

# ONANISM

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October 10, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *ONANISM*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=42702>

## ONANISM

**Primary Disciplinary Field(s):** Sexology, Psychology, Theology, Contraception

### 1. Core Definition

**Onanism** fundamentally refers to the practice of **coitus interruptus**, which is the withdrawal of the penis from the vagina just prior to ejaculation during sexual intercourse. This technique is specifically employed to prevent insemination, thereby acting as a rudimentary and historically common method of contraception. While the term is formally defined by this practice of withdrawal, its meaning is heavily weighted by historical and moral interpretations.

Due to widespread historical misinterpretation stemming from its biblical origin, **onanism** is frequently and incorrectly used as a synonym for **masturbation**. In medical and sexological discourse, it is crucial to maintain a clear distinction between these two practices: onanism describes the withdrawal method used during sexual intercourse, whereas masturbation refers specifically to autoerotic self-stimulation to achieve sexual gratification. The confusion between these terms has persisted for centuries, influencing medical, religious, and social attitudes toward non-procreative sexuality.

### 2. Etymology and Historical Development

The term **onanism** derives directly from the narrative found in the biblical Book of Genesis (38:9). The passage recounts the actions of Onan, who was commanded under the ancient levirate law to impregnate his deceased brother's wife, Tamar, in order to raise up an heir for his brother's line. The scripture states: "And Onan knew that the seed should not be his; and it came to pass, when he went in unto his brother's wife, that he spilled it on the ground, lest that he should give seed to his brother."

The sin attributed to Onan was not necessarily the method of semen expulsion itself, but his deliberate refusal to perform his familial and religious duty--that is, his failure to provide an heir to his brother, which would have compromised his own inheritance. Historically, religious commentators and moralists widely misinterpreted this passage as an outright condemnation of the act of spilling semen outside of the context of procreative intercourse, rather than a condemnation of shirking levirate duty. This misinterpretation established **onanism** as a catch-all moralistic term applied indiscriminately to any non-procreative sexual act, including masturbation, cementing the definitional confusion that persists in popular culture.

### 3. Application as Contraception

As a contraceptive technique, coitus interruptus relies entirely on the successful timing and

physical control of the male partner to ensure complete withdrawal prior to the point of ejaculation. Despite its long history and ease of access, the method possesses significant limitations regarding its efficacy and is generally considered one of the least reliable forms of contraception available. The primary reason for its relatively high failure rate is physiological: the presence of viable spermatozoa within the preorgastic secretion, often referred to as pre-ejaculate or Cowper's fluid.

Clinical data indicates that this preorgastic secretion contains functional spermatozoa in approximately 25 per cent of males. This fact means that even perfect withdrawal before full orgasm does not guarantee the prevention of pregnancy. Furthermore, the reliance on absolute self-control introduces a high degree of human error, especially during heightened arousal. While the method carries the advantages of being immediately accessible, cost-free, and requiring no special devices, these benefits are often outweighed by its substantial failure rate compared to modern barrier or hormonal methods.

#### 4. Psychological and Physical Implications

The psychological effects associated with the habitual practice of **coitus interruptus** have been a consistent focus of debate among sexologists and psychotherapists. The necessity of restraining or controlling mounting sexual excitation precisely at the peak of arousal can introduce considerable emotional and physical tension. Lowen (1961) specifically noted that "Any attempt to control or restrain the mounting genital excitation at this time is unpleasant and may be painful," suggesting that such an abrupt procedure frequently results in a stressful physical "shock to the body" due to the interruption of a natural physiological cycle.

In addition to individual stress, the reliance on withdrawal can negatively impact the sexual dynamics within a partnership. Leheldt (1961) observed that the method often produces specific psychological disturbances, such as the frequent occurrence of male impotence or failure to achieve female orgasm (anorgasmia). These disruptions, stemming from the stress and focus required for timely withdrawal, may ultimately lead to significant marital or relationship maladjustment. However, clinical experience suggests that these specific dysfunctions are often situational; Leheldt noted that switching to a reliable alternative contraceptive technique typically cures these resulting ills, suggesting they are a consequence of the method itself rather than underlying psychopathology.

#### 5. Evolution of Clinical Views on Harm

Early psychiatric models, particularly those influential in the late 19th and early 20th centuries, viewed practices such as **onanism** (coitus interruptus) and masturbation as inherently pathologizing. Pioneering figures, including Sigmund Freud, believed these methods led to what was termed an "actual neurosis." This clinical concept hypothesized that certain sexual practices,

often those involving incomplete or improper sexual release, caused physical damage to the nervous system, manifesting as anxiety, irritability, and other neurotic symptoms.

This concept of **actual neurosis**, which linked sexual practices directly to profound nervous disorders, is no longer considered valid in modern psychology or psychiatry. Reflecting this evolution, Gutheil (1959) stated that the belief held by early psychiatrists--that coitus interruptus or masturbation were inherently harmful and led to lasting psychological pathology--has been abandoned. While the practice of coitus interruptus can certainly cause situational anxiety, sexual dysfunction, or relationship strain, contemporary clinical consensus holds that it does not cause lasting psychological harm or specific neuroses.

## 6. Summary of Key Associated Concerns

**Definitional Confusion:** The term **onanism** remains popularly and historically confused with masturbation, a misunderstanding rooted in a moralistic interpretation of the Genesis narrative regarding Onan's specific refusal to fulfill levirate obligation.

**Contraceptive Inefficacy:** The reliability of coitus interruptus is fundamentally compromised by the unavoidable physiological risk posed by the presence of viable sperm in the preorgastic fluid in approximately one-quarter of males, resulting in a high rate of contraceptive failure.

**Risk of Sexual Dysfunctions:** The sustained need for male control and abrupt interruption during the peak phase of sexual arousal can introduce psychological tension and physical strain, potentially contributing to relational issues and clinical dysfunctions such as male impotence or female anorgasmia.

**Historical Misdiagnosis:** The antiquated psychiatric concept of "actual neurosis," which incorrectly attributed profound nervous system damage to practices like onanism, has been fully invalidated and abandoned by modern clinical standards.

## Further Reading

[Coitus Interruptus \(Wikipedia\)](#)

Lowen, A. (1961). *\*The Betrayal of the Body\**.

Lehfeldt, H. (1961). *\*Psychological effects of the coitus interruptus\**.

Gutheil, E. (1959). *\*The Handbook of Dream Analysis\**.