THE ATTACK ON PCC, PART 4: THE HARM ISSUE





The alleged ‘harm’ issue is heavily marketed by radical gay-lib. In this article, we will address the issue of the so-called ‘testimonies’, placing them into reasonable context, and the issue of the ‘harm’ that would be perpetrated by professional licensed, secular psychotherapists. In ten paragraphs we will demonstrate in detail that these issues are totally unfounded by all standards of scientific scrutiny.

First we present a synopsis, after which we dig deep into the thick of the matter, to settle the score for once and for all. There is much at stake after years of disinformation, perpetrated by radical gay-lib. And with every new initiative, more exaggeration is added to the copy&-paste alarmist rhetoric.

Synopsis

1. People Can Change is not a therapeutic group or service. Apparently it is sexual orientation therapy that is on trial, PCC is only the preliminary scapegoat for a bigger goal of radical gay-lib: the silencing of all dissident thought on sexual fluidity. It is a test balloon before going in for the kill on bisexuals who dare to say they are not so glad to be so gay, and their therapists.

2. Professional psychotherapeutic assistance (so called orientation therapy) to bisexuals does no undue harm.

3. Everyone who does not feel to be 100% gay (that is not feeling or wanting any opposite sex attractions) or does not feel to be 100% heterosexual (that is not feeling or wanting any same sex attractions) is by all psychiatric standards considered to be bisexual, whether they do or do not feel comfortable with this psychiatric label (read our article, click here).

4. The realm of sexuality consists of a minimum of 3 points on a Kinsey sexual orientation scale, not a 2-point scale as mainstream thought has it. Any feeling or urge that is not in complete accordance with the two extremes is by definition to be considered bisexual. This does not mean swapping male and female sex partners at the drop of a hat or failing to engage in an enduring relationship, but it does entail a fluidity of sexual orientation between extremes during a single lifetime.

5. No disproportionate harm while discussing sexuality in professional secular, licensed therapy has been scientifically substantiated since 1973, when a remark of warning was made in a previous era of now obsolete psychiatric treatment forms.

6. Psychotherapeutic counseling aimed at affirming heterosexual attractions in bisexuals willingly seeking help in their exploration of sexual issues, is as much an asset to consumer choice and diversity of choice as is offering Gay Affirmative Therapy.

7. Banning counseling of bisexuals who label their same-sex attractions as unwanted is an infringement of their consumer rights: the right to investigate and affirm each and every part of their innate bisexual nature. Bisexuals have a right, if they feel so inclined, to be glad to be gay, but they do not have a DUTY to be glad to be gay, as complainants are ultimately insisting upon. FTC regulation targets at freedom of choice, information and consumption of services.

8. The paradigms of complainants constitute a deceitful, biased and unfair restriction of consumer information and choice, based on unsubstantiated and therefore deceitful and unfair notions and allegations of 'harm'.

9. Compliance with the demands of the complainants is based on a totally unsubstantiated 'harm' issue, where harm in sexual orientation therapy would allegedly supersede all criteria of normal and average acceptable professional risks. The claim constitutes deceit. But compliance to this deceit leads to a violation of the goals and regulations of the FTC protection of consumers in the American society and therefore may not be imposed on PCC.

10. Above all, harm due to the specific actions of People Can Change on their participators have not been substantiated in any way which would therefore merit any legislative or legal intervention directed at PCC.

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4.1 No harm

As stated in part 1, PCC is not into orientation therapy, nor does it provide services for minors. Even if they were, then we bring forward the following:

Professional psychotherapeutic assistance to bisexuals or to people with SSA's who seek therapy to look into their innate bisexual capabilities and problems, does not bring about harm, as we shall demonstrate. There is no reason to assume that looking into the mechanisms of sexuality would cause more distress than looking into other major problems of mental health.

For example the uncovering of the mechanisms of anorexia nervosa , or the antisocial disorder or the compulsive-obsessive disorder can cause great stress to the client, especially due to the resistance these clients have in looking at themselves.

Compared to these and a multitude of other presenting symptoms, sexual problems in otherwise healthy individuals are in professional therapy no big deal, and do not merit extreme concern about the course of the psychotherapy. Talking about the other sex in an otherwise healthy person with same-sex attractions does not lead to any unreasonable or unacceptable amount of distress or discomfort. If it does, then this is a tell-tale sign, a thermometer of underlying pathology which needs further exploration if the client agrees to further questioning.

