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Is This My Body? A Manual on Navigating Child Masturbation Without Shame

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IS THIS MY BODY? A MANUAL ON NAVIGATING CHILD MASTURBATION
WITHOUT SHAME

by

STEPHANIE AMIS

A master's capstone submitted to the Graduate Faculty in Liberal Studies in partial fulfillment of
the requirements for the degree of Master of Arts,
The City University of New York

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Is This My Body? A Manual on Navigating Child Masturbation without Shame

by

Stephanie Amis

This manuscript has been read and accepted for the Graduate Faculty in Liberal Studies in satisfaction of the capstone project requirement for the degree of Master of Arts.

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ABSTRACT

Is This My Body? A Manual on Navigating Child Masturbation without Shame

by

Stephanie Amis

Advisor: Carrie Hintz

Children's natural exploration of their bodies and sexual expression through masturbation is often considered to be taboo by many adults and caregivers. It is important that children are taught that they have the right to explore their own bodies, to express and experience any sexual developments that may be happening. A child can be innocent and still have the freedom to explore the biological processes of their sexuality. In early Christianity, 19th century physicians and some 20th century psychologists greatly influenced the negative attitudes around aspects of child sexuality such as masturbation that still thrive today. As far as child masturbation, there is a silencing that continues as children remain excluded from having any agency in the realm of human sexuality.

Furthermore, the agency given to a child at a young age about their sexual experience is critical to their sexual life in adulthood. Parents and caregivers should encourage children's self-esteem and self-exploration to ensure less guilt and embarrassment. As our society struggles to hold on to its conservative and religious ways, maybe one day, westerners will finally accept children and their god given sexuality, and give them the freedom just to be children, in whatever shape or form that comes in, without restrictions.

My capstone project consists of a parent/caregiver's manual on the history of

masturbation as well as contemporary views. It offers guidance on how to give children the agency and support needed to navigate the exploration of their bodies through the different stages of development.

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NARRATIVE DESCRIPTION

1. Description of the Capstone Project

Is This My Body? A Manual on Navigating Child Masturbation without Shame is a modern sex education manual specifically focusing on child masturbation. This manual explores scientific studies and literature as evidence and gives guidance to parents and caregivers on how to navigate with care the often shame-filled topic of child masturbation with their children.

This capstone project is a creative way to tackle a difficult subject in the development and sexuality of children that is usually avoided or overlooked in children's studies. Though sex education classes, manuals and guides briefly touch on child masturbation (and focus more on this topic around late preadolescence or adolescence), this manual is unique because it is the one of the first, if not the first, manual to be exclusively about child masturbation and covers the stages from birth to pre-adolescence. Not only is the information in the manual thoughtful and provocative but it includes over fifty years of sociological research that has always given validity to the normal sexual development of children through masturbation.

This is a written project with no digital or graphical components (besides the manual's cover page) and consists entirely of scholarship and research dating back from the 18th century to the 21st century. This research, which centers around child masturbation, includes academic and sociological studies; archival material of a 20th century child rearing brochure; questions posed by parents and female caregivers; scientific journals and website articles; 18th century texts for historical context; and academic scholarship on masturbation.

The development of this capstone project began in Fall of 2019, during my second year at the Graduate Center. I was led to pursue this topic for two reasons: the shame my niece was

experiencing from others when she began to masturbate at the age of two; and a childhood studies course that essentially sparked my interest in childhood sexuality.

My niece is the main reason for me pursuing this topic for this capstone project. She started attempting to masturbate as a toddler and I had never heard of such a thing nor had my sister. From societal rules/taboo and our Christian upbringing, my sister felt uncomfortable and told my niece this was a bad thing to do. On the other hand, my mother said it was normal and did not care if my sister allowed my niece to touch herself or not. These seemingly different reactions interested me because I thought my niece had a right to explore herself. It was her body, right?

This made me curious and I wanted to know if this was normal and also why this was considered bad by so many. It seemed to be a normal occurrence because my niece was not taught this act and as an infant, she would touch her vulva during diaper changes and baths. It appeared to be a natural progression in her development, but I did not know of any scientific data on this topic. However, as my niece was told continuously that touching her body was bad, I could not help to think about the damage this could do to her psychologically. Shame and guilt have been linked to many mental illnesses in recent years and I knew my sister was not informed on the ways she may be shaming my niece.

To gain knowledge on child masturbation, I searched online for sex education videos and sex education manuals/guides such as Robie Harris's manual *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health*, Gail Saltz's guide *Changing You!: A Guide to Body Changes and Sexuality*, and Laura Berman's *The Sex Ed Handbook: A Comprehensive*

Guide for Parents. This information increased my curiosity and confirmed my observation of child masturbation as a natural process in children.

After researching Christian writers, I learned how masturbation (which was always observed) transformed into a sexual immoral act and a sin against God. This idea would be retold for centuries in the Church, in Christian family homes and by Christian writers. Secular writers have always challenged this idea and pointed to the Bible as not being clear on the matter, but the seed was planted and many in society were influenced by it. Masturbation was an ungodly act, and children especially should be banned from doing it, was the message. And this was the position my sister stood on even though my mother never taught her that, but society did.

Around this same time, I were picking topics for my class presentation and final project for the “Introduction to Childhood and Youth Studies” course I was taking. Because I was already engaged in research about child masturbation, I decided that this would be the topic I would pursue for this course. This pointed me toward the historical background of child sexuality in ancient cultures, the historical scholarship of medical doctors and psychologists on child masturbation, the early Christian writings by saints on sexual immorality, and modern views on the positive effects of masturbation. For this project, I would later include research from sociological studies and academic journals and articles from different fields such as psychology, child studies, sexology and education.

Initially, after some brainstorming, I was considering doing an online blog that consisted of a Q and A focused on questions parents and caregivers had about child masturbation as I did when I first observed my niece. But I decided to write a manual because not only have I written one before on sexual pleasure, but I wanted the narrative of the writing to be both informative

and educational. As a creative project, this gave me the freedom to produce a project that demonstrated my creative writing while at the same time being deeply rooted in scholarship.

After writing the manual, I was then tasked with coming up with the design ideas, title and color scheme for the cover. This consisted of various versions and redesigns to capture a simplistic but fun cover. Fortunately, working with a patient graphic designer definitely helped to bring my vision to life and capture the somewhat whimsical but serious tone I was going for. I worried about the not so neutral color but wanted a color that would produce a calming effect in a world that is currently extremely heightened by anxiety.

2. Relationship to Track and Course of Study

As a MALS student in the “Individualized Studies” concentration, I had the choice to pick my core courses. As one of my core courses, I chose “Introduction to Childhood and Youth Studies” with Professor Carrie Hintz. This capstone project was entirely inspired from the coursework that I had to produce for this course. Before this course, I was not familiar with childhood studies nor have I ever heard of the wide range of subject matters discussed in this field. I had only previously taken courses in child psychology at CUNY LaGuardia Community College, so it was this course that introduced me to the topic of childhood sexuality.

Professor Carrie Hintz encouraged the exploration and discussion of the controversial topics of child marriage, child soldiers, child workers, and child deportation. In the class discussions about childhood sexuality, it became apparent how intertwined religion was and how it played a big role in how children were still viewed even in modern times. These ideas of innocence and purity had foundational roots from Christianity. This intrigued me because I did a dual major for my bachelor’s degree in Psychology and Religion at CUNY Brooklyn College.

And it was this connection between childhood sexuality and religion that sparked my interest to pursue this topic further.

This course had me examining critically the ethical implications for viewing children as pure or, alternatively, having a sexual nature. I was challenged with confronting my own beliefs and comfort level about children engaging in pleasurable acts. Readings given to me by Professor Carrie Hintz to further my knowledge included Christine E. Kaestle and Katherine R. Allen's *The Role of Masturbation in Healthy Sexual Development: Perceptions of Young Adults* and Planned Parenthood's *Masturbation — From Stigma to Sexual Health*. These two readings greatly influenced the direction of my course presentation and my final paper which was on child masturbation and helped change my perspective on childhood sexuality. Also, I learned that shame and guilt were not only harmful especially for children but was the common response of parents and/or caregivers when they saw their children masturbate.

