

An Investigation of Masturbation and Coping Style¹

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The present study is exploring the correlation between masturbation frequency and coping. The purpose is to establish masturbation as a successful means of coping as well as to define which style of coping masturbation is. How each individual manages these feelings is subjective to one's own coping strategies. Coping strategies consist of behavioral and/or cognitive attempts to manage specific situational demands, which are appraised as taxing or exceeding one's ability to adapt. Essentially, masturbation is the most basic and simplest method of achieving orgasm. Therefore, in order to study the benefits of masturbation, it is imperative to begin with the benefits of orgasm. When an individual is stressed, their immune system, as a whole, is suppressed due to the higher levels of cortisol. When the stressor is resolved the parasympathetic nervous system is in more control, which inhibits the release of cortisol. A person cannot be stressed and happy at the same time. This would leave room for the assertion that when stressed, masturbation, an agent of pleasure, might help reduce stress-levels. In a study of heterosexual men, 52% of participants occasionally used masturbation to relieve stress. Individuals used masturbation to reduce stress in a manner which increased clarity, relaxation, calm, and felt better.

Introduction

Through the natural course of life, occasions and events arise which require some form of adjustment to return to a state of homeostasis. These occasions and events may be somewhat more stressful than typical experiences (Colodro et al, 2010.) How each individual manages these feelings is subjective to one's own coping strategies. Coping strategies consist of behavioral and/or cognitive attempts to manage specific situational demands, which are appraised as taxing or exceeding one's ability to adapt (Lazarus & Folkman, 1984.) Many different styles of coping have been identified. The three factors that will be focused on in the current study are reflective, suppressive, and reactive (Heppner et al, 1995.)

In handling stressful experiences, people's abilities vary. Due to the variance, appraisal is necessary in order to cope. Appraisal is also important in order to differentiate between benign and dangerous situations causing them stress. In appraising, an individual assesses the extent to which an event threatens a person as well as whether or not it exceeds their ability to cope with this stress (Lazarus & Folkman, 1984.) The variance in this process of perception and appraisal

of stressful situations is in coping style. This is due to the phenomenology theory which argues that "when the environmental display is unambiguous...for most people perception and appraisal follow the objective environment...We see what there is, so to speak, and there is little opportunity for individual differences to manifest themselves except in what is attended to and in styles of responding" (Lazarus & Folkman, 1984, pp 47.) Following this process of cognitive appraisal, an individual now proceeds to execute their style of coping.

Conversely, there are emotion-focused coping strategies in comparison to these problem solving strategies proposed by Lazarus and Folkman. These varying forms of coping are used the situation deemed appropriate, dependent upon the appraisal results. The problem solving strategy would be utilized in the cases that present themselves to an individual as controllable. It is when an individual perceives himself as being vulnerable that they execute emotion-focused strategies (Terry, 1994.)

Ideas on what defines orgasm form the foundational element in masturbation. Essentially, masturbation is the most basic and simplest

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method of achieving orgasm. Therefore, in order to study the benefits of masturbation, it is imperative to begin with the benefits of orgasm. Although, research focused on medical and psychological benefits of masturbation is limited.

Orgasm and its properties amongst men and women have been a focus for researchers in psychology, neuroscience, and biology. As such, it has been defined differently as a reflection of discipline and societal changes. Definitions of orgasm have included:

“The expulsive discharge of neuromuscular tensions at the peak of sexual response.” (Kinsey et al., 1953)

“A brief episode of physical release from the vasocongestion and myotonic increment developed in response to sexual stimuli.” (Masters & Johnson, 1966)

“The zenith of sexuoerotic experience that men and women characterize subjectively as voluptuous rapture or ecstasy.” (Money, Wainwright & Hingburger, 1991)

“A peak intensity of excitation generated by: (a) afferent and re-afferent stimulation from visceral and/or somatic sensory receptors activated exogenously and/or endogenously, and/or (b) higher-order cognitive processes, followed by a release and resolution (decrease) of excitation. By this definition, orgasm is characteristic of, but not restricted to, the genital system.” (Komisaruk & Whipple, et al., 2004)

Each definition of orgasm has commonalities, yet it appears that as research has progressed, the ideas of orgasm have become increasingly more complex and inclusive.

There is literature on the health benefits of orgasm. Historically, “hysteria,” has been treated by a medical process called a “medical massage.” This is even where the first signs of vibrators come in to play in sexual history. A “medical massage,” administration of the vibrator, was meant to create a “hysterical paroxysm,” an orgasm. This was a common form of treatment until the 1930's, about the time when psychotherapy was developed and began to be practiced (Komisaruk et al., 2006.)

