

Masturbation

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Masturbation

Sexuality undergoes maturation and development that prepare the individual for adult life during early adolescence (most frequently from 12 to 16 years of age, but at times continuing until 17 or 18). In the successful adolescent, sexual energies shift from pleasurable discharge centered all in self, through outlets using fantasy channels, to the use of genital organs specifically developed for the discharge of the drive. Biological maturation readies the genital organs. Culture and cognitive maturity define the limits and effectiveness of their use. Success is indicated by the extent to which a loved object is found and the degree to which fulfillment of the needs of the self and its drives also satisfies the needs of the object.

Physical Changes

To understand the cognitive maturation that provides the basis for the shift from fantasy to objects as the targets of sexual release, it is necessary to bring into focus the biological developmental events that create the organic background to propel, limit, and direct the psychological maturation of sexuality during adolescence. There appear at this point secondary sexual characteristics, enlargement and maturation of the genitalia, and increase in the sexual drives, to the point that the mechanisms of defense of latency cannot cope with them. In the years immediately preceding puberty (in boys, between 10 and 17 years of age) there is an approximately twentyfold increase in plasma testosterone (Faima 1972), with the most marked testosterone increases occurring between 12 and 14 (Faima). Correspondingly, in the serum of most prepubertal girls, estradiol is undetectable (Faima). The cyclical appearance of estradiol in the blood stream occurs at about 11 years of age. At that time there appear the secondary sexual characteristics of labial hair and subareolar breast buds, which precede menarche by from one to three years. There is a period of several years, before sexual maturation becomes apparent, during which preadolescent and early adolescent children must deal on the emotional level with intensified physiological stresses in the sexual area. The psychology of adolescence, including adolescent sexuality, commences prior to puberty, if puberty is defined as the appearance of menarche and the first ejaculation.

The period of increased production of hormone in prepuberty is accompanied by heightened sensitivity of target organs, increase in body weight, and changes in the sensitivity of the hypothalamus to hormone levels in the blood stream. The cognitive changes that support the capacity to fall in love (i.e., to articulate the expression of one's sexual drives through fantasies, planning, situations, and conditions that take into account the needs of the partner) also begin to mature in the prepubertal phase of late latency-early adolescence. This fantasizing and/or planning function of the ego matures independently of the maturation of the hormonal releasing mechanisms of the hypothalamus. This seems to indicate that the capacity to fall in love is activated by the same maturational forces that cause increase in the production of sexual hormones. It is not, however, a product of gonadal hormonal function. Clinically, this can be seen in the fact that eunuchs can love and that Kahlmann syndrome patients, when administered sex hormone, develop primary and secondary sexual characteristics but do not develop the capacity to fall in love.

The physical changes of early adolescence may therefore be taken as a clue that changes in cognition are taking place. This has far-reaching implications for therapists, who may expect child patients to be ready to leave the playroom and to be receptive to more abstract interpretations when early signs of puberty appear. There is a cognitive developmental continuum to be used for evaluating the developing adolescent. We must be aware that cognitive growth supports personality maturation in adolescence. If there is a lag in development (e.g., a persistence of omnipotentiality), it can be recognized in the youngster who looks physically mature but behaves and thinks in the manner of younger children. On the other hand, delay in the development of abstract conceptual memory and abstract operational thinking are to be expected in one whose onset of puberty and growth spurt begin at 17. Lags when detected must be coped with or countered.

Fantasies

With the beginnings of adolescence, relatively undisguised manifest sexual fantasies derived from prelatency fantasy content appear. The overtness of these fantasies is derived from alterations in cognition. These alterations (ludic demise, march of symbols, passing of the structure of latency, shift from evocative to communicative symbols) mandate that there will be changes in emphasis, choice of symbols, and the organization of defenses brought to bear on the latent content of the fantasy. Memories of events,

traumas, and fantasies of the prelatency period are seen through adult “eyes.” They are shaped into influential memories, which propel children toward fantasy and behavior consonant with the cognitive capacities, cultural demands, and the expectations of their peers. Issuing from the world of adolescence, these fantasy products of the new cognition intrude on life to produce neurotic distortions and behavior at their worst. At their best, they color the creativity, sexuality, and dreams of adult life.