Talking about the other sex with an otherwise healthy person who experiences SSA's does not lead to depression, suicide, drug abuse, self-mutilation, isolation or deterioration of symptoms, as some gay-libbers in all their fear and paranoia of psychotherapy assume. There is no research that proves that discussing the opposite sex in professional therapy specifically leads to harmful effects. It does not stand to reason either.

Sexual problems related to identity issues constitute no major psychiatric disorder, except the gender dysphoria, commonly known as transgenderism. 90% of the diagnoses in the Statistical Diagnostic Manual also constitute no major psychiatric disorder, yet are the subject of psychotherapeutic consultation at the wish of the client. Sexual problems concerning identity and the experiencing of sexuality are no different. They are not a psychiatric disorder per se, meaning not needing immediate intervention under all circumstances, but neither do most of the entries in the Diagnostic Statistical Manual.

However, the conclusion of gay-lib that therefore all professional psychotherapeutic or psychiatric counseling of bisexuality in which the bisexual can show or become aware of more or less heterosexual behavior than previously, would be wrong, harmful or unethical, is unfounded because sexuality is fluid and not fixed.

4.2 Kinsey Sexual Orientation Scale
It is not unusual for bisexuals to move about on the 7-point Kinsey Sexuality Scale, and in doing so, it constitutes no harm, although homosexuals, most of whom are heterophobic, cannot imagine such a thing. It would damage their vulnerable gay identity, and they cannot imagine life without it.

Life without the identity cannot exist, should not exist and will not exist! To the latter goal a national campaign is organized by radical gay-lib to end all challenges to the gay identity and to put an end to the existence and emancipation of bisexuals. Bisexuals or ex-gays have become a persecuted minority. Moderate gay-lib can sometimes to some extent differentiate between emancipation at the level of society (social prejudice) and the personal experiential

world of the individual. Radical or extremist gay-lib can not.

For them every bisexual individual who experiences SSA's or wishes to explore the full array of his or her sexual possibilities, and who does not immediately and proudly adopt the gay identity, is perceived as being an important source of anti-gay prejudice in society and as the emancipation enemy. The complainants at FTC belong to the latter category. Their endeavor at FTC to persecute the bisexual movement is perceived by bisexuals as part of that misguided and ideologically erroneous path of war.

On their website, one of the complainants, the National Center for Lesbian Rights, states that *"any young person's identity as lesbian, gay, bisexual, or transgender should be honored, celebrated, and supported."* We fail to see how the complainant is honoring and supporting bisexuality when at the same time they claim that the sexual orientation of an individual cannot change. How then can one be attracted to a male person at a certain moment and then be attracted to a female person, months or years later, as do bisexuals? Are bisexuals fooling themselves, are they confused? Are bisexuals basically just a bunch of gay guys? And if bisexuals then would be inherently confused, how come transgenders are not confused? After all, transgenders are "just being who they are", so says the Center.

Therefore, the complainant does not "honor, celebrate and support" people being bisexual at all. The complainant is in our view deceitful and unfair in her endeavors towards the immense population of people who experience homosexual and also heterosexual feelings at some point in their lives. This is at odds with the regulations of the FTC which battles deceptive and unfair marketing and services. Were the PCC to comply to the rhetoric of the complainant, only then would PCC be violating consumer protection against unfair and deceptive practices .

To the contrary, we urge that the FTC investigate the NCLR to investigate its unfair and deceptive practices towards young people who are told that a sexual orientation can never change in the course of your life. The same applies for the American Psychological Association and the World Psychiatric Association who write in their recent anti-bisexuality statement issued in coordination with radical gay-lib: "*There is no sound scientific evidence that innate sexual orientation can be changed."* That is a lie. If sexual orientation doesn't change, how can you be bisexual?

There is a great amount of articles demonstrating the success rate of professional psychotherapy (see our article on the subject). In their 2009 review on the subject, the APA concluded on page 43 that "*we cannot draw a conclusion regarding whether recent forms of Sexual Orientation Change Efforts are or are not effective. "* They literally say: we cannot say it doesn't work. The conclusion of complainants that science proves professional therapy doesn't work, is therefore false. The 2009 review showed:

– “McConaghy (1976) found that roughly half of the men who received one of four treatment regimens reported less intense sexual interest in men at 6 months. A majority of participants showed decreases in same-sex sexual arousal immediately following treatment.”

