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Original Article

The Islamic-based self-control and emotion regulation intervention for adolescents' masturbation: A single subject study

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Abstract

Introduction: Masturbation is a challenging issue with varying prevalence rates in different societies. This study aimed to investigate the effectiveness of an intervention program based on self-control, emotion regulation, and Islamic teachings in treating adolescent masturbation.

Materials and Methods: This single case study was conducted in 2018 with a purposeful sampling to recruit two participants from female high school counseling centers in Mashhad- Iran (single girls aged 16 and 17). Both participants had been masturbating for at least a year and received eight individual psychotherapy sessions. Data were collected using the Emotional Control Questionnaire (ERQ) and Masturbation Scale. The A-B-A design with a recovery index and effect size was used for data analysis. Data were analyzed using graph analysis and the recovery percentage method. The Blanchard and Schwarz's recovery percentage formula was used to analyze data from single-case experimental designs. In this formula, the difference between the pre-test and post-test scores is divided by the pre-test score.

Results: According to recovery percentage formula, 50% or more improvement is significant. The improvement will be clinically significant if a person's post-test score is lower than the cut-off point. Thus, the Islamic-based self-control and emotion regulation intervention was effective in breaking the habit of masturbation in both participants, who also showed significant mental health improvements. After completing the treatment and follow-up periods, both participants demonstrated improved levels of masturbation frequency and emotion regulation.

Conclusion: Based on the results, it seems that Islamic-based self-control and emotion regulation can effectively treat adolescents' masturbation.

Keywords: Adolescence, Islam, Emotion regulation, Masturbation, Self-control

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Introduction

Addressing sexual education and culture-related solutions for sexual problems is a multicultural challenge. Imposing sex education patterns inconsistent with Islamic teachings can lead to family crises, decrease the chances of a healthy marriage, and increase overt and covert abuse of children and women (1). However, research in the field of sexual health is limited in Iran (1).

Puberty, which occurs during adolescence, is one of the important developmental stages involving flourishing sexual behaviors, biological and psychological changes, and the maturation of sexual organs and reproductive systems (2).

According to the American Psychological Association (APA), adolescent sexual activity includes night partying, dating, flirting, masturbating, wet dreaming, and attitudes toward them. Masturbation is one behavior that adolescents sometimes engage in to satisfy their sexual needs, discover their bodies, and experience pleasure during puberty. It may occur among people of any background, gender, or race (3).

However, masturbation, which is done as a form of sexual pleasure by the individual and usually leads to orgasm (4), is associated with psychological and physical side effects. In the original view of Abrahamic religions, especially in Islam, sexual needs are considered natural and legitimate, but sexual enjoyment is also promoted and encouraged within the confines of marriage. Also, extramarital relationships and autoeroticism, including masturbation, are prohibited (1).

Several other studies have also shown that masturbation can cause psychological and physical side effects. Studies have demonstrated a correlation between masturbation and failure in marital relationships (5), ejaculation disorders (6), sleep disorders (7), weak family and social relationships (8), penile injury, fatigue, pain, and weakness in the lower back (7), memory loss, decreased immunity, decreased peace of mind, isolation, weakness of will, inattention, guilt, and abdominal pain in girls (7,9), increased risk of prostate cancer and decreased physical strength (9,10), testicular torsion (11), and mental bias toward sexual issues (1,12). Moreover, masturbation tends to be compulsive (13) and is associated with a gradual increase in the frequency of masturbation (7).

The findings also show that masturbation is correlated with various psychological and physical difficulties such as obsessive-compulsive disorder, impulsivity, decrease in spiritual health, low self-esteem (4), anxiety (14), depression (15), self-stimulation, and guilt (5), loneliness (15), precocious puberty (16), and pornography addiction (17). It is essential to understand these risks and encourage healthy sexual behaviors that do not harm the individual's well-being.

