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Counseling the LDS Single Adult Masturbator: Successful Application of Social Learning Theory: A Case Study

Based on a paper presented at the AMCAP Convention, October 5, 1979.

by Wesley W. Craig, Jr., Ph.D.*

Introduction

This presentation describes a counseling process, utilizing Social Learning Theory, which was applied to a variety of single LDS masturbators while the author was serving as their Bishop. The clinical study in this report describes the application of this model as it focuses on the reduction of sexual fantasy and masturbatory frequency in the client.

The Problem

Within the LDS Church single members are governed by the religious expectation that they will not engage in voluntary sexual masturbatory practices. This expectation is based upon public statements by its leaders to the effect that such activity is a moral sin, and contrary to God's laws.

The position of the LDS Church is quite at odds with the majority of current professional statements on the issue of masturbation. Typical of current professional thinking in the field of sexual counseling is the following statement from a recent professional publication: "...we feel that masturbation is a normal, healthy activity..." (p. 187, LoPiccolo)

The Issue

The issue for the Latter-day Saints is not whether the behavior is a "normal" one, but whether it should be governed through self-discipline. Similar logic applies to the act of coition, which is seen as being "normal" but appropriately reserved to the marital state.

Prevalence of masturbatory activity in the general U.S. population has been reported as being 94% for males and 58% for females according to the data from the Kinsey et. al. report of 1953. More recent data suggest that "up to virtually 100% of males and 85% of women masturbate." (p. 188, LoPiccolo)

Limited data exist on frequency of this behavior in the LDS subpopulation. However, a sense of the magnitude of the problem confronting LDS Bishops is reflected in the statistics gathered by Dr. Wilford E. Smith (Smith, 1977, pp. 65-75) which indicate that nearly half of active LDS males of university age and a quarter of the active LDS girls included in a 1972 study reported having experienced such behavior. While their figures are substantially below those of students of

other religious backgrounds, especially for the active LDS males as compared with non-LDS male students, the incidence suggests that Mormon bishops have a sizeable responsibility in dealing with this phenomena.

Approaching The Problem

Discussions with other Mormon bishops concerning this issue suggests that counseling in this area is quite frustrating because of the frequent recurrence of the problem among many of their ward members. No single approach appears to have been very satisfactory, nor especially promising, in the counseling process. This seems to be true especially for masturbatory situations of long standing.

The following case history deals with an unusually difficult situation, not typical of the average problems. It was the success experienced in this early case that encouraged the author to apply the approach to other persons experiencing similar but less difficult problems, in which equally good results were achieved.

Case History:

George (a pseudonym) was a 26-year old male university student who had previously served on a full-time mission for the LDS Church. He was raised on a western farm, up through the age of 18, and still worked summers for his father on the farm throughout his college education. He had no prior history of moral or emotional problems other than dealing with the issue of masturbation.

He had been masturbating frequently since early adolescence and had been involved in repeated pastoral counseling over a period of ten years with bishops, stake presidents and his mission president. He was highly concerned about his failure to deal effectively with the problem and was seemingly sincere in his efforts to overcome it. He manifested considerable anxiety and guilt over his inability to bring his problem under control. He experienced a low sense of self-worth, because of his repeated failures. His description of his problem revealed an inordinate degree of sexual response to his environment as typified by the following examples.

He would be attending a university activity, such as a forum assembly with chairs situated in an amphitheater-type arrangement. His knee touching the shoulder of a female sitting in front of him would result in ejaculation. A female would reach out to touch him on the shoulder and he would ejaculate. Dancing with a girl in the dance class (not even being held closely) would produce an ejaculation.

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In addition to the above he would engage in sexual fantasizing that would lead to ejaculation with or without masturbation. He would also often masturbate without sexual fantasizing. He would often awake in his sleep in a state of sexual excitement and pursue masturbation.

Methodology Used

Fantasy Control:

Rather than focusing on the behavioral act of masturbating, therapy was directed to helping the subject gain personal control over the cognitive processes related to his fantasizing. The hypothesis was that control of cognition would lead to behavioral change. This approach was suggested by such scriptural injunctions as: "As a man thinketh in his heart, so is he," "... whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart." Elder Boyd Packer's discussion of fantasy control was also germane. (Packer, p. 46, 47.)

