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THE BODY UNDER SURVEILLANCE

Self-monitoring as a transdiagnostic mechanism in panic, sexual performance anxiety, and performance blocks.

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THE SHIFT

**“The most intrusive
surveillance system
in the room is not
your phone.
It’s you”**

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THE THESIS

A CLINICAL SHIFT FROM SYMPTOM CONTENT TO SYMPTOM MAINTAINING THE PROCESS

The body does not simply become anxious,
it becomes watched.

HEARTBEAT

Danger?

BREATHING

Choking?

AROUSAL

Failure?

MOVEMENT

Collapse?



Clinical question: not only “what symptom?”, but “what does the patient do to prevent, check, correct or neutralize it?”

THE THESIS

Conceptual, clinically informed transdiagnostic framework

- Recurrent patterns observed across panic/agoraphobia/sexual performance anxiety/sport and performance blocks
- Cross-domain analysis of attempted solutions
- Integrated with literature on body vigilance, spectating, self-focused attention, and explicit monitoring phenomena
- **Result: proposed Body Under Surveillance maintaining loop**

**Different symptoms. Different contexts.
Same maintaining architecture.**

3 RESEARCH FIELDS - 1 LOOP

PANIC RESEARCH Body Vigilance

Attention to bodily perturbations
amplifies threat and symptom salience

PANIC

Is my body in danger?

SEXOLOGY Spectatoring

The erotic encounter shifts from
participation to self-evaluation

**SEXUAL
PERFORMANCE BLOCK**

Will my body fail?

PERFORMANCE SCIENCE Explicit Monitoring

Conscious control of automated skill can
produce sport performance block

**SPORT PERFORMANCE
BLOCK**

Is my body able to perform?

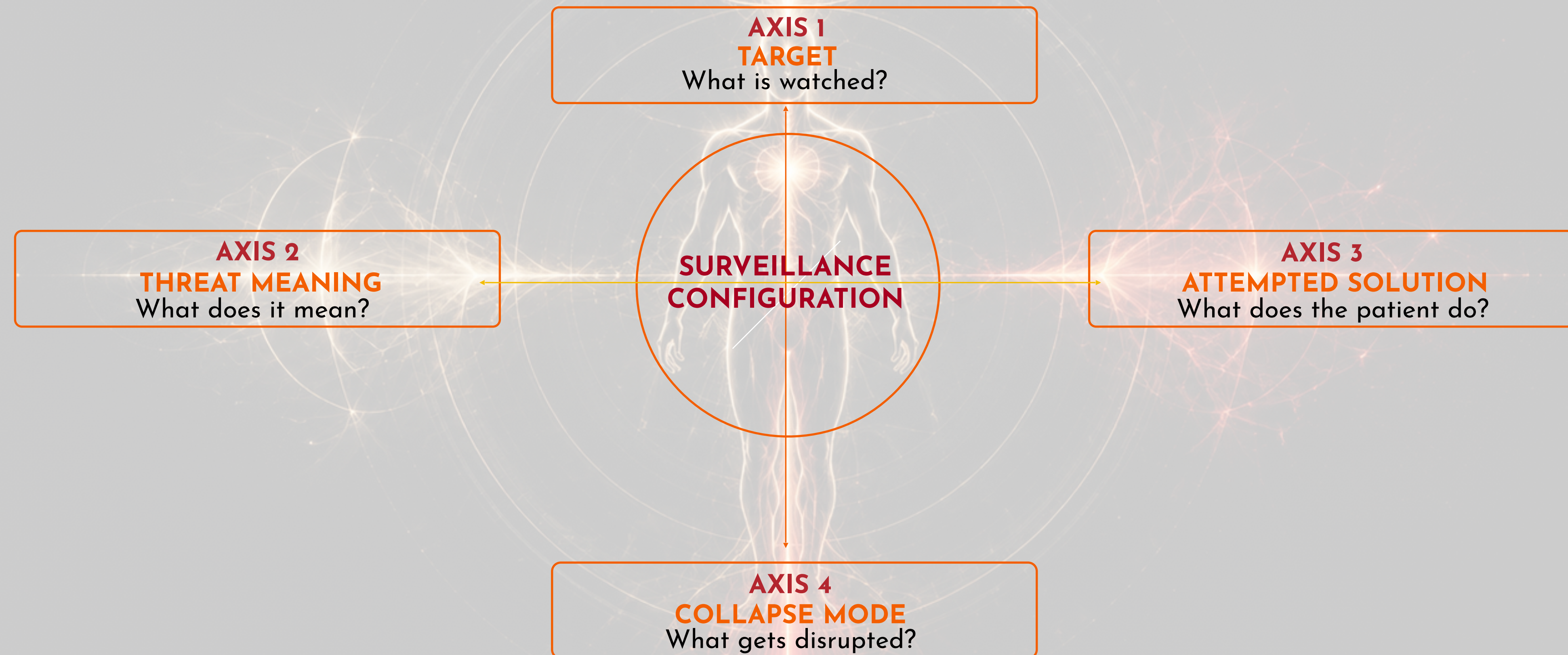
THE SURVEILLANCE LOOP



The attempted solution becomes the problem's architecture.

THE 4 AXIS MODEL

A practical model for assessment and case formulation



The diagnosis is not only the symptom interpretation. It is **THE UNDERSTANDING OF THE SURVEILLANCE ARCHITECTURE** around the symptom.

THE 4 AXIS MODEL



PANIC



SEXUAL PERFORMANCE BLOCK



SPORT PERFORMANCE BLOCK

AXIS 1: TARGET	heartbeat / breath	arousal / erection / orgasm	movement / voice / timing
AXIS 2: MEANING	danger / collapse/death/ loss of control	inadequacy / rejection	public failure
AXIS 3: ATTEMPTED SOLUTION	checking/escape/ asking for help&reassurance	checking/forcing	technical over-control
AXIS 4: COLLAPSE MODE	symptom salience	loss of erotic presence/total pleasure loss	loss of automacity

CLINICAL IMPLICATION BRIEF STRATEGIC THERAPY

Clinical objective: Interrupt the surveillance-control loop so the patient can return from self-monitoring to functional, embodied experience.

1. INTERRUPT CHECKING

Reduce repeated monitoring of bodily signals, performance cues, or “proof” of safety.

Goal: break the surveillance loop and reduce symptom amplification.

2. RITUALIZE EXPOSURE

Approach the feared situation through a structured, deliberate task instead of avoidance.

Goal: create corrective experience and restore tolerance of uncertainty.

3. DE-REASSURE

Gradually remove reassurance from partners, family, clinicians, or safety behaviors.

Goal: weaken external dependency and rebuild internal trust in the body.

4. REDIRECT ATTENTION

Shift focus from internal evaluation toward the task, partner, environment, or sensory experience.

Goal: restore presence, automaticity, and spontaneous functioning.

THE SHIFT

FORMULATION

Identify the surveillance architecture around the symptom



INTERVENTION

Interrupt attempted solutions that keep the body under inspection



RESEARCH

Test whether surveillance reduction mediates clinical improvement

"The body does not need a better inspector, it needs a green light to become body again"

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Image Sources: @Monika A. Mach

THANK YOU

QUESTIONS?

www.monikamach.com/research



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