Various researchers have developed and implemented interventions to reduce the potential harms associated with masturbation. These interventions include acceptance and commitment therapy for attending environmental stimuli (18,19), sexual health education packages (20,21), pharmacotherapy such as Clonazepam (22,23), Paroxetine, and Fluoxetine (22), Aripiprazole (24), distress tolerance skills training on emotion regulation and improvement of alexithymia in patients with masturbation (2), distress tolerance skills training and Islamic masturbation control protocol (25,26). It is important to note that these interventions should be tailored to individual needs and preferences and prioritize promoting healthy sexual behaviors while addressing potential harm. Research in this area is ongoing, and there is a need to focus on the underlying causes of masturbation to address any potential harm effectively. The evidence suggests that individuals with compulsive masturbation may significantly lack self-control (4).

Various interventions, such as healthy family relationship training (27), increasing emotional intelligence (28), sexual self-control training (29), social problem-solving training (30), parenting style modification (31), and religious group activities and ritual performance (32), are effective in strengthening self-control.

However, despite emphasizing self-control for sexual activities during adolescence, few interventions have been developed specifically for treating masturbation. Therefore, it would be beneficial to investigate the factors influencing masturbation and evaluate the efficacy of self-control and emotion regulation interventions based on Islamic teachings. Such interventions could help individuals develop healthier coping mechanisms and reduce the potential harms of masturbation.

Materials and Methods

In this study, sexual therapy sessions were conducted using the single-case ABA method, which included pre-test, during treatment, post-test, and follow-up evaluations. Purposive sampling was utilized to recruit two participants from female high school counseling centers in Mashhad who had a history of masturbation. The statistical population included all unmarried adolescent girls with masturbation habits in Mashhad during 2016-2017. Participants were informed about the research project through virtual social networks or were referred by school psychologists. This study was a single-subject research, also known as a time series experiment, which involves intensive research on a limited number of individuals (typically between 2 and 30 participants) studied individually or as a single group (33).

The intervention consisted of eight therapeutic sessions conducted at a University Psychology Clinic in Mashhad. The inclusion criteria, included engagement in masturbation within the past year, no history of drug abuse, no history of psychotherapy and experience of acute stress within the past six months. The exclusion criteria included having a history of psychiatric disorders that could affect the accuracy of the results and unwillingness to participate in or continue the study.

Note-taking was employed after the interviews to ensure compliance with ethical guidelines and due to participants' reluctance to use recordings. The principle of confidentiality was explained to clients to encourage full disclosure of information without any self-censorship or conservatism, which could otherwise compromise the quality of data obtained.

Research instruments

A) The Cognitive Emotion Regulation Questionnaire (CERQ): This instrument assesses nine dimensions consisting of four items each: included self-blame, blaming others, acceptance, refocusing on planning, positive refocusing, rumination, positive reappraisal, putting into perspective, and catastrophizing. The responses are scored on a 5-point Likert scale ranging from 1 "(almost) never" to "(almost) always." The scores of the subscales range from 4 to 20, with higher scores indicating more use of the specific cognitive strategy. The subscales have good reliability (Cronbach's α= 0.71 to 0.81) (34,35), and the confirmatory factor analysis has confirmed the construct validity of the Iranian version of CERQ. The reliability in the Iranian sample was also good (Cronbach's α= 0.64 to 0.82) (36).

B) The Masturbation Scale: This questionnaire consists of 60 items that provide details about masturbation, including the frequency of the behavior in various situations and determinant factors. The scale has good reliability (Cronbach's alpha=0.90) (37).

Procedure

Participants have explained the research objectives, data confidentiality, general research information, and their right to withdraw at any research stage. After obtaining written consent, participants completed the questionnaires in a private setting. The treatment consisted of eight sessions, each lasting 45-60 minutes, once a week in the Mashhad University counseling center in 2018. Nine follow-up and enrichment sessions followed this. The research ethics committees of Ferdowsi University of Mashhad approved this project following ethical principles and national norms and standards to conduct medical research in Iran (Approval ID: IR.UM.REC.1400.193).

