

EFS CONFERENCE - LISBON 2026

MIND ELSEWHERE

Rediscovering presence in functional sexuality

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THE DIAGNOSTIC BLINDSPOT

**What if the greatest
threat to intimacy
isn't a body that refuses **to
work...**
...but a mind that
refuses to stay?**



DIFFERENTIAL DIAGNOSIS MATRIX

THE 4 CLINICAL AXES



CLINICAL AXIS	DAY-TO-DAY-FRENZY	CLASSIC SPECTATORING	MINDLESS ENGAGEMENT
Axis 1: Cognitive Mechanism	Overload: Working memory flooded with external stress	Hyper-Vigilance: Self-monitoring performance	Under-load: Shifting to Default Mode Network
Axis 2: Nervous System	Sympathetic Dominance: High cortisol/stress spike	Sympathetic Dominance: Performance anxiety/Fear	Autonomic Neutrality: Intact physiological relaxation
Axis 3: Physical Output	Somatic Inhibition: Suppressed arousal	Somatic Inhibition: Erectile/lubrication failure	Preserved Integrity: Flawless mechanics, hollow core
Axis 4: Emotional Tone	Tension and distraction	Anxiety and fear of failure	Calm detachment, "Highway Hypnosis"

METHODOLOGY STUDY DESIGN

Inclusion Criteria:

Intact sexual function • Desire within normative range • Recurrent reports of attentional disengagement



1

ASSESSMENT

Systematic Observation

Adult patients seeking sexual consultation observed via structured clinical interviews and qualitative analysis of clinical vignettes.

2

FOCUS DIMENSIONS

Core Metrics

Meticulous analytical mapping focusing directly on: attentional dynamics, subjective experience, and relational involvement.

3

TIMELINE

Longitudinal Tracking

Observations documented across multiple sessions, allowing clear comparison of attentional patterns before and after intervention.

THE THEORETICAL FRAMEWORK

DR. DAVID BARLOW

Cognitive Interference Model

Focus shifts to non-erotic cues, stripping the experience of its subjective quality.

DR. LORI BROTT

Autonomic Compliance

Empirical validation that physical response and subjective mental arousal can cleanly uncouple.

EFFICIENCY
IS THE
ABSOLUTE
ENEMY OF
PRESENCE

CORE INTERVENTIONS BRIEF STRATEGIC THERAPY

Objective: Modifying dysfunctional experiential patterns rather than enhancing desire or performance.

1. Suspension of Intentionality

Eliminating conscious goal-seeking metrics and climax tracking from the intimate frame.

2. Disruption of Habitual Scripts

Violently breaking down automated, predictable behavioral cycles and physical routines.

3. Non-Goal-Directed Interaction

Shifting focus away from completion metrics toward sensory-driven, low-pressure exploration.

4. Attention Redirection

Deploying targeted experiential tasks to ground the conscious mind actively back into the skin.

THE RE-CONNECTION

Clinical application of Brief Strategic interventions led to progressive restoration of attentional engagement and subjective involvement, without changes in desire or sexual functioning.



Hypothesis Validation: Issue lies in Experiential Regulation rather than sexual motivation.

THE SHIFT

Intimacy isn't about making the body **perform**—even flawlessly, as it can go through the motions on autopilot. The intimacy only begins when the mind finally shows up...
to claim it.

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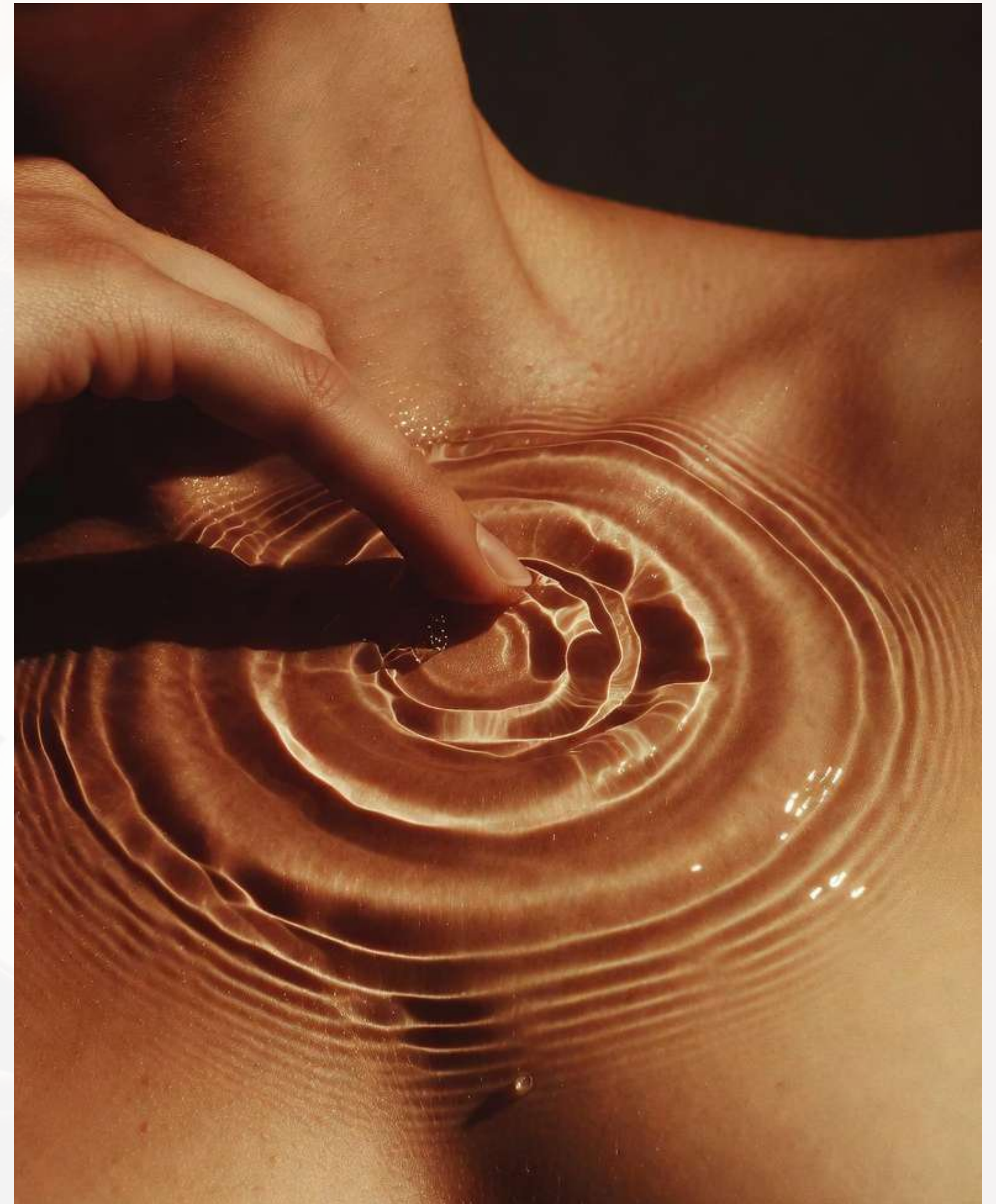


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THANK YOU

QUESTIONS?

www.monikamach.com/research