Dear Alice,

What's the deal with Traumatic Masturbatory Syndrome? Is it real or some sort of hoax?

Thanks,
Worried about TMS

Answer

Dear Worried about TMS,

Although it may be a bit of a touchy subject, rest assured that traumatic masturbatory syndrome isn't as scary as it sounds. In 1998, Dr. Lawrence Sank proposed a theory of sexual dysfunction called traumatic masturbatory syndrome (TMS) in which individuals with penises experienced delayed erectile dysfunction and delayed orgasms (anorgasmia). Dr. Sank attributed this syndrome to the fact that the subjects usually masturbated while lying face down — those assigned male at birth tended to rub their penises against their hand, the surface of the floor, bed, pillow, or whatever they were laying on, in order to ejaculate. Once they were re-trained to masturbate laying face up with their penises in their hands, their anorgasmia and erectile dysfunction supposedly became a thing of the past. It’s worth noting that this theory isn’t widely recognized in the medical community, and there hasn't been follow-up research to see if his claims are valid. If you still have some musings about masturbation and sexual function, read on!

Masturbating is healthy and common, as long as you're not getting hurt and it's not negatively interfering with other aspects of your life. It’s generally a low-risk sexual practice, although masturbating very vigorously can occasionally cause cuts, soreness, or bruising. Some objects may have shapes or properties that make them less-than-ideal masturbatory aids (such as citrus fruits or scratchy fabrics) and could cause irritation or pain. Some individuals with penises are concerned about their member breaking, but that’s extremely rare and only occurs when the penis is severly twisted. If people with penises masturbate a lot in a short period of time, it's also possible that an increase in fluids in penis could cause it swell, which, while alarming in appearance, will likely go away on its own in a couple of days.

For those having problems getting and maintaining an erection or ejaculating, researchers
suggest there may be a number of emotional, psychological, or physical causes. Various health conditions may lead to people having trouble with sexual functioning, such as Parkinson's or multiple sclerosis. From the psychological perspective, for example, certain selective serotonin reuptake inhibitors (SSRIs), which are often prescribed as antidepressants, can lead to anorgasmia or other complications with sexual functioning. Additionally, it may also occur due to age, alcohol use, or smoking. From an emotional perspective, some may have trouble orgasming with a partner if there are communication or trust concerns.

There’s no right way to masturbate, so feel free to enjoy yourself in whatever position you like best! But, if you’re having problems enjoying the ride or you start to notice that masturbation is negatively affecting your everyday life, it may help to try different techniques or frequency. If that doesn’t seem to help, you might consider talking with a health care provider about your concerns. To learn more about difficulties with delayed erectile dysfunction, check out Can't ejaculate in the Go Ask Alice! Sexual & Reproductive Health archives.

Alice!
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