Mindful Sexuality

Learning to Stay Present Instead of Spectatoring, Overthinking or Evaluating Yourself During Intimacy

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Introduction

When I speak with patients about sexual difficulties, I often find that the body is not the only place where the problem is occurring. Sometimes the body is capable of responding, but the mind has become so occupied with questions, expectations and fears that the person cannot remain connected to the experience.

A man may be thinking:

“Is my erection strong enough?”

“What if it becomes weak?”

“Am I taking too long?”

“Will I satisfy my partner?”

A woman may be thinking:

“Why am I not aroused yet?”

“Do I look attractive?”

“Will I reach orgasm?”

“Is something wrong with me?”

Another person may simply be monitoring every physical response instead of experiencing affection, touch, closeness and emotion.

This is where the concept of **mindful sexuality** becomes clinically useful.

Mindful sexuality is not a disease and it is not a particular sexual technique. It is a way of approaching intimacy with **present-moment awareness, reduced judgment and less performance monitoring**. Rather than continually asking, "How am I doing?", the person learns to notice what is actually happening in his or her body, mind and relationship.

This approach fits well with the wider medical understanding of sexual health. The World Health Organization describes sexual health as involving physical, emotional, mental and social well-being—not merely the absence of sexual dysfunction or disease. WHO also emphasizes positive, respectful, safe and pleasurable sexual experiences.

In this article, I want to explain mindful sexuality in simple language, discuss **spectatoring**, performance anxiety, cognitive distraction and overthinking, and show how contemporary psychological treatment and responsibly applied Unani principles can complement each other in selected patients.

What Is Mindfulness?

Mindfulness essentially means **paying attention to what is happening now, with as little automatic judgment as possible**.

If you are eating, mindfulness means actually noticing the taste, smell and texture of the food rather than eating while mentally being somewhere else.

If you are walking, it means noticing movement, breathing and surroundings.

In sexual intimacy, mindfulness means noticing experiences such as:

touch, warmth, breathing, emotional connection, bodily sensation, comfort and affection

without continuously examining whether the body is "performing correctly."

The International Society for Sexual Medicine describes mindfulness in sexual health as present-moment attention that may help reduce the interference caused by anxiety, stress, negative thoughts and low self-esteem.

What Is Mindful Sexuality?

Mindful sexuality means bringing this quality of awareness into sexual and intimate experiences.

It does **not** mean forcing yourself to relax.

It does not mean that every sexual encounter must become a meditation session.

It does not mean suppressing unwanted thoughts.

Instead, the goal is to notice thoughts without automatically following them.

For example, a man might notice the thought:

"My erection feels slightly weaker."

An anxious mind may immediately react:

"This is going to fail. My partner will be disappointed. Something is seriously wrong."

Mindful awareness would respond differently:

"I noticed that worry. I don't have to analyse it right now. I can return my attention to closeness and sensation."

That difference may appear small, but clinically it can be very important.

What Is "Spectatoring"?

One of the most useful terms in sex therapy is **spectatoring**.

It describes a state in which a person mentally steps outside the experience and begins to **watch, evaluate or judge himself or herself as though observing from the audience**.

Instead of experiencing intimacy, the person becomes a commentator.

The internal dialogue may sound like:

"Is my erection still firm?"

"How long have I lasted?"

"Do I look attractive from this angle?"

"Is my partner enjoying this?"

"Why haven't I reached orgasm?"

"Is she noticing that I am nervous?"

Modern research uses related terms such as **self-focused attention, cognitive distraction, attentional focus and performance demands**. A systematic review covering 67 studies found consistent associations between sexual functioning and factors including cognitive distraction, attentional focus, negative sexual thoughts, expectations and perceived performance demands.

In other words, what the mind is doing during intimacy can influence the sexual response.

Why Spectatoring Can Become a Problem

The problem is not that you occasionally notice your own sexual response. That is normal.

The difficulty begins when monitoring becomes the **main focus**.

Imagine trying to fall asleep while repeatedly asking:

“Am I asleep yet?”

The constant checking itself makes sleep more difficult.

Sexual response can behave similarly.

If a man checks his erection every few seconds, normal fluctuations may suddenly become frightening.

If a woman repeatedly checks whether she is “aroused enough,” she may become less connected with the sensations that would normally support arousal.

The person then experiences difficulty and concludes:

“I knew something was wrong.”

This reinforces the same fear during the next encounter.

The Performance-Anxiety Cycle

A common pattern is:

Expectation → monitoring → anxiety → reduced sexual response → greater monitoring → more anxiety

For example, a man may have experienced one episode when his erection was not as firm as expected.