Recently, Charnetski and Brennan (2001) found that pleasure, such as masturbation, has an immunity boosting effect. When an individual is stressed, their immune system, as a whole, is

suppressed due to the higher levels of cortisol. If this critical bodily system is weakened, other issues are potential: high blood pressure, heart disease, atherosclerosis, diabetes, brain damage, memory loss, and stroke. The stress resulting in these physiological symptoms is possibly due to the sympathetic nervous system, which is stimulating the adrenal glands to produce such hormones as cortisol. Until an individual's body perceives the stressor to be resolved, the sympathetic nervous system is more in control of his body. When the stressor is resolved the parasympathetic nervous system is in more control, which inhibits the release of cortisol, epinephrine, and norepinephrine; this allows positive feelings such as happiness. This means that the systems cannot operate simultaneously, demonstrating a common psychological theory known as reciprocal inhibition (Wolpe, 1968.) Therefore, a person cannot be stressed and happy at the same time. This would leave room for the assertion that when stressed, masturbation, an agent of pleasure, might help reduce stress-levels (Charnetski & Brennan, 2001.)

At the point of orgasm, the hypothalamus activates the release of oxytocin and endorphins, which act as a natural opiate. This creates a sense relaxation, peace, and calm. It has been hypothesized that this release of endorphins creating natural opiates is explanation behind various studies displaying that orgasm can reduce physical pain. Specific pain that has been looked at includes headache, arthritis, and menstrual cramps. In the case of menstrual cramps, women specifically masturbated in order to relieve cramping (Cornog, 2003.)

A study in 2007, an extension from the 1992 National Health and Social Life Survey, concluded that 38% of women and 61% of men between the ages of 18 and 60 reported masturbating (Das, 2007.) A similar study in Australia of people ages 15 to 18 found that 58.5% of men and 42.7% of women reported using masturbation (Smith et al. 1996.) These similar findings begin to establish some reliability in the results, which transcend across cultures. The issue with these results is that they appear to be low. One possible explanation is that the participants of either study were acting on behalf of a social desirability bias. The sensitivity and historical perception of the subject,

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masturbation, causes people to report more conservatively (Smith et al, 1996.) A different study found that of people 18 and old 95% of men masturbate and 89% of women masturbate (Janus & Janus, 1993.) Recently, in 2002, a study found that 98% of men and 44% of women reported ever masturbating (Pinkerton et al., 2002.) These studies exhibited one of the highest sets of data for masturbation. The discrepancy shows the sensitivity of participants and great care that is necessary in collecting such data.

Hogarth and Ingham studied young women and the correlation between masturbation and their sexual health development. It was a small study, with only 20 participants; though very rich in findings. Only about one fourth of the women reported having positive experiences with masturbation. The rest were either indifferent (though having experienced masturbation) or thought extremely negatively of masturbation (Hogarth & Ingham, 2009.)

In a different study of heterosexual men, 52% of participants occasionally used masturbation to relieve stress (Bancroft et al. 2003). Bancroft et al. differentiated individuals using masturbation to reduce stress relative to depression. Individuals who felt sad and that life was weighing down on them reported that masturbation had a negative effect; they felt sadder. Conversely, individuals used masturbation to reduce stress which increased clarity, relaxation, calm, and felt better.

Cornog noted that many do use masturbation as a form of “self therapy” in order to reduce nervous tension (2003.) To build on this statement, it would be reasonable to hypothesize that masturbation serves as a viable stress reducer. Further, the current study will investigate masturbation as a coping mechanism, coping style, stress level and the participants perceptions that masturbation was successful in reducing their stress. Through research, noting masturbation as a noteworthy means for self therapy, which would serve as a trait of coping, was not otherwise found. Illustrating the present study as a pioneering study.

Method

Participants

Research participants were enrolled in various psychology courses at Robert Morris University. There were 226 students who participated

voluntarily. Of these participants, the average age was 20.5 with 114 females, 104 males, and 8 who did not identify their sex.

Procedure

The procedure consisted of four instruments being administered to the classes. A Problem Focused Style of Coping (PF-SOC), which measures the three coping styles: reflective, suppressive, and reactive (Heppner et al., 1995.) A stress scale on which student rated the frequency of their stress on a 10-point scale (1=very rarely, 10=very often). A masturbation frequency scale on which students rated the frequency of their masturbation practices over several options ranging from never to more than once daily (Dimitropoulou et al., 2008). Finally, a subjective masturbation stress reduction scale on which students rated how well masturbation served to reduce their stress on a 10-point scale (1=not at all, 10=very much so).

Results

The alpha coefficient showed that for the three variables of coping style were clean with few errors. The reflective style yielded an alpha coefficient of .75. Suppressive style yielded an alpha coefficient of .77. The reactive style yielded an alpha coefficient of .76. The variables frequency of stress and masturbation relief yielded means of 6.2 and 4.2, respectively. With these two variables being measured on a 10-point scale these means imply that the results lie around the midpoint of the scale, displaying normalcy. See table 1.

