

**Learning**

intimacy

**Orgasm**

Orgasm

# Masturbation

as a Means of Achieving

# Sexual Health

**Pleasure**

Autonomy

Exploration

**POWER**

Walter O. Bockting, PhD  
Eli Coleman, PhD  
Editors

# **Masturbation as a Means of Achieving Sexual Health**

*Masturbation as a Means of Achieving Sexual Health* has been co-published simultaneously as *Journal of Psychology & Human Sexuality*, Volume 14, Numbers 2/3 2002.

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current editor of the *Journal of Psychology in Human Sexuality* and the *International Journal of Transgenderism*. He is one of the past presidents of the Society for the Scientific Study of Sexuality, the current past president of the World Association for Sexology, and the current President of the Harry Benjamin International Gender Dysphoria Association. He has been the recipient of numerous awards, including the Surgeon General's Exemplary Service Award for outstanding support of the United States Surgeon General as a contributing Senior Scientist on the "Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior." He has also received the Richard J. Cross Award for Sexuality Education from the Robert Wood Johnson Medical School. Dr. Coleman was given the Distinguished Scientific Achievement Award from the Society for the Scientific Study of Sexuality in 2001 and the Alfred E. Kinsey Award for outstanding contributions to the field of sexology by the Midcontinent Region of the Society for the Scientific Study of Sexuality in 2002.

# Introduction

Walter O. Bockting

Masturbation remains taboo, and this is not without consequences for the promotion of sexual health. When I was involved in establishing partnerships with community organizations targeting low-income African American women for HIV/STD prevention, a collaborative relationship was canceled specifically because we were planning to address masturbation and homosexuality in the intervention curriculum. I was not surprised about the controversial nature of homosexuality; after all, this topic continues to be contentious in many segments of society. However, perhaps in part because of my background as a native from The Netherlands, a country known for sexual tolerance and freedom, I was astounded to discover that discussing masturbation as part of promoting safer sex was deemed inappropriate. Moreover, while homosexuality has been studied extensively in the field of sexual science, masturbation has received remarkably little attention in sex research.

A few years later, when I was looking for a theme for the 1999 annual conference of the Midcontinent Region of the Society for the Scientific Study of Sexuality, Eli Coleman—co-editor of this volume—suggested the topic of masturbation. He had attempted to publish a special issue of the *Journal of Psychology & Human Sexuality* on this topic before but without success due to an insufficient number of submissions. Indeed, in her commentary on masturbation, Tiefer (1998) noted that masturbation was the most sensitive topic in the U.S. National Health and Social Life Survey, making both respondents and interviewers the most uncomfortable (Laumann, Gagnon, Michael, & Michaels, 1994). Tiefer

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went on to argue that masturbation must be appreciated as a complex sexological issue, in need of research examining what masturbation means to different people at different points in their lives (Tiefer, 1998, p. 10). A scientific conference on masturbation would acknowledge masturbation as a key component of sexual health. It was our hope that such a conference would allow us to assess and share current knowledge on masturbation, stimulate research, and lead to the publication of selected papers that would make valuable contributions to the field.

Hosted by Richard Keeling at the University of Wisconsin in Madison, the conference brought together scientists from around the United States to discuss the study of masturbation. Focus of the presentations ranged from the role of masturbation in sexual development, its impact on relationships and spirituality, treatment of compulsive masturbation, and masturbation as a means to self-actualization, to the role of scientific knowledge about masturbation in public policy. Over the course of the three days of this conference, we learned that while masturbation is central to our understanding of human sexuality, science is very much in its infancy in developing a comprehensive research agenda into the subject. Few studies to date have gone beyond asking the basic questions of do you masturbate, if yes how often, and to what extent do you experience guilt. Meeting with colleagues from around the nation provided us with a forum where we could formulate the important questions to be asked about this significant yet neglected topic in sex research.