At the next intimate encounter he thinks:

“What if it happens again?”

He begins monitoring his erection.

The fear activates greater tension and distracts attention from sexual cues.

The erection becomes more difficult to maintain.

He now regards this as confirmation of a serious problem.

Next time the anxiety begins even earlier.

The International Society for Sexual Medicine explains that performance anxiety can contribute to this type of cycle and that focusing constantly on erection and performance can itself interfere with sexual function. Its August 2026 discussion of performance anxiety

and erectile dysfunction also emphasizes the role of fight-or-flight activation, unrealistic expectations and difficulty remaining present.

Sexual Performance Anxiety Is Not Limited to Men

Although performance anxiety is often discussed in relation to erection, women also experience it.

Women may worry about:

arousal, lubrication, orgasm, appearance, sexual pain, partner satisfaction or whether they are responding “normally.”

A published review estimated that sexual performance anxiety is experienced by a meaningful proportion of both men and women and may be associated with erectile difficulty, premature ejaculation, low desire and distracting thoughts.

The exact numbers vary between populations and studies, so performance anxiety should not be reduced to a single statistic.

The important clinical message is that it can affect **any sex and many different aspects of sexual response**.

Overthinking During Intimacy

Overthinking is closely related to spectatoring but is somewhat broader.

A person might be physically close to a partner while mentally thinking about:

work, family problems, infertility, pregnancy, contraception, previous sexual difficulties, appearance, body weight, genital size, orgasm, fertility reports, relationship conflict or whether the partner is satisfied.

The brain cannot give full attention to every stimulus simultaneously.

If most mental resources are occupied by threat monitoring, judgment and prediction, less attention is available for sexual cues.

Research into the psychology of sexual dysfunction has repeatedly identified anxiety and cognitive distraction as important contributors in some patients.

Why “Trying Harder” Can Make Things Worse

Sexual response is unusual because effort does not always improve performance.

If a patient tells himself:

“I MUST have a strong erection.”

or:

“I MUST reach orgasm tonight.”

the word “must” creates a test.

Once intimacy becomes a test, every change in physical response becomes a score.

Sexuality becomes something that must be achieved rather than experienced.

The more important the result becomes, the greater the possibility of performance pressure.

This is why some patients say:

“When I don't think about it, everything is fine. When I try to prove myself, the problem comes back.”

Normal Sexual Responses Are Not Machines

Another reason people become anxious is the assumption that the human sexual response should be perfectly predictable.

It is not.

Desire can vary from one day to another.

Erection firmness can fluctuate.

Arousal may take longer on some occasions.

Orgasm may occur quickly one time and slowly another time.

Stress, sleep, relationship quality, medications, illness, age, hormonal status and many other factors can influence the experience.

An occasional change is not automatically a disease.

However, **persistent or distressing sexual dysfunction still requires proper medical assessment**.

Mindfulness should never be used as an excuse to ignore a physical disorder.

Mindful Sexuality and Erectile Dysfunction

Erectile difficulties may have:

vascular, hormonal, neurological, medication-related, psychological or mixed causes.

The current European Association of Urology guideline emphasizes that ED assessment should include psychological distress, relationship factors, sexual expectations, self-esteem and cognitive distraction, not merely physical testing. It recommends cognitive-behavioural approaches when appropriate and supports combining them with medical treatment where indicated.

The American Urological Association similarly recommends considering mental-health referral for men receiving ED treatment when this may reduce performance anxiety, support treatment adherence and help integrate treatment into the relationship.

Therefore, a man with persistent ED should not simply be told:

“It is all psychological.”

Nor should every man automatically be treated with a tablet without looking at psychological and relationship factors.

The correct approach is **biopsychosocial**.

Psychogenic Erectile Difficulty

When anxiety plays an important role, a man may still experience erections:

during sleep, on waking, during masturbation or in situations without performance pressure.

But difficulty may occur during partnered intimacy.

This pattern can suggest a psychological contribution, although it does not prove that there is no physical factor.

One of the objectives of mindfulness is to reduce excessive monitoring such as:

“Is it hard enough?”

and return attention to the actual intimate experience.

Mindfulness and Premature Ejaculation

Some men with premature ejaculation become so afraid of ejaculating quickly that most of the sexual encounter is spent monitoring:

“How close am I?”

“Can I control it?”

“How much time has passed?”

This may increase tension and reduce enjoyment.