Table 1.

| Variable | Mean | Std Dev | Alpha Coefficient |
|---------------------|------|---------|-------------------|
| Reflective | 23.8 | 4.9 | .75 |
| Suppressive | 13.7 | 4.5 | .77 |
| Reactive | 13.8 | 4.1 | .76 |
| Frequency of Stress | 6.2 | 2.4 | |
| Masturbation Relief | 4.2 | 3.2 | |

In looking at the masturbation frequency, 35% reported never having masturbated, 13.7% reported

masturbating less than once a month, 12.4% report masturbating 1-3 times per month, 7.1% report masturbating once per week, 13.3% report masturbating 2-3 times per week, 9.6% report masturbating 4-6 times per week, 5.3% report masturbating daily, and 3.5% report masturbating more than once daily. In collapsing these results down to monthly, weekly, and daily data, they depict a linear decline rather than a bell curve. The 35% of participants reporting never masturbating was surprising data. See table 2.

Table 2.

| Response | Masturbation Frequency |
|---------------|------------------------|
| Never | 79 (35%) |
| < 1 per Month | 31 (13.7%) |
| 1-3 per Month | 28 (12.4%) |
| 1 per Week | 16 (7.1%) |
| 2-3 per Week | 30 (13.3%) |
| 4-6 per Week | 21 (9.3%) |
| Daily | 12 (5.3%) |
| >1 Daily | 8 (3.5%) |

In performing correlations, with N= 226, analysis found that the suppressive coping style correlated with masturbation frequency with a $-.10$ correlation and almost no shared variance. Reactive coping style correlated with masturbation frequency at $.03$ and the reflective style correlated with masturbation frequency at $.18$ with $p < .01$. Masturbation stress relief correlated with masturbation frequency at $.67$ with $p < .001$.

Other significant correlations found include the correlation between reflective style and masturbation stress relief with $.20$ and $p < .01$. The correlation between suppressive style and stress frequency was $.27$ with $p < .01$. Reactive style correlated with stress frequency at $.43$ and $p < .001$. Suppressive style also correlated with reflective style at $-.37$ and $p < .01$. Finally, reactive style correlated with suppressive at $.60$ and $p < .001$. See table 3.

All of these correlations imply that those who masturbate more do not appear to have as much stress, possibly because they do not need stress in order to masturbate. Those who masturbate more also seem to feel this it is a successful form of

stress release for them. Looking at the styles of coping, most who are stressed appear to be using suppressive and reactive styles of coping. No correlation was found between reflective coping style and stress frequency, which does not imply either way that people with stress do or do not practice reflective styles of coping. This is all congruent with Heppner, Cook, Wright, and Johnson, the developers of the PF-SOC used in the procedures (1995.) Overall, this indicates that people would rather deny problems or focus on calming their emotions rather than think about their problems.

Table 3.

| | 1 | 2 | 3 | 4 | 5 |
|---------------|-------------|-------|-------------|-------------|-------------|
| 1 Mst. Freq | | | | | |
| 2 Mst. Sccess | $.67^{***}$ | | | | |
| 3 Stress Freq | $-.01$ | $.08$ | | | |
| 4 Reflective | $.18^{**}$ | $.21$ | $.00$ | | |
| 5 Suppressive | $-.10$ | $.05$ | $.27^{**}$ | $-.37^{**}$ | |
| 6 Reactive | $.03$ | $.06$ | $.43^{***}$ | $-.12$ | $.60^{***}$ |

Note: N = 226 **p < .01 ***p < .001

Since reflective coping showed the strongest correlation with masturbation frequency, the answer to which coping style masturbation best reflects is answered, it is reflective coping. Reflective coping was not only the highest correlation, but the only significant one. One interpretation of this would be that individuals who masturbate more are able to think in a clear manner, reflect and solve their problems in a rational and thoughtful way. People who masturbate more often not only find it to be a successful coping mechanism, but it also perhaps keeps them more relaxed (due to no correlation with stress.) Also, it keeps them clear-headed enough to use a more rational, thoughtful approach and overall have a healthier and more productive coping strategy

Discussion

In conclusion, the results appear to show that those who masturbate do not seem to be as affected by stressors. They may be more able to think clearly and rationally, use a rational, thoughtful style to solve problems. People who masturbate use an efficacious style of coping. Users of masturbation to cope will likely continue to use it

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in the future as per the law of effect (Thorndike, 1911.) This is due to the fact that they are seeing reinforcement and successful results from masturbating. According to Thorndike, reinforced behavior is likely repeated.

The fact that I did not control for social desirability and religiosity was one of the limitations to my study. A persons morals can affect how a person responds either in holding a person from telling the truth about masturbating or by keeping a person from masturbating as a whole. The sample was small and from a private university limiting the study's ability to generalize to larger populations. Measurement instruments were administered in group settings, which can affect the honesty of responses. Finally, the study was not establishing cause and effect.

Expansion on this study that would be very interesting includes exploring the gender differences and religious affiliations of participants. The effects of both criteria appeared to greatly impact the results of this study. In controlling these variables as well as further investigating them, more understanding and acceptance of masturbation as a coping mechanism would be achieving. This is the primary intention of this preliminary study.

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