

# MASTURBATION

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## MASTURBATION

**Primary Disciplinary Field(s):** Psychology, Sexology, Medicine, Cultural Studies

### 1. Core Definition and Mechanisms

Masturbation is fundamentally defined as the act of self-stimulation of one's own erogenous zones, typically the genital organs--the penis or the clitoris--for the explicit purpose of achieving sexual pleasure or arousal, often culminating in orgasm. The primary characteristic distinguishing masturbation from partnered sexual activity is its self-directed nature, which definitively removes the requirement for another individual's participation. This practice utilizes physical manipulation, friction, or pressure applied by the hands or other non-penetrative means, potentially including the use of various sex toys or mechanical aids, to induce the desired physiological and psychological response. The experience serves as a crucial mechanism for sexual self-discovery and the achievement of sexual release, providing a reliable and autonomous method for managing sexual tension and exploring personal sexual preferences, thereby asserting **sexual agency** and control over one's own body.

The mechanism of masturbation relies heavily on the intricate interplay between sensory input and central nervous system processing. The physical manipulation triggers neural pathways that initiate the body's sexual response cycle, leading rapidly to vasocongestion (increased blood flow causing swelling, notably in the erectile tissues) and myotonia (increased muscle tension throughout the body). The psychological definition of masturbation often encompasses the cognitive component that invariably accompanies the physical act; while the physical manipulation is central, the activity is frequently coupled with intense sexual fantasy, erotic contemplation, or, as observed in clinical settings, the consumption or observation of sexually explicit material. These cognitive elements significantly enhance the arousal response, facilitating the physiological processes necessary for climax. Successful self-stimulation culminates in the involuntary contractions of orgasm, followed by a necessary period of resolution characterized by deep physical relaxation and the post-orgasmic release of neurohormones such as oxytocin and prolactin, which promote bonding and satiety, respectively.

### 2. Etymology and Historical Context

The term **masturbation** derives from the Latin *manus* (hand) and *turbare* (to disturb, agitate, or arouse), suggesting a disturbance or self-arousal caused by the hand, though the precise etymological origin has been a source of academic debate among linguists. Irrespective of its linguistic provenance, the practice itself is ancient and ubiquitous, with evidence of its existence documented across disparate cultures throughout recorded history, appearing in archaeological findings, mythological narratives, and foundational medical texts. In many ancient civilizations, the

perception of self-pleasure was far from monolithic; for instance, certain practices in ancient Egypt treated the act as a component of cosmic creation or ritualistic offering, while Greek and Roman physicians often accepted it as a natural, if sometimes excessive, form of sexual expression, provided it did not detract from civic duty.

The profound historical shift toward the condemnation and **pathologization of masturbation** began in earnest with the consolidation of Abrahamic religious doctrines. The narrative of Onan, found in the Book of Genesis, though specifically detailing coitus interruptus, was systematically reinterpreted during the early medieval period to serve as a blanket prohibition against any sexual act not explicitly aimed at procreation, particularly the "wastage of seed." This religious framework firmly established masturbation as a grave sin--a view reinforced by Scholastic theology--marking the initiation of centuries of intense moral and social disapproval across the European and subsequently Western world.

The apex of societal anxiety and medical hysteria surrounding self-pleasure manifested during the 18th and 19th centuries, notably during the intensely moralistic Victorian era. Influential medical figures, most prominently Simon-André Tissot, a Swiss physician writing in the mid-18th century, pathologized the practice in his widely disseminated treatise, claiming it led directly to a vast and terrifying spectrum of physical and mental illnesses. This medical doctrine, which categorized masturbation as *onanism* or seminal weakness, falsely linked the act to severe conditions such as epilepsy, tuberculosis, blindness, insanity, and eventual physical wasting. This deep-seated fear spurred extreme societal responses, leading to the development of anti-masturbatory devices, physical restraints, institutionalization, and in some cases, barbaric surgical interventions, all aimed at controlling what was perceived as a devastating epidemic of self-abuse and moral decay. This period underscores the dangers inherent in confusing moral judgment with objective medical science.