Mindfulness cannot be claimed as a universal cure for premature ejaculation, which may require sexual counseling, behavioural approaches and sometimes medical treatment.

However, when anxiety and over-monitoring are significant contributors, helping the patient develop better awareness and reduce performance pressure may be clinically useful.

Mindfulness and Delayed Ejaculation

The opposite problem can also occur.

Some patients become unable to relax enough to reach orgasm because they remain mentally analytical.

Thoughts may include:

“Why isn't it happening?”

“My partner must be getting tired.”

“I have to finish soon.”

The more urgency develops, the more difficult orgasm may become.

ISSM material on ejaculatory problems similarly describes how evaluative and performance-related anxiety can draw attention away from erotic cues.

Mindfulness in Female Sexual Function

Much of the strongest mindfulness research in sexual medicine has involved women.

Mindfulness-based interventions have been studied in women experiencing:

low desire, difficulty with arousal, orgasm concerns, sexual distress, cancer-related sexual difficulties and other conditions.

A 2024 meta-analysis of 11 studies found that mindfulness-based cognitive therapies were associated with improved female sexual function and reductions in sexual distress, although the studies were highly heterogeneous. This means the results are encouraging but should not be interpreted as proof that mindfulness works equally well for every woman or every sexual disorder.

A 2025 systematic review and meta-analysis of treatment options for female desire, arousal and orgasmic disorders also found improvements with mindfulness-based CBT in overall sexual function and in desire, arousal and orgasm measures.

How Might Mindfulness Help?

Research suggests several possible mechanisms.

One is **attention**.

Instead of being trapped in self-criticism, the person learns to return attention to bodily sensations.

Another is **interoceptive awareness**, meaning awareness of internal bodily experiences.

Research reviews have identified interoceptive awareness, anxiety, mood, relationship satisfaction and mindfulness itself as possible mechanisms through which mindfulness-based interventions may influence female sexual functioning.

A third mechanism is **decentering**.

This means learning:

"A thought is something my mind produced; it is not automatically a fact."

For example:

"I am going to fail"

becomes:

"I notice that I am having the thought that I will fail."

That small psychological distance can reduce the power of the thought.

Mindfulness Is Not Thought Suppression

Some people misunderstand mindfulness and try to empty the mind completely.

That usually creates another performance task:

"I must not think."

The moment a thought appears, the person believes the exercise has failed.

Mindfulness works differently.

Thoughts are expected.

You simply recognize that attention has moved away and gently return it.

If this happens twenty times, you return twenty times.

There is no requirement to achieve a perfectly silent mind.

Mindfulness Is Also Not Forced Positivity

You do not need to say:

“Everything is perfect.”

when you do not feel that way.

Mindfulness is closer to saying:

“Anxiety is here right now, and I can notice it without allowing it to control every moment.”

The objective is realistic awareness, not pretending.

Sexual Mindfulness and Couples

Mindful sexuality is not only an individual matter.

A relationship can either reduce or increase performance pressure.

A partner who asks:

“Why aren't you hard yet?”

or:

“Why can't you orgasm?”

may unintentionally increase spectatoring.

A partner who communicates with warmth and patience may create a completely different psychological environment.

A 2025 daily-diary study involving 141 couples examined sexual mindfulness in everyday couple life and found meaningful associations between sexual mindfulness and daily sexual functioning, adding to earlier research suggesting that mindfulness may have both individual and relational relevance.

A separate 2025 study in first-time postpartum couples also examined mindfulness, sexual function, distress and satisfaction as interconnected couple-level processes.

These are observational findings and should not be interpreted to mean that mindfulness alone causes better relationships, but they reinforce the value of considering the **couple rather than only the individual patient**.

Sensate Focus and Present-Moment Attention

One concept closely related to mindful sexuality is **sensate focus**, originally developed within sex therapy.

The basic therapeutic idea is to reduce performance pressure and gradually redirect attention toward **sensory experience and affectionate touch rather than specific sexual outcomes**.

Modern discussions describe sensate focus as having important similarities with mindfulness because both encourage present-moment awareness and reduce performance-oriented "spectatoring."

Sensate-focus exercises are best used under professional guidance when significant sexual dysfunction, pain, trauma or relationship difficulty is present.

A Simple Present-Moment Exercise

For uncomplicated performance anxiety, I may explain the principle to patients in very simple terms.

When you notice the mind beginning to analyse performance, do not fight the thought.

First **notice it**.

Then silently name what is happening:

"I am checking my performance."

Take a slow, comfortable breath.

