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Masturbation — From Stigma to Sexual Health

A 15-year old girl asks, “Hi, I’m female, and I’m wondering how my sex is supposed to go about masturbating? I mean, it’s easy enough for guys, but how do girls do it without seriously hurting ourselves.”

A 16-year-old asks, “Is it okay to masturbate?”

Another 16-year-old asks, “Is it normal?”

A 17-year-old young man asks, “Is it OK for males?”

An 18-year-old asks, “It feels really nice, but is it bad for me?”

A 15-year-old also asks, “Is it bad?”

A 16-year-old asks, “How do I stop feeling guilty after I do it?”

Another 16-year-old asks, “Will people be able to tell that I do it?”

And another asks, “Can masturbating hurt you in any way?”

And another asks, “Is there such a thing as too much masturbation?”

(www.teenwire.com, visitor queries, November 4, 1999–August 20, 2000)

These are only a few of the hundreds of questions and concerns about masturbation that young people pose when they turn to the Planned Parenthood Web site for teens, teenwire.com, for information about sex and sexuality. Their questions demonstrate the general lack of comfort and information that they and adults have about masturbation in the U.S., and they have prompted us to publish this white paper, which we hope will help writers, educators, and journalists clarify concerns about this important health issue for their audiences.

Historically, masturbation — touching one’s own sex organs for pleasure — has been stigmatized as having pathological origins and negative physical and mental health consequences. Today, as masturbation is better understood and more widely accepted, we have learned that it can promote physical, mental, and sexual health. By destigmatizing masturbation, we are able to recognize it as healthful, helpful, and natural behavior.

Although attitudes toward masturbation have become more positive in the recent past, we are not entirely removed from its stigmatized history. On December 12, 1994, U.S. Surgeon General Joycelyn Elders was fired from her position because of the controversy that erupted around her support for the public discussion of masturbation as an appropriate topic in school sexuality education programs (Rowan, 2000, 9). Elders’ reasonable acknowledgment of masturbation was part of an effort to prevent the increase of HIV and other sexually transmitted infections, as well as unintended pregnancy. Her termination was a powerful reminder that the act and discussion of masturbation remain highly controversial and that the history of social and religious attitudes toward masturbation have been extremely negative.

HISTORY OF ATTITUDES TOWARD MASTURBATION

Ancient Times

In the most ancient myths of Mesopotamia and Egypt, the god Apsu, or Atun, “copulated with his fist” to fertilize himself and create either the Milky Way or the atmosphere, depending on what version is being told (Ackerman, 1950, 10–11; van de Walle, 1965, 30).

Masturbation was common among Greek women and men (Gathorne-Hardy, 1998, 152). Although the ancient Spartans’ rigid code of self-discipline discouraged masturbation (Renshaw, 1976, 98), the Greeks saw it as a gift from the gods. They believed that the god Hermes taught his son Pan how to masturbate to relieve himself of the misery he felt when he was spurned by the nymph, Echo. Pan learned the lesson well, overcame his grief, and taught the trick to human shepherds.

Divinely inspired or not, masturbation was considered a private activity. When the philosopher Diogenes masturbated in public in the agora, he shocked people. He tried to make the point that all human activities are worthy of being done in public — that none of them is so shameful that it requires privacy. His fellow citizens disagreed (Stevenson, 2000, 227).

The physician Galen argued that the retention of semen is dangerous and leads to ill health. He used Diogenes as an example of a learned person who has sex in order to avoid the health risks of retaining semen (Stengers & Van Neck, 2001, 230). A century later, however, Hippocrates, “the father of medicine,” cautioned that loss of excessive amounts of semen could result in physical damage, such as spinal cord deterioration (Masters, Johnson, & Kolodny, 1986, 284).

Women in ancient Athens commonly purchased dildos — *olisbos*. These fake penises, exported from the city of Miletus in Asia Minor and made of padded leather or wood, were used for masturbation (Kuels, 1985). In Aristophanes’ play, *Lysistrata*, the women who are on a sex strike to force their men to end the Peloponnesian War make jokes about using dildos (Aristophanes). Masturbation by adult Greek men was thought of as a sign of poverty. Men who had money would pay a sex worker instead (Dover, 1989, 97). A few centuries later, Roman boys were expected to channel their sexual energies through gymnastics and philosophy, and to avoid masturbation because it would cause them to mature too rapidly (Veyne, 1987, 23–25).

Early Christianity—Middle Ages

Although many negative western attitudes about masturbation stem from early Christian teaching, the Bible makes no mention of masturbation (Rashkow, 2000, 16; Rowan, 2000, 97). The biblical story of Onan, often cited as a text against masturbation, is really about the sin that Onan committed by refusing to follow God’s command to impregnate his widowed sister-in-law. Onan had sex with her, but withdrew before ejaculating and “spilled his seed” outside of her body (Phipps, 1977, 183; Rashkow, 2000, 111–112). In the 16th century, Martin Luther’s confusion of Onan’s crime with masturbation would strengthen the stigma against masturbation for several following centuries (Stevenson, 2000, 225–7).

Despite the lack of biblical references to masturbation, the fathers of the early church were adamantly opposed to it as they were to any kind of non-procreative sex. For example, Augustine of Hippo (350–430 C.E.), an influential bishop of the early Christian church, taught that masturbation and other forms of outercourse were worse sins than fornication, rape, incest, and adultery. He argued that masturbation and other non-reproductive sexual activities were “unnatural” sins because they were contraceptive. Since fornication, rape, incest, and adultery could lead to pregnancy, they were “natural” sins and, therefore, much less serious than “unnatural” sins.