Professor Carrie Hintz often had to encourage me to continue my pursuit of this topic as I felt the weight of tackling something that was still very much taboo. In class discussions leading up to my presentation on child masturbation, there was silence or confusion about the topic. One classmate commented privately to me that as a preschool teacher, she encountered child masturbation many times, but it still made her uncomfortable to talk about. She confessed that even though she knew logically that it was normal, she was taught it was a sin. This was the pattern that kept emerging in conversations I was having: an observable norm in conflict with an illogical belief.

My final paper in that course would be the conceptual and theoretical foundations for my capstone project. Previous experience with writing a manual and the research of other manuals

and guides helped me in building a creative foundation. This course brought me invaluable inspiration and knowledge that enable me to feel confident enough to go the creative route for this project in completing my master's degree.

3. Evaluation

The main objective to my project was to create a manual on the historical and contemporary views of masturbation as well as to be thoughtful and informative about how to give children the agency and support needed to navigate the exploration of their bodies through the different stages of development. I believe that I've accomplished this objective. The other objectives included building on previous sex education manuals/guides but being unique and being deeply rooted in scholarship. Both, I believe, were realized. This manual came out how I imagined it to be.

The manual I created captures a quick overview of the history of child masturbation and how negatively (mostly) it was viewed because of the influence of Christianity on medical professionals and child rearing experts of the eighteenth, nineteenth, and twentieth centuries. Then it transitions to the modern and scientific view that masturbation is normal, concluding each section with thoughtful guidance, and information about how to give a child agency over their bodies. Meanwhile, I worked to create a sex education manual/guide specific to masturbation and not encompassing every element of sexual development in childhood like other manuals did and continue to do.

Lastly, this project is deeply rooted in scientific and academic books, articles and journals spanning across centuries and sociological studies done in the last fifty or so years. The manual starts with a historical overview on the perceptions of child masturbation. Academic books

include 18th century Neurologist Samuel Tissot's book *L'Onanisme, ou Dissertation Physique sur les Maladies Produites par la Masturbation (Onanism: A Dissertation on the Diseases Caused by Masturbation)*, Dr. J.H Kellogg's 19th century book *Plain Facts for Young and Old*, Sexologist Havelock Ellis's book *Studies in the Psychology of Sex: The Evolution of Modesty, the Phenomena of Sexual Periodicity, & Autoeroticism*, Child Psychologist G. Stanley Hall's book *Adolescence*, and an early 20th century childrearing brochure called *Infant Care* that I discovered in an archive.

I also read a variety of scientific articles that demonstrated the cost of shame and guilt on the developing brain of a child. These articles showed the long-term effects of living with shame and guilt and how it can damage the quality of life in adulthood. Moreover, the more shame and/or guilt a child experiences over the course of their childhood, the more harm is done to their self-esteem and self-conscious.

Low self-esteem or self-consciousness can lead to a variety of unhealthy side effects in adulthood like addictions, body image issues, sexual promiscuity, mental illnesses, intimacy problems, etc. It turns out that shame and/or guilt is internalized by the individual and builds over time. Most parents and caregivers use shame and guilt as a passive aggressive way to control or stop unwanted habits in their children. Usually this is done in subtle ways like telling a child that touching their body is bad and then punishing them if they disobey that rule without considering the rule itself as counter to what is natural. These academic articles explore the negative effects of a common strategy used to discourage masturbation.

In the Infancy section, I drew on many sociological studies by Meizner, Newton and Newton, Lewis, Levine, Kinsey and Galenson and Roiphe. These sociological studies illustrate

how early infants begin touching themselves, as early as in the womb of their mothers or as infants breastfeeding. Infants not only display a need for sensuality and a curiosity to explore themselves through touch but can show a capability to experience intense pleasure. As infants grow, so does their sexual impulses for self-pleasure. Many social scientists that observed children in this manner saw that self-stimulation/genital play was normal and that it would advance to masturbation when rhythmic arm movement was achieved. Children under two or three in some studies were not considered to be masturbating due to non-rhythmic movement, however, in some cases, infants were shown to not only to be able to masturbate but to climax. In many ways, this changed the narrative of childhood as non-sexual to one of a naturally evolving and developing sexual nature.

Some examples of works in the early childhood section include “Pediatrics Observations on Masturbation in Children” (Levine, 1957), “The Sexual Development of Boys” (Ramsey, 1943), and *Sexual Behavior of Preschool Children: Teachers’ Observations* (Gundersen, Melas, Skar, 1981). These sociological studies explore the increased capacity of sexual impulsivity, pleasure and masturbation in early childhood compared to infancy, as well as how parents (caregivers) reacted and understood their child’s urge to self-stimulate. It turned out that parents were more accepting of their boys masturbating than their girls but were uncomfortable with the act in general and preferred that their child didn’t do it. This led to the avoidance of sex ed conversations and children gaining knowledge through other means such as friends or outside sources.

The early childhood stage proved to be an important time when many children stopped the practice of masturbation after being shamed or being unable to attain orgasms in this stage as climax was a big motivator for children deciding to continue with this practice. Also, the women

interviewed commonly remember achieving childhood orgasms around the age of three or four. Interestingly, more boys than girls admitted to masturbating in early childhood; one factor proposed was that males seemed to find out about masturbation from other male friends early on while females learned later through female family members. However, besides masturbation, children at this stage were shown to be engaging in sexual behavior such as kissing, groping, touching, and experiencing romantic attraction to other children their age in school.

For the preadolescence section, a few examples include “Progress in Empirical Research on Children’s Sexuality” (Borneman, 1983), “Sexuality and Gender in Children’s Daily Worlds” (Thorne and Luria, 1986), and *The Sexual Life of Children* (Martinson, 1993). These sociological works further examined children’s sexuality during this stage with the added pressures of puberty. Not surprising, masturbation is even more prominent in preadolescence as hormones rage rampant and attraction to other children becomes more intense. Consequently, courtship and sexual experimentation isn’t unusual for grade school children especially since opportunities to hang out outside of school grow.

The section on the positive effects of masturbation was meant to be short and simple because of the extensive amount of research presented in the previous sections. There is an overwhelming consensus in many fields that masturbation is beneficial to the physical and mental wellbeing of a person. Most medical professionals support and encourage masturbation in children and adults because it’s natural and the positive effects outweigh the negative effects of shame and guilt that come with preventing masturbation.

The Q and A section consisted of tackling societal myths, religious questions that are commonly associated with masturbation, as well as fostering personal reflection. I asked family

members and friends what their thoughts on child masturbation were and used their responses to formulate questions and answers. In the myth portion, I was able to paraphrase a few questions from Journalist Michael Castleman and in the religious portion, I use Biblical scriptures and the writings from 4th century Christian Bishop Augustine of Hippo to answer some questions. But all other questions and answers in this Q and A section were carefully thought of and answered by me.

My personal challenges during this process of creative writing for this project was mainly due to depression and a lack of motivation that likely was due to the pandemic. Everyone had to adjust to a new normal of consistently staying indoors, unfortunately, this dramatically increased my time in isolation alone causing an inescapable loneliness. I couldn't predict how this would impact my creativity when it came to me producing work. Dreadfully, it took months for me to even attempt to get a page of work done. As time felt against me, I managed to overcome my difficulties by leaving the state and spending time with family in the south.

Additionally, I had a thought to do a survey with a wide range of parents and caregivers on their thoughts and feelings on child masturbation and questions they had about this topic. This was going to be the basis for the Q and A section of the manual and then I wanted to have a sexologist or child psychologist answer those questions. But the pandemic made this task difficult and this idea didn't go any further. The next ideas were to create an Q and A blog on child masturbation or to create a series of YouTube videos talking about this topic in depth while answering questions. These ideas unfortunately did not seem creative enough for me, so I decided against it. The last idea was to create a manual for kids with fun illustrations and easy to read but at the last minute I decided to do a parent and caretaker manual instead since children are the main receivers of shame and guilt from their caregivers. This indecisiveness set me back

two months of time as I struggled to make a decision for the idea I wanted to create after deciding against doing a thesis.