Then return your attention to something actually happening now:

the feeling of touch, warmth, breathing, emotional closeness or another neutral bodily sensation.

The goal is not to guarantee erection, orgasm or arousal.

The goal is to stop making constant evaluation the centre of the experience.

This distinction is crucial.

The "No Test" Principle

One of the most helpful changes for patients with performance anxiety is removing the idea that every intimate encounter is a test.

Sexual success should not be defined exclusively as:

penetration, a particular erection hardness, a certain duration or orgasm.

WHO's conception of sexual health is broader and includes safety, respect, emotional well-being and the possibility of pleasurable experiences.

Intimacy can involve communication, affection and connection as well.

When the examination atmosphere decreases, natural sexual responses sometimes become easier.

Body Image and Spectatoring

Some patients are not monitoring erection or orgasm.

They are monitoring appearance.

A woman may think:

“How does my abdomen look?”

A man may think:

“Does my body look masculine enough?”

Someone may be concerned about:

breasts, stretch marks, penis size, weight, hair, scars or genital appearance.

In such cases, mindful sexuality encourages a shift from:

“How do I look from outside?”

toward:

“What am I experiencing from inside?”

This does not mean serious body-image disorders should be ignored. Significant body dysmorphic disorder requires appropriate psychological or psychiatric treatment.

Infertility and Overthinking During Intimacy

Infertility creates a special challenge.

When a couple has been trying for pregnancy for months or years, intimacy can stop feeling spontaneous.

Every encounter may become connected to:

ovulation timing, fertility windows, semen reports, sperm count, medication schedules and pregnancy expectations.

The man may think:

"My sperm count is low, so I must perform perfectly today."

The woman may think:

"This is our fertile day; we cannot waste this opportunity."

Sex then becomes a fertility procedure rather than an intimate relationship experience.

At Saira Health Care, I consider it important to separate these two issues as much as possible.

Fertility treatment is one aspect of the couple's life. Intimacy is another.

Mindfulness cannot correct blocked fallopian tubes, severe sperm abnormalities, hormonal disorders or other physical infertility causes.

But it may help reduce the emotional and performance burden that sometimes develops around fertility treatment.

When Mindfulness Is Not Enough

Mindfulness is a useful therapeutic tool, not a substitute for diagnosis.

Persistent sexual dysfunction may require evaluation for:

diabetes, cardiovascular disease, thyroid problems, testosterone deficiency, menopause, medication effects, neurological conditions, pelvic-floor problems, infection, pain disorders, relationship difficulties, depression or anxiety.

For example, recurrent erectile dysfunction can sometimes be an early sign of vascular disease.

Similarly, sexual pain or vaginal dryness should not automatically be attributed to anxiety.

Good treatment begins by determining **what is actually happening**.

Sexual Performance Anxiety vs Physical Disease

Patients often ask:

"Doctor, how can I know whether my problem is physical or psychological?"

The answer is that sometimes it is one, sometimes the other and very often **both contribute**.

Modern urological guidelines specifically recognize the interaction between organic and psychosocial factors in erectile dysfunction and recommend assessing both.

Therefore, a responsible sexual-health consultation should not force the patient into only one category.

When Psychological Treatment Is Useful

Professional psychological or psychosexual treatment should be considered when:

performance anxiety is persistent, intimacy is repeatedly avoided, intrusive thoughts dominate sexual encounters, body-image anxiety is severe, relationship conflict is present, sexual trauma is relevant, depression or generalized anxiety is present, or sexual difficulties continue despite appropriate medical care.

Cognitive behavioural therapy can help identify and modify unhelpful beliefs such as:

“If I lose my erection once, I am sexually weak.”

“My partner will leave me if I don't perform perfectly.”

“Every sexual encounter must end with orgasm.”

EAU guidance supports CBT and other psychosocial interventions for ED when appropriate, including couple-based formats.

What Does Current Research Say About Mindfulness?

Overall, the evidence is **promising but not identical across every condition**.

A systematic synthesis of 18 studies found that mindfulness tended to be associated with less sexual dysfunction and distress and with greater desire, satisfaction and overall sexual functioning, while also emphasizing important research limitations and the need to consider couple-level factors.

An earlier systematic review of mindfulness interventions found encouraging results particularly for female desire and arousal difficulties, while evidence in male dysfunction was much more limited.

A later systematic review similarly concluded that mindfulness-based therapies appear useful for some sexual problems but that evidence should not be generalized indiscriminately to every sexual disorder.