The basic assumption in fantasy control is that a person can decide what thoughts he will **pursue** in his mind, and that he can **will** himself to pursue thought A over thought B. This assumes that the person is constantly bombarded by a variety of stimuli from his environment, but that the person can make a choice as to which of the stimuli he will allow to ferment and unfold in his mind. While this process is often carried out in an unconscious fashion, the purpose of therapy is to make this a conscious process in which the individual assumes full responsibility for the direction of his thoughts. It involves the development of a high level of self-discipline.

Substitution:

While the individual cannot fully control the entry of inappropriate stimuli to his mind, he does have a choice as to whether or not he will **pursue** that particular thought. Given the mind's limitation of **focusing** on a single thought at a time, this suggests that the deliberate replacement of an inappropriate thought by a more appropriate one (i.e. substitution) will curtail the elaboration of the prior inappropriate thought.

Sensitization to Thought Processes:

The first step in therapy is to help the subject become aware of and sensitized to the early stage of thought elaboration where the substitution process can be initiated. This is done through a deliberate focusing by the subject upon early fantasy initiation. The mechanics of this include setting up a typical base-line reporting system with the client, in which he keeps track of the number of times that his mind **begins** to develop a sexual fantasy in a given period of time. I had the subject keep a written record of the frequency of these fantasies throughout a two-week period. During the early stage of this process there were often questions and uncertainties in the subject's mind as to "what" constituted a fantasy and as to "whether" a particular thought fit into that category. While this was an uncomfortable task for the subject at the outset, it produced the anticipated outcome in that he became increasingly more sensitive to the early stages of

fantasy elaboration.

Plugging in the Substitute Thought:

After a suitable base-line period (in this case, two weeks) during which time the subject kept a daily record of each fantasizing experience, we then moved to the next step of substitution. In substitution the subject was asked to select several "uplifting, beautiful, pure" thoughts that were particularly meaningful to him and to keep these on hand in his mental arsenal, ready to "plug in" as necessary. He was then instructed that during the next defined period of time (two weeks), he was to **consciously** substitute one of these pre-defined thoughts each time he caught himself **beginning** the elaboration of a fantasy.

This experience of conscious substitution is not a mere mechanistic activity on the part of the subject, it is more akin to a mental war, with its share of battlefield victories and defeats. In the early stages the defeats outnumber the victories as the efforts to make the substitution often fail. It is not unusual for the substitution to be made and then have that followed by the quick return of the inappropriate thought, only to have to re-plug in the substitute thought, again and again. Like a muscle that begins to be used and strengthened, the ability of the subject to successfully exercise his will in determining what thoughts will be pursued in his mind, increases. As time goes by it appears that the re-entry of the inappropriate thought becomes less frequent and less strong. Eventually the subject gains control over his thought process without having a major battle each time. Concomitant with this increase in self-mastery over to fight sexual fantasy is a reduction in frequency of masturbatory activity (See Table I).

Positive Reinforcement & Supportiveness:

Near the outset of the counseling sessions with the subject, it became apparent that he was heavily involved in a process of self-denunciation which involved the various church authorities to whom he had gone for confirmation of his basic sense of worthlessness. He had a strong propensity to want to describe in detail his somewhat bizarre sexual experiences. It would appear that he had been successful in eliciting sufficient reactions of repugnance or concern upon the part of his confessants to validate his low sense of self-worth.

The regular confession-repentance process became subverted by this process of emotional self-flagellation which would predictably be followed by repeated fantasy/masturbatory activity, and the subsequent revalidation of the process by an authority figure (bishop, stake president, mission president). Sensing this rationale, I set up the previously described model, beginning with the two-week period of base-line focus on his fantasy activity.

At the end of this period, and at each succeeding session, I would focus upon positive reinforcement. His efforts to focus upon the sexual, behavioral aspects of the preceding weeks were deliberately shunned, much to his initial consternation. Each succeeding report period followed a similar format — a report of his data collection and positive reinforcement.