Augustine’s condemnation of masturbation as an unnatural sin was accepted throughout the church during the Middle Ages and was revived in the 13th century by Thomas Aquinas in his *Summa Theologica*. The sex-negative teachings of Augustine and Aquinas, which applied to procreative as well as non-procreative sex, had great influence on western attitudes about masturbation well into the 20th century (Ranke-Heinemann, 1990, 197).

During the 15th century, Jean Gerson, in his model penitential, *De Confessione Mollitiei*, offered detailed advice to priests on how to lead women and men to confess to “that detestable sin” (Stolberg, 2000, 44). “To extract from their heart the abominable pus of this foul sin,” Gerson suggested leading them on with a question that would seem innocent enough: “Friend, do you remember, during your childhood, around the age of 10 or 12, that your penis became erect?” He then suggested moving on to more direct questions about touching and ejaculation.

Although some theologians of the time argued that one might masturbate to satisfy the “needs of nature and of health,” Gerson proclaimed that it was still sinful, and if a doctor prescribed masturbation, the doctor committed a mortal sin. Masturbation was

also a crime in the courts of many countries in Europe. Although it was rarely discovered and brought to a court's attention, masturbators could suffer extreme civil penalties, including exile (Stengers & Van Neck, 2001, 20, 24–6). In 1532, Emperor Charles V's "Penal Rules" actually established the death penalty for masturbators, people who had sex with someone of the same sex, and users of contraceptives.

At the end of the 16th century, the church acknowledged that masturbation was very common. (Gabiello Fallopio taught boys to pull on their penises energetically and often in order to stretch them out, strengthen them, and increase their procreative power.) But the church reiterated its teaching that masturbation was a mortal sin in the *Abregé de la Somme des péchés* by the Franciscan Benedicti. (Stengers & Van Neck, 2001, 19, 31, 36). Some 50 years later, Pope Innocent X solemnly condemned J. Caramuel for arguing in his *Theologia Moralis Fundamentalis* that masturbation, in some circumstances, might actually have health benefits:

If God had not forbidden masturbation, it would never be bad, it would often be good, and it might occasionally even be obligatory, under pain of mortal sin. ... Without God's interdiction, the fact that man might be required to masturbate, under pain of mortal sin, is clearly demonstrable. A sick man in fact is required to take whatever remedies are necessary for the conservation of this health, and we know that there are illnesses which are linked to the quantity and the quality of semen, that these illnesses are life-threatening, and that they can only be cured by the emission of semen. Thus, had there been no divine obstacle, the emission of semen would, in such a case, have been a required act, and indispensable remedy (Stengers & Van Neck, 2001, 29).

In 1676, the first major published work on the evils of masturbation appeared in *Letters of Advice from Two Reverend Divines to a Young Gentleman, about a Weighty Case of Conscience, and by Him Recommended to the Serious Perusal of All those that may Fall into the Same Condition*. It was the "confession" of a young man who ruined himself through masturbation and saved himself through penance (Stevenson, 2000, 237; Stolberg, 2000, 44). Twenty years later, on the other hand, Nicholas Venette, in his *Tableau de l'Amour Considéré dans l'Estat du Mariage*, suggested that man is superior to woman because, by masturbating, he can renew his seed instead of allowing it to rot in his system:

Woman does not have the ability to pollute herself, as does man, or to discharge her superfluous seed. She sometimes retains it lengthily in her testicles or in the horns of her uterus, where it becomes tainted and

turns yellow, murky, or foul smelling, instead of white and clear as it was formerly. Unlike man, who, by polluting himself frequently, even during his sleep, benefits from a seed that is always renewed and never remains in his canals long enough to become corrupt (Stengers & Van Neck, 2001, 32).

18th Century

The church's historic opposition to masturbation was taken up by misguided medical practitioners in the 18th century (Michael, et al., 1994, 159). In the 1711 editions of his *Treatise of Venereal Diseases*, the medical entrepreneur John Marten described the symptoms of so-called "post-masturbation disease" in the clients he treated:

With meager jaws and pale looks, seldom without scabs and blotches, those loathsome relicts of their odious vices, with limber hams, and legs without calves, feeble at mature years, as rickety children, weak and consumptive, when they should by nature be most hail and vigorous; rotten before they are full ripe, and fit for nothing in the prime of their years but to be lodged in an hospital (Stolberg, 2000, 50).

In 1716, the first publication of *Onania, or the Heinous Sin of Self-Pollution*, combined the traditional religious and moralist arguments against masturbation with misinformed medical notions that masturbation resulted from dysfunction and caused disease and physical disfigurement (Stolberg, 2000, 40-42).

Onania's anonymous author drew upon a long tradition of moralistic writing on "uncleanness," post-masturbatory disease, and excessive semen loss. This enormously successful publication influenced social thinking about masturbation for centuries, and popularized the notion that masturbation by women or men is not only a crime against God (Stolberg, 2000, 39–41, 47), "which strikes at the Creation itself," but that it was also the cause of debilitating disease. The consequences of masturbation claimed in *Onania* included painfully unretractable foreskin, cutting off of circulation, persistent erection, infertility, impotence, gonorrhea (understood to be the "leakage of semen"), frequent nocturnal emission, yeast infections, inability to hold semen in the uterus, and malformed offspring (Stengers & Van Neck, 2001, 38).

Onania advised that the advancement and spread of Christian thinking was an important strategy to prevent masturbation, and if Christian thinking didn't work, the publisher, Pierre Varenne, offered cures for various prices at the back of the pamphlet (Stolberg, 2000, 39–41, 47) — a "strengthening tincture" for 10 shillings a bottle and a "prolific powder" for 12 shillings a bag. In short, *Onania* was

one of the many pamphlets handed out for free that described the dangers of various troubling conditions while offering, for a fee, curative advice or treatments (Stengers & Van Neck, 2001, 41).