A small randomized feasibility study involving men, women and some partners also found that an eight-week mindfulness-for-sex-and-intimacy program was feasible enough to justify further research, but the study was too small to establish universal efficacy.

The appropriate conclusion is therefore:

mindfulness is a valuable evidence-informed component of sexual therapy, particularly when anxiety, distraction and self-monitoring are important, but it is not a universal cure.

Mindful Sexuality in the Unani Perspective

The terminology “mindful sexuality” is modern, and classical Unani physicians did not describe it using today's psychological language.

It would therefore be historically inaccurate to claim that Unani medicine had a specific disease called spectatoring.

However, there are important conceptual parallels.

Unani medicine has traditionally emphasized the relationship between:

physical health, mental state, emotional condition, lifestyle, sleep, diet, activity and sexual/reproductive function.

CCRUM describes Unani medicine as a holistic system that considers biological, social, geographical and psychological factors while individualizing care according to **Mizaj**, or temperament.

That whole-person perspective can be very useful in sexual-health practice.

Harkat-o-Sukoon-e-Nafsani: Psychological Movement and Rest

Within the classical framework of **Asbab-e-Sitta Zarooriyah**, psychological activity and rest are considered important influences on health.

From a modern clinical perspective, this idea can be connected cautiously—not equated—with our understanding that chronic:

stress, fear, anxiety, rumination and relationship conflict

can influence sexual function.

CCRUM publications describe the six essential lifestyle factors as important elements within traditional Unani health preservation.

For the patient who constantly overthinks during intimacy, attention to psychological balance is therefore consistent with the broader philosophy of Unani care.

Naum-o-Yaqzah: Sleep and Wakefulness

Sleep is often overlooked in sexual-health consultations.

A patient may be sleeping four or five hours per night, working continuously, experiencing severe stress and then assuming that every change in libido or erection requires a sexual tonic.

Within Unani medicine, appropriate sleep and wakefulness form part of the essential lifestyle framework.

Modern medicine also recognizes that sleep interacts with mood, metabolic health, hormones and overall well-being.

Therefore, restoring a healthy routine may be an important part of comprehensive care.

It is supportive care—not a replacement for disease-specific treatment.

Harkat-o-Sukoon-e-Badani: Physical Activity and Rest

Balanced movement and rest are another part of the Unani health-preservation framework.

Appropriate exercise can support:

cardiovascular health, metabolic health, mood, confidence and overall well-being.

These factors are relevant because sexual function—particularly erectile function—is connected with general vascular and metabolic health.

Excessive exhaustion, however, can also reduce energy and desire.

The objective is balance.

Ilaj-bil-Ghiza: Dietotherapy

CCRUM identifies **Ilaj-bil-Ghiza**, or dietotherapy, as one of the established modes of Unani treatment.

Good nutrition can support overall sexual and reproductive health by contributing to:

healthy weight, cardiovascular health, blood-sugar control and adequate nutrition.

However, food should not be advertised as a direct cure for spectatoring or performance anxiety.

The psychological difficulty must be addressed psychologically.

Ilaj-bil-Tadbir: Regimental and Lifestyle Care

Unani medicine also recognizes **Ilaj-bil-Tadbir**, or regimental therapy, as a therapeutic approach. CCRUM lists it alongside dietotherapy, pharmacotherapy and surgery within the traditional system.

In an integrated contemporary sexual-health setting, the most relevant supportive elements may include:

regular physical activity, appropriate rest, better sleep, structured relaxation, healthy routines and individualized lifestyle modification.

These measures can create a healthier foundation in which psychological and medical treatment can work.

Does Unani Medicine Cure Performance Anxiety or Spectatoring?

This requires an important scientific clarification.

There is currently **insufficient high-quality clinical evidence to claim that a particular Unani medicine cures spectatoring, sexual performance anxiety or mindfulness-related sexual difficulties**.

Unani medicine may be useful in an **individualized supportive role**, particularly through:

lifestyle regulation, diet, sleep, stress management, constitution-focused care and treatment of appropriate coexisting complaints.

But significant anxiety, depression, trauma-related problems or persistent sexual dysfunction may require:

psychological therapy, sex therapy, medical investigation or appropriate medication.

Responsible integration means using each approach where it is most appropriate.

Dr. Nizamuddin Qasmi's Approach to Mindful Sexuality at Saira Health Care

At **Saira Health Care**, I prefer not to begin with the assumption that every sexual difficulty requires a sexual-strength medicine.

The first task is to identify what is actually interfering with the patient's sexual health.

I use an individualized approach that can be understood in several stages.

