

Masturbation is Related to Psychopathology and Prostate Dysfunction: Comment on Quinsey (2012)

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Published online: 12 April 2012
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In an interesting discussion about which criteria should guide the diagnoses of paraphilias, Quinsey (2012) observed that “in order for a condition to be considered a mental disorder, the condition must represent the failure of some mental mechanism to perform the function for which it was designed by natural selection and the condition must cause some deprivation of benefit (defined in terms of the society within which the affected individual lives)” (p. 218). Furthermore, it is noted that, from an evolutionary perspective, a deprivation of benefit should carry costs of reduced fitness (Quinsey, 2012).

Consequently, Quinsey concluded that most actual and proposed DSM paraphilias do not clearly meet these criteria, because it is not clear if they diminish reproductive fitness by reducing the likelihood of penile-vaginal intercourse (PVI) with fertile partners. In so doing, he offers the example of masturbation as being a healthy behavior that appears to have no such interference. He asserted that masturbation is healthy by “for example, lessening the likelihood of developing prostate cancer, improving mood, developing sexual interests, and perhaps even ridding oneself of tired sperm” (p. 219). However, these unreferenced claims contrast sharply with the best available empirical evidence.

It is difficult to reconcile the view that masturbation improves mood with the findings in both sexes that greater masturbation frequency is associated with more depressive symptoms (Cyranski et al., 2004; Frohlich & Meston, 2002; Husted & Edwards, 1976), less happiness (Das, 2007), and several other indicators of poorer physical and mental health, which include anxious attachment (Costa & Brody, 2011), immature psychological defense mechanisms, greater blood pressure reactivity to stress, and dis-

satisfaction with one’s mental health and life in general (for a review, see Brody, 2010). It is equally difficult to see how masturbation develops sexual interests, when greater masturbation frequency is so often associated with impaired sexual function in men (Brody & Costa, 2009; Das, Parish, & Laumann, 2009; Gerressu, Mercer, Graham, Wellings, & Johnson, 2008; Lau, Wang, Cheng, & Yang, 2005; Nutter & Condrón, 1985) and women (Brody & Costa, 2009; Das et al., 2009; Gerressu et al., 2008; Lau, Cheng, Wang, & Yang, 2006; Shaeer, Shaeer, & Shaeer, 2012; Weiss & Brody, 2009). Greater masturbation frequency is also associated with more dissatisfaction with relationships and less love for partners (Brody, 2010; Brody & Costa, 2009). In contrast, PVI is very consistently related to better health (Brody, 2010; Brody & Costa, 2009; Brody & Weiss, 2011; Costa & Brody, 2011, 2012), better sexual function (Brody & Costa, 2009; Brody & Weiss, 2011; Nutter & Condrón, 1983, 1985; Weiss & Brody, 2009), and better intimate relationship quality (Brody, 2010; Brody & Costa, 2009; Brody & Weiss, 2011).

Moreover, although less risk of prostate cancer was associated with greater number of ejaculations (without specification of the sexual behavior) (Giles et al., 2003), it is PVI frequency that is specifically associated with reduced risk, whereas masturbation frequency is more often related to increased risk (for a review on the subject, see Brody, 2010). In this regard, it is interesting to note that masturbation is also associated with other problems of the prostate (higher prostate specific antigen levels and swollen or tender prostate) and, compared with the ejaculate obtained from PVI, the ejaculate obtained from masturbation has markers of poorer prostatic function and lesser elimination of waste products (Brody, 2010).

The only sexual behavior consistently related to better psychological and physical health is PVI. In contrast, masturbation is frequently associated with indices of poorer health (Brody, 2010; Brody & Costa, 2009; Brody & Weiss, 2011; Costa & Brody, 2011, 2012). There are several possible psychological and physiological mechanisms, which are a likely consequence

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of natural selection favoring health processes as cause and/or effect of motivation to search for, and capacity to obtain and enjoy, PVI. In contrast, selection of psychobiological mechanisms rewarding motivation to masturbate is unlikely due to the severe fitness costs that would occur if it deterred one from PVI by making it irrelevant for well-being (Brody, 2010). More plausibly, masturbation represents some failure of the mechanisms of sexual drive and intimate relatedness, however common it may be, and even if not uncommonly it coexists with access to PVI. In this regard, it is noteworthy that greater masturbation frequency is associated with dissatisfaction with several aspects of life independently of PVI frequency (Brody & Costa, 2009) and seems to diminish some benefits of PVI (Brody, 2010). In sum, the analogy with masturbation does not strengthen the view that paraphilias do not reduce reproductive fitness.

A final remark relates to Quinsey's observation that homosexuality may increase inclusive fitness through investment in genetic relatives by referring to findings in Samoan homosexual men (Vasey & VanderLaan, 2010). However, it was noted that, if such adaptation to support kin had evolved, a very strong effect would have to be apparent in the fitness of siblings (which is not demonstrably the case) and asexuality might be a better adaptation to divert resources from mating to care for siblings (Miller, 2000). Furthermore, studies in the West showed that homosexual men do not invest more in family members than heterosexual men, the opposite being actually observed (Bobrow & Bailey, 2001; Rahman & Hull, 2005). Even if some forms of male homosexuality are, at least in part, genetically determined, the genes relevant for homosexuality could survive, if they contributed to characteristics that increase the attractiveness and parental care of some heterosexuals, such as kindness, empathy, and tender-mindedness in men (Miller, 2000). This explanation could also apply to female homosexuality, if some heterosexual women increased their reproductive success due to the presence of some more masculine traits with genetic origin (Miller, 2000).

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