THE TEN CENTRAL TENETS OF NEUROSEXOLOGY

Version 1.0 · Effective August 9, 2026 · Governing commitments, not empirical findings

01 Make the body more accessible to the person living in it
Greater access should expand agency and choice. It should never create a new obligation to perform, optimize, explore, disclose, or change.

02 Make the terms and language understandable
Science must become understandable to people. Human experience must become legible to science.

03 People and experience come first
A credible report can begin the inquiry without being expected to complete the explanation.

04 Integration, not fragmentation
Connect the parts without erasing their differences or mistaking one level of explanation for the whole person.

05 Objective profiles and subjective lived experience belong together
Objective measures record selected aspects of an event. The person reports the lived experience. Neurosexology studies the relationships among them.

06 The category is not the person
Categories can reveal patterns, but they should be the beginning of description—not the end of inquiry.

07 A bodily response does not determine the meaning of the event
Bodily response, desire, pleasure, consent, safety, identity, and meaning must remain distinct.

08 Variation is not automatically dysfunction
Difference alone is not pathology; consent, distress, impairment, risk, context, and personal goals matter.

09 Believe the report. Test the explanation.
Reject both reflexive dismissal of unfamiliar experience and reflexive acceptance of an untested mechanism.

10 Knowledge should be returned to the people whose bodies it describes
Returning knowledge is part of the science, not a communication task added after the science is complete.