Understanding the Patient's Actual Concern

I first want to know whether the main problem involves:

erection, ejaculation, desire, orgasm, fertility, body image, relationship anxiety, sexual pain or intrusive thoughts.

Sometimes a patient initially says:

“I have erectile dysfunction.”

After a detailed history, it becomes clear that erections are normal in most situations but disappear when he begins checking himself during partnered intimacy.

That patient requires a different treatment plan from somebody with vascular ED due to longstanding diabetes.

Medical Assessment Where Necessary

Mindfulness should be used after—not instead of—appropriate medical assessment.

Depending on the patient, evaluation may include:

blood pressure, blood glucose, metabolic risk factors, hormonal evaluation, medication review, reproductive examination or other investigations.

Men with infertility may require semen analysis.

Women with pain, dryness or reproductive concerns may need appropriate gynecological evaluation.

The correct diagnosis determines the correct treatment.

Identifying the Anxiety Cycle

I ask questions such as:

“What goes through your mind immediately before the difficulty occurs?”

“Are you checking your erection repeatedly?”

“Are you thinking about time?”

“Are you worried about your partner's judgment?”

“Are you thinking about fertility rather than intimacy?”

This often reveals the point where normal sexual experience turns into performance monitoring.

Sexual Education

Accurate education can itself reduce anxiety.

Patients should understand that:

normal sexual responses vary, erection can fluctuate, desire is not identical every day, orgasm timing varies, and one difficult sexual encounter does not establish permanent dysfunction.

The recent ISSM discussion on performance anxiety likewise emphasizes education and realistic expectations as important components of care.

Attention Training and Mindfulness

Selected patients can be taught to recognize when the mind moves into evaluation.

The aim is to move gradually from:

judgment → awareness

performance → experience

prediction → present moment

self-monitoring → connection

The patient is not asked to guarantee a sexual outcome.

He or she practices returning attention when it wanders.

Couple Communication

When appropriate, I encourage partner involvement.

Statements such as:

“I am sometimes anxious, so pressure makes it harder for me to stay present.”

can be much healthier than trying to hide the problem.

Couple communication also prevents the partner from interpreting a sexual difficulty as:

lack of attraction, rejection or loss of affection.

Modern professional guidance increasingly supports combining medical and psychotherapeutic care rather than treating these domains as unrelated.

Individualized Unani Support

Where appropriate, Unani supportive management may address:

Mizaj, diet, sleep, physical activity, stress, digestion, general weakness and overall lifestyle.

This approach is particularly useful when a patient has developed poor routines during prolonged anxiety or infertility treatment.

The objective is not to tell the patient:

“Everything is caused by temperament.”

The objective is to use the Unani whole-person framework where it adds value while preserving modern psychological and medical care.

Saira Health Care's Contribution to Sexual Disorders and Infertility

At **Saira Health Care**, our work in sexual disorders and infertility includes not only treating physical complaints but also educating patients about the psychological and relational dimensions of sexual health.

Our clinical focus includes concerns such as:

erectile dysfunction, premature ejaculation, sexual-performance anxiety, low sexual desire, semen and sperm-related concerns, male infertility, testicular and epididymal conditions, reproductive counseling, body-image-related sexual anxiety and sexual-health education.

One of the most important contributions we can make is to reduce misinformation.

A patient should not spend years believing:

“I am sexually weak”

when the main issue is untreated anxiety.

At the same time, a patient with genuine diabetes-related erectile dysfunction should not be told:

“Just relax.”

Both errors delay proper care.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi is the Founder and Chief Physician of **Saira Health Care**, with a focused practice in **Sexual Disorders and Infertility**.

His stated qualifications and professional training include:

BUMS – Hamdard University, Delhi; MD; CGO; Certificate in Infertility – MGBIMS, Delhi; Certificate in Urology – London, UK; Masters in Male Infertility – MasterHealthPro (HealthPro); and Integrated Sexual and Reproductive Health – ISRH, UNFPA.

His clinical approach emphasizes confidential consultation, patient education, appropriate modern investigation, reproductive-health assessment, individualized Unani supportive care and referral for psychological, urological, gynecological or other specialist management where appropriate.

Mindful Sexuality in Everyday Life

Mindfulness does not need to begin in the bedroom.

A person who spends the entire day rushing, multitasking and worrying may find it difficult suddenly to become calm and present during intimacy.

Present-moment awareness can be practiced throughout daily life.

You may practice noticing your breathing for a few minutes.

You may eat one meal without constantly checking your phone.

You may notice when the mind begins predicting problems.

