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Journal of Addiction Research and Adolescent Behaviour
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Review Article

Masturbation: Two Sides of The One Phenomenon

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Received date: April 12, 2023; **Accepted date:** April 27, 2023; **Published date:** May 05, 2023.

Citation: Kocharyan G.S. (2023), Masturbation: Two Sides of the one Phenomenon, *J. Addiction Research and Adolescent Behaviour*, 6(2)
DOI:10.31579/2688-7517/069

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Abstract:

Information is presented on the dynamics of attitudes towards masturbation, due to a change in ideas about its possible pathogenicity. For many centuries it was believed that masturbation is extremely harmful and can lead to many diseases. Over time, the attitude to the severity of the possible consequences of masturbation softened. At first, the most severe ones were excluded from them, and then, over time, the opinion became dominant that, in addition to guilt, masturbation cannot lead to any negative results. The article presents a classification of masturbation according to G.S. Vasilchenko (1977). Analysis of this classification indicates that in most cases it does not have an adverse effect. Moreover, masturbation of the period of youthful hypersexuality promotes sexual development, while vicarious masturbation performs a substitution function. At the same time, perseverative-obsessive masturbation is carried out in a regime significantly exceeding the constitutional optimum. The author of this classification expresses the opinion that early pre-pubertal masturbation can have an adverse effect on the prostate. The author's classification of possible adverse effects of masturbation is also presented (G.S. Kocharyan, 2006, 2007). According to our opinion, the joint use of these two classifications makes it possible to comprehensively assess the possibilities of its influence, including pathogenic, on the human body, since various types of masturbation (including of the period of youthful hypersexuality according to the classification G.S. Vasilchenko) in some cases can have a negative impact on the human body (at present, mainly through behavioral mechanisms). It is noted that masturbation, however, can have a positive effect (promotes sexual development, performs a compensatory function, has an antidepressant and anti-anxiety effect). It is used for therapeutic purposes in sexological practice. As a result of the analysis, the author comes to the conclusion that masturbation cannot be excluded from the list of phenomena that cause the occurrence of human health disorders. Attempts to fully rehabilitate her in this sense do not correspond to reality.

Key Words: non-instrumental masturbation; human body, mental and sexual health; positive and negative effects; clinical sexology; use Dynamics of attitudes towards masturbation

Introduction

When in the late 1970s I started working as a clinical sexologist (in Ukraine, doctors of this profile are called sexopathologists), then in a conversation, men were not very willing to answer questions about their masturbation, although most of them masturbated at one time or another. Moreover, when asked what, in their opinion, is the cause of their sexual disorder, some of them answered that masturbation. At the same time, there were sometimes cases when men masturbated in adolescence, and their sexual dysfunction developed at the age of 30-40 years. Currently, not only men, but also women, in the process of being interviewed, quite calmly and without any embarrassment talk about their masturbation. These changes are due to the fact that during this time the population has completely changed its views on the possible dangers of masturbation. Currently, many believe that it is absolutely harmless. This is reflected in manuals, articles, popular books on sexology and encyclopedias. The path to "depathologising" masturbation has been a long one and has been characterized by a gradual softening of views on the possibility of damage caused by it. So, at first it was believed that it was not only sinful, but could also lead to the development of the most serious diseases. In addition to sexual weakness, which, as indicated, can be caused by damage to the spinal centers of erection and ejaculation, a huge number of other adverse consequences of it were called. Among them are venereal diseases, epilepsy, weakening of vision and even blindness, "softening of the brain", tabes, progressive paralysis, various types of insanity, lethargy, homosexuality, bestiality and fetishism, insanity, cancer and even premature death [14; 20]. Lobrozo, in his clinical example, even leads readers to the idea that masturbation can have the most adverse effect on offspring [18]. Over time, however, the attitude towards