It should come as no surprise then that—even after this conference—compiling a publication to provide a broad discussion of research into masturbation proved challenging. We invited everyone who presented at the conference to submit a manuscript. In addition, we invited several other scientists in the field to contribute. The papers initially submitted, however, did not provide a sufficiently comprehensive discussion of the topic of masturbation. Just when we had decided to cancel the publication for this reason, additional research came to our attention resulting in new submissions able to round out and complete the issue. I thank Eli Coleman for his belief in this project, and Jakub Jedynak and Priscilla Palm for their assistance.

Eli Coleman introduces this volume with the synthesis he provided at the conclusion of the conference on Masturbation. He leads with his thesis that masturbation is a critical component in the development of sexual health, explores the power of masturbation (both positively and negatively), and outlines a number of viable ideas for future research.

Vern L. Bullough offers a historical overview of attitudes toward masturbation in a number of different cultures. Like most non-procreative sex, masturbation was long seen as sinful or pathological; it was not until the 20th century's new discoveries about sexually transmitted diseases that masturbation could be studied more objectively. Bullough argues that understanding attitudes toward masturbation is key to understanding societal attitudes toward human sexuality in general.

The two articles that follow report on empirical findings of changes in masturbatory behavior in the 20th century in Northern Europe. Shifts over time include earlier age of masturbation for especially women, and an increased recognition of masturbation as a source of sexual pleasure irrespective of other sexual activity or relationship status.

Bean E. Robinson and colleagues report on the relationship between masturbation and HIV risk as predicted by the Sexual Health Model among a sample of African American women. Contrary to expectations, results showed that participants who masturbate were more likely to have multiple partners, be in a nonmonogamous relationship, and engage in high-risk sexual behaviors. Next, Steven D. Pinkerton and colleagues report similar findings among a sample of college women: those who first masturbated at a younger age were at higher risk for HIV. In addition, a trend was found toward higher HIV risk for women who reported more frequent current masturbation. Both Robinson and Pinkerton conclude that among women, frequency of masturbation may be a good indicator of overall sexual interest. Greater sexual interest then can be expected to translate into more, but not necessarily safer, sexual behavior.

Finally, Brian D. Zamboni and Isiaah Crawford examine the relationship between masturbation and sexual fantasy, sexual desire, and dyadic sexual activity. Their findings confirm the impression of Robinson and Pinkerton that masturbation may be an indicator of overall sexual desire. Zamboni found that masturbatory desire and frequency have close relationships with sexual thoughts, fantasies, and dyadic sexual desire. They developed a model that suggests that (1) sexual thoughts and fantasies lead to masturbatory desire, which in turn leads to masturbation; (2) sexual fantasy influences dyadic sexual desire, which in turn influences dyadic sexual activity; and (3) masturbatory activity appears to influence dyadic sexual desire, which in turn influences dyadic sexual activity. This model supports the notion that masturbation may be useful in treating individuals with low sexual desire, a notion widely accepted among sex therapists but rarely tested empirically.

Because of the current scarcity of research on masturbation, this volume provides an important service as it offers examples and ideas for legitimate scientific inquiry into masturbation and sexual health. Tiefer's (1998) call still stands: sexology could benefit from a thorough exploration of the various meanings and contexts of masturbation with the promise of providing greater insight into all aspects of human sexuality. I hope that sexual scientists will step up their research on masturbation, a practice after all familiar to so many of us.

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# Masturbation as a Means of Achieving Sexual Health

Eli Coleman, PhD

**ABSTRACT.** Research on masturbation has indicated that, contrary to traditional beliefs, masturbation has been found to be a common sexual behavior and linked to indicators of sexual health. While there are no general indicators of ill health associated with masturbation, it can be powerfully negative or positive for many individuals. As an example, it is widely used in sex therapy as a means of improving the sexual health of the individual and/or relationship. Promoting masturbation as a means of a public health strategy for sexual health is highly controversial; however, there are arguments and evidence that suggest that this may be an important part of any public health approach to improving sexual health. There is a need for more research on the impact of masturbation on self-esteem, body image, sexual functioning and sexual satisfaction and methods for using masturbation to promote sexual health. There is also a need for more of a theoretical approach to the formation of hypotheses to be tested. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]

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**KEYWORDS.** Masturbation, sexual health, sexual fantasies, sexual behavior