Over time, the skill of returning attention becomes more familiar.

Mindfulness is therefore a **skill**, not a switch.

The Role of Breathing

Slow, comfortable breathing can help some people notice tension and reduce the urgency of anxious thinking.

The goal is not to use breathing as another performance technique:

“If I breathe perfectly, I will definitely have an erection.”

That creates a new test.

Breathing should simply support awareness and help the patient notice what is happening without escalating fear.

Allowing Rather Than Forcing

One principle of mindful sexuality is allowing sexual response rather than constantly forcing it.

Instead of:

"I must become aroused immediately,"

try:

"I can notice what my body is experiencing right now."

Instead of:

"I must not lose my erection,"

try:

"I don't need to check every moment."

Instead of:

"I have to reach orgasm,"

try:

"I can remain connected to the experience without deciding in advance what must happen."

This changes the relationship with performance.

Stop Using the Clock

Patients with premature ejaculation often mentally count time.

Patients worried about delayed orgasm may do the same.

The clock then becomes part of the sexual encounter.

Unless timing has been requested for clinical assessment, repeatedly checking minutes and seconds tends to increase performance orientation.

Sexual satisfaction and sexual duration are not identical concepts.

Pornography and Unrealistic Performance Standards

Some patients develop expectations from highly edited or staged sexual media.

They may assume that:

erections should remain completely unchanged, every partner should respond immediately, intercourse must last a particular length of time or orgasm should always occur in a specific way.

These assumptions can create unrealistic standards.

Pornographic content is entertainment and does not provide a reliable model of ordinary sexual physiology or relationships.

Clinical education can therefore be an important part of reducing performance anxiety.

Masculinity, Femininity and Sexual Performance

A man's masculinity is not measured by a single erection.

A woman's femininity is not measured by how quickly she becomes aroused or reaches orgasm.

Sexual functioning can change temporarily due to:

stress, illness, medication, relationship problems, hormonal changes, age or fatigue.

Turning every change into a judgment about identity creates unnecessary psychological pressure.

Mindfulness and Infertility Treatment

Couples undergoing infertility treatment face unique emotional demands.

Ovulation tracking, semen collection, laboratory testing, ultrasound appointments and repeated disappointment can turn sexuality into a medical schedule.

I encourage couples, whenever possible, to preserve some space for intimacy that is **not evaluated only by whether pregnancy occurred**.

Mindfulness may help the couple reconnect with emotional and physical closeness during a period dominated by fertility procedures.

However, it is important to repeat:

mindfulness supports coping and sexual well-being; it does not replace appropriate infertility diagnosis or treatment.

Mindfulness After a Previous Sexual Failure

Sometimes the entire problem begins after a single difficult event.

A man loses his erection once.

A woman is unable to orgasm one evening.

The next encounter becomes:

“Will it happen again?”

That thought itself increases anxiety.

One of the therapeutic goals is to stop treating the previous experience as a prediction.

One event is an event.

It is not automatically a diagnosis or a forecast.

When Sexual Trauma Is Present

Mindfulness requires special care in people with a history of sexual trauma.

Some individuals may find closing their eyes or focusing intensely on bodily sensations uncomfortable or triggering.

Trauma-informed psychological treatment may therefore be more appropriate than simply instructing a person to “focus on sensations.”

A qualified mental-health professional should be involved when trauma symptoms, dissociation, flashbacks or severe avoidance are present.

Patient safety always comes first.

Frequently Asked Questions

Is mindful sexuality a medical disease?

No. Mindful sexuality is a therapeutic and wellness concept. It refers to cultivating present-moment, less judgmental awareness during intimate experiences.

What exactly is spectatoring?

Spectatoring means mentally observing and judging your own sexual performance instead of remaining engaged with the experience. It is closely related to self-focused attention and cognitive distraction.

Can overthinking cause erectile difficulty?

It can contribute in some men. Anxiety and cognitive distraction are recognized psychological factors in ED, although physical causes must also be considered.

Can mindfulness cure erectile dysfunction?

Mindfulness should not be advertised as a universal cure. It may be useful when anxiety, distraction or situational psychological factors are involved. Persistent ED requires appropriate medical assessment.

Can mindfulness improve female sexual desire?

Studies of mindfulness-based interventions in women have shown improvements in desire, arousal, sexual function or sexual distress in several populations, but results vary and treatment should be individualized.

Does mindfulness mean not thinking during intimacy?

No. Thoughts will still occur. The skill is noticing when attention has wandered and returning it without harsh judgment.