-“McConaghy and Barr (1973) found that about half of men reported that their same-sex sexual attractions were reduced.”

– “Tanner (1975) found that therapy could lessen erectile response to male stimuli”.

– “Birk et al. (1971) found that 62% of men in the therapy reported decreased sexual feelings following therapy”.

-“McConaghy and colleagues (1981) found that 50% of respondents reported decreased sexual feelings at 1 year.”

– “In their review, H. E. Adams and Sturgis (1977) found that 50% of the 124 participants in what they called uncontrolled group studies reported reduced sexual arousal, and 42% reported less frequent same-sex sexual behavior.

– (page 37) “In another study, H.E. Adams and Sturgis (1977) reported that 68% of 47 participants reduced their same-sex sexual arousal.”

– “McConaghy (1976) found that 50% of men had reduced the frequency of their same--sex behavior, 25% had not changed their same-sex behavior, and 25% reported no same-sex behavior at 1 year.”

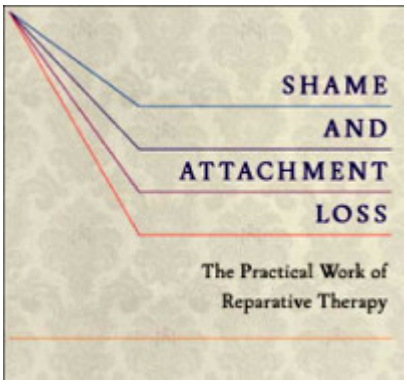
– “In another study, McConaghy and Barr (1973) reported that 25% of men had reduced their same-sex sexual behavior at 1-year.”

– “Tanner (1975) reported a significant decline in same-sex behavior across treatments.”

Shaming of clients?

The complainants write on their websites that professional licensed therapists would be shaming people for “being themselves”. There is no evidence for this claim. The contrary is true. Shame is very much a part of the psychosexual development process which leads to same-

-sex attractions. Psychotherapists do not create the shame, they deal with the shame. To this extent, the brilliant psychologist Joseph Nicolosi, PhD and member of the American Psychological Association, has written a whole book on the subject "Shame and attachment loss". It deals with the multiple shame issues experienced by people with SSA's. Complainants appear to be completely ignorant of the literature on the subject. Saying that professional licensed psychotherapists shame people, as do complainants, is slander, and is therefore in violation with the protection of consumer rights against fraudulent and deceptive practices.



Furthermore, there is no evidence that PCC would shame its participants. The participants are not the ones doing the complaining, nor has it ever been brought to the attention of PCC. It stems from the complainants, who uphold these notions in their lengthy crusade against the idea that one's orientation can be fluid. By means of Copy&Paste, they repeat their slogans indiscriminately over and over again, for years on end. PCC is now victim of these mantras.

4.3 Heterophobia

Heterophobia is an irrational deeply ingrained fear of heterosexuality, heterosexuals and/or members of the opposite sex as sex partners. In Gay Affirmative Therapy their concept revolves around the notion of homophobia, an irrational fear and prejudice against same-sex attractions. But from the point of view of bisexuals, there exists an equal amount of heterophobia, which is never addressed by gay-lib or the homosexuals in the American Psychological Association who do all the recommendations for counseling on the subject. In their Review on counseling in 2009, the word heterophobia is not to be found, although they are personally accused by bisexuals of suffering from internalized heterophobia. The homosexuals, who monopolize the Task Force, only look into internalized homophobia. Therefore the concept of bisexuality and sexual identity fluidity is not addressed as a paradigm in their reviewing of literature or in their recommendations.

The fact that sexual fluidity is no part of their research is in our view to be considered a biased scientific view. It reflects itself in the recommendations which in no way fit the world that bisexuals experience. It is written solely from the perspective of a heterophobic homosexual who denies and always will deny each and every aspect of underlying, uncovered bisexual potential. The document and its recommendations turn out to be harmful to the interests of bisexuals, all of whom are victims of the heterophobia of the radical and extremist factions within gay-lib, a phobia which is not adequately addressed.