Over a half a century ago, Kinsey and his associates stunned the world with their research that indicated that masturbation was a common sexual activity and was apparently non-pathological. Ninety-two percent of the men in their sample reported having masturbated (Kinsey, Pomeroy & Martin, 1948). Their groundbreaking research began a series of studies which have continued to debunk many beliefs that were previously held by science and influenced cultural attitudes and practices. In a more recent survey of sexual behavior of individuals in the United States, 62% of men and 42% of the women reported that they had masturbated in the preceding year (Laumann, Gagnon, Michael, & Michaels, 1994). Today, it is now well recognized within science that the perceived ill-health effects of masturbation are mostly based upon ancient religious orthodoxy and mythology (Leitenberg, Greenwlad & Tarran, 1989; Money, Prakasam & Joshi, 1991).

In fact, research has indicated that masturbation begins early and seems to be an important part of healthy sexual development (Langfeldt, 1981). It is often a marker of sexual development (Bancroft, Herbenick, D., & Reynolds, 2002). Many learn about their bodies and sexual responsiveness with masturbation through adolescence and young adulthood (Atwood & Gagnon, 1987). Masturbation also continues throughout the life span. For example, many adults continue to masturbate even though they are married and have ready access to sexual intercourse (Laumann et al., 1994). It is also a safe alternative when there is a risk of a sexually transmitted infection, including HIV. Masturbation can also help older people who do not have an available partner to maintain sexual functioning and expression (Leiblum & Bachmann, 1988).

Masturbation has also been linked to orgasmic capacity, healthy sexual functioning and sexual satisfaction in relationships. For example, Kinsey found that women who had not experienced orgasm before marriage were much less likely to be orgasmic with their partners in marriage (Kinsey, Pomeroy, Martin & Gephard, 1953). Other research has found that married women who masturbated to orgasm had greater marital and sexual satisfaction than women who did not masturbate (Hurlburt & Whittaker, 1991). Among women, positive attitudes about sexuality and orgasmic capacity have been positively correlated to masturbation (Kelly, Strassberg & Kircher, 1990).

Masturbation has also been found to be a means of increasing comfort with one's body and self-esteem (Dodson, 1987). Comfort with one's body is essential to decrease anxiety in interpersonal sexual contexts, improve comfort with being sexual and increase sexual satisfaction (Barbach, 1976). Masturbation improves sexual satisfaction between partners during sexual activity together. It also relieves pressure for partners to be sexual only together. It provides a sexual outlet for individuals when their partners are disinterested in sex or are unavailable.

Consequently, sexual therapists have used masturbation as some of the first steps in treating sexual dysfunctions with success (LoPiccolo & Lobitz, 1972). The assumption has been that increasing self-knowledge about one's own sexual response is critical to teaching one's partner how to give pleasure to them. Masturbation has been a proven technique as part of treatment of sexual dysfunctions (Heiman, LoPiccolo, & LoPiccolo, 1976; Heiman & LoPiccolo, 1988; Zilbergeld, 1992; Leiblum & Rosen, 1989).

### *Limits to the Positive Aspects of Masturbation*

While masturbation has been shown to be a healthy form of sexual expression and a means of improving sexual satisfaction and treating sexual dysfunctions, most of the ill effects of masturbation come from the guilt associated with the behavior and not the behavior itself. It can also cause problems because of the misunderstanding of the meaning of masturbation in interpersonal relationships (Hunt, 1974; Michael et al., 1994).

Masturbation can be associated with pathology as in the case of paraphilias and compulsive sexual behaviors. However, these are relatively rare sexual pathologies (Coleman, 1992). Any healthy sexual behavior can be taken to its obsessive and compulsive extreme and cause difficulty for the individual and/or interfere in interpersonal relationships (Money, 1986).

## ***MASTURBATION REMAINS STIGMATIZED***

Despite the scientific evidence indicating that masturbation is generally a normal variant of sexual expression and that it does not seem to have a causal relationship with sexual pathology, negative attitudes about masturbation persist and it remains stigmatized. While some religions are taking a more neutral stance, many religions of the world con-