masturbation, as a factor capable of leading to various adverse effects, gradually softened. For example, this was expressed in the fact that the most terrible ones were gradually excluded from the list of these consequens. Then the attitude vector began to change its direction from negative to positive. So, in the early 1970s. K. Imelinsky [3] noted that at present, onanism, which occurs during puberty, is considered an almost normal physiological manifestation, the usual form of development of sexual desire. At the same time, the attitude to masturbation, as a factor that adversely affects human health, still had a great impact on the ideas of scientists. So, in 1972, L.Ya. Milman [21, p. 70] wrote: “Onanism in physically healthy people (with a strong type of higher nervous activity) may sometimes not cause much harm.” In the context under consideration, the opinion of J.M. Apter [1], which he adhered to in the same period of time, is also of interest. The author believed that the effect of masturbation on the body depends on its frequency (masturbation performed daily, more often than normal sexual life, leads to more harm) and on the age at which masturbation began (prolonged masturbation, which began in early childhood, more often than onanism, which arose during puberty, is the cause of sexual weakness in men). The statement of J.M. Apter, moreover, testifies to the possibility of an adverse effect on the human body of a “normal sexual life”. Currently, the dominant view is that masturbation can only lead to guilt, especially when it comes to religious people. In addition, in the literature one can come across remarks that excessive masturbation, in principle, cannot be. Thus, G.F. Kelly [7] reports that masturbation has no physical harm, regardless of how often it is practiced. Being sexually satiated, the individual simply loses interest in bringing himself into a state of sexual arousal.R. Crooks and K. Baur [2] speak less categorically regarding the use of excessive masturbation and its adverse effects. The authors note that even in those sources where masturbation is considered as a “normal phenomenon”, if it is carried out “in excess of measure”, it is often it is considered a deviant. In this case, as a rule, there are no criteria of excessivity. However, when a person masturbates so frequently that it has a profound effect on their life, it can be cause for concern. However, in such cases, some internal problem takes place, and masturbation as such is only its manifestation (symptom). As an example, the authors cite a situation where a person experiencing severe anxiety may resort to masturbation in order to reduce it and calm down. In this case, the problem is his emotional state, not the masturbation itself.In our opinion, the statement about the impossibility of excessive masturbation applies much more to non-problem mentally healthy individuals who have a normal mechanism for regulating sexual activity. However, in cases, when compulsive masturbation occurs, we cannot speak of normally functioning regulatory mechanisms. In addition, the idea that masturbation cannot be excessive and therefore not lead to adverse effects is associated with statements about the impossibility of overeating, physical overtraining and mental overload, which can lead to adverse effects. The incompetence of such statements is absolutely obvious [14]. Our opinion corresponds with the opinion of G.S. Vasilchenko [25], who called one of the types of masturbation he identified perseverative-obsessive, and G.I. Kaplan, B.J. Sadock [4], who point to the existence of compulsive masturbation. I will give one case from my clinical practice, where it was about excessive masturbation. The patient who came in for sexual dysfunction masturbated an average of 10 times a day, 4-5 times a week, sometimes more than 30 times a day (“it happened from 11 pm to 6 am”). He performed masturbatory acts continuously, “... not so that he finished, and then rested, but in a row. The first five times there was ejaculation and orgasm, and then less and less, but I experienced pleasant sensations after the onanistic act every time. Then the patient noted that on some days, maybe he masturbated not 30, but 50 times (I didn’t count exactly), but not less than 30.” Intensive masturbation is associated with the fact that he spent a lot of time at home, and there was nothing to do. When asked how he feels after intense masturbation, he answered: “Tension is relieved, it is easier to breathe, it seems that stress has been removed, I am flying on wings, peace, complete relaxation, euphoria like after taking drugs. I just had a deficit of positive emotions and in this way (by masturbation) I improved my mood. After that, some kind of semi-drowsy sleep, I don’t turn off, that is, I’m between sleep and wakefulness, and in the morning, I feel that my heart is overloaded, I feel as if there is not enough space for it, I feel discomfort in the sternum in the morning in within a few hours after a night’s sleep. This patient had schizophrenia. The modern trend, according to which masturbation has an extremely positive effect on a person, is reflected in the statement that it is it is in many ways similar to other types of sex. The only difference is that “usually you don’t have company.” Masturbation is “a joyful act that you can continue for the rest of your life. This is one of the best means of sexual release. It is completely harmless to you and to society. Except, of course, that your ears will fall off” [24]. The last remark reflects an ironic attitude towards those extremely harmful consequences of masturbation, which were named in the old literature, and appeals to the reader’s sense of humor. Classification of masturbation according to G.S. Vasilchenko G.S. Vasilchenko notes that we should not talk about masturbation, but about masturbations. He suggested distinguishing different types of masturbation [25]:

1. Frustrated pseudo-masturbation (6.1%) – manipulations on the genitals, the effect of which is limited to the appearance of erections and does not lead to either ejaculation or orgasm (sensitive manifestations do not go beyond Wollust).