Sadly, my current challenge is dealing with the death of my 23-year-old brother who died unexpectedly in December, one week before Christmas. I'm still in a state of disbelief and shock that I can't even comprehend the loss yet. With the deadline approaching quickly to submit my project and white paper, I have no choice but to work through the grief and disbelief. Fortunately, I was still able to finish writing my capstone project but there were days I was left unable to think and to motivate myself. Though, I am still battling through those days and pushing myself to continue working on my project while mourning and enduring almost a whole year of a pandemic, I was able to finish before the deadline. I'm not sure how I handled and will continue to handle these mental and emotional setbacks, but I do know I just want to make my brother proud.

4. Continuation of the Project

I would like to make a manual on masturbation in adolescence. I did not get to include this stage in my capstone project due to time and being in mourning. However, most sex education manuals and guides usually focus on masturbation at this stage, so I did not feel it was necessary to include this stage and it did not make my manual feel incomplete. Moreover, I feel creating its own manual may be useful since the adolescence stage would cover critical moments from 13-18 years old and the guidance and information would differ greatly compared to the earlier stages.

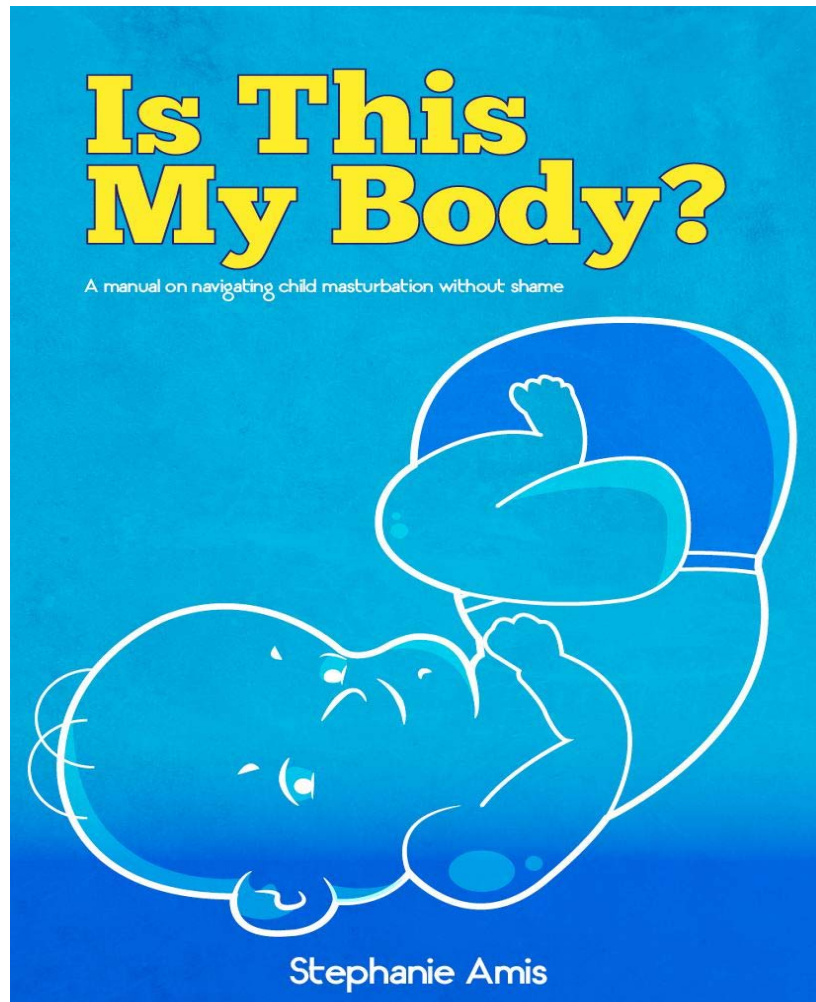
Moreover, I would like to create a manual that is specifically for grade school children to read and to help navigate them through their sexual development. Most sex education manuals,

handbooks and guides are geared towards adolescence children, parents and caregivers. While there are some marketed for children, I would like to create my own storybook style manual with child friendly illustrations and language. I really want to push the point that children's agency over their bodies is important and add to the collection of kid friendly books like Robie Harris's manual *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health*, Gail Saltz's guide *Changing You!: A Guide to Body Changes and Sexuality*, which truly inspired me.

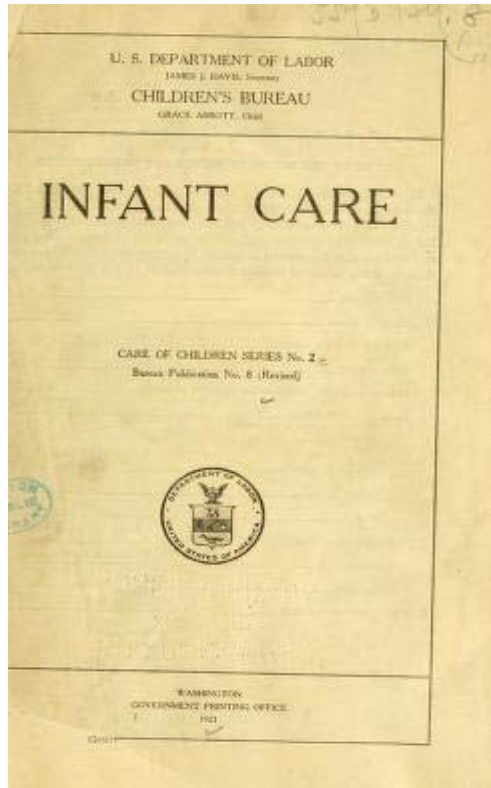
Finally, I would still like to do a video series on YouTube about child masturbation that could be easily accessible to all age groups. I think it would be informative to go through the scientific sociological studies and academic journals in deeper detail. Many people are visual and audio learners, and these videos could be not only filled with visually appealing illustrations but an audio breakdown of these scientific and academic readings, which would deepen the understanding and information about child masturbation. There would be a series dedicated to adults and a series dedicated to early childhood through adolescence.

5. Appendix: Screenshots of project

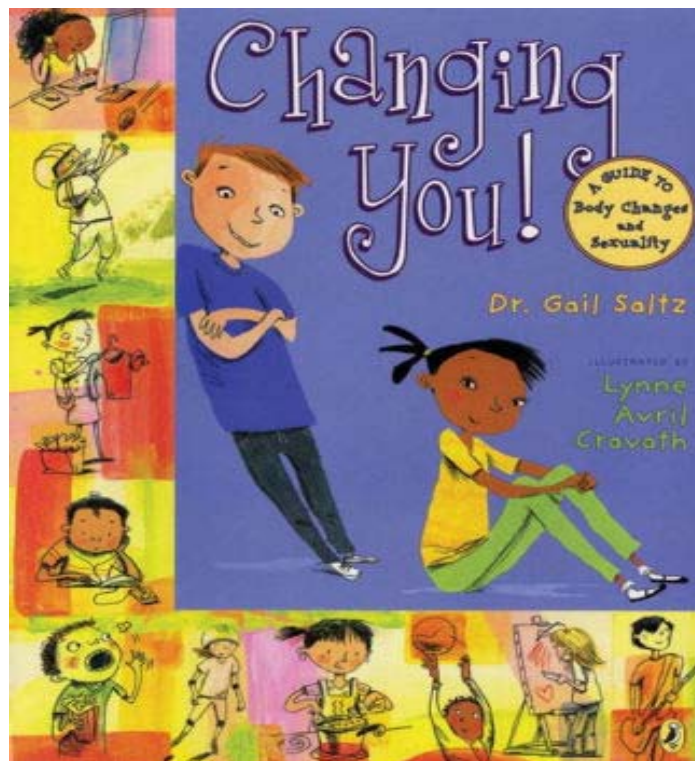
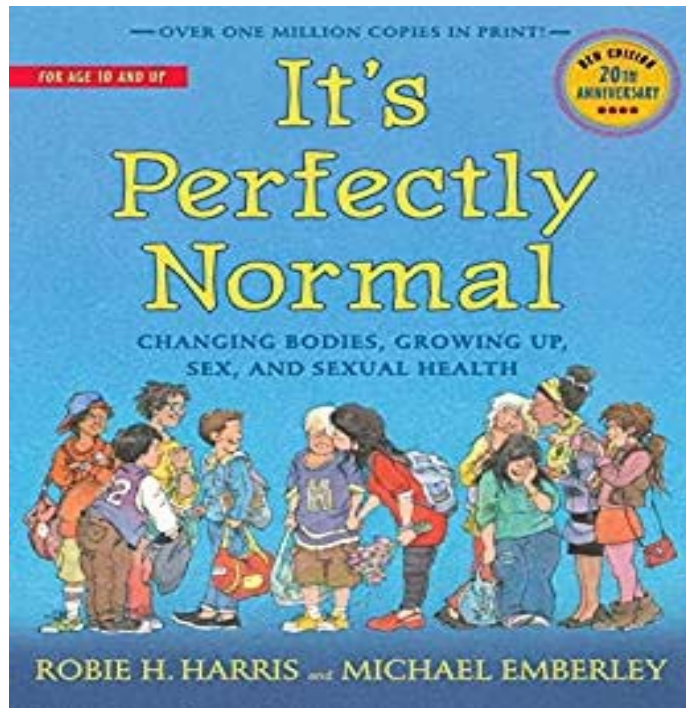
Cover page



