

What is Traumatic Masturbatory Syndrome?

Traumatic Masturbatory Syndrome (TMS) is the habit some males have of masturbating in a face-down (prone) position. Some TMS practitioners rub their penises against the mattress, pillow, or other bedding, while others thrust into their hand. Some rub against the floor.

What's wrong with masturbating this way?

Masturbating face-down puts excessive pressure on the penis, and especially on the base of the penis. These sensations are not easily replicated in conventional masturbation or in sexual intercourse. This can make TMS practitioners unable to have normal sexual relations. Males who masturbate conventionally have sex 6.6 times more often than TMS practitioners.

The most common problems TMS sufferers have are inorgasmia (also called anorgasmia; it's the inability to have an orgasm during intercourse); or delayed orgasm. Many TMS sufferers also have trouble getting erections. It's a common experience among males who are used to masturbating face-down to engage in sexual intercourse for over half an hour, fail to have an orgasm, and then try to reach orgasm in an atypical (and usually unenjoyable) way, such as thrusting the penis against his partner's legs, palm, or bed. Needless to say, the female partners of these men find their behavior unusual and disturbing. These women often wonder if they are to blame for the man's inability to reach orgasm through intercourse. Nearly 60 percent of males who masturbate prone suffer from inorgasmia or delayed orgasm most of the time they have sexual intercourse, while only 4 percent of males who masturbate supine do.

Nearly a third of males who masturbate prone suffer from erectile dysfunction most of the time they have sexual intercourse, while only 5

percent of males in the same age group who masturbate supine do.

These things are understandable consequences of prone masturbation. Even males who masturbate the conventional way don't get as much stimulation from intercourse as from masturbation. (Because in masturbation one can control precisely the type, force, and location of the stimulation one gets, while in intercourse a lot of that is not under control.) For TMS practitioners, the amount of stimulation in intercourse is a small fraction of what they get masturbating.

Traumatic Masturbatory Syndrome (TMS) is the habit of masturbating prone. It causes severe sexual dysfunction in most males who practice it.

How did these men develop TMS?

More than 90 percent of males learn to masturbate through self-discovery. The males who practice TMS unfortunately self-discovered the wrong way. Males who learn to masturbate from other people invariably learn to do it the correct way. (Most males who discover it for themselves also discover the conventional way.)

What's the conventional way?

Over 90 percent of males lie on their backs and make a fist around their penises and stroke in an up and down motion. Nearly all TMS practitioners are aware that males usually masturbate this way, but many think that their way is merely a harmless variation, or even that it's better than regular masturbation. All men who masturbate face-down think the way they

masturbate is more similar to missionary-style intercourse than conventional masturbation is.

Isn't it?

Only in the sense that sitting on a park bench is more similar to piloting a boat from a chair than piloting a boat while standing is. For some reason, the amount of pressure the penis gets (and the parts of it that get stimulated) in intercourse are more similar to conventional masturbation than to face-down masturbation. It defies what every TMS practitioner regards as common sense, but those who masturbate the typical way have the fewest problems adjusting to intercourse.

When was TMS defined as a problem?

TMS was first pathologized in a 1998 article in the Journal of Sex and Marital Therapy by Dr. Lawrence I. Sank of the Center for Cognitive Therapy in Bethesda, Maryland.

Is it always harmful to masturbate prone?

Yes. While much of the popular information about masturbation on the Internet promotes face-down masturbation as merely a harmless variation, individuals who suffer from TMS report that the effects of this behavior are generally cumulative. So, although practicing TMS on occasion may not produce any immediately noticeable negative effects, this behavior over time can result in a gradual or sudden loss of sexual function. Since every time you practice this behavior you are applying unnatural pressure and stimulation to your genitalia, it is never a good idea to engage in this type of masturbation. The challenge for the TMS sufferer is to learn to masturbate supine -- every time -- and to restore sensitivity to the penis for successful sex.

How prevalent are the problems TMS sufferers have in bed?

Those who masturbate face down are five times more likely than those who masturbate face up to have erectile dysfunction and twelve times more likely to have anorgasmia.

Most men with TMS, if they can have intercourse at all, are usually limited to the "missionary" position. They also report an inability to achieve orgasm from fellatio. Of course, manual stimulation by a partner does them no good. The majority of males who masturbate conventionally have had intercourse successfully in at least five positions.

Does TMS cause physical damage in addition to these psychological problems?

Possibly. The penis wasn't designed for such brutal contact. But most males can become normal by merely "unlearning" TMS behavior, which suggests that the physical damage is minor or even non-existent.

How does one unlearn prone masturbation?

One has to stop masturbating in prone fashion and learn to do it the conventional way. This might take a bit of time and practice. Many TMS sufferers can masturbate the conventional way if they haven't had an orgasm for an extended period of time, perhaps a week. By limiting masturbation to only when they can do it without resorting to their old (face-down) habits, they can learn to masturbate conventionally.

According to Dr. Sank, most TMS sufferers practice the habit daily. (Many normal males -- and most younger ones -- masturbate daily too.) You can quit for days at a time. Your penis will be more sensitive after a period of abstinence and this will make it easier for you to learn to masturbate manually.

I masturbate to help me sleep at night. This makes me reluctant to quit even for a week.

Many males masturbate at bedtime. But one must forego daily masturbation at least as long as is necessary to habituate the penis to regular masturbation. It might be necessary to use other means of falling asleep in the meantime. A prescription or non-prescription sleep aid might be helpful.

When I'm cured, can I have intercourse without problems?

You should be completely cured (i.e., able to masturbate daily the conventional way) for at least a month (and perhaps longer) before attempting intercourse. There might also be a learning curve as you get used to the somewhat different feeling of post-TMS intercourse. Even so, you should be much more successful at making love than you were before you quit TMS.

Why can't I just have intercourse after my week of abstaining instead of masturbating?

no one has been cured of TMS by having intercourse. The cure for TMS is learning to masturbate the conventional way. You have to masturbate the conventional way on a daily basis for at least a month (maybe longer) before you will have unlearned TMS. Having intercourse sooner might not only be unsuccessful but also threatens to undo the progress you've made in getting cured of TMS.

Overall, being cured of your TMS will make you more whole sexually. 03/05

For more information and links to a support group for males getting cured of TMS:

<http://www.healthystrokes.com>

TRAUMATIC MASTURBATORY SYNDROME

Questions and answers
about the hazards of
prone masturbation

From the web site
[HealthyStrokes.com](http://www.healthystrokes.com)