The present study used graph analysis and recovery percentage methods to analyze the data. The Blanchard and Schwarz's recovery percentage formula was employed to analyze data from single-case experimental designs. This formula divides the pre-test and post-test scores by the pre-test score. According to Blanchard and Schwarz's recovery percentage formula, a 50% or greater improvement is significant. Additionally, the improvement is clinically significant if a person's post-test score is lower than the cut-off point. "A0" represents target problems at the beginning of psychotherapy, "A1" represents target problems at the end of psychotherapy, and "A" percentage represents the recovery rate.

Intervention plan

As there is currently no treatment protocol for masturbation that includes self-control and emotional self-regulation training, the researchers reviewed theoretical and clinical literature. They contemplated themes and contents of verses from the Holy Quran to develop a therapeutic plan. The authors' team consisted of a clinical psychologist, two child psychologists, and an educational psychologist with an Islamic studies background. The scientific committee of the Institute for Islamic Studies in Humanities of the Ferdowsi

University of Mashhad also supervised the Islamic contents of the protocol.

Using a cognitive-behavioral framework and considering the family context, the authors reviewed self-control and emotion regulation-based interventions and theoretical texts related to self-control, emotion management, stress management, and habit-breaking. Based on their clinical experience, they integrated these therapeutic protocols and Islamic teachings to formulate a treatment plan appropriate to the clients' psychological needs (2,25,26,38-42)

In this study, the initial treatment plan was formulated based on the participants' religious beliefs. Treatment techniques include relaxation, behavioral activation, pleasant event scheduling, thought stopping, and positive self-statements, which were adjusted according to verses from the Holy Quran (43-45), thought stopping, and positive self-statements (46-48). The therapeutic protocol was considered preliminary, modified, and expanded during the intervention.

Results

In term of demographic characteristics, the first participant was a 16-year-old single female and the family's second child. She was referred to the school counselor for complaints of pornographic addiction and masturbation. The second participant was a 17-year-old single female and the youngest child of the family. She reported experiencing severe pain in her pelvis and lower back, and masturbation.

Table 1 displays the frequency of masturbation at different treatment stages and the participants' average recovery. The table indicates that the frequency of masturbation for both participants decreased from baseline to the post-test and follow-up period. Both participants reported engaging in masturbation in the initial sessions. However, after the intervention based on self-control and emotion regulation, they reported a decrease in frequency (to one time and zero times).

Table 1. Participants' masturbation level during treatment

Participant	Level	Number of times	Recovery rate- end session	Recovery rate- follow-up session
1	Baseline 1	1	80.00	1
	Baseline 2	2		
	Baseline 3	2		
	Session 2	1		
	Session 4	2		
	Session 6	2		
	Session 8	0		
	Post-test	1		
	Follow-up	0		
2	Baseline 1	4	1	92.30
	Baseline 2	5		
	Baseline 3	4		
	Session 2	4		
	Session 4	3		
	Session 6	2		
	Session 8	3		
	Post-test	0		
	Follow-up	1		

Table 2 displays the masturbation scale and the positive and negative emotion subscale scores of CER-Q in the pre-test, post-test, and follow-up, along with the average recovery rate of participants. The table indicates that the participants showed an increase in positive emotion cognitive regulation scores and a decrease in negative emotion cognitive regulation scores.

It can be seen that there was a significant improvement in the participants' scores on the masturbation scale from the pre-test to the post-test and follow-up period, indicating a reduction in masturbation behavior. In addition, there was a significant improvement in positive cognitive regulation scores on the CER-Q from the pre-test to the post-test and follow-up period, indicating an increase in the use of positive coping strategies. There was also a significant improvement in negative cognitive regulation scores on the CER-Q from the pre-test to the post-test and follow-up period, indicating decreased use of maladaptive coping strategies. Overall, the results suggest that the intervention based on self-control and emotion regulation was effective in reducing

masturbation behavior and improving cognitive regulation skills in the participants.
Table 4 and Table 5 provide the in-situational and inter-situational visual analysis of the participants' masturbation data with self-control and emotion regulation protocol.