Onania, had two or three American editions (Freedman & D'Emilio, 1988), and was so successful that it was imitated by many other publishers who were eager to cash in:

- 1717 — *Onania Display'd*, (in which the word onanism is used for the first time)
- 1720 — *Of the Crime of Onan or the heinous vice of self-defilement, with all its dismal consequences sated and examined in all those who may ever misfortunately have injured themselves by this abominable practice*
- 1723 — *Onania examin'd and detected, or the ignorance, error impertinence and contradiction of a book entitled Onania discovered and exposed*
- 1724 — *Eromania, or the misusing of the marriage bed by Er and Onan . . . or the heinous crime of self-defilement, with its nine miserable consequences in both sexes, laid open to all those who may ever have been guilty of its ill action*

The desire by unscrupulous quacks and charlatans to make easy money, which was the motive for all this purple prose, led to a profoundly powerful social phenomenon — the stigmatizing of a normal and healthy sexual activity among all social classes in the western world (Stengers & Van Neck, 2001, 51, 2).

Immediately cashing in on the financial success of *Onania*, the most popular advisor on painkillers in Great Britain, the self-styled Mr. Anodyne Necklace, introduced a section on “self-abuse” in the 1717 edition of his wildly popular free handout: *Practical Schemes for the Secret Disease and Broken Constitutions*. He was to publish three treatises on masturbation: *The Crime of Onan* [. . .] or the *Hainous Vice of Self-Defilement*, *Eromania*; *On the Misusing of the Marriage Bed by Er and Onan*, and *Eromania*; *On the Crimes of Those Two Unhappy Brothers Er and Onan* (Stolberg, 2000, 59–60).

By 1729, “post-masturbation disease” had come to be portrayed as a seriously debilitating illness with grotesque symptoms. Joseph Cam, in his *A Practical Treatise: or, Second Thoughts on the Consequences of the Venereal Disease*, described it this way:

... pains in their heads, necks, joints, and muscles, so that they can hardly bend themselves forward, where much and thin seed flows forth upon going to stool, or making water, also whilst asleep, with or without dreaming; where the body wastes, the breath shortens, and the head grows heavy; where, in fine, the appetite fails, the legs swell, and blindness ensues (Stolberg, 2000, 56–7).

Early in the modern era, Samuel August Tissot recapitulated the horrors of masturbation in his 1760 publication, *L'Onanisme, ou Dissertation Physique sur les Maladies Produites par la Masturbation*, which, through its hundreds of editions, variations, and imitators — from Voltaire to Rousseau to Immanuel Kant to signatories of the American Declaration of Independence — promulgated the mythology of the evils of masturbation and “post-masturbatory disease” throughout Europe and America. Tissot’s admonishments about masturbation were published well into the 20th century and created a worldwide fear of masturbation that continues to cause pain for young and old alike (Carter, 2001, 213; Stengers & Van Neck, 2001, 55–6, 75,90, 107; Stolberg, 2000, 37). In *Onanisme*, Tissot offered “treatment by terror,” as exemplified in this cautionary tale about a man he allegedly treated for post-masturbation disease:

. . . I went to his home; what I found was less a living being than a cadaver lying on straw, thin, pale, exuding a loathsome stench, almost incapable of movement. A pale and watery blood often dripped from his nose, he drooled continually; subject to attacks of diarrhea, he defecated in his bed without noticing it; there was constant flow of semen; his eyes, sticky, blurry, dull, had lost all power of movement; his pulse was extremely weak and racing; labored respiration, extreme emaciation, except for the feet, which were showing signs of edema. Mental disorder was equally evident; without ideas, without memory, incapable of linking two sentences, without reflection, without fear of his fate, lacking all feeling except that of pain, which returned at least every three days with each new attack. Thus sunk below the level of the beast, a spectacle of unimaginable horror, it was difficult to believe that he had once belonged to the human race. . . . He died after several weeks, in June 1757, his entire body covered in edemas (Stengers & Van Neck, 2001, 65–6, 74).

The troubles experienced by women are just as explicable as those experienced by men. The humor they lose being less precious, less perfected than male sperm, its loss does not perhaps weaken them as quickly; but when they indulge excessively, their nervous system being weaker and naturally more inclined to spasm, the troubles are more violent (Stengers & Van Neck, 2001, 70).

Tissot claimed also that the self-loathing experienced by masturbators would often lead to suicide (Stengers & Van Neck, 2001, 116).

Tissot's work was widely read and generally accepted. Originally written in French, it was translated into several languages, including English, and went through 80 editions (Phipps, 1977, 185). In these editions, Tissot claimed that the ills resulting from masturbation included poor eyesight, epilepsy, memory loss, pulmonary tuberculosis, rounded shoulders, weakened backs, paleness, acne, gonorrhea, and syphilis (Michael, et al., 1994, 160; Rowan, 2000, 115).

To cure the "state of degeneracy" supposedly caused by masturbation, American physician and co-signer of the Declaration of Independence, Dr. Benjamin Rush, suggested "a vegetable diet, temperance, bodily labor, cold baths, avoidance of obscenity, music, a close study of mathematics, military glory, and, if all else failed, castor oil" (Rowan, 2000, 117).

19th Century

Physicians involved in the social hygiene movement of the 19th and early 20th centuries continued to diagnose and treat conditions thought to be sequelae of masturbation. Cures varied from concocted food products and diets designed specifically to decrease sexual drive to techniques and devices used to prevent sexual arousal and masturbation (Patton, 1985, 142). For example, Sylvester Graham invented his famous crackers as part of a diet of whole grains and vegetables designed to decrease sexual desire (Rowan, 2000, 118).

