Some Opinion; Medical and Personal on the Physiological Aspects of Male Sexual Abstinence

A question often asked by newcomers is, ‘What happens to the production of semen during male sexual abstinence’. The following has been condensed from material by two of our members in the medical profession. This is followed by some personal observations.

The answer to the above question is that excess sperm are resorbed into the body through the blood. If semen is ejaculated often, the production of sperm goes on at a faster rate. When there is no ejaculation, production is very slow; the sperm age, disintegrate, and are resorbed by macrophage cells and other processes in the blood.

Sperm and associated testicular fluid comprise only about ten percent of the fluid that is ejaculated. The other 90 percent comes from the prostate and other associated glands. They produce the fluid that makes the chemistry balanced so sperm can advance safely toward the egg in the female uterus. These fluid glands also produce only as much as is called for. There is no overproduction, either of the sperm or the fluid in which they are carried.

Semen is produced in the testicles. According to current medical literature, one single sperm cell needs 74 days to mature. Of course, millions are produced at the same time. After sperm are produced in the testes, they become mobile and functional only after being stored in the epididymis for about two days. This is an organ nested on top of the testicle. When this storage area is filled by the production of semen (through hormonal influences controlled by the brain) production slows down very much. There are always some sperm dying and being resorbed in the blood, which causes sperm production to continue to make up for that loss.

From the point of view of sexual abstinence, ejaculation is not necessary. The reproductive system slows down so that it only replenishes the sperm that are resorbed. There is an analogous situation with other body cells such as the skin, where old skin cells die and fall off. New cells have already been produced to take their place. You can observe this by noticing how fast you lose your suntan. Sperm and the seminal fluid are produced only on demand.

Another misconception is that one must continually have sex to keep from getting impotent. This is about as absurd as saying you have to scrape the skin to help new cells grow or the idea that if you don’t keep spitting, you’ll stop producing saliva.

Consider the case of male sterilization by vasectomy. The vas deferens is the duct leading from the epididymis and carrying the sperm during ejaculation. Vasectomy is the surgical removal of a small segment of the vas deferens or cutting it where it leaves the epididymis. The production of sperm continues, but its transport is inhibited. The sperm are resorbed in the blood system, as described above. Millions of men have had this procedure. These men do not ejaculate sperm for the rest of their lives, yet there is no damage or discomfort as a result of this.

**********
Given our own sexaholism and the climate of the times, it’s no wonder we have concerns about whether or not we can do without sex. There are whole schools of thought and therapy that confuse sexuality with having to have sex. But human sexuality and having sex are two completely different things. Of course, it is possible for one to abstain from sex in an unhealthy way. We’re not talking about that. What we are saying is that we can be fully sexual human beings without engaging in the sex act. The converse is also true, but not as apparent: We can be very active sexually, yet in that very activity, be negating or destroying our sexuality.

Just look at what we sexaholics were doing to ourselves! The more captive to lust and sex we were, the more our sexuality was diminished! The facts are that many people live abstinent for years, and in some cultures, abstinence is a way of life. One researcher has even documented a recent trend toward celibacy that has passed into the mainstream. For the sexaholic, it is the attitude of mind and our character defects that make sex necessary.

It is commonly observed that some people lose all desire for sex after the death of a loved one or after divorce, lending additional credence to the idea that one’s state of mind and emotions is a controlling factor in sexual desire, rather than physiological necessity.

For myself, I find that going into sexual abstinence in my marriage is a matter of choice. When I decide to do it, I simply “shut down” the system by cutting off the demand and expectation. I imagine myself turning off the gate valve that controls the water main going into our house. As I am doing this, I put my desire for sex into God’s hands. In other words, I have planned to shut down, for whatever reasons, and then, when the time has come, I deliberately make the decision to stop having sex. And the system shuts down! Of course, I had to learn to trust the process, and for me that took some time and practice.

We should always be careful to examine why and how we are stopping sexual activity. Sharing with the group and/or sponsor should help us be clear on our motives and willingness. There’s a world of difference between trying to control sex by force of willpower and freely giving up the demand and expectation for sex in free and positive surrender. Repression may not only be harmful, it will preclude the benefits that can accrue from abstinence. The healthy way is to surrender demand at the source—in the mind and heart—out of our own enlightened self-interest.

As the time arrives when I would normally be having sex—whatever expectation is established from the previous habit pattern—sometimes I’ll feel the desire knock on the door. My mind is telling me that the programmed interval has transpired and “It’s time to do it.” At other times, even this first reminder is absent and there is no message for sex at all. If that quiet message does knock (thank God it’s quiet now; before sobriety it would scream out and have to have its way), I simply don’t open the door, and it leaves quietly as it came, without any discomfort. If my original decision to stop is a “maybe,” or I’m doing it for some reason other than my own self-interest, when desire knocks on the door, I’m tempted to open it a crack to see what’s there, and it gets its foot in the door like a persistent salesman. It’s harder to shut the door when that happens. The best way is simply to do it freely without any “maybes” and give it up to God and His will, one day at a time.

24 August 1985 (kr and rk), rev. 10/89, 9/91