Table 2. Participants' change level of positive and negative emotion cognitive regulation and masturbation scale

Participant	Level	M.S Score	P.E Score	N.E Score	M.S Recovery rate- end session	P.E Recovery rate- end session	N.E Recovery rate- end session	M.S Recovery rate- follow-up session	P.E Recovery rate- follow-up session	N.E Recovery rate- follow-up session
1	Baseline	158	32	81	21.51	-1.12	35.80	14.55	-1.03	43.20
	Post-test	124	68	52						
	Follow-up	135	65	46						
2	Baseline	168	29	87	44.64	-96.55	34.48	38.69	-1.13	27.58
	Post-test	93	57	57						
	Follow-up	103	62	63						

M.S: Masturbation Scale
P.E: Positive Emotion
N.E: Negative Emotion

Table 3. Participant 1. In situational and inter situational visual analysis of masturbation data

In situational			Inter situational	
Situation sequence	A	B	Situation comparison	
Situation duration	3	4	A Vs B	
level			Change process	
Median	2	1.5	Direction change	stable
Mean	1.66	1.25	Target dependent effect	Negative
Change domain	1-2	0-2	Stability change	Stable to stable
Chang domain Stability envelop 20% of each situations' median	instable	instable	Level change	
			Relative change	1 to 2
Change level			Absolute change	1 to 2
Relative change	1-2	0-2	Median change	2 to 1.5
Absolute change	2-1	2-0	Mean change	1.66 to 1.25
Process			Data overlap	
Direction	Ascending	Descending	PND	%
Stability	instable	stable	POD	100%

PND: Percentage of Non-Overlapping Data
POD: Percentage of Overlapping Data

Table 4. Participant 2. In situational and inter situational visual analysis of masturbation data

In situational			Inter situational	
Situation sequence	A	B	Situation comparison	
Situation duration	3	4	A Vs B	
level			Change process	
Median	4	3	Direction change	stable
Mean	4.33	3	Target dependent effect	Negative
Change domain	5-4	4-2	Stability change	Stable to stable
Chang domain Stability envelop 20% of each situations' Median	instable	instable	Level change	
			Relative change	1 to 2
Change level			Absolute change	1 to 2
Relative change	4-5	2-4	Median change	3 to 4
Absolute change	5-4	4-2	Mean change	4.33 to 3
Process			Data overlap	
Direction	Ascending	Descending	PND	%
Stability	instable	stable	POD	100%

PND: Percentage of Non-Overlapping Data
POD: Percentage of Overlapping Data

Figures 1 and 2 also present the participants' process line and the stability envelope for the self-control and emotion regulation-based intervention.

Figure 1. The process line, median line, and stability envelop for the first participant's masturbation data