### 3. Prevalence and Demographics

Contemporary sexological research, relying on increasingly candid and methodologically rigorous survey data, consistently confirms that masturbation is a near-universal element of the human sexual repertoire. Studies conducted globally, particularly across industrialized nations, report extremely high lifetime prevalence rates that defy historical stereotypes of marginality. Data frequently indicates that rates among males range between 90% and 95%, while rates among females generally fall between 60% and 85%, though modern data suggests the lifetime prevalence for both sexes is likely closer to 95%. While historically, reporting gaps between genders existed, often attributed to greater social and cultural stigmas imposed upon female sexuality, these discrepancies are steadily shrinking as open discussions about sexual health become more normalized and scientific literature acknowledges the full range of female sexual experience.

The frequency and intensity of masturbatory behavior tend to fluctuate significantly throughout the human lifespan. Adolescence and young adulthood typically represent the peak periods of activity, a demographic pattern correlated with the onset of puberty, the maturation of sexual drive, hormonal surges, and, crucially, the often-limited access to consistent partnered sexual opportunities. In adulthood, frequency often stabilizes or decreases slightly, particularly when individuals enter long-term, sexually active relationships. Nevertheless, for a significant portion of the population, masturbation persists as a regular, lifelong sexual activity. It serves not merely as a substitute but as a vital supplement to partnered sexual activity, maintaining sexual health, providing rapid stress relief, and ensuring gratification when partners are physically absent, emotionally unavailable, or when individual sexual needs differ significantly from those of the partner.

#### 4. Physiological and Psychological Effects

The physiological consequences of masturbation are overwhelmingly beneficial or benign, starkly contrasting with the harmful myths propagated during the Victorian era. As a physical activity, it is a highly reliable and safe method for achieving sexual release and effectively alleviating accumulated sexual tension. The resulting orgasm facilitates the release of endorphins, dopamine, and prolactin, neurochemicals that act as powerful natural analgesics and mood regulators, contributing significantly to improved emotional states, stress reduction, and relaxation. Furthermore, frequent sexual activity, including self-stimulation, has been associated with specific health benefits, such as potentially bolstering immune function and, for males, evidence suggesting a correlation between higher ejaculation frequency and a reduced lifetime risk of prostate cancer, underscoring its role in maintaining genitourinary health.

From a psychological perspective, masturbation fulfills several critical developmental and therapeutic functions. It serves as an essential mechanism for **sexual self-discovery**, allowing individuals--especially during formative years--to explore and internalize their personal erotic landscape, identifying preferred methods of stimulation, arousal triggers, and the conditions necessary for achieving climax. This self-knowledge is foundational for developing sexual confidence, minimizing dependency on external validation, and effectively communicating desires in partnered contexts. Psychologically, it reinforces sexual autonomy, assuring that an individual's capacity to experience profound pleasure remains secure and independent of interpersonal dynamics, making it a critical tool for resilience and self-care.

It is important, however, to acknowledge the limited circumstances under which the behavior can become psychologically problematic. When masturbation evolves into a compulsive behavior, characterized by a loss of control, increasing frequency, and significant interference with crucial life domains such as employment, academics, social relationships, or self-care, it may clinically warrant investigation as a manifestation of problematic sexual behavior or sexual compulsion,

though categorization as a formal "addiction" remains highly contested within the clinical community. For individuals raised under restrictive moral or religious frameworks, the practice may also be accompanied by intense, lingering feelings of guilt, shame, or cognitive dissonance, even if they consciously reject the historical stigma. In such instances, clinical treatment is directed toward alleviating the associated distress and shame rather than suppressing the act itself.

## 5. Cultural, Religious, and Ethical Debates

The moral and ethical status of masturbation remains one of the most volatile and enduring subjects of debate across global cultures and religious traditions. Within highly conservative interpretations of many Western and Middle Eastern religions, including traditional Catholicism, certain sects of Orthodox Judaism, and fundamentalist Protestantism, the act is explicitly condemned as morally deficient or a grave sin. These prohibitions are usually rooted in a teleological understanding of sexuality, asserting that the sole legitimate purpose of sexual activity is procreation, or that sexual expression must be exclusively contained within the marital covenant. These stringent doctrines often impose significant psychological burdens on adherents, contributing to profound sexual shame and the repression of natural urges.