One must be careful in reconstructing germinal events of early childhood from the associations of an adult patient. Many stages of cognitive development are interposed between the early experience and its recollection in the form of an adult derivative. Early on, the verbal memory organization of latency can change the nature of the recall of the affectomotor experiential memories of early childhood. What once was re-experienced in sensory recall and feeling states can then be condensed into words and presented as though the happenings are a story. In latency, these stories are repressed by conversion through symbols into a fantasy. They are reasserted and come out of repression during early adolescence, when the power of the latency defense organizations ebbs. They are then served by new powers to distort. Reality can be recruited to play out the re-experiencing of the recall.

At first, the tendency is to produce a direct representation (e.g., perversions without partners). Later, peers serve as symbols, or are recruited to live out fantasies. In late adolescence and adult life, psychoanalytic dream-style symbols produce the fantasies that shape character. These fantasies, called core or masturbation fantasies, are the source of the contents of fate neuroses and of the unconscious fantasies that produce sensitivities and against which neurotic symptoms are a defense. The abstract conceptual memory organization introduces additional distortion to the recall of early experience which takes part in shaping the form of people’s lives; this occurs during late latency-early adolescence. It reduces memories of experiences and word recalls to shortened abstracts. This memory function, when developed, can be applied to the recall of preexisting mental content just as it can be applied to observed phenomena. In the processing of mental content for retention in memory, the reductions required for abstract formation alter form and create similarities out of disparities. Condensations and reinforcements that use these similarities alter the validity of recalls. As a result, the interpretation of new experiences, in terms of memory, fantasy, and preconception, is open to distortions. Such distortions and their effects often cannot be corrected, either by determining the validity of the original experiences or by reconstruction of early trauma.

Although the physical changes of maturation (orgasm readiness, genital enlargement, etc.) make satisfactory sexuality possible and provide the sexual drive with an organ for discharge to be used independently of other functions, mature sexuality is incomplete without the social contexts (and the fantasies and planning that go into their production) that provide the settings and conditions for acceptable sexual encounters with love objects. Such mature sexuality first appears during adolescence in the form of *prospective fantasies*. These differ from those seen in latency in that their contents are reality-oriented. They are frankly sexual and they contain considerations for the needs of the loved object. The symbols in these fantasies are so close to reality that the thought process might better be called future planning than fantasy. However, their roots are in the unconscious drives and their symbols are used in the evocative mode, making their inclusion in the category of fantasy mandatory. Their claim to being considered future planning is based on the extent to which the real world is included as the source of symbolic representations. As such, they become stepping stones over which the child may tread with a sense of foreknowledge into the world of real objects.

Coordination with Other Chapters

Fantasy planning, with the pendant behavior to which it opens the door, is influenced by the cognitive changes in the developing adolescent, as well as by the degree of success in achieving these changes. The cognitive changes that occur at this age that contribute to this process include

1. the shift from evocative to communicative symbols in fantasy formation and creativity
2. the appearance of tertiary elaboration
3. the assumption of dominance by communicative speech

(For other aspects of these, see Chapter 3.)

4. the shift of the adaptive function of the mechanism of projection from persecutory nocturnal fantasies to sublimatory activity, exploration of social situations, and projective-introjective processes leading to modifications in the demands of the superego (see Sarnoff 1976, Chapter 8)
5. the impetus given to object-seeking and reality orientation by the organizing influence of the first ejaculation and menarche (see Chapter 1)

6. the final step in the use of symbols as objects that occurs in adolescence (This refers to a continuum from concrete symbolizations of childhood through a number of steps to the use of objects in reality through the acting out of fantasies in life situations, as symbols of primary objects. See Sarnoff 1976, Chapter 4.

These cognitive changes are developed in temporal congruity with sexual maturation. They influence sexual behavior and related fantasy formation in adolescence. (See also Chapter 9.)

Adolescent Masturbation

In the sexual sphere, the work of adolescence consists of the undoing of latency constraints, disengagement from latency fantasy as an organ for sexual discharge, and the integration of thought, action, drive, and object into an acceptable pattern for discharge using a new primary organ. One of the basic steps in this process is the rapprochement of sexual fantasy and genital masturbation so that both occur in concert.