Can mindful sexuality help premature ejaculation?

It may help selected patients when anxiety and performance monitoring contribute to the problem. Premature ejaculation can also require other behavioural or medical treatment.

Can mindful sexuality help infertility?

It cannot treat biological infertility itself. It may help reduce stress and performance pressure associated with fertility treatment.

Is sex therapy useful?

Yes, particularly when performance anxiety, relationship problems, desire discrepancies, orgasm difficulties or psychological sexual dysfunction are present. ISSM describes sex therapists as trained clinicians who work with these kinds of concerns.

Can Unani medicine help?

Unani medicine may be valuable as supportive individualized care addressing diet, lifestyle, sleep, stress, physical activity and constitutional health. There is not sufficient evidence to claim that a specific Unani medicine alone cures spectatoring or performance anxiety.

When Should You Consult a Doctor?

Professional evaluation is advisable when a sexual difficulty persists, causes significant distress, leads to repeated avoidance, damages the relationship or is accompanied by pain or other physical symptoms.

Men should seek appropriate assessment for persistent erectile or ejaculatory dysfunction rather than assuming the cause is purely psychological.

Women should seek assessment for persistent pain, bleeding, severe dryness, marked loss of desire, inability to become aroused or other concerning changes.

Patients experiencing significant anxiety, depression, trauma symptoms or relationship distress may benefit from mental-health or psychosexual support.

A Message to My Patients

If your mind keeps interrupting intimacy with questions such as:

“Am I good enough?”

“Will I perform?”

“Will my partner judge me?”

please understand that repeatedly monitoring yourself does not necessarily protect you from sexual difficulty.

Sometimes it becomes part of the difficulty.

Your sexual response does not need a commentator every second.

There is a difference between **being aware of your body** and **examining your body continuously**.

Mindful sexuality teaches us to notice without immediately judging.

For many patients, the important transition is:

from **watching yourself**
to **experiencing yourself**;

from **performance**
to **connection**;

from **prediction**
to **presence**.

At the same time, I never want a patient to use psychological explanations to ignore genuine disease.

If there is persistent erectile dysfunction, pain, hormonal concern, infertility or another medical problem, investigate it properly.

Mental and physical sexual health belong together.

Conclusion

Mindful sexuality is a practical way of understanding one of the most common but often ignored barriers to satisfying intimacy: **the mind becoming so occupied with evaluation that it loses contact with the experience itself**.

This pattern may take the form of:

spectatoring, cognitive distraction, performance anxiety, body monitoring, fertility pressure, orgasm anxiety or repetitive erection checking.

Scientific research increasingly supports the importance of attention and cognition in sexual function. Mindfulness-based interventions have demonstrated promising benefits, particularly in female sexual desire, arousal and distress, while evidence for several male conditions remains more limited and should not be overstated.

Current urological guidance also recognizes that sexual dysfunction should be approached through both medical and psychosocial assessment, rather than treating the body and mind as unrelated systems.

The **Unani system of medicine** contributes a valuable whole-person philosophy through concepts such as **Mizaj, Asbab-e-Sitta Zarooriyah, Harkat-o-Sukoon-e-Nafsani, Ilaj-bil-Ghiza and Ilaj-bil-Tadbir**. CCRUM describes Unani healthcare as considering psychological, biological and lifestyle factors and recognizes dietotherapy and regimental therapy among its established therapeutic approaches.

At **Saira Health Care**, the responsible integrated approach is therefore to determine what the individual patient actually needs.

Some patients require medical treatment.

Some require fertility evaluation.

Some require psychological or sex therapy.

Some need relationship counseling.

Some benefit from individualized Unani lifestyle and constitutional support.

And many need a combination.

The purpose of mindful sexuality is not to produce “perfect sexual performance.”

It is to help a person become sufficiently present that intimacy is no longer dominated by the question:

“How am I performing?”

and can return to the more meaningful experience of:

awareness, connection, comfort and emotional well-being.

Important Medical Disclaimer

This article is intended for general education and sexual-health awareness. It does not replace individual medical, urological, gynecological, psychiatric or psychological assessment.

Mindfulness and Unani supportive care should not be considered substitutes for diagnosis or treatment of erectile dysfunction, hormonal disorders, infertility, sexual pain, depression, anxiety disorders or other medical conditions.

Patients should not self-start sexual medicines, hormones, antidepressants, anxiety medicines or Unani/herbal formulations solely on the basis of this article. Persistent or distressing symptoms should be evaluated by an appropriately qualified healthcare professional.