Examples of archival materials



Examples of inspiration materials



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PART TWO

IS THIS MY BODY? A MANUAL ON NAVIGATING CHILD MASTURBATION
WITHOUT SHAME

by

STEPHANIE AMIS

Is This My Body?

A manual on navigating child masturbation without shame



Stephanie Amis

Is This My Body? A Manual on Navigating Child Masturbation without Shame

History of Repression of Child Masturbation

When children are born, it is hard not to see them as helpless and innocent people, so little and filled with demands of care. It's almost impossible to imagine that something so precious is going through a sexual development. That's why it's not surprising that children have been portrayed as having no sexual nature throughout most of modern history. The bodies of children have been treated as bodies that needed management by parents and caregivers for centuries. This can be seen by centuries of advice and childrearing guides that taught parents and caregivers how to stop, manage, and control undesirable habits. One of these undesirable habits were just children wanting to explore their bodies or stimulate their genitals, but this was met with disapproval, shame, or misguided medical restrictions. Christian thinkers have told children that masturbation made them immoral, sinful, mentally ill or unredeemable.

Parents and caregivers are not always fully responsible for this unfortunate shaming; many were just following the authoritative direction of childrearing experts, church leaders and medical professionals. We can all agree that raising children is one of the hardest jobs bestowed on humanity and so looking for help from leaders in these fields sounds reasonable. The problem with this anti-masturbation discourse, which was greatly influenced by Christianity and seeped into the medical and child rearing fields in the last three centuries, is that it created great fear and anxiety around masturbation. The advice of medical experts was deeply rooted in a lack of understanding of human sexual development. This established a societal discourse that was based more on myth and beliefs than the scientific findings on the natural order of human development.

The most influential text of the eighteenth century that greatly impacted the medical views of the nineteenth century was *L'Onanisme, ou Dissertation Physique sur les Maladies Produites par la Masturbation (Onanism: A Dissertation on the Diseases Caused by Masturbation)*. Neurologist Samuel Tissot's 1760 French text would be the first to link masturbation to insanity and would continue the scientific bias against sexual expression. This new scientific declaration not only created new opportunities for research in the medical field, but it also created fear and anxiety for Western society. He claimed that "a patient not only loses strength, becomes emaciated and pale, but the memory is impaired, a continual sensation of coldness affects all the extremities, the sight becomes dim, a voice harsh, and the whole body, gradually wasted; the sleep is disturbed by unpleasant dreams, does not refresh, and pains are felt like those produced by bruises" (Tissot, 5).

In 1881, Dr. J.H Kellogg wrote a book called *Plain Facts for Young and Old*, in which he talked about the conditions that caused masturbation, such as "sexual precocity, idleness, pernicious literature, abnormal sexual passions, exciting and irritating food, gluttony, sedentary employment, libidinous pictures, and many abnormal conditions of life are potent causes in exciting the vile practice" (Kellogg, 236–237). Dr. Kellogg also wrote about child masturbation that had been largely ignored in the medical literature for a century because children were not seen as sexual beings. On children practicing the sexual act he said:

A child may have been reared with the greatest care. From infancy he may have been carefully shielded from all pernicious influences, so that at the age of ten or twelve, when he is for the first time sent to school, he may be free from vice; but when he associates with his fellow-students, he soon finds them practicing a habit new to him, and being unwarned, he speedily follows their filthy example, and

quickly becomes fascinated with the vice. Thousands have taken their first lessons in this debasing habit at school.

Teachers and scholars testify that it is often practiced even in school hours, almost under the teacher's eyes; but where the infection most quickly spreads is in the sleeping apartments, where more than one occupy the same bed, or where several sleep in the same room. Nothing is more indispensable to purity of body and of morals than a private sleeping-room, and a single bed for each student. Such an arrangement would protect the youth from the reception of much evil and would allow an opportunity for privacy which every young man or youth needs for his spiritual as well as physical benefit. Not the least benefit of the latter class is the opportunity for a thorough cleansing of the whole body every morning, which is almost as indispensable to purity of morals as to cleanliness of body. The same suggestion is fully as applicable to the sleeping arrangements of girls (Kellogg, 237–238).

Instead of seeing masturbation as a natural occurrence in childhood, Dr. Kellogg blamed other children and their sleeping arrangements for the start and continuation of masturbation. From his perspective of not seeing children as sexual beings, he felt their purity was in jeopardy and it needed saving because their bodies were not their own to manage. This text illustrates the religious undertones that were entangled in the medical thought of that time and how influential the Christian church was on many aspects of society.

On the contrary, in 1889, Sexologist Havelock Ellis advocated for masturbation to be used as a tool for relaxation and stress relief, though not excessively. In his book, *Studies in the*

Psychology of Sex: The Evolution of Modesty, the Phenomena of Sexual Periodicity, & Autoeroticism, he disputed Tissot's view of masturbation and the western medical perception that formed from those beliefs:

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 bogy down from its pedestal, and now . . . there is even a tendency today to regard masturbation as normal (Citation in Stengers and Van Neck, 132–5; plannedparenthood.org).

Dr. Ellis was revolutionary in his time because he wanted to talk and research about the taboos of sexuality in society. He presented evidence of child masturbation and the variety of sensations that studies had shown to be pleasurable to children. He wrote about children masturbating as young as three years old to a European world that thought children had no sexual feelings in youth. He challenged the misunderstanding and miseducation of church leaders and medical professionals about the sexual nature of children.

Unfortunately, this view did not stick long because people went back to previous notions. In 1904, Child Psychologist G. Stanley Hall published *Adolescence*, in which he rejected claims that masturbation in boys caused psychosis or even death but did believe it caused neurasthenia (a medical condition with emotional disturbance), heart problems, digestive issues, stunted growth, aging and impaired heredity. Dr. Hall was so opposed to child masturbation that he said that it was “a dangerous Malady,” because to him, it ruined the character and body of an

individual. This medical stance would influence the U.S. Children's Bureau's 1914 childrearing brochure called *Infant Care*, which proclaimed that masturbation was an "injurious practice which must be eradicated as soon as discovered, if at all, as it easily grows beyond control." The recommended treatment was "mechanical restraints."