The function of masturbation in adolescence is twofold. First, it is a technique for the discharge of sexual tension. Second, masturbation plays a vital role in providing outlet for fantasy and an arena in which an individual can work through getting used to and acquainted with sexual feelings before essaying sexual experience with real objects. Masturbation may continue until heterosexual relations are established, or overt masturbation, especially in girls, may be a brief episode.

Developmental Aspects

In an individual who has reached the point at which orgasmic responses are available and individual couple dating has become a possibility, the capacity to masturbate becomes important. A person who has experienced masturbation, and is comfortable with it and with the feelings it stimulates, can use it as a means of expressing the love relationship with the sexual partner. Indeed, mutual masturbation is a frequent technique of sexual relationship in adolescence, because it is something previously experienced and something with which the children are familiar. In addition, it serves to give expression to sexual drives without stirring the fears of pregnancy or conflicts about virginity, which are age-appropriate during adolescence.

In adolescence there is no such thing as pathological masturbation. However, a view of masturbation as the all-good misses the point of the role of masturbation, which is a complex process, with a development, natural history, and resolution peculiar to each individual. As such, within masturbatory activity that is considered normal in itself there are elements that may be considered to lead in the direction of health and those that contribute psychopathogenic elements to the developing personality. Masturbation is a normal phase in the development of the personality. Irregularities in the course of the development of masturbation or the style and content of its fantasies, the techniques of masturbation, and the degree to which masturbation is conscious provide points of departure that could contribute to future psychological difficulties. One need only reflect on those cases in which obsessional techniques for the control of masturbation later become the lifelong character style of the individual (A. Freud 1949) to realize the truth of this statement. It should be emphasized that masturbation itself is not pathological, but that maturational and developmental lags, fantasies, and ego styles that are focused during the period of masturbation are elements that presage and set the stage for future difficulties.

At birth, the mouth, the ear, and the genital region are settled upon by the exploring hand of the newborn child. Frequently thereafter, the child can be seen to rub the genitals, especially when attention is called to the area of heightened sensation during diaper changing time. By 3 years of age, rubbing of the genitals can be seen as spontaneous activity sought out by the child. Frequently, a specific mood state ushers in the rubbing—for instance, on occasions of disappointment with the mother. By 5, masturbatory rubbing is sought as a means of obtaining pleasure. A 4½-year-old called to her mother, “Mommy, it feels good in my tummy when I put my finger in my vagina.” This presents first-hand evidence of the erotic component in prelatency masturbation. Masturbation tends toward masked forms with latency, and begins to reappear at about age 8. In many children, however, masked forms continue to dominate. The presence of masturbation in children so young is well known to physicians, nurses, and teachers, but is not so well known to parents. The cause of this is that the former group see so many children that they come to observe overt masturbators frequently. Parents, however, often crush the masturbatory urges of a child and force the child to seek masked forms of masturbation.

A woman told me that she uses psychology to control the masturbation of her 5-year-old grandson. “I know how much that part means to them,” she said, “so I get him to stop it by telling him that if he does that, it will fall off.” Other favorite threats have to do with masturbation causing brain softening and insanity, or the warning that it will cause weakness.

The Masked Masturbator

These threats, coming at the time that masturbation is accompanied by oedipal fantasies, create castration anxiety in the child. They hurry the coming of latency. Parental admonitions and attitudes begin to convey the idea that things having to do with the genitals are dangerous, dirty, and guilt-laden. Concurrently, powerful latent fantasy content and intense feelings frighten the child. As a result, the urge to find pleasure through one's own body seeks secret ways to find expression. In the prelatency child, riding on the parent's leg or rubbing against the body of the parent was acceptable, but in latency, masturbation tends toward hidden forms. When a child masks masturbation, he or she is hiding the meaning of the activity from himself or herself. In this way conscious guilt is circumvented. An adult untutored in such matters will be kept in the dark about what is going on. Although masked masturbation occurs in prelatency, open masturbation is more the rule. With the onset of latency, the influence of the newly strengthened superego turns the period of 6 to 13 years into the "Golden Age"

of masked masturbation. Such activities as horseback riding, swinging the thighs together, compression of the thighs, and excited jumping during fantasy play give rise to a heightened pleasurable awareness of the genitals. In one case, a boy dressed in his mother's clothes and achieved a tingling sensation in his legs.