4.4 Lack of scientific proof

There is no scientific proof of undue harm inflicted by professional, secular, licensed psychotherapy. The rumors and isolated testimonies all relate to religious non-professional prac-

tices which apparently occur, but none of this has been systematically documented or analyzed. They are not to be labeled therapy proper. Therefore the isolated testimonies do not constitute a base for any legislative or judicial action to the worldwide extent that complainants are seeking.

In 2009 the American Psychological Association wrote:

> *"We conclude that there is a scarcity of scientifically sound research on the safety of SOCE. Early and recent research studies provide no clear indication of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from Sexual Orientation Change Efforts."*

In their summary however, in spite of the above mentioned conclusion, the homosexuals of the APA included a long list of negative aspects which they claim to exist. This list is then via Copy&Paste used over and over again by the complainants, NLRC, in their campaigns.

But when we look into the Review 2009 document itself, then we see that this list stems from a paper (on page 42), an account stemming from 1969 on now obsolete therapy forms, and conducted under only 16 participants. Heterosexual scientists are never allowed to use such a small number to make sweeping generalizations in research. It is called "statistical significance"; only after about 60 clients are you allowed to draw any reasonable conclusion, and even then are you to bring forward arguments that make generalizations plausible. But the homosexuals at APA who monopolize the Task Force have a world, and an agenda, all of their own. They call it LGBT science; it is a political agenda.

Their claim, which has become a gay-lib mantra, pertains to one study only, Bancroft (1969). By using this study the APA homosexuals want us to observe:

> *"suicidal ideation (10% of 16 participants), impotence (10% of 16 participants), and relationship dysfunction (10% of 16 participants)."*

We fail to see how a study can show 10% of 16 participants, this amounts to 1,6 participants. How can you have 1,6 of a participant? One and a half guys?

> *"depression (40% of 16 participants)."*

This amounts to 6,4 participants. How can you have six and a half participants? If this isn't junk science, what is? The homosexuals in the APA Task Force are clearly manipulating the statistics to push an agenda. These so-called statistics, based on one or two extremely outdat-

ed studies only, are then copied and pasted by the complainants, making it look as if they stem from huge and recent surveys. Nothing could be less true. Furthermore, Bancroft did not say what the clients specifically received as "therapy". As far as the length of these side-effects is concerned, the APA writes:

> *"Early research provides no information on how research participants fared over the longer term and whether interventions were associated with long-term negative effects."*

The complainant NLRC on the other hand, in their 2014 political campaign directed at the United Nations, even accuse orientation therapy of "torture". The alarmists also write:



Sam Ames (L) and Sam Brinton, leaders of NCLR's #BornPerfect campaign to end conversion therapy.

> *"The result of orientation therapy, especially for vulnerable youth, is lifelong damage that can include depression, substance abuse, and even suicide."*

The NCLR apparently assumes that the American people and/or the FTC will take their word for it due to the way they play the victim card.

For the record, a lifelong depression does not exist. A depression after an event is called a reactive depression and lasts between one to three months at the most. If depressions recur, then we are facing a unipolar or a bipolar depression which is exclusively caused by a hereditary imbalance of neurotransmitters in the brain. It has nothing to do with a therapy or an event.

A lifelong substance abuse cannot be induced by an event. It does not exist as such. Juvenile substance abuse is a condition of multiple causes. It cannot be attributed to a single event and certainly not therapy. There is no body of knowledge which supports the NCLR claim.

Lifelong suicidality doesn't exist either; the acute danger of suicide lasts no longer than 14 days. If suicidal thoughts are recurring, then it is caused by unipolar/bipolar depressions or psychoses as in schizophrenia. The connection with any therapy form is not documented, nor is it accepted by my colleagues within our psychiatric community. The complainant NCLR does not know what she is talking about.

On the same page, the NLRC alleges that orientation therapists insist that same-sex attractions can AND SHOULD be treated. The latter phrase is not to be found in any document, website or during any lecture or video of licensed, professional therapists. It is against professional standards for any sort of psychotherapy. It is slander.

The FTC and the American people are having political spin thrown at them. This is in violation of consumer protection against false and deceptive practices, regulated by the FTC.