The 1924 book *Larousse Medical Illustré* argued for the acceptance of child masturbation by explaining how "Parents are wrong to be alarmed at a habit which, most often, has no serious drawbacks..." (Citation in Stengers and Van Neck, 154). Additionally, early in Psychologist Sigmund Freud's career he too believed that masturbation caused neurasthenia and greatly damaged one's moral development. However, by 1926 he changed positions and saw the benefits of stress relief it gave to his female patients (Arnett, 192).

In 1937, *The Encyclopedia of Sexual Knowledge* encouraged doctors to explain to their patients that masturbation was harmless and that they could do it as frequently as they wanted to instead of distracting themselves with other activities only just to feel guilty about wanting to masturbate (Stengers and Van Neck, 161). In the 1940s, a slew of research from Biologist Alfred Kinsey and Psychologist Sigmund Freud produced evidence supporting the fact that masturbation had always been harmless and that information to the contrary from religious and historical misinformation caused more harm than the sexual act (Patton, 294). Dr. Alfred Kinsley shockingly found that 92% of males and 62% of females masturbated, dissolving the myth that women didn't have orgasms (Patton, 295). German Psychologist William Stekel studied masturbation in clinical research and found "that traditional social, religious, and medical precepts about masturbation caused severe anxiety, depression, scruples, perfectionism, neurosis, neurasthenia, psychosis, and suicide. Following Freud's theory that sexual repression caused

human illness, Stekel opposed linear religious and medical absolutes, calling for a change in traditional thinking about masturbation” (Patton, 295).

As medical views on child masturbation changed, so did childrearing experts’ views. The 1940s brought on a softer approach to child masturbation, with experts advising caregivers to just ignore or not shame a child who was self-stimulating. The 1960s brought about sex education dispelling guilt and fears associated with masturbation (Patton, 295-296). By the 1970s, masturbation was normalized as proclaimed in the 1972 American Medical Association publication, *Human Sexuality* (Rowan, 126). The 1980s pushed forward more research revealing how “masturbation has been found endogenous behavior in primates, mammals, in utero; in infants, children, teenagers, and adults of male and female sex” (Patton, 296).

From this historical overview, we can see how masturbation was seen negatively before and then regarded as more positive as time went on. In modern medicine today, masturbation is thought to bring forth positive benefits and is without a doubt normal in human development. But why are children still shamed for touching their bodies? Why is child masturbation still taboo in our modern society? These questions appeared to me after my sister scolded my niece for touching her vagina after bath time. I asked: “Why did you tell her not to touch herself?” My sister responded that “I do not want to see that, and kids should not be doing that.” That response made me realize that even though we lived in a modern society, we still held very damaging beliefs from the past. Also, I realized that parents and caregivers were still shaming their children even with research and medical studies available to help them to gain a better understanding of child development and children’s agency over their own bodies.

In this manual, I will explore the negative effects that shame and guilt can have on a child and the different stages of child development focusing specifically on masturbation. I would like to explore child sexuality in the context of masturbation during three different stages of development: Infancy, Early Childhood and Preadolescence. Societal discourses on child masturbation have been very restrictive and uncomfortable with the sexual expression of children. This lack of openness and understanding by adults has led to the denial of childhood sexual expression. Moreover, 19th century physicians and some 20th century psychologists greatly influenced the negative attitudes around masturbation that still thrives today. But towards child masturbation, there is a silencing that continues as children remain excluded from having any agency in the realm of human sexuality. I will end the manual with a brief Q&A that addresses popular myths, Christian beliefs and the adult's personal history with masturbation.

Research on the Lasting Effects of Shaming a Child

Child masturbation has never been a rare occurrence. In fact, scientific studies show that many American families believed that a majority of children masturbated (over 90% for males and over 50% for females) (Leung and Robson, 238–241). Parents and caregivers have always observed the sexual nature of their children and chose to either accept or reject it. Specifically, in western society, we have chosen to avoid or ignore the sexuality of children altogether (Gagnon, 451–466). In contrast, many countries around the world have chosen to accept it.

I would like to note that I'm in no way supportive of the extreme sexual acts that are produced from seeing children as little adults. Nor should children ever be in sexual relations with adults or suffer from sexual abuse or any abuse for that matter. However, avoiding, shaming, criticizing, ridiculing or humiliating a child who is going through their natural sexual development is classified by psychologists as emotional abuse (Renshaw, 24, 29-30, 32-3). Inevitably, fear is the byproduct of emotional abuse that children tend to carry into adulthood, which can show up as depression, anxiety, sexual repression, body shaming and self-doubt (Mollon, 167-178).

Shame and guilt happen (in the context of child sexuality) when parents' and caregivers' fear or misunderstanding about their child's sexual nature or development causes punishment or a lack of love (consciously or unconsciously) towards that child due to their sexual expression. When a parent or caregiver tells a child not to touch themselves because it's immoral, sinful, unnatural, nasty or uncomfortable to the parent or caregiver, this in turn humiliates, embarrasses or shames the child for doing something natural to them. The parent or caregiver unconsciously implies that children do not have agency over their bodies and that they are doing something

wrong. Shame in extreme situations essentially create thoughts and feelings of unworthiness, distorting the view of who the child thinks he/she/they are. This can lead to real complications in adulthood because shame can evolve into emotional instability, insecurity, low self-esteem, addiction and unhealthy relational bonds (Allen, 195).

Children have an emotional need to feel loved, wanted, and accepted by parents and caregivers in order to develop a strong sense of self. Any time a child encounters shame from a caregiver over a long period of time such as in the urge to explore their bodies or to masturbate but are constantly told not to, this aspect of their sexuality is diminished and rejected. Many adults who suffer from self-image or sexual intimacy issues attribute these feelings to childhood abuse, shame and guilt cause by adults in their youth (Clarke, 529-533). Many parents and caregivers are under the impression that children forget these experiences in childhood without realizing that children internalize feelings of disappointment, lack of love and non-acceptance from the adult who is important to them. Therefore, the appropriate reactions of parents and caregivers and proper education of misconceptions surrounding masturbation is fundamental for the emotional well-being of children.

Self-awareness Questions for Parents and Caregivers

- Do you think you carry cultural baggage about masturbation? What were you taught growing up from parents or caregivers in your life and how much of that do you still follow?
- Were you shamed by an adult? Did you heal from that?
- Why does your child's self-stimulation make you uncomfortable? How much of that discomfort rests in what you were taught growing up?

- What are your fears, if you allow your child to touch themselves privately? What are these fears based on?
- In what ways are you unloving or unkind to your child/children? How can you react more appropriately (in a more loving way)?

Masturbation in Developmental Context

Masturbation in Infancy (0-3 Years)

Many will agree that having a baby is one of life's greatest blessings. It is a natural instinct of parents and caregivers to want to protect and guard their child from anything that can cause unnecessary harm in their lives. Because of these protective instincts and societal influences, we perceive babies as an object of purity and innocence that must be kept and guarded. However, human development should never be in opposition to this conception of children as innocent and pure. As babies develop, so does their curiosity in the changes of their bodies. This curiosity usually take form in the self-exploration of their bodies.

It may be shocking to learn that infants explore their genitals very early in childhood. Actually, babies begin this exploration in the womb of their mothers (Meizner, 111). As scientific studies have proven, this is a very natural part of human development. Infants will begin touching or grabbing at their genitals before the age of one (Kinsey, Pomeroy and Martin, 1948; Kinsey et al. 1953). Though this is not masturbation, an infant's exploration of his, her or their body begins to happen once they are able to move their limbs. This casual genital play eventually leads to pleasure-seeking genital stimulation (Galenson and Roiphe, 223-231). Studies have shown infants to incorporate rocking to stimulate and pleasure themselves by the age of two until physiologically they can masturbate (Levine, 117-124). There have been studies whereas infants under two years old are able to masturbate but others studies dispute this and classify it as genital play (Spitz, 85-120).

Toddlers

When a child reaches a toddler's age (2 to 3), their bodies not only develop a higher degree of sexual pleasure, but their minds become more capable of understanding these changes. Toddlers can differentiate between genders mainly through questions and observation of the behavior of the sexes. The infant at this point is more comfortable and aware of their genitals and the handling of them. It's at this stage of awareness that parents shame the child for their developing sexual nature. Toddlers are not conscious of societal rules pertaining to what's acceptable in the private and public spheres, or the agency given to them by their parents, unless appropriately discussed.