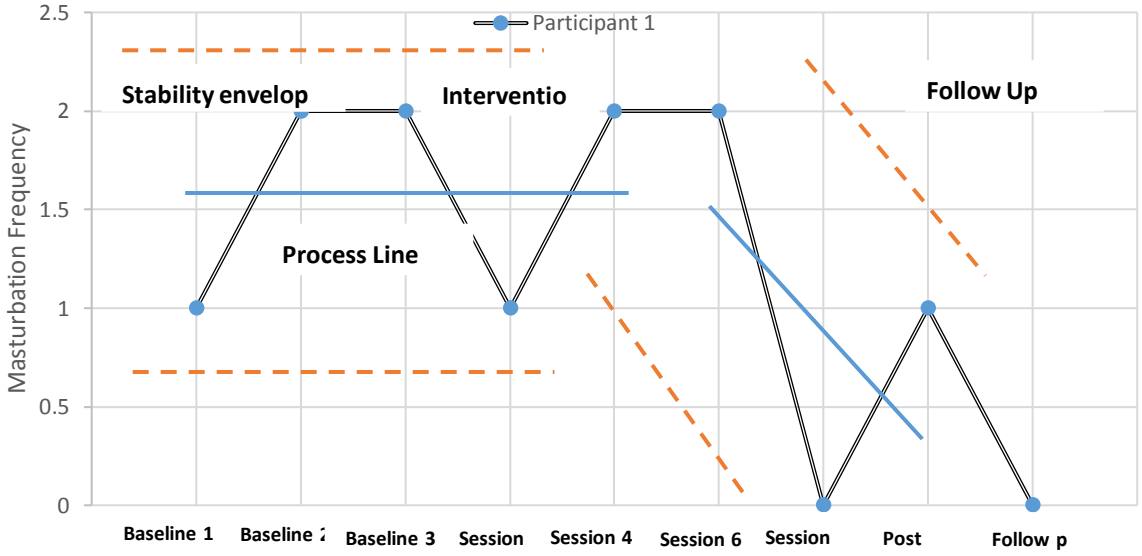
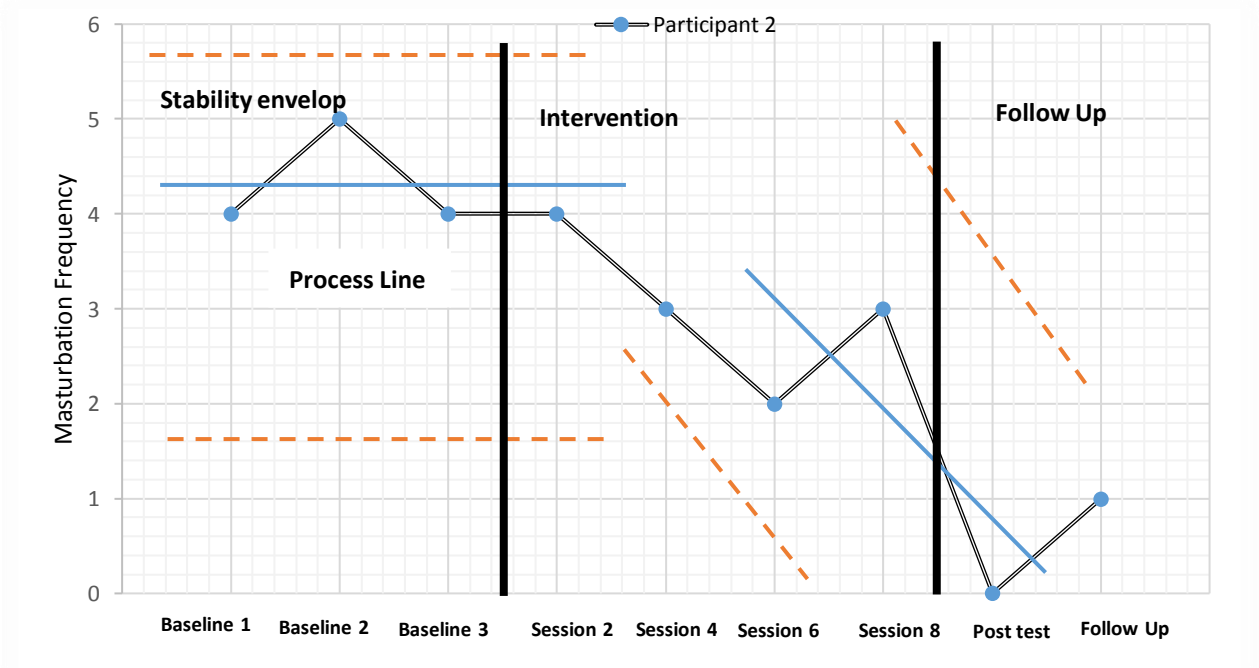


Figure 2. The process line, median line, and stability envelop for the second participant's masturbation data

According to the figures and tables above, the first participant's masturbation frequency in the baseline was stable and had an upward trend. After the intervention, it had a downward trend. This change is in the direction of treatment objectives. The average number of masturbation times for the first participant in the baseline situation was 1.66. It decreased to 1.25 after the intervention, which is a significant change and shows the effectiveness of this treatment for the first participants. Examination of the Percentage of Non-



Overlapping Data (PND) index shows that the degree of overlap between baseline and intervention points in the first participants was effective with zero percent confidence. The Percentage of Overlapping Data (POD) index reports 100% overlap between data from two adjacent situations, which means that the treatment was effective with zero percent confidence for the masturbation times in the first participant.