2. Early prepubertal masturbation (10.6%). Its criteria are an early onset (at least a year before the awakening of sexual component of libido, most often at the age of 10 years), as well as the presence in most cases of dissociation between ejaculation and orgasm. As a rule, dissociation (orgasm without ejaculation or ejaculation without orgasm) is observed only in the initial period and then is replaced by the establishment of the usual physiological stereotype.

3. Masturbation of the period of youthful hypersexuality (72.9%). It is characterized by the onset after the awakening of sexual component of libido at the age of no earlier than 10 years, usually after the first pollutions (if the pollutions did not precede the first masturbatory act, the absence of dissociation between ejaculation and orgasm serves as an auxiliary criterion).

4. Substitution (vicarious) masturbation (5.8%). It differs from the previous one by a later onset (usually after 20 years) and always arises after the onset of sexual activity.

5. Perseverative-obsessive masturbation (2.1%). This type of masturbation is characterized by obsessive traits. In the most severe cases, it is practiced in the absence of libido, erections, and orgasm. So, one of the male patients, suffering from schizophrenia, complained: “There is no desire, the orgasm first dulled, and then completely disappeared ... I don’t feel any joy from this; why do I need all this – I don’t know, but I can’t stop”.

6. Imitative masturbation (1.4%). Its distinguishing feature is that masturbatory acts are never performed in private and on their own initiative. Here is a typical story of one of the patients: “When I was in fifth grade, during the big break, the kids would gather in the restroom, line up and start masturbating” Who was ejaculated last was considered the winner. I have always been the undisputed champion, because I either did not ejaculate at all, or ejaculated later than everyone else. What did you experience? A slight tickling...” Outside of school, he never masturbated.

The cited author also singled out cases of masturbation that cannot be classified (1.1%). This classification is widespread in the post-Soviet space.

Its analysis shows that in the vast majority of cases masturbation does not have a pathogenic effect on the human body. Moreover, masturbation of

the period of youthful hypersexuality promotes sexual development, and substitutional masturbation performs a compensatory function. At the same time, perseverative-obsessive masturbation is carried out in a regime significantly exceeding the constitutional optimum. The author of this classification expresses the opinion that early pre-pubertal masturbation can have an adverse effect on the prostate.

Classification of possible adverse effects of masturbation

according to G. S. Kocharian

The experience of our clinical work suggests that masturbation can have adverse effects, which is reflected in our classification of the negative effects of non-instrumental masturbation [9; 14; 15].

I. Cognitively conditioned pathogenic influences.

A. The idea of the dangers of masturbation. May lead to the following adverse effects:

1. Imaginary sexual disorders and psychogenic sexual dysfunctions. If the former is due to a distorted interpretation of normal sexual manifestations, which is associated with the influence of information about the pathogenic effects of masturbation, then the latter are the result of fixation on the sexual sphere arising under the influence of such information. This can lead to DE automatization of sexual functions and, in particular, manifest itself as a weakening of erection. In addition, experiences associated with the expected negative consequences of masturbation can lead to a weakening of libido. To worsen imaginary sexual disorders and the named sexual dysfunctions, as well as to increase the severity of the latter can lead borderline psychogenic mental disorders that have arisen on their basis, which will be discussed below.

2. Psychogenic borderline mental disorders (neurasthenic, subdepressive / depressive, anxiety, anxiety-phobic, obsessive-compulsive, hypochondriacal).

2.1. As noted above, these disorders can develop in individuals who, after receiving information about the possible adverse effects of masturbation, due to fixation on the sexual sphere, imaginary sexual disorders and psychogenic sexual dysfunctions (mainly erectile dysfunction) occur. If in some cases, after receiving such information, the patient stops masturbating, then in others - no, which is associated with a pronounced sexual need. In the latter case, each masturbatory act is another psychotrauma. Psychogenic mental disorders can also occur in the parents of those who engage in masturbation. A woman came to us for medical help because her son, who is 16 years old, masturbates. She found out about this by following him, as she was wary of the fact that he sometimes lingered for a long time in the toilet. She was shocked and told her son about the many, in her opinion, possible adverse effects of masturbation. In connection with this, she herself fell ill with neurasthenia, for which she received appropriate treatment. She said that due to the fact that her son was engaged in masturbation, she applied to a psycho-neurological dispensary to a specialist in child psychiatry. He, after listening to her, said literally the following: “Let him do it for his health.” Such “psychotherapy” only added fuel to the fire. When a woman, at my request, brought her son, him turned out to be a guy of high stature and strong build. At 16, he masturbated, as it turned out, once a week. Only after adequate psychotherapy, including information about various types of masturbation, as well as an explanation of the fact that in this particular case we are talking about masturbation of the period of youthful hypersexuality, which in no way has an adverse effect on the body, did all the signs of neurasthenia in the mother level out.

