

## **OP/ED Letter to Editor**

### **Response to “Love Interruptus”**

(Article published in *Psychology Today*, Aug 2016)

I have spend nearly 25 years of providing direct treatment, authoring books, blogs, research articles and creating treatment environments- all focused on adult intimacy and sexual disorders. As such, I want to both commend you and admonish you for your cover piece, “Love Interruptus.” For the most part this article presents an evenhanded, quite insightful view of the evolving challenges that technoference” presents to couples working to evolve greater intimacy.

However, the piece also twice dismisses the concept of porn abuse/porn addiction/porn dependency as “a label” utilized to mirror religious and moralistic attitudes toward human sexuality (or sex negativity), whenever such problems are presented by an angry spouse. This view completely ignores the ways in which properly trained therapists can identify and treat the porn piece this debilitating disorder (Hypersexual Disorder). Certainly there are misinformed (and biased) therapists and spouses out there, who will reach such a diagnosis (porn addict!) based more upon their own deeply felt, individually held personal beliefs, than on clinically sound data. However, those of us certified and trained in the treatment of sex addiction and related intimacy disorders do not fall in to that category.

Trained sexual addiction therapists diagnose porn addiction based not on a predetermined set of moral/religious/ cultural set of criteria —but rather by using similar types of measures traditionally utilized to identify any other addiction (to a substance or a behavior). These criteria being: preoccupation (in this case over sexual behavior) to the point of obsession, loss of control over the behavior, and directly related, ongoing negative consequences.

So porn addiction or porn dependency (yes it does exist), when properly assessed and treated, has nothing whatsoever to do with religiously or morally biased clinical work and is in fact, quite sex positive. To dismiss this population by offering an under-informed view of the range of concerns expressed by some of those who struggle with compulsive/addictive sexual disorders (by dismissing our work as being morally/religiously biased), is to leave those individuals and couples who battle such issues on a daily basis without direction or hope for change.

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