TABLE I
FANTASY CONTROL & MASTURBATORY ACTIVITY

CASE: George

Time Period	# of Fantasies	Wins	% Wins	Losses	% Losses	Ties [a]	Active Masturbation Experience
Initial 2 wks.	30	--	--	--	--	--	11
3rd-4th week	24	10	42	10	42	4	10
5th-6th	33	11	33	15	45	7	10
7th-8th	14	7	50	6	43	1	7
9th-10th	22	9	41	8	36	5	5
11th-12th	15	7	47	6	40	2	3
13th-14th	17	12	71	5	29	0	2
15th-16th	5(b)	3	60	1	20	1	0
17th-18th	19	14	74	5	26	0	5
19th-20th	20	10	50	9	45	1	4
21st-22nd	20	10	50	10	50	0	2
23rd-24th	4	4	100	0	0	0	0
25th-26th	5	5	100	0	0	0	0
27th-28th	4	4	100	9	0	0	0
29th-30th	2	2	100	9	0	0	0
Termination of Counseling							

Clarifications:

[a]: Ties often included "uncertain" categorical incidents in mind of client.

[b]: During this period the client left the university for Christmas vacation.

Win: Each time the subject is able to stop the elaboration of an inappropriate sexual thought in its early states, through substitution, this is categorized as a "win."

Loss: Where no attempt is made to stop the inappropriate thought process, or where the

substitution effort is made unsuccessfully, and the original thought continues, this is classified as a "loss".

Tie: Unclear in the mind of the subject whether he really succeeded or failed (more typical of early stage of this therapy).

Active Masturbatory Experience: Where either mental fantasy or physical manipulation lead to ejaculation or heavy degree of sexual arousal.

I would deliberately refrain from any negative reflection on the remaining negative masturbatory or fantasy experiences. In the early sessions he would inevitably attempt to shift the focus in that direction. These attempts I would frustrate, and continue positive reinforcement. As the sessions progressed, his efforts to obtain the negative focus became less intense, and then more sporadic.

By the 10th week, when he had nearly halved the frequency of masturbatory activity, I decided to increase the positive reinforcement in a more dramatic way. Because of his masturbatory activity he had not participated in Temple activity for several years. I suggested this as an immediate possibility to him. He was surprised but pleased. Shortly after his attendance at the Temple, I called him to a responsible position in the Ward. By the time he was ready to go home for Christmas vacation (16th week) he had reduced fantasy frequency to a reported low of five for the two-week period, and had been able to eliminate active masturbatory experiences for that period.

His home environment, while on vacation, produced a strong regression in both fantasy and behavioral control. (Reasons for this were vague; I suspect that family relationships and parental judgmentalness were

instrumental.)

The first report period following the vacation was reminiscent of the early counseling sessions with his efforts to focus on self-recrimination and judgmental responses on my part. While disappointed, I resisted the efforts to be drawn into such behavior and proposed that we reinstitute the same program we had going before. I did not rescind his Temple recommend, nor relieve him of his ward responsibility, but rather encouraged him to continued participation and activity in those areas. Within six weeks (23rd week) he had regained his self-control of the 15th-16th week period and continued that level of performance throughout the succeeding six-week period, at which time counseling was terminated. Shortly thereafter he finished his school and left the area. I have not had contact with him since that time.

Subsequent Applications of the Model

As a consequence of this experience I began to utilize this approach more extensively with subjects having similar problems. The results of these succeeding cases were comparable to the case described above, but generally required a shorter time to accomplish the same results. A more typical response pattern is indicated in Table II.

TABLE II

CASE II: John

Time Period	# of Fantasies	Wins	% Wins	Losses	% Losses	Active Mastubatory Experience
Initial 2 wks.	10	--	--	--	--	7
3rd-4th week	8	1	13	7	87	7
5th-6th	9	2	22	7	78	4
7th-8th	4	1	25	3	75	3
9th-10th	3	2	66	1	34	1
11th-12th	4	4	100	0	0	0
(began discussing possibilities for a missionary call)						
13th-14th	3	3	100	0	0	0

All of the applications of this model were with males. I did not have any female subjects with sufficient recurrence to justify use of the model. However, I anticipate that it would be equally applicable with them.

References:

Joseph LoPiccolo. **Handbook of Sex Therapy**. New York, Plenum Press, 1978.

Boyd K. Packer. **Teach Ye Diligently**. Deseret Book, 1975.

Wilford E. Smith, "By Their Fruits," **Measuring Mormonism**, Vol. 4, Fall, 1977.