2.2. Anxiety, anxiety-phobic and obsessive-compulsive disorders.

2.2.1. Syndrome of anxious expectation of sexual failure. In some cases, this syndrome can form even in the period preceding the first sexual contact (the

so-called pre-manifest variant of the formation of the named syndrome). It precedes of sexual dysfunctions, often arising due to its presence during the first sexual contact [16; 17]. This, in particular, may be due to fear of the adverse effects of masturbation.

2.2.2. It is reported that the idea of the immorality of masturbation can lead to the development of anxiety-phobic and obsessive-compulsive disorders of the neurotic register, symbolically expressing the attitude towards masturbation, which was previously practiced, as something unscrupulous. Thus, A. M. Svyadoshch [22] suggests that a woman may develop an obsessive fear of pollution (misophobia) due to the fact that when she was engaged in masturbation, she considered this activity dirty, morally unacceptable. (Mysophobia is classified as an obsessive-compulsive disorder.) R. Karthikeyan, V.D. Swaminathan [6] reported on 6 male college students who were referred for treatment for masturbatory guilt with secondary anxiety and manifestations of depression.

2.3. Hypochondriacal disorders. K. Imelinsky [3] reports that such disorders may arise on the basis of misconceptions about masturbation.

3. Inferiority complex. A person believes that as a result of masturbation, he became somehow defective, as he caused some harm to his body, including the sexual system. At the same time, there may not be any sexual disorders during sexual intercourse. He, in particular, can call to mind this “harm”, for example, when, after some period of a normal sexual life, he has sexual problems.

B. The idea of masturbation as something “dirty”, morally unacceptable, sinful can have a pathogenic effect, which leads to feelings of guilt.

II. Behaviorally conditioned pathogenic influences (wrong learning), leading to the formation of pathological sexual stereotypes.

According to the behavioral approach, certain pathological manifestations are the result of incorrect learning. Such learning can occur, in particular, when masturbation is combined with certain situational stimuli that cause sexual arousal and contribute to its growth (tactile, visual, olfactory, temperature, mental, including intrapsychic [fantasies]), which are absent during sexual intercourse. To this should be added preventing the occurrence of ejaculation during masturbation. The result of such learning can be various sexual disorders. Let us give a description of the conditions for the emergence of pathological sexual stereotypes associated with masturbation.

A. Influence of situational stimuli.

The literature cites the fact that some men in childhood and adolescence, fearing exposure, masturbated in a hurry as one of the causes of premature ejaculation. This can lead to formation of pathological sexual response programs, and when a man commits to intercourse, he ends it quickly, even though the rush now is not at all necessary. One patient of ours attributed his premature ejaculation to the fact that during masturbation, which he engaged in as a teenager, he always tried to reach orgasm quickly [10]. We were approached by male representatives whose masturbation with using appropriate pornographic scenes developed homosexual desire, as well as desire to transvestites and transsexuals. A.M. Svyadoshch [23] gives examples when the combination of sexual excitement and masturbation with peeping sexual scenes led to the formation of voyeurism (visionism, scoptophilia) in a woman, and when considering the male penis by a woman – to exhibitionism in a man.B. Exposure to physical stimulation that differs (sometimes significantly) from that which can be recreated during sexual intercourse, and impressions due to the influence of external mental factors that accompany masturbation.In a number of cases, masturbation uses