Sex Talk with Your Child:

- It is very important to engage in conversation with your child as soon as they begin self-stimulation so that they understand their anatomy and bodily fluids without shame. Yes, it may feel uncomfortable talking to an infant that just learned to walk about their genitals but the sooner that conversation happens the better it will be to teach your child to embrace themselves. There are many adults who suffer from shame around body image or sexuality due to their experiences in childhood. It is important for children to gain agency over their own bodies.
- Allow your child to explore themselves. This is normal and you should teach your child that it is normal. Explain to your child that they have a right to their curiosity and self-exploration of their body parts. If you banned or shame your child for touching their genitals or self-stimulating, this can cause lifelong effects of guilt and shame.

Toddlers

- As your child begins distinguishing between males and females, they may have many questions concerning sexuality. It is important to be open and honest while discerning how much detail is appropriate for your child. Correct terminology is useful when answering questions about your child's body parts and the opposite sex. There is still a lot of shame around words like penis, vulva, vagina, and even breasts. These are not dirty words and should not be taught as such.
- This is the stage when a child begins masturbating for pleasure. This can happen at many inappropriate times and in public. Explain the reasons why this is not appropriate in public but give your child permission to masturbate in private. There will be a lot of trial and error but giving your child agency over their own body encourages healthy development and healthy emotionally balanced children.
- Because your child is comfortable with touching themselves, they may try to touch others. Explain why it is inappropriate to touch others in the way they touch themselves. They need to understand that everyone has a right to protect themselves from unwanted touching including your child. Private areas are for personal use and not for others to touch. Make it clear that if anyone gives them unwanted touches on their body or private area that it's important to alert an adult. *Note:* it will be helpful to explain why bath time with a parent or caregiver is different.

Masturbation in Early Childhood (3-7 Years)

When children reach the age that they can begin school, this becomes a pivotal period for a child because not only do they start socializing more with children in their age group and asking more questions concerning their surroundings, life, and their bodies but studies have shown that children by the age of three can start experiencing orgasms through masturbation. Boys begin gripping and stroking their penises with their hand or rubbing their genitals on flat surfaces while engaged in other activities such as bath time or watching TV until orgasms are achieved. Girls begin touching their clitoris and vulva or rocking themselves on soft objects between their legs such as blankets, stuffed animals or toys to have a pleasurable experience or to reach an orgasm (Levine, 117-124; Kinsey et al. 1953). These new sensations or pleasurable moments can spark questions to parents and caregivers about sexuality, attraction, and pleasure.

Many teenagers and adults report that they remember having their first pleasurable genital sensation, sexual attraction or orgasm between the ages of three through five years old. Studies have shown that in this age group, children in early childhood vividly store and retain these memories even if they had other experiences before the age of three. These sexual experiences are almost always recalled as being satisfying, enjoyable, comforting, or sexually pleasing unless the child was reprimanded or had feelings of shame, guilt, or fear due to negative conditioning. Moreover, a child's ability in achieving an orgasm seemed to be the biggest motivator to finding satisfaction in masturbating or continuing the practice into preadolescence (Schaefer, 1964).

Children's attitudes about masturbation usually mirror the stance of their parents or caregivers. Studies have shown that female care givers were more accepting of their boys

masturbating than their girls (Gagnon, 451-466). But most parents or caregivers just ignore the fact that their child is masturbating which leads their child to a lack of knowledge or acceptance. Children's brains are like sponges at this stage, absorbing as much information available to them as they can. So, it is important for parents and caregivers to answer their questions and conversations with care and understanding. However, with your child now exploring public spaces like school, playground, childcare or family/friend's homes, the critical views of others may be more prevalent. This can bring forth criticism or conflicting information to your child, creating challenges. Here are some tips to navigating these public spaces with your child.

Tips on helping your child keep their agency over their body while creating boundaries:

Teaching your child discernment in decision making

Every parent and caregiver has their way of teaching and socializing their children into society and there are multiple ways of doing so. But the best way to teach your child how to discern what are appropriate behaviors in public and to be a decision maker is to allow them to think about and make decisions very early in their development. In the book *Freeing Your Child from Anxiety*, Child Psychologist Tamar Chansky emphasizes that children lack good decision-making skills because they lack experience. By giving them opportunities to make a single decision, this will give them experience in developing their skill at making decisions.

Parents or caregivers can start by giving a child options about what color do they want to wear, what food do they want for breakfast, what activity do they want to do, or if they want help with something. Also, you can demonstrate how you solve problems by presenting a simple dilemma to your child and explaining why one choice is better than the other (discerning the pro and cons of the two choices) and making a decision. With anything in life, practice will make perfect, so

the more opportunity you can teach and develop this skill with your child, the better your child will be able to judge when their behaviors such as masturbation are appropriate or not. *Note:* like all skills, this requires a lot of repetition and patience and tons of trial and error.

Teaching your child boundaries

First and foremost, children learn boundaries from observing their parents or caregivers. In the Child Mind Institute article “Teaching Kids About Boundaries,” Clinical Psychologist Stephanie Dowd states that “boundaries are essentially about understanding and respecting our own needs, and being respectful and understanding of the needs of others, and for that to work, we need to be putting a big emphasis on helping kids develop greater empathy and self-awareness.”

(Childmind.org). So, if you are self-aware and empathic, your child will most likely be too. If you are not, please work on trying to be because it is essential that you model the behavior that you want your child to follow. This means demonstrating that you are empathic, set and respect boundaries with others, and practice self-awareness.

In the same article, which is by Rae Jacobson, it goes on to explain that teaching children boundaries includes practice setting boundaries with your child like planning with your child about which behaviors require that they should alert an adult. You can find and discuss examples of good and bad behaviors by using examples from your child’s favorite TV show. You can teach them to encourage and embrace diversity in others. You can also respect the limits on how your child wants to express affection to other people by giving them the choice to (or not to) show affection depending on their comfort level. And lastly, respect your child’s boundaries when he/she/they set them.

Correcting behavior but not shaming behavior

Anyone who has ever corrected a child's behavior knows the extreme challenges that come with it. There have been many occasions that I've had to repeat the same phase over and over to my niece, just for her to still do what she wanted. And though this was highly frustrating, I was able to collect myself and repeat the phase again in a loving manner while explaining to her why the behavior was inappropriate. Understandably, reacting angrily and assigning a punishment for a child's disobedience sounds reasonable and maybe in some cases be necessary. As mentioned previously, shaming your child for masturbating can lead to negative self-shame/self-harm in adulthood. So, how can a parent or caregiver correct normal behaviors without shame? Well, let's look at what Positive discipline vs. Shaming discipline looks like.

The positive discipline program teaches children proper discipline but in a positive way, through connection and encouraging a respectful relationship between adult and child. Co-founder of the program and author of positive discipline books, Dr. Jane Nelsen, describes the five criteria for effective discipline as:

- Helps children feel a sense of connection. (Belonging and significance)
- Is mutually respectful and encouraging. (Kind and firm at the same time.)
- Is effective long - term. (Considers what the child is thinking, feeling, learning, and deciding about himself and his world – and what to do in the future to survive or to thrive.)
- Teaches important social and life skills. (Respect, concern for others, problem solving, and cooperation as well as the skills to contribute to the home, school or larger community.)
- Invites children to discover how capable they are. (Encourages the constructive use of personal power and autonomy.)

Dr. Nelsen believed that “Positive Discipline teaches adults to employ kindness and firmness at the same time and is neither punitive nor permissive. The tools and concepts of Positive

Discipline include:

- Mutual respect. Adults model firmness by respecting themselves and the needs of the situation, and kindness by respecting the needs of the child.
- Identifying the belief behind the behavior. Effective discipline recognizes the reasons kids do what they do and works to change those beliefs, rather than merely attempting to change behavior.
- Effective communication and problem-solving skills.
- Discipline that teaches (and is neither permissive nor punitive).
- Focusing on solutions instead of punishment.
- Encouragement (instead of praise). Encouragement notices effort and improvement, not just success, and builds long-term self-esteem and empowerment...”

