; 30(9):1293-1296.
- Wagner ML. Homosexueller Mörder schneidet seinen Opfern das Geschlechtsteil ab. *Arch. Kriminol* 1957; 119:40-42.
- Waugh AC. Autocastration and biblical delusion in schizophrenia. *Br J Psychiatry* 1986; 149:656-658.
- Wirth I, Schmeling A, Hartwig S. Cannibalistically intended homicide following a media report. *Arch Kriminol*. 2008; 222(1-2):52-63.
- Yang JG, Bullard MJ. Failed suicide or successful male genital self-amputation? *Am J Psychiatry* 1993; 150(2):350-351.