physical stimulation that differs significantly from that which takes place during intimacy. For example, some adolescents masturbate by squeezing the head of the penis, others "roll" the shaft of the penis between the palms of both hands like dough, etc. It is quite natural that during sexual intimacy such tactile stimulation, habitual for a given man, cannot be reproduced, which, in particular, can cause anejaculatory coitus. One 28-year-old female patient of ours did not experience orgasm during intercourse with either of her two husbands (now she is divorced). Her repeated attempts to experience it during intimate intercourse with other men were also unsuccessful. At the same time, she is able to experience up to 30 or more orgasms after squeezing her thigh muscles for some time by placing one of them on top of the other. It turned out that this woman had her first orgasm in this way when she was 8 years old and still systematically resorts to this form of sexual self-satisfaction. Also, we may speak about influence of a complex of physical stimuli, including tactile, which are characterized by certain intensity, temperature and other parameters, which by themselves, and all the more in aggregate, cannot be reproduced during sexual intercourse. As an example, we can give a fragment of medical history of one of our female patients. A young woman who turned to us for treatment because of orgasm absence told us that she and her husband had tried various sexual techniques and positions, but despite the fact that her husband had very good potency and could prolong intercourse with ease, all her attempts to bring her to orgasm were unsuccessful. It turned out that when she was a girl, she used to direct the shower jet at her genitals while masturbating. At first, she just felt pleasant sensations, and after a while the orgasm began to come. By the time she sought treatment, it turned out that she could easily induce it in the same way.

C. The action of intrapsychic stimuli (fantasies) that differ significantly from those psychic stimuli that can be recreated in sexual acts.

Of great importance for assessing the pathogenicity of masturbation is the evaluation of the erotic fantasies that accompany masturbation. The more they differ from the plots that take place during intimacy, the more probable is the formation of pathological sexual stereotypes.

D. Exclusion of the possibility of ejaculation occurrence during masturbation.

It can take place when there is a fear of loss of semen, which is extremely rare in our culture now. Naturally that this kind of masturbation does not produce an orgasm either. If this type of masturbation is practiced regularly for a long time, it can lead to the formation of a pathological sexual stereotype, which manifests itself in sexual activity mainly with anejaculation and anorgasmia. It should be noted that, in general, that all those pathological sexual stereotypes are diagnosed not so often. At the same time, they seem to occur much more often than they are detected. In our opinion to this fact, it is necessary to add the unfavorable influence of inevitably arising at systematically practiced masturbation, deliberately not finished with ejaculation, stagnation phenomena, in particular, in area of a prostate that can lead to its pathology. Therefore, the negative effect of masturbation increases. L.Ya. Milman [21], characterizing this form of masturbation, notes that it is harmful because the prostatic part of the urethra, seminal tubercle, prostate gland, Cooper and Littre glands become swollen, congestion occurs in them, and this contributes to subsequent inflammation. There is also the question of the fate of unreacted sexual arousal (the energetic aspect of the problem). It follows that the systematic deliberate blocking of ejaculation, and consequently of orgasm, at least inevitably leads to a pathological adaptation.

III. Pathogenic influences due to masturbation that far exceeds the constitutional optimum in frequency (as an example – compulsive masturbation).

IV. Pathogenic influences due to physical injury (chronic penile swelling has been described).

V. Pathogenic effects of adverse effects of masturbation on sexual and psychological communication of spouses/sexual partners.

The analysis shows that in the approach we have presented, various nonpathogenic according to the classification of G.S. Vasilchenko types of masturbation (for example, of the period of adolescent hypersexuality) in a number of cases can have a negative impact (at present mainly by behavioral mechanisms: formation of pathological sexual stereotypes and violation of psychosexual development). It should be noted that recently the pathogenic influence of behavioral influences has increased significantly, which is associated with the widespread use of pornography presented on the internet. The combined use of the two classifications presented above allows a comprehensive assessment of possible effects of masturbation, including pathogenic ones [12].

It should be emphasized that previously the most common negative consequences of masturbation, based on the idea of its harm. At present, among non-specialists, such ideas are practically absent!

The view has gradually emerged that masturbation is in all cases harmless (with the exception, perhaps, of the emergence of guilt). However, as a consequence of masturbation, there can be adverse effects that develop according to the behavioral mechanisms we have presented above, which (such effects) are nowadays not uncommon. This is greatly facilitated by the use of Internet resources.

The positive effects of masturbation

Masturbation can nevertheless have positive effects (it promotes sexual development, fulfills a compensatory substitution function, has an antidepressant and anti-anxiety effect). It is also used for therapeutic purposes, including in our clinical practice (for premature ejaculation and anejaculation in men, anorgasmia in women, disorders of sexual orientation) [5; 8; 10; 11; 13; 19; 20].

Conclusion

In the given article we have tried to reveal a problem of possible pathogenicity of no instrumental masturbation, relying on the literature data and our own clinical observations, which does not allow us to exclude it from the list of the phenomena causing the occurrence of human health disorders. Attempts to fully rehabilitate it in this sense, which have been reflected in a number of special and popular publications, do not correspond to reality.

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DOI: 10.31579/2688-7517/069

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