(Positivedispline.com)

Shaming discipline is, in contrast, more aggressive and demeaning. According to the Natural Child Organization article called “‘Good’ Children - at What Price? The Secret Cost of Shame,” “Shame is designed to cause children to curtail behavior through negative thoughts and feelings about themselves. It involves a comment - direct or indirect - about what the child is. Shaming operates by giving children a negative image about their selves - rather than about the impact of their behavior.” Authors Robin Grille and Beth Macgregor point out that verbal punishment using shame is very common in both abusive and non-abusive families. It’s so common that most people do it without being aware that they are shaming a loved one to stop a behavior. This isn’t limited to verbal punishment but includes physical and emotional punishment.

The authors give a snippet of some of the sentences used by parents to deter child from “bad” behavior or self-expression:

Shaming makes the child wrong for feeling, wanting, or needing something. It can take many forms; here are some everyday examples: The put-down: "You naughty boy!", "You're acting like a spoiled child!", "You selfish brat!", "You cry-baby!". Moralizing: "Good little boys don't act that way", "You've been a bad little girl". The age-based expectation: "Grow up!", "Stop acting like a baby!", "Big boys don't cry", The gender-based expectation: "Toughen-up!", "Don't be a sissy!", The competency-based expectation: "You're hopeless!". The comparison: "Why can't you be more like so-and-so?", "None of the other children are acting like you are" (Naturalchild.org).

As a parent or caregiver, your style of discipline is your choice but be aware that masturbating is not a bad behavior and shaming a child for this act can cause long term damaging effects.

Safe spaces/Privacy

Giving your child a safe space or privacy to self-stimulate is wonderful though it may not be easy to achieve. Your child may sleep in the same room with a sibling/s or share a room with you; creating a challenge especially living in the city. But by creating a safe space or a private area for your child to have the freedom to self-express or masturbate, you create the environment for your child to have agency over their body. If your child doesn't have their own room to have privacy, you can give your child private time. This could be 15-20 minutes of uninterrupted time alone in a safe area in your home. A bedroom would be the preferred choice so that your child could feel comfortable in their room. But if that's not an option then creating a private area in a

closet with blankets and computer tablet gives them a private area of uninterrupted time and a safe space.

Criticism from Other Adults

Some adults around your child may influence or shame him/her/they into what they believe. This can happen at school, church, or at your loved one's home. Your child may become confused from the conflicting information or internalize shame because of what another adult told them.

Unfortunately, as a parent or caregiver, you can't control all the information being absorbed by your child, but you can make your position clear to the other caregivers in your child's life.

Create and establish a plan for others to follow when your child is in their care, just as one makes when their child is vegetarian or have allergies. Parents and caregivers have to set the boundaries and standards of how they want their child treated and cared for when they are not present. This can look like: explaining how to correct your child on their behaviors, reaffirming boundaries that you've have already taught your child, repeating familiar phrases to your child about discernment or judgement calls, and the differences between public and private spaces.

Sex Talk with Your Child

- As a preschooler, your child will have more questions than you could possibly answer in one day. Patience is essential at this stage to help you give as much information you are comfortable giving to your child. The more your child mingles more with children his/her/their age, the more your child will get curious about their bodies. One such question may be "where do babies come from?" You have the choice to make up an imaginary story or explain the sex story of sperm traveling to meet the egg in the uterus, creating a baby.

- Since children in this age group usually achieve orgasm or understand pleasure now, they may have questions about what they are feeling. Explain to your child that orgasms are normal and happens when self-stimulation reaches its peak resulting in genital discharge. Emphasis should be on pleasure and orgasms are good to experience but only from when they touch their genitals in their private areas/safe spaces. Consistently remind your child that nobody should be touching their genitals in an intimate way and if someone attempts to, they need to tell you or another trusted adult immediately.
- Inquire and listen to your child's feelings surrounding pleasure. Many children experience their first kiss at school or daycare and may be confused or brag about liking someone in their class/group. This may be a memorable or a shame-based experience. It's important to correct any shame your child may have been told about pleasure from other people around them. Use positive discipline to help your child create healthy boundaries around pleasure and consistently give your child decision making exercises/examples around their schooling experiences.

Masturbation in Preadolescence (8-12 Years)

The preadolescent child is a child who has experienced a wide variety of sexual encounters and information. Children in this age group have a broad understanding about attraction, kissing, fondling, self-stimulation, orgasms, groping, crushes, romantic teasing and dirty words (not always sexual) (Martinson, 39-50; Borneman, 1-6; Gundersen, Melas and Skar, 45-61; Rainwater, 1970; Ramsey, 217-233; Thorne, 161-184; Thorne and Luria, 176-180). Dating, romantic gestures and heterosexual or homosexual sexual physical encounters are not uncommon at this stage. As children find moments of time alone with other children their age like at parties, during gym at school, at the park, or playing outside, they begin sexual or pleasurable

experimentation with each other (Martinson, 54). Because of these new experiences, sexual urges and feelings may be more prominent and masturbation may become more frequent or used as a way to help relieve these intense feelings.

Preadolescent children are exchanging information about their bodies rapidly with each other and a lot of misinformation can occur if the child does not have an open and honest relationship with an adult that includes education on the different changes that puberty is producing. The preadolescent boy in particular is experiencing more erections than previously and is sexually stimulated by a wide range of things (Kinsey, 1948; Ramsey, 217-233; Ramsey, 347-352). If the preadolescent boy was not masturbating previously, he may do so at this stage due to hearing about it from friends his age, while the preadolescent girl may learn from a family member (Martinson, 78). Also, daydreaming or fantasies while masturbating is common at this stage and porn or media images may have aided in the formation of these fantasies.

The preadolescent child's self-esteem is fragile and sensitivity around body image is heightened due to puberty. Masturbation may cause a lot of guilt if the child has not been guided, educated and reassured by parents or caregivers about their bodies and experiences during infancy and early childhood (Martinson, 80). The sexually educated and accepted child is happier and more satisfied in their life experiences and better prepared for the new changes in adolescence.

Sex Talk with Your Child:

- Have open and honest dialogues with your child about puberty because this can be a scary time for your child. Talk to him/her/them about menstruation, ovulation, growth in size for breast and penises, wet dreams, hair growth, acne, voice changes, sexual

feelings/thoughts/urges, orgasms/ejaculation and masturbation. All of these topics should be normalized frequently, and questions and concerns should be encouraged and welcomed by parents and caregivers.

- The topic of sex should be introduced (if not done already); many children have reported having sex and oral sex in preadolescence. Talk to your child about dating, sexual intercourse, pregnancy, conception, birth control, abstinence, STD/STI's and condoms/protection. It's important that this information comes from you and not a school age child or the internet. Find out what have been told to them by their friends and how he/she/they feel(s) about this information. You should be your child's safe space; be open, interested and non-judgmental. By giving your child information, you are not encouraging sexual activity and you can make that clear that he/she/they should wait until an older age is reached and when in a loving, respectful relationship.
- Masturbation will be frequent in most cases, so encourage and accept your child's need to self-stimulation more often for pleasure and to release sexual urges/feelings. This is normal during puberty and it's important your child knows it's okay.
- Explain the dangers of sexual predators and monitor your child's internet time and/or devices to be aware of their interactions with classmates (sexting can occur), porn watching, and strangers they have met online (games, group chats, social media). Establish rules and boundaries when it comes to internet interactions.
- Praise your child's sexuality and reinforce positive ideas around it. Also, bolster your child's self-esteem as they mature into teenagers.