In his book, *Plain Facts* (1888), J.H. Kellogg, M.D., cautioned readers that masturbating was the most dangerous of sexual behaviors. According to Kellogg, the causes of masturbation included idleness, abnormal sexual passions, gluttony, sedentary employment, and exciting and irritating food (Kellogg, 1888, 236-237). Kellogg's recommendations for preventing masturbation in children included serving cold instead of hot cereals for breakfast, bandaging their genitals, and/or tying their hands to the bedposts at night (Michael, et al., 1994, 161).

At the turn of the century, a number of other techniques were used to keep children's hands away from their sex organs. These included confinement in straitjackets or wrappings of cold, wet sheets while sleeping; applying leeches onto the genitals to remove blood and congestion allegedly created by desire; burning genital tissue with electric

current or a hot iron; castration; and removing the clitoris (Masters, Johnson, & Kolodny, 1984, 286; Patton, 1985, 142).

Anti-masturbation contraptions included "a genital cage that used springs to hold a boy's penis and scrotum in place and a device that sounded an alarm if a boy had an erection" (Michael, et al., 1994, 161); metal mittens for covering children's hands; rings of metal spikes meant to stab the penis if it became erect; and metal vulva guards (Masters, Johnson, and Kolodny in McNab, 1993, 11-12).

To reduce female masturbation, Isaac Baker, an English physician, performed clitoridectomies. In the U.S., physicians advocated and performed male circumcision to prevent masturbation in male infants. In fact, the American tradition of circumcision is based on the fear of sexual arousal and subsequent masturbation resulting from the stimulation a boy might allegedly experience while cleaning his uncircumcised penis (Bullough and Bullough, 1995, 77-78; Harrison, 2002, 303).

In the 19th and early 20th centuries, parents were encouraged to prevent their children from masturbating with the following techniques:

- They could take their children to a wax museum where the effects of post-masturbation disease were displayed with life-size, grotesquely deformed statuettes, or they could show their children engravings of a woman who lost her nose by masturbating (Stengers & Van Neck, 2001, 7).
- They could make sure their children had at least two bouts of strenuous gymnastic exercise every day so that they would fall asleep at night without having enough energy to masturbate (Stengers & Van Neck, 2001, 10). But parents should not allow their children the sport of horseback riding, especially galloping, until their characters were more perfectly developed (Stengers & Van Neck, 2001, 88). Boxing and other exercise of the upper body were especially recommended (Stengers & Van Neck, 2001, 146).
- They could see to it that their children swam every day or had cold baths or showers. It was believed that preventing a buildup of sweat on the skin would reduce the kinds of bodily irritations that led to masturbating (Stengers & Van Neck, 2001, 11).
- They could keep their children away from "heat-producing" environments, such as feather beds (Stengers & Van Neck, 2001, 85).

- They could make their children wear bathing suits with bags of camphor inserted in the crotch (Stengers & Van Neck, 2001, 6).
- They could keep an eye on the children's diets. Children were to avoid hot or "exciting" foods: spices, rich meats, venison, salted fish, and wine. They were to avoid constipation, which could bring on the desire to masturbate. They were to have simple, nutritious foods: grains, milk, cheese, bread (Stengers & Van Neck, 2001, 11, 85, 146).
- They could limit the amount of fluid their children took in because "abundant urine retained too long in the bladder . . . draws too much blood to the very part from which we want to draw it away" (Stengers & Van Neck, 2001, 11).
- They could insist that their sons refrain from shaking their penises after urinating, even if meant dripping a little urine in their pants (Stengers & Van Neck, 2001, 11)
- They could, like many other parents, tie their children's hands to the bed rails at night (Stengers & Van Neck, 2001, 11, 138, 144).
- They could buy chastity belts, garments (e.g., hand mufflers and straitjackets), and devices into which they could strap their children to prevent them from being able to reach or touch their genitals, or they could purchase toothed urethral rings that would prick the penis if it became erect, metal strap-on-and-lock sheaths to cover the penis or vulva, or electric alarms that promised to put an end to wet dreams (Stengers & Van Neck, 2001, 12 figure 1, 111, 114–5).
- They could be sure that their children's teachers furnished their classrooms with anti-masturbation school benches, forcing boys to keep their legs apart. "Thus both the rubbing and the heating of the genital parts are avoided," eliminating one of the causes of masturbation. Preferred classroom furniture did not allow the lower part of a student's body to be hidden from the teacher's view. Likewise, long coats were to be avoided by students (Stengers & Van Neck, 2001, 14, 88).
- They could fatigue their children with medicinal teas: orange flowers, centaury, violets, marsh mallow, couch grass, purslane, lettuce, and lily (Stengers & Van Neck, 2001, 15).
- They could terrify their children into abstinence by brandishing knives, scissors, or surgical instruments at them with threats to cut off their genitals (Stengers & Van Neck, 2001, 143, 147–9).
- They could have the foreskin of their child's penis infibulated — pierced, then pulled beyond the glans, and closed shut with an iron ring (Stengers & Van Neck, 2001, 89, 113–4).
- They could have the hood of their child's clitoris infibulated — have the child's labia stitched together with metal sutures. Or they could have the clitoris amputated (Stengers & Van Neck, 2001, 111-4).
- They could have the urethra of the child repeatedly cauterized so that it would always be painful and unpleasant to touch (Stengers & Van Neck, 2001, 112, 114).
- They could have a doctor apply caustic chemicals such as potassium bromide to the child's clitoris or penis. The pain and tissue destruction were intended to terrorize children out of their masturbatory habits (Stengers & Van Neck, 2001, 113–4).
- They could marry their children off, because marriage was the ultimate and most effective preventive. It was the method that King Leopold I of Belgium intended to use with his oldest son as he explained in an 1853 letter to Queen Victoria (Stengers & Van Neck, 2001, 15–16).