Return of Open Masturbation

During late latency-early adolescence, masturbation becomes open and overt in the mind of the masturbator. The nature and the extent of occurrence of masked masturbation is diminished by two factors during this phase. One is the intensification of the drives with puberty; the other is the appearance of physiological orgasm readiness and the progress of organ sensitivity that accompanies it. Physiological orgasm readiness refers to the fact that from a certain time during late latency and early adolescence, girls can produce a climax to a rhythmic masturbatory practice, a warm feeling in the genitals, vaginal contractions, and an excitement with an accelerating rhythm that spreads through most of the body. In like manner, during this period boys develop the capacity to produce a crescendo of excitement accompanied by contractions in the prostate and seminal vesicles with the ejaculation of seminal fluid as the outcome of a rhythmic masturbatory practice.

The March of Sensitivity

The *march of sensitivity* refers to the changing pattern of organ sensitivity that relates to the development of physiological orgasm readiness. In boys, stimulation of the scrotum (testicular masturbation) brings on a soothing response, with drive gratification as a result of friction. Stimulation of the penis brings on excitement, which is gratifying, but leaves the child excited and stimulated without a satisfactory outlet. Many boys who get into these states act aggressively and excitedly. After the onset of physiological orgasm readiness, the child can relieve the tension by orgasm and ejaculation. With the onset of orgasm readiness, boys experience a shift from stimulation of the testicles to stimulation of the penis. In girls at the start of this period, labial stimulation is soothing, very much like the corollary testicular masturbation in boys. However, the exciting nature of response to stimulation of the mucous membrane of the clitoris and vulva is not present at the onset.

One child of 12 reported to me that from about the age of 8 she rubbed the anterior surface of her thighs when thinking of her mother when she was excited. At age 11, she observed her older sister masturbate with orgasm; the sister claimed orgasm readiness at age 8. The younger child tried to imitate her sister's activity, but found pleasure only in stroking the labia majora. Conscious and excitement-oriented stimulation of the vagina and vulvar mucous membrane did not elicit an excitement response. Until she was 12, she actively engaged in labial masturbation with direct contact with the skin while fantasizing before going to sleep at night and while listening to records during the day. At 12, she noticed that she had developed an exciting response to the stimulation of the vulvar and vaginal mucous membrane, as well as a heightened sensation in the clitoris. She substituted this form of masturbation during the day, but avoided vaginal masturbation at night because it made her excited in bed and then she couldn't go to sleep. Nocturnal masturbation using stimulation of the mucous membrane did not start until the following year, when she developed the capacity to have orgasms.

Masked Masturbation During Early Adolescence

Masked masturbation continues beyond the latency years. The nature of the techniques used to mask masturbation changes along with the nature of sexual potentials and organ maturation. Before the shift in sensitivity to the primary copulative structures, masturbation was an activity aimed at achieving

drive gratification through soothing friction with no specific end point. Therefore, gratification could be achieved through stroking the genitals or by rhythmic activity that in some ways conveyed stimulation to the genitals. With the onset of orgasmic capability, casual stimulation is insufficient to produce gratification and satisfy the newly heightened capacity to develop and discharge excitement. Almost any rhythmic activity could be a masked masturbation prior to the development of physiological orgasm capability. A far more restricted group of activities can be used for masked masturbation after the development of physiological orgasm readiness. This is especially so in boys, since there is identifiable physical evidence of masturbation in the form of the ejaculate. In girls, thigh pressure, or "riding" a pillow or a towel can produce orgasmic responses. If one were to ask the girl if she masturbates, she would deny it, saying that she never touches herself "there." The use of a great deal of toilet paper while wiping oneself can also be effective in producing sexual stimulation. Boys will rub against pillows, or view the whole process as something external to themselves.

One youngster of 17 told me that he did not masturbate. He did, however, have ejaculations that occurred when his penis was erect and in contact with the bed sheet. When he saw that he had developed an erection, he would move and think exciting thoughts about girls "to help the process along." He obviously masked to himself his role in the masturbatory procedures by isolating himself from the activity.