The Positive Effects of Masturbation

There have been a lot of studies on the benefits of masturbation that disprove all the negative falsehoods I have covered previously in this manual. Here are some positive effects of masturbation but definitely not all:

- relieve built-up stress
- sleep better
- boost your mood
- relax
- feel pleasure
- relieve cramps
- release sexual tension
- have better sex
- better understand your wants and needs
- lower risk for prostate cancer
- relieves pregnancy symptoms (Healthline.com)

It is important that children are taught about their right to their bodies, to express and experience any sexual developments that may be happening. A child can be innocent and still have the freedom to explore the biological processes of their sexuality. The agency given to a child at a young age about their sexual experience is critical to their sexual life in adulthood. So, it's important to teach children to love themselves and their experiences. Parents should encourage children's self-esteem and self-exploration to ensure less guilt and embarrassment. As our society struggles to hold on to its conservative and religious ways, maybe one day,

westerners will finally accept children and their God-given sexuality. And give them the freedom just to be a child, in whatever shape or form that comes in, without restrictions.

Q and A

Myth section

**first three questions paraphrased from Journalist Michael Castleman for Psychologytoday.com*

Doesn't everyone masturbate?

Actually no. Some people have never masturbated before. However, researchers have found that 94 percent of men and 85 percent of women have masturbated in their life (Herbenick, 255). So, yes, it's very common but depending on the upbringing and shame around the subject, some have not or may be too afraid to admit to doing the act.

Can you harm or damage your sex organs through masturbation?

No, you cannot. Your sex organs are resilient. But the skin may get irritated from excessive friction. In that case, some type of lubrication is necessary.

Isn't there a mental illness and masturbation connection?

No, there is not. The act itself does not cause or contribute to mental illnesses. However, there is a shame/guilt and mental illness connection. This is why it is important to teach your children that the act of masturbation is normal.

Doesn't masturbation drain your life force?

This is an old myth told in ancient civilizations to promote procreation. Because men were thought to become physically weak after orgasms, elders forbade self-stimulation to the point of ejaculation or the draining of one's life force unless done through intercourse. We know now that your life force is not connected to orgasms.

Can you die from masturbating too much?

No, not normally. But extreme cases of excessive sessions of self-stimulation have resulted in hospitalizations for dehydration. In one recent case in South Africa, a man masturbating over 60 times in one day led to his death (Dailypakistan.com).

Doesn't masturbation cause you to be hypersexual?

There is no evidence that masturbation causes hypersexuality. But shame and guilt may have a connection with this classified mental illness.

Religious section

Is masturbation against Christianity?

This depends on if you see it as sexual immorality or lust which are considered sins in the Bible. The Book of Leviticus lists acts of sexual immorality, and masturbation is not one. The sin of lust becomes a little more complicated as it's considered strong desire without restraint such as adultery, cheating, or sex addiction; lust is mentioned in Matthew 5:27-30 and 1 John 2:16. I don't think this applies to children and should not be taught as such.

Furthermore, there are only three known passages in the Bible that can interpret masturbation as a sin against God if read that way. The first is the story of Onan's crime which had more to do with procreation and the preservation of a bloodline and the other was a list of rituals to do after being deemed unclean. But both had nothing to do with masturbation. The verses, however, can be misconstrued. They read:

“Then Judah said to Onan, "Sleep with your brother's wife and fulfill your duty to her as a brother-in-law to raise up offspring for your brother” (Genesis 38:8).

“But Onan knew that the child would not be his; so whenever he slept with his brother's wife, he spilled his semen on the ground to keep from providing offspring for his brother” (Genesis 38:9).

“What he did was wicked in the LORD's sight; so the LORD put him to death also” (Genesis 38:10).

Then in Leviticus, there is a list of sexual taboos about the uncleanness of bodily discharges; for men it's their semen and for women it's their menstrual cycle:

“When a man has an emission of semen, he must bathe his whole body with water, and he will be unclean till evening” (Leviticus 15:16).

“Any clothing or leather that has semen on it must be washed with water, and it will be unclean till evening” (Leviticus 15:17).

“When a man has sexual relations with a woman and there is an emission of semen, both of them must bathe with water, and they will be unclean till evening” (Leviticus 15:18).

“When a woman has her regular flow of blood, the impurity of her monthly period will last seven days, and anyone who touches her will be unclean till evening” (Leviticus 15:19).

With these examples being the only hints at masturbation written in the Bible, it would be hard to make a case that masturbation was a sin.

Why do churches teach against masturbation?

Churches teach against masturbation due to church traditions that have been passed down throughout the centuries and never corrected. In the centuries following the life of Jesus and Saint Paul, many early church leaders debated on the correct approach to the sexuality of their followers. Some believed that celibacy was superior because of Saint Paul's teachings and Jesus never marrying, while others believed that marriage was good because God commanded Adam and Eve to procreate in Genesis. Between ascetic beliefs and heretic groups such as Manicheans preaching sexual renunciation, many Christians were confused about sexual ethics and their bodies (Augustine and Clark, 3). Bishop Augustine of Hippo (350-430 C.E.) would bring clarity for Christians as he wrote treatises distinguishing between natural sin and unnatural sin.

Augustine thought (since we were all born in sin), that natural sins consisted of anything leading to reproduction such as faithful companionship, rape, incest and fornication; while even worse sins he called unnatural sins were sexual acts that were contraceptive in nature like masturbation, anal, oral or same sex activity (Augustine and Clark, 5-6).

Augustine's unnatural sins treatise would influence Christians for many centuries including Saint Thomas Aquinas, who would add to the condemnation of masturbation in the 13th century. St. Aquinas would build on the foundation laid by St. Augustine and suggest that masturbation was a personal offense to God, an even worst sin than previously perceived by the church. St. Aquinas's writings on unnatural vices would put even more taboos on sexual activities that did

not involve procreation. Catholics and Protestants would become stricter with their sexuality and would begin instilling these rules and taboos into their children for generations.

Why are there religious taboos surrounding child masturbation in our society?

The simple answer would be that we are a nation that was shaped and continues to be shaped by Christian values, morals and traditions. As the image of children was cultivated as pure and innocent (without sin) by most Christian churches, children lost agency over their sexuality. It has been so ingrained into our thoughts that even having the words “child” and “sexuality” in the same sentence has become taboo. Our society has been conditioned by Christian beliefs that see children as helpless, pleasureless, and mindless, stripping them of their agency to human sexuality.

Are children not innocent and pure?

These labels were put on children in our culture. These labels are not attached to every child in every culture. Childhood is very different in many countries in Africa or Asia whereas children are seen as little adults, capable of working, fighting wars and marriage before or by preadolescence. Luckily, western society does not condone seeing children as miniature adults, but it does not mean children are pure and innocent; they are just more resilient than we give them credit for. Children are constantly developing mentally, physically and emotionally; we should be nurturing this development instead of hindering it with labels no human being can live up to.

Personal Reflection section

Why does the idea of nurturing my child's sexual development make me uncomfortable?

That is a question you will have to ask yourself. Societal conditioning or your experiences in childhood are two possible reasons. If you had parents or caregivers that put a lot of secrecy or shame around sexual development, then it makes sense why you would still carry reservations. But wanting to do things differently for your child will not bring comfort because change is uncomfortable. However, the goal is to make sure that your child has the support needed to feel comfortable with his or her body.

What if I'm afraid that masturbation will encourage sexual abuse?

Natural development doesn't cause sexual abuse. Sexual predators target children for a plethora of reasons. Informing and educating your child about sexual abuse is very important in its prevention. Your child exploring his/her/their body in their private space and developing boundaries will help them keep their agency.

How do I help my child have privacy?

By developing a plan with your child that would encourage an open dialog about the sexual development his/her/their body is going through. Creating a private area just for them to self-stimulate and allowing your child uninterrupted time in that safe environment is one way to help them.

Is it a parent's or caregiver's job to create the environment for a child to explore their body or can I just leave it to them?

As a parent or caregiver, you have the right to raise your child how you deem fit. However, there is an overflow of information available to them. Some information is good, and some is not. If your child cannot come to you for guidance and information then they will go to a friend, the

web or another adult; you will not be able to filter the good from the bad. A safe space from you is best because you have your child's best interest as a priority. Plus, their best role model is you.

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