Circumcision was first suggested as a cure for masturbation in boys in 1885 by Dr. Charles K. Mills. He also wrote "A Case of Nymphomania with Hysterio-Epilepsy and Peculiar Mental Perversions — the Results of Clitirodectomy and Oophorectomy — The Patient's History as Told by Herself," an article published in the *Philadelphia Medical Times* (Groneman, 2000, 21).

It was also in Philadelphia, in the last year of the 19th century, that a leading authority finally spoke out against the social hysteria regarding masturbation. In 1899, the pioneer British sexologist, Havelock Ellis, fearful of censorship in England, published the second part of the first volume of *Studies in the Psychology of Sex: The Evolution of Modesty, the Phenomena of Sexual Periodicity, & Auto-Eroticism*. In it, Ellis attacked Tissot and his followers. He said they were responsible for

the mistaken notions of many medical authorities, carried on by tradition, even down to our own time; the powerful lever which has been put into the hand of unscrupulous quacks; the suffering, dread, and remorse experienced in silence by many thousands of ignorant and often innocent young people . . . During the past forty years the efforts of many distinguished physicians . . . have gradually dragged the boggy down

from its pedestal, and now . . . there is even a tendency today to regard masturbation as normal.

Although Ellis pointed out that masturbation relieved stress and had a sedative effect, he also warned that “excessive” masturbation led to neurasthenia — a generalized psychological, emotional, and physical weakness (Stengers & Van Neck, 2001, 132–5).

20th Century

But the fear of masturbation survived well into the 20th century. In 1904, prominent psychologist G. Stanley Hall, first president of Clark University and founder of the *American Journal of Psychology* (Harkavy, 1991, 470–471), published *Adolescence*, in which he wrote that masturbators seduce others into masturbation, which becomes a major cause of “sexual perversion” (Bullough, 1994, 24). Hall warned that masturbation causes “early physical signs of decrepitude and senescence” (Stengers & Van Neck, 2001, 138).

In 1907, Robert Lord Baden-Powell, obsessed with “self-abuse” and the “girl question” and threatened by overt expressions of female sexuality, established the Boy Scouts as a way to keep boys and girls from “walking out” — going out together — as well as to help boys learn to distinguish the “right sort of girl” from the “wrong sort of girl.” An example of Powell’s view of masturbation appeared in Boy Scout manuals during the first half of the 20th century:

Smoking and drinking are things that tempt some fellows and not others, but there is one temptation that is pretty sure to come to you at one time or another, and I want just to warn you against it. It is called in our schools “beastliness,” and that is about the best name for it.

Smoking and drinking and gambling are men’s vices and therefore attract some boys, but this “beastliness” is not a man’s vice; men have nothing but contempt for a fellow who gives way to it.

Some boys, like those who start smoking, think it a very fine and manly thing to tell or listen to dirty stories, but it only shows them to be little fools.

Yet such talk and the reading of trashy books or looking at lewd pictures, are very apt to lead a thoughtless boy into the temptation to self-abuse. This is a most dangerous thing for him, for should it become a habit, it quickly destroys both health and spirits; he becomes feeble in body and mind, and often ends in a lunatic asylum.

Sometimes the desire is brought on by indigestion, or from eating too rich food, or from constipation. It can therefore be cured by correcting these, and by bathing at once in cold water, or by exercising the upper part of the body by arm exercises, boxing, etc.

It may seem difficult to overcome the temptation the first time, but when you have done so once it will be easier afterwards.

If you still have trouble about it, do not keep a secret of it, but go to your scoutmaster and talk it over with him, and all will come right (Stengers & Van Neck, 2001, 145–6).

Although Sigmund Freud, in a series of meetings of the Psychoanalytic Society of Vienna from 1910–12, acknowledged that masturbation could have beneficial effects, such as relieving stress and avoiding sexually transmitted infection, he warned that masturbation could cause neurotic disorders, especially neurasthenia; could reduce sexual potency; and had harmful psychic effects:

- a character change that is brought about through this short-circuiting between desire and satisfaction, by a by-passing of the external world
- a loosening of the individual’s interconnection with his fellow men; masturbatory gratification is an antisocial act that brings the individual concerned into opposition to society
- a preponderance of fantasy life over reality; a situation that forms a pattern for a number of other functions
- the excessive demands that the individual concerned, as a result of being spoiled by fantasy, makes upon reality, which can never satisfy him
- [an] individual’s inability to tolerate sexual restrictions, which life — especially married life — makes unavoidable
- [the] fact that masturbatory activity [is] identical with the preservation of the infantile condition in every respect . . . Therein lies the main psychic harmfulness of masturbation, because with it there has been created the basis for a psychoneurosis, which sets in when conflict and rejection are added
- the general debasement of sexual life, which results from the cheapness and easy availability of the sexual act and the social disdain attached to it. Masturbators of this type are thereafter unable to have intercourse with persons whom they love and esteem, but only with those whom they disdain (Stengers & Van Neck, 2001, 139–40).

Despite Freudian imprecations, sexologists and psychologists increasingly agreed with Havelock Ellis in the ensuing debate about masturbation. In 1917, Magnus Hirschfeld published *Sexualpathologie*, and Freud’s nemesis, Wilhelm Stekel, published *Onanie und Homosexualität*. In both, the authors demonstrated that masturbation had never been scientifically shown to have a negative effect on health (Stengers & Van Neck, 2001, 154).