Orgasm Inhibition Versus Abortive Masturbation

Another technique of masked masturbation in boys is abortive masturbation. As in most situations of masked masturbation, this would be recognizable to anyone else as orgasm-oriented (true) masturbation; however, the individual hides his activity from himself by creating his own definition. In this activity, the child stimulates himself to the point of contractions but prevents actual ejaculation. This conscious activity should be differentiated from unconscious avoidance of orgasm (orgasm inhibition rather than abortive masturbation), which occurs in both boys and girls. This latter is a failure to reach orgasm in someone who had been consciously trying to achieve it through masturbation or intercourse, but could not because of the nature of intruding fantasies.

A boy of 13 tried to masturbate often and fiercely. At times he developed sores from the masturbation. Repeatedly he would lose all of his excitement just before orgasm. This was always accompanied by the change in the identity of the girl he was thinking about from a pin-up girl in a magazine to a mental image of his mother or sister. He felt great guilt about the appearance of his mother in these fantasies. This affect was translated into his orgasm inhibition.

This case highlights another important point: some people capable of physiological orgasmic responses may not be psychologically ready. In spite of physical growth, social forces represented internally by guilt and the contents of the superego can respond to the growth of sexuality and the fantasies linked to it, derived from the id, by forcing suppression and limitation of the activity. Some can have orgasm through masturbation but not through intercourse. Others need special conditions for the production of an orgasm. In adolescence this is not seen as pathological, but if this is not resolved in adolescence it can persist as adult perversions, impotence, and frigidity. The individual who can masturbate in adolescence without impediment or difficulty, and with heterosexual fantasies, has a better prognosis than the adolescent who cannot bear to accept the fact of his or her own sexuality, or has need of homosexual fantasies, or needs to use an article of clothing to rub against.

Nocturnal Emissions

Excitement leading to orgasm in adolescents who have physiological orgasmic capabilities may come from sources other than direct stimulation of the genitals. In rare cases, there is an orgasm during the excitement of taking an examination. More commonly, orgasm can be stimulated through the fantasy-forming function of the ego. The most widespread such phenomenon is the nocturnal emission. In this, the individual is asleep and dreaming. The dream contains sexual fantasy elements, such as having sexual intercourse. In some cases it precedes intromission, and is thus a dream representation of premature ejaculation.

The first appearance of nocturnal emission ("wet dream") is taken by many as a sign of the beginning of a capacity for ejaculation and orgasm in boys. This is of course a mental representation of the event. Orgasmic dreams also occur in girls. The absence of concrete representations to mark the event, that is, the boy's ejaculate, causes this event not to take on the same importance that it does for boys. Instead, the event that represents maturity to the mind of the observer of children is the appearance of the first menstrual period.

Masturbation and Object Relations

Through masturbation, the adolescent finds one of the avenues by which one can attempt to resolve

the core fantasies that were left unresolved at the end of latency. In this context, *resolve* means to use a fantasy repeatedly until it loses its meaning in its displaced form. This is then followed by a less displaced fantasy. Eventually, the person can express the latent fantasy more directly, release it from repression, and decide whether or not he wishes to keep it. An example would be a fantasy of intercourse with a woman with large breasts. Eventually a cunnilingus fantasy may come to the surface as the more direct expression of the oral heterosexual wishes expressed in the fantasy of the woman with large breasts. Should the cunnilingus fantasy appear in a person as a result of a softening of the superego through achieving the psychoanalytic ideal that nothing within oneself which is human need be considered foreign, the formerly repressed and symbolized fantasy can be accepted as part of the self and of precoital play without a sense of guilt or embarrassment. The fantasy comes to be accepted by the person, who now has a less severe superego than he did when he first inhibited and repressed the impulse. In intercourse, the resolution of fantasy in this way introduces the addition of unsuggested techniques of lovemaking in experienced, long-term sexual partners.

In some adolescents, the process of undoing fantasy displacements is too threatening, and masturbation may cease, with a flight from masturbation and sexuality or a flight into pseudo-sexuality (e.g., sexual experience without meaningful participation) as a defensive measure. Individuals who do not get to know and accept their sexuality better through masturbation do not resolve the core fantasies during adolescence. They enter adult life with a pathogenetic immaturity that remains a potential source of pathological adjustment into adult life. The strength of the fantasies, their nature, and the defenses of the ego that are available dictate whether or not masturbation during adolescence can provide an arena in which the individual may work through, become accustomed to, and get acquainted with his own sexuality prior to assaying sexual experience with real objects.