The second participant's masturbation frequency in the baseline was stable and had an upward trend after the intervention had a downward trend. This change is in the direction of treatment objectives. The average number of masturbation times in the second participant in the baseline situation was 4.33. It decreased to 3 after the intervention, which is a significant change and shows the effectiveness of this treatment for the second participant. The PND index examination showed that the degree of overlap between baseline points and intervention in the second participant was effective with zero percent confidence. The POD index reports 100% overlap between data from two adjacent situations, which means that the treatment was effective with zero percent confidence in the masturbation frequency of the second participant.

Discussion

The present study aimed to address the issue of masturbation in adolescent girls, a topic often overlooked in Islamic-based sex education. Within the context of Islam, sexual behaviors outside of marital interactions are considered deviant behavior and require modifications. Therefore, psychologists must develop intervention programs to provide psychological services for clients with masturbation complaints. This study designed and evaluated an Islamic-based intervention program for its effectiveness in reducing or stopping masturbation in adolescent girls through self-control and emotion regulation techniques.

The results showed that the intervention program had a significant positive effect on reducing the frequency of masturbation in adolescent girls. While these findings are consistent with previous research on the positive effects of self-control and self-regulation, no similar study was found.

Although several similar studies have shown that self-control training programs have been effective in managing various harmful behaviors in people of different ages and psychological conditions (25,30,49-55), this study specifically measured the effectiveness of self-control techniques on masturbation behavior in adolescence, the results suggest that empowering adolescents in the field of self-control can have a positive effect on reducing masturbation.

The present study aimed to explore the relationship between self-control and emotion regulation in reducing masturbation in adolescent girls, and it found results consistent with previous research that has shown a positive correlation between self-control and emotion regulation (56-59). The study also identified several factors determining masturbation, such as pornography, loneliness, anxiety disorders, and separation from religious and spiritual issues. The intervention program provided pious advice and techniques for practicing self-control during arousal and temptation to address these factors.

These findings align with previous studies that have suggested similar factors as practical reasons for quitting masturbation (9,16,60). However, some of these previous studies had limitations. For example, some research used a descriptive-documentary method and focused solely on a library review, which is a limited research method (61). Similarly, a study used an analytical-theoretical approach and relied only on scientists' opinions and religious texts to address the causes of masturbation (9). Another research used an analytical and case-control method, similar to the present study, but observed fifty children aged 3-7 years old instead of adolescents and adults. They found that masturbation was correlated with night terrors (62). In comparison, the present study used semi-structured interviews with teenage girls, resulting in a more detailed understanding of the causes of masturbation in this population group.

Overall, the present findings provide valuable insights into the determinants of masturbation and the effectiveness of an Islamic-based intervention program for reducing masturbation in adolescent girls. By addressing the practical factors involved in quitting the habit of masturbation through self-control and emotion-

regulation techniques, psychologists can help adolescents manage their sexual desires within the boundaries of their Islamic beliefs and values. These findings have important implications for developing intervention programs that can provide psychological services for clients struggling with masturbation complaints, and future research should continue to explore the effectiveness of such interventions.

Future research should include similar studies for adolescent boys, using longer follow-up intervals and repeated measurements statistical methods. Additionally, increasing the sample size and using different sampling methods would help extend the research results' generalizability.

Overall, the findings of this research have important implications for the development of intervention programs that can provide psychological services for clients struggling with masturbation complaints within the context of Islamic beliefs and values. Psychologists can use self-control and emotion regulation techniques to help adolescents manage their sexual desires while promoting positive emotional well-being and self-control.

Conclusion

This study has shown the effectiveness of an Islamic-based self-control and emotion regulation intervention program in reducing the frequency of masturbation and improving emotional regulation and self-control among adolescent girls. However, the scarcity of scientific and practical resources with Islamic explanations of masturbation was a limitation of this research, and more studies are needed to promote the supporting evidence of Islamic-based treatment for masturbation.

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