As medical, physiological, psychological, and sexological knowledge advanced in the 20th century, most authorities dismissed claims that masturbating caused physical ailments; however, many others still held to the belief that masturbation was the consequence of mental impairment and/or resulted in mental disorders (Michael, et al., 1994, 161; Patton, 1986, 291). In 1930, for example, Walter Gillichan, in *Sexual Antipathy and Coldness in Women*, warned against masturbation by women, claiming that it “tends to blunt the finer sensibilities for coitus in wedlock, and the practice is often preferred to normal gratification” (Groneman, 2000, 43, 196). In fact, the effect of the stigma against masturbation was still strong in 1937, when studies showed that nine out of 10 children caught masturbating were severely threatened, punished, and often terrorized with going insane or blind or having their penises cut off or their vaginas sewn closed, and that 82 percent of college freshmen believed that masturbation was dangerous (Stengers & Van Neck, 2001, 150–2, 165).

Increasingly, however, physicians abandoned the notion that masturbation caused physical or mental dysfunction. In 1924, after more than 50 years of publishing warnings on the evils of masturbation and the horrors of post-masturbatory disease, Larousse published *Larousse Medical Illustré*, which advised, “Parents are wrong to be alarmed at a habit which, most often, has no serious drawbacks. . . . Onanism does not merit the importance that some families wrongly give it” (Stengers & Van Neck, 2001, 154).

The Encyclopedia of Sexual Knowledge, published in London in 1937, advised that trying to prevent masturbation with exercise, threats, diet, and hygiene is useless because the patient “spends his whole time thinking of masturbation, wanting to masturbate, fighting against the temptation, at last succumbing to it, and then suffering from remorse until the cycle is completed once more.” The author’s advice was that it “is much better to explain to the patient that masturbation will not do him any harm at all, and that he can masturbate as often as he wants to” (Stengers & Van Neck, 2001, 161).

Holt’s 1940 edition of *Diseases of Infancy and Childhood*, likewise, suggested that the problem with masturbation was the unnecessary and excessive worry and guilt experienced by masturbators (Masters, Johnson, and Kolodny, 1986, 278). Studies in the ‘40s showed that it was not uncommon for young adolescents to begin exploring their erotic potential through masturbation. At a time when masturbation remained highly stigmatized, most men recalled learning about masturbation for

the first time from other boys and men. And nearly half recalled receiving a demonstration of masturbation via mutual or simultaneous masturbation. Among women, about half recalled learning from other girls and about 25 percent recalled learning from a boy or a man (Berne, 1944, 301).

In 1950, more than 30 years after its publication in German, Wilhelm Stekel’s book, *Autoeroticism*, which had suggested that masturbation was universal and normal, and that interference with it was the actual cause of problems and disorders, was translated into English (Rowan, 2000, 124). And in 1951, after nearly a half-century of warning about the evils of masturbation and the horrors of post-masturbatory disease, *Infant Care*, a publication of the U.S. federal government, advised “wise” mothers that saying “‘No, no,’ to children who masturbate may confuse them” (Stengers & Van Neck, 2001, 154–5).

Alfred Kinsey

In the late 1940s and early 1950s, Alfred Kinsey and his colleagues published the results of more than 15 years’ worth of research in human sexual behavior. One of the most important results of that work was the normalization of masturbation and the weakening of the stigma against it. Kinsey’s research revealed that more people had masturbated than had not. Between 92 and 97 percent of the men in his 1948 study, *Sexual Behavior in the Human Male*, had masturbated (Kinsey, et al., 1948, 339). And 62 percent of the women in his 1953 study, *Sexual Behavior in the Human Female*, had masturbated — 58 percent of them had masturbated to orgasm. Although masturbation was the second most frequently practiced sexual behavior among women, married or single, it was the behavior in which orgasm was most frequently achieved (Kinsey, et al., 1953, 142–4).

Kinsey also revealed details about the masturbation techniques of women: 84 percent of women stroked or stimulated the inner lips and/or clitoris, and 10 percent crossed their legs and exerted a steady rhythmic pressure affecting the whole area. Others employed vibrators or rubbed against pillows, beds, tables, and other objects. Two percent could orgasm from fantasy. Twenty percent of women used penetration during masturbation in conjunction with other methods (Kinsey, et al., 189).

While the American public had been able to accept Kinsey’s earlier report on the sexual activities of men, it could not accept his description of the sexual behaviors of American women — masturbating,

having orgasms, *pre-marital sex*, *extra-marital sex*, or sex with each other. All over the country, churches rose in protest. For example, without reading Kinsey's work, Billy Graham wrote, "It is impossible to estimate the damage this book will do to the already deteriorating morals of America," and Senator Joe McCarthy denounced Kinsey's work as part of the Communist conspiracy (Gathorne-Hardy, 1998, 395, 399). All over America, people named Kinsey took out newspaper ads saying they were not related to him (Goldberg, 2001). Ultimately, as a result of the furor, the Rockefeller Foundation withdrew its support for Kinsey's research (Gathorne-Hardy, 1998).

Studies after Kinsey's death continued to corroborate his findings. In 1969, for example, German researchers asked men to masturbate every few hours over a period of two years — no evidence of either physical or mental disease or disorder was detected (Phipps, 1977, 189). By 1975, a study of U.S. college students revealed that 84 percent did not believe that masturbation caused emotional or mental instability — a total reversal of attitudes that prevailed in U.S. colleges in 1937 (Stengers & Van Neck, 2001, 165).

In 1968 and 1969, Kinsey's colleague, Wardell Pomeroy, wrote *Boys and Sex* and *Girls and Sex*. In them, he advised children about masturbation, and reassured girls and boys that "no physical harm can come of it, contrary to the old beliefs, no matter how frequently it is done." In fact, Pomeroy said that masturbation was "a pleasurable and exciting experience. . . . It releases tensions, and is therefore valuable in many ways. . . . It provides a full outlet for fancy, for daydreaming, which is characteristic of adolescence. . . . In itself, it offers a variety that enriches the individual's sex life. . . . it is not only harmless but is positively good and healthy, and should be encouraged because it helps young people to grow up sexually in a natural way" (Pomeroy, 1968, 48–58). Finally, the American medical community pronounced masturbation as normal in the 1972 American Medical Association publication, *Human Sexuality* (Rowan, 2000, 126).