The Impact of Masturbation Fantasies on Life Adjustments

The degree to which manifestations of latent fantasy permeate the life of an individual varies from person to person. There are those in whom self-defeating core fantasies permeate all of life, so that they become incapable in all spheres of endeavor. In others, only the relationship with the spouse will bear the earmarks of the core fantasy. In adolescence, it is not unusual for the permeation by derivatives of a core fantasy, such as those oriented toward self-deprecation, to be far more intense than it will be in adult

life. The resolution of this situation usually occurs with the ego integration that occurs about 18 years of age. At that time, there is better goal orientation, better capacity to give up present pleasures to prevent future pain, and diminution of the unmodified manifestations of drive-expressive behavior. Should the resolution not occur, then the individual enters adulthood with life dominated by impulsive fantasy. Pervasive, all-encompassing, drive-oriented (evocative) behavior in adolescence offers a poor prognosis for the future. One cannot expect, nor does one see, full integration in such people by the age of 18. So much has been lost in learning, social skills, and educational achievement (i.e., good grades) that the future of the child is handicapped in competition with others.

A youngster who could not achieve orgasm because of the appearance of his mother in his masturbation fantasies had a core fantasy related to desire for his mother and fear of his father that pervaded all areas of his life. He became a thief (displacing his wish to steal from his mother), and dared not compete with his father, so that he could not dare to achieve in school.

Without outside help, such a totally fantasy-pervaded individual would have a poor future.

Pathological Aspects of Adolescent Masturbation

So far we have discussed the normal uses of masturbation in adolescence: the discharge of tension, an outlet for fantasy, and an area for growth. Now we shall dwell on some uses of masturbation that are related in themselves to pathology.

As described, masturbation is a sexual outlet for the lonely. Feeling, affect, and excitement accompany the appearance of people in fantasies. A person is not alone, and that which is lost is returned in the fantasy. On a deeper level, the comfort that comes from masturbation in boys is related to the reassurance they get that no matter how inadequate they may have been shown to be, their penis is still intact— they are not injured or castrated. In this regard, masturbation becomes a technique for the symbolic countering of injuries to narcissism.

Stekel (1911), a psychoanalyst of years past, felt that masturbation served a useful purpose in that it served as an outlet for otherwise inexpressible fantasy wishes.

In this regard, a man who wished to kill his father had the act deflected by the following fantasy: His father's head was to be chopped off. When the blood gushed out, the man had his orgasm.

It seems likely from current knowledge that masturbation fantasies are but one of many pathways for the expression of one's core fantasies. It is more the function of displacement rather than the type of derivative (i.e., masturbation fantasy, dream, conscious fantasy, living out in a displaced manner) that protects the individual from expressing directly a core fantasy with negative implications.

Masturbation as a Comfort and a Life-Style

In individuals who have difficulties in establishing contact with members of the opposite sex—such as those who fear rejection, or fear injury during intercourse—masturbation provides the possibility of a self-contained sexual world in which anything is possible; and this is usually far more than the person could have accepted of himself in society, and certainly exceeds what society would be willing to accept in him. The self-contained sexual world of the masturbator is a world without fear of loss of the loved one, or domination by that person, or concern about injury, or the need to search beyond oneself for a responsive lover. To the narcissistic person who does not want to give of himself, it serves as an ideal expression of his love relationship. In short, for the anxious, the frightened, the prideful, masturbation serves as a refuge from the demands of adult life. For these, masturbation is a technique by which to avoid mature sexuality. As such, it can continue as the primary sexual outlet throughout life.

Masturbation can serve as a comfort for the depressed. Remember the action of the young child when mother was angry or going away: he began to rub himself for comfort. The adolescent finds a soothing response to testicular masturbation. In periods of depression and sadness, masturbation increases and, at that time, serves as a comfort. If one remembers that masturbation is accompanied by fantasies and that fantasies contain people, one can realize why masturbation affords comfort.

Summary

Because masturbation fantasies contain people—and masturbation helps a person to tolerate fantasies through repetition, and affects through experience—they form the basis for the most important role of masturbation as an elementary tool used in the work of adolescence. Adolescent masturbation serves as a bridge from evocation and fantasy to communicative relationships with the world of reality. The aspect of adolescent masturbation that relates to its role as one of the bridges to the object world will

be pursued in the following chapter.