Conversely, many non-Western and secular ethical systems maintain a far more neutral or positive view. For example, some historical Taoist traditions, focused on health and longevity, included specific masturbatory practices aimed at cultivating vital energy (Jing) and enhancing spiritual awareness, demonstrating a cultural acceptance of the practice as a means of health maintenance. Modern, secular, and humanistic ethical systems generally assess the morality of an action based on principles of autonomy, consent, and non-harm. Under these frameworks, masturbation is deemed ethically permissible because it is non-coercive, self-directed, and causes no harm to others. The contemporary debate therefore often reflects an unavoidable conflict between inherited traditional moral codes, which seek to regulate bodily function according to external religious dictates, and modern ethical principles that prioritize individual freedom, psychological well-being, and sexual self-determination.

## 6. Clinical Perspectives and Therapeutic Applications

In modern clinical sexology and professional psychotherapy, the perspective on masturbation has completely reversed; it is no longer viewed as a source of pathology but rather as a valuable diagnostic tool and therapeutic intervention. Sex therapists regularly incorporate guided masturbatory practice as a central element in treating a variety of common sexual dysfunctions. For women struggling with primary or secondary anorgasmia (the inability or difficulty achieving orgasm), structured exercises involving self-exploration are often prescribed. These techniques help patients overcome performance anxiety, identify optimal physical stimulation methods, and establish the crucial mind-body connection necessary for sexual response, often leading to

successful climaxes that can then be translated into partnered contexts.

Similarly, for men presenting with issues such as premature ejaculation or erectile dysfunction related to anxiety, masturbation serves a vital desensitization function. Techniques like the "stop-start" or "squeeze" methods, initially mastered through self-stimulation, allow the individual to incrementally increase their tolerance for high levels of arousal and develop greater ejaculatory control in a low-pressure environment. Furthermore, masturbation often acts as a constructive mechanism in couples therapy, particularly when partners exhibit significantly divergent libidos or sexual preferences. Allowing the partner with higher needs to achieve independent satisfaction reduces the pressure and demands placed on the relationship's sexual life, thereby mitigating potential resentment and allowing the couple to focus on intimacy and emotional connection outside of the necessity of physical release. This professional utilization firmly establishes masturbation as a legitimate and powerful component of comprehensive sexual healthcare.

## 7. Significance in Human Sexuality

The enduring significance of masturbation in the overall landscape of human sexuality cannot be overstated, as it serves as the foundational act for establishing individual **sexual identity** and autonomy. For the majority of human beings, it is the initial, voluntary sexual activity undertaken, providing the primary means by which individuals first recognize and explore their innate sexual desires and the capacity for pleasure. By its very nature, masturbation fundamentally decouples sexual gratification from the twin imperatives of reproduction and relational obligation, thereby cementing the understanding of sexuality as a valid and intrinsic source of pleasure and psychological well-being, separate and distinct from social or biological utility. This conceptual liberation is crucial for developing a mature, comprehensive understanding of human sexuality that moves beyond reductive biological determinism.

Moreover, in public health terms, masturbation holds profound significance as the safest mode of sexual release. By providing an alternative means of achieving satisfaction, it inherently minimizes the risks associated with all forms of partnered activity, including the transmission of sexually transmitted infections (STIs) and the potential for unplanned pregnancy. Its pervasive prevalence across all demographics and life stages underscores its status not as a mere substitute for partnered sex, but as a universally accessible, highly functional, and healthy mode of human sexual expression. The objective study and acceptance of masturbation are therefore critical indicators of a society's progress toward achieving full sexual health literacy and dispelling harmful moralistic taboos.

## Further Reading

[Masturbation - Wikipedia: History, Culture, and Science](#)

[Masturbation: Basics and Mental Health Implications \(Psychology Today\)](#)

[Masturbation and Sex Therapy: A Review of Clinical Applications](#)

[American Psychological Association \(APA\) Resources on Human Sexuality](#)

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