Despite findings of sexologists and psychologists that normalized masturbation, some prominent religious institutions have refused to reevaluate their fourth century points of view or to reduce the stigma with which they have marked the behavior. In 1975, for example, the Roman Catholic Congregation for the Doctrine of the Faith, in its *Declaration on Certain Questions Concerning Sexual Ethics*, declared

The traditional Catholic doctrine that masturbation constitutes a grave moral disorder is often called into doubt or expressly denied today. It is said that psychology and sociology show that it is a normal phenomenon of sexual development, especially among the young. . . .

This opinion is contradictory to the teaching and pastoral practice of the Catholic Church. Whatever, the force of certain arguments of a biological and philosophical nature, which have sometimes been used by theologians, in fact both the Magisterium of the church — in the course of a constant tradition — and the moral sense of the faithful have declared, without hesitation that masturbation is an intrinsically and seriously disordered act. . . . whatever the motive for acting in this way, the deliberate use of the sexual faculty outside normal conjugal relations essentially contradicts the finality of the faculty (Stengers & Van Neck, 2001, 168).

In 1976, the Vatican issued a *Declaration on Certain Questions Concerning Sexual Ethics*, again declaring masturbation an "intrinsically and seriously disordered act" (Crooks and Bauer, 1983, 255). And it carefully reiterated that position in 1992 with its revision of the *Catechism of the Catholic Church*. While continuing to condemn masturbation as an "intrinsically and gravely disordered act," the church granted a little more moral flexibility than it had in Augustine's time by suggesting that it would "take into account emotional immaturity, force of habit, a state of anguish, or other mental or social factors which lessen, indeed even extenuate, the individual's moral guilt" (Stengers & Van Neck, 2001, 1173).

Of course, religious institutions are not alone in contemporary efforts to uphold the stigma against masturbation. And as recently as 1991, Melvin Anshell, M.D., who is associated with the anti-choice organization, the American Life League, continued to publish alarmist misinformation about masturbation, claiming that it can lead to mental and sexual health dysfunctions such as "nymphomania" (Anshell, 1991).

Proving that these ancient stigmas against masturbation are still alive and felt by women and men, researchers in 1994 found that half of the adult women and men who masturbate feel guilty about it (Laumann, et al., 1994, 85). Another study in 2000 found that adolescent young men are still frequently afraid to admit that they masturbate (Halpern, et al., 2000, 327).

MASTURBATION ACROSS THE LIFESPAN

Regardless of cultural attitudes and prohibitions, masturbation has been found in all societies (Zilbergeld, 1992, 128), and it has been observed in hundreds of animal species (Bagemihl, 1999).

Worldwide, masturbation is generally approved or tolerated in infants and young children, tolerated or mildly condemned in adolescents, but ridiculed or condemned in adults (Rowan, 2000, 80). In fact, masturbation is seen as having an integral role in the development of the human sexual response system throughout infancy, childhood, and adolescence (Calderone & Johnson, 1981, 26), and as being rewarding and beneficial for adults (Rowan, 2000).

Masturbation in Infancy

Infants are quick to learn that touching their genitals feels good. As soon as they have developed the motor coordination to rub their genitals for pleasure, they do. By the third or fourth month of life, smiling and cooing accompany genital stimulation. Although the infant's technique of genital play is not perceived as an erotic act, it provides a certain degree of satisfaction (Martinson, 1993).

Masturbation in Childhood

If a child does not discover as an infant that self-stimulation is pleasurable, he/she is likely to learn this in early or middle childhood. While children ages five to seven years old usually do not have sexual fantasies as they touch their genitals, their intent is to pleasure themselves. This lack of fantasy distinguishes a child's autoerotic activity from the adult form of masturbation.

It is typically during childhood that daughters and sons become aware of and influenced by their parents' attitudes toward sex play (Masters, Johnson, & Kolodny, 1986, 127). Increasingly, authorities agree that the way in which parents respond to their children's masturbation will affect how children feel about themselves and their behaviors. Authorities suggest that parents allow their children to enjoy masturbation without making them feel bad or guilty. When children are discovered fondling their genitals, parents are advised to use the opportunity to help children understand that masturbation is a private activity: "I know that feels good, but it is a private way to feel good. Let's find a place where you will have the privacy you need."

Sexuality educators and therapists advise that a parent's concern should be about appropriate context rather than the act itself. They caution that

one of the major causes for peoples' failure to achieve sexual satisfaction in adult life is the interference with children's discovery of their own bodies as a source of pleasure in early life (Calderone & Johnson, 1981, 27).

Masturbation in Pre-Adolescence and Adolescence

Adolescents develop a strong sense of self and learn more about the ways in which their bodies function — including sexual functioning (Calderone & Johnson, 1981). During this stage of life girls and boys become conscious of their erotic potential. Sexual fantasy becomes more common and explicit during adolescence — often during masturbation (Masters, Johnson, & Kolodny, 1986, 144). They become more curious, concerned, or even anxious, about masturbation as they become more sexually aware. Because girls and boys often hear a lot of confusing information about masturbation from peers and other sources, they may need help understanding that masturbation is a positive sexual behavior. They may need assurance that masturbation is a way to experiment in a safe, controlled, and unembarrassing context (Moglia and Knowles, 1997).

Masturbation in Adulthood

Masturbation can serve as rehearsal for mature, adult sex play with partners, but it can also provide mature people with pleasure and fulfillment, regardless of their age. Approximately 70 percent of men in their late 20s masturbate, and more than 50 percent of women in their 30s masturbate. In fact, women and men from their early adult years (18–24) through middle adult years (54–59) are more likely to masturbate than people in other age groups (Michael, et al., 1994, 163).

People who have regular sex partners, live with their sex partners, and/or are married, are more likely to masturbate than people without sexual partners and/or who live alone (Michael, et al., 1994, 165). This disproves the notion that adults who masturbate are sexual failures who lack the social skills to find sex partners or that masturbation is a behavior only for individuals who don't have partners or who are otherwise sexually deprived.

The foremost reasons adults give for masturbation are to relieve sexual tension, to achieve physical pleasure, to have sex when partners are unavailable, and to relax (Laumann, et al., 1994, 86). For older adults, masturbation may serve as the primary means for sexual expression — especially if partners are ill or absent because of death or divorce (Crooks and Bauer, 1983, 261).

Health Benefits of Masturbation

Many medical professionals and sexual health authorities have reported that “solo sex” (Litten, 1993), “sex for one,” “self loving” (Dodson, 1996), and “self pleasuring” (Rowan, 2000) can be beneficial to one’s physical, emotional, and sexual health, and the health of one’s relationships. They have demonstrated that arousal and orgasm from masturbation may

- reduce stress
- release sexual tension (Francoeur, 1991, 393)
- provide sexual pleasuring and intimacy before partners are ready for vaginal, anal, or oral intercourse (Francoeur, 1991, 393; Phipps, 1977, 192)
- serve as a form of outercourse or safer sex to reduce the risk of sexually transmitted infections and unintended pregnancy (Davidson & Moore, 1994; Francoeur, 1991, 393)
- provide a sexual outlet for people without partners, including the elderly (Masters, Johnson, & Kolodny, 1986, 289; Phipps, 1977, 192)
- provide a sexual outlet for people who choose to abstain from sexual intercourse due to pregnancy, menstruation, or illness of a partner (Phipps, 1977, 192)
- provide individuals with the opportunity to learn how they like to be touched and stimulated (Phipps, 1977, 190; Zilbergeld, 1992, 129)
- alleviate premenstrual tension for many women (Brashear, 1974, 14; Davidson and Moore, 1994; Phipps, 1977, 190)
- induce sleep (Crooks & Bauer, 1983, 257)
- indirectly prevent disease and build up resistance to infections by increasing the flow of white blood cells and rejuvenating the circulation of hormones (Stein, 2000)
- strengthen muscle tone in the pelvic and anal areas, reducing the chances of involuntary urine leakage and uterine prolapse (Stein, 2000)
- increase blood flow in the genital region (LoPiccolo & Lobitz, 1972, 164)
- stimulate endorphin production, allowing better oxygen metabolism and more efficient cell functioning throughout the body (Stein, 2000)
- create a sense of well-being (Stein, 2000)
- promote higher self-esteem (Hurlbert and Whittaker, 1991)
- promote higher levels of marital and sexual satisfaction (Hurlbert and Whittaker, 1991)

- provide treatment for sexual dysfunction (Zilbergeld, 1992)

Masturbation as a Treatment for Sexual Dysfunction

Masturbation is often used as a therapeutic technique for overcoming sexual dysfunction (Christensen, 1995, 91; Mosher, 1979, 320). Women seeking therapy commonly complain of anorgasmia, or the inability to achieve orgasm (Rowan, 2000, 184). Masturbation can assist anorgasmic or preorgasmic women in reaching orgasm (LoPiccolo & Lobitz, 1972, 163). For some men, practicing masturbation techniques can increase ejaculatory control and prevent premature ejaculation (Zilbergeld, 1992, 459). For others, masturbation may serve as therapy for delayed ejaculation (Rowan, 2000, 185–186).

Guilt about Masturbation

Despite the health benefits of masturbation, people still feel guilty or shameful about it (Davidson and Moore, 1994). Approximately 50 percent of women and 50 percent of men who masturbate feel guilty about it (Laumann, et al., 1994). In fact, the majority of women and men who masturbate have mixed feelings about providing themselves with pleasure. Although masturbation is the safest sex of all, negative *feelings* that may be associated with it can threaten one’s individual health and well-being (Masters, Johnson, and Kolodny, 1986).

Although most masturbation myths have been debunked, masturbation remains so stigmatized that people also worry about masturbating “too much.” In general, there is no such thing as too much masturbation unless it is symptomatic of an obsessive/compulsive disorder. Symptoms of this disorder are repeatedly performing behaviors that are so time-consuming that they interfere with an individual’s normal routine, occupational function, social life, and/or personal relationships (APA, 1994, 417–9).

Repetitive behaviors more commonly associated with obsessive/compulsive disorder than masturbation include hand washing, counting, checking to see if the stove or other appliance has been turned off, and excessive cleaning (APA, 1994). Such behaviors performed to prevent and/or reduce anxiety and stress, including masturbation, are not considered symptomatic of a disorder unless they interfere with a person’s daily, personal, and/or professional life — if they hinder a person from fulfilling his/her commitments and responsibilities. (Crooks and Bauer, 1983, 258; Moglia and Knowles, 1997).

Masturbation as a Responsible, Healthy Choice

People who have positive feelings about their bodies, sex, and masturbation are more likely to be able to protect themselves against sexually transmitted infections, unintended pregnancy, and sexual abuse. One of the most important ways we learn about our sexuality is through masturbation. We all have a natural desire to learn about our bodies. We learn from our own experiences with our bodies and minds what it is we like, what it is we

don't like, how and where we like to be touched, what turns us off, and what turns us on. Masturbation is the most common way we enjoy sex. It can enhance our physical, mental, and sexual health. By increasing our awareness of our sexual preferences, capabilities, and personal limits, masturbation may equip us to make better and more responsible sexual choices for ourselves (Moglia and Knowles, 1997).

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