On March 15th NCLR-complainant Ames even issued a public statement accusing PCC of having "blood on their hands":

> *"The complaint went on to request that the FTC investigate the entire conversion therapy industry. State courts have already begun closing the doors of these operations under consumer fraud laws. It's only a matter of time before practitioners in every jurisdiction are investigated and held to account for the blood on their hands."*

But the science facts, the APA review of 2009, stated:

> *"Thus, we cannot conclude how likely it is that harm will occur from Sexual Orientation Change Efforts."*

Clearly we are facing modern-day fascism: neofascism. Are they allowed to get away with it? When are the psychotherapists going to sue for slander? When is somebody going to file a FTC-complaint against the NCLR for their consumer fraud with these obvious deceptive and fraudulous incitements, a modern-day witch hunt?

4.5 The "proof" of testimonies

As far as isolated testimonies of harm are concerned, these have not been substantiated, have not been investigated by police or psychiatrists, and the alleged harm does not appear to occur in an organized and therefore verifiable fashion. The stories appear all of a sudden to come out of nowhere. The testimonies are unbelievably shocking and give the complainant much attention and affection from those around. We cannot rule out the possibility that society is facing pathological exaggerating and lying, a condition which exists at a rate of 1 in 1000 in juvenile delinquents and mental health care clients, just as little as we can rule out the influence of clients suffering from a persecutory-schizophrenic, delusional psychosis or from a hysterical or anti-social personality disorder or a mixture of these pathologies. Let us investigate these disorders:

Pathological lying
In wikipedia we read:

> *"Epidemiology*
> *Although little has been written about pathological lying, one study found a prevalence of almost 1 in 1,000 repeat juvenile offenders. The average age of onset is 16 years when the level of intelligence is average or above average. Sufferers have also shown above level verbal skills as opposed to performance abilities. 30% of subjects had a chaotic home environment, where a parent or other family member had a mental disturbance. Its occurrence was found by the study to be equal in women and men but some believe it occurs more in women. Forty percent of cases reported central nervous system abnormality such as epilepsy, abnormal EEG findings, ADHD, head trauma, or CNS infection.*
>
> *Characteristics*
> *Defining characteristics of pathological lying include:*
> *The stories told are usually dazzling or fantastical, but never breach the limits of plausibility, which is key to the pathological liar's tactic.*
> *The fabricative tendency is chronic; it is not provoked by the immediate situation or social pressure so much as it is an innate trait of the personality. There is some element of dyscontrol present.*
> *A definitely internal, not an external, motive for the behavior can be discerned clinically: e.g., long-lasting extortion, emotional negligence during childhood or habitual spousal battery might cause a person to lie repeatedly,*
> *The stories told tend toward presenting the liar favorably. The liar "decorates their own person" by telling stories that present them as the hero or the victim. For example, the person might be presented as being fantastically brave against all odds."*

Wikipedia goes on to say:

> *"Diagnosing pathological lying can be very difficult for the untrained person. Psychologists are trained to read between the lines and see the issues this diagnosis presents, as a disorder. It is listed in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition. It is a stand-alone disorder as well as a symptom of other disorders such as psychopathy and antisocial, narcissistic, and hysterical personality disorders, but people who are pathological liars may not possess characteristics of the other disorders. Excessive lying is a common symptom of several mental illnesses."*

We can postulate that horrific stories that circulate within gay-lib pressure groups could very well be attributable to pathological liars, an assumption which is plausible when we see re-

search proving that homosexuals as a group suffer 2 to 5 times more often from mental and personality disorders than heterosexuals. 1 in 1000 or more is a pathological liar, and with an alleged 9 million people in the USA labeled as LGBT (click here), that is a lot of liars.

Chronic delusional psychosis

Delusional disorder (click here) is an illness characterized by at least 1 month of delusions but no other psychotic symptoms according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Delusions are false beliefs based on incorrect inference about external reality that persist despite the evidence to the contrary and these beliefs are not ordinarily accepted by other members of the person's culture or subculture. Delusions can be characterized in subtypes, one subtype is the persecutory delusion (i.e., belief one is going to be harmed by an individual, organization or group).
Delusions are part of the illness schizophrenia. In the USA it is estimated that 1% of the population suffers from schizophrenia. The frequency of persecutory delusions in the USA is 0,02%, i.e. 1 in 5000. In a gay population of 9 million people labeled as LGBT in the USA, we are faced with 180.00 LGBT-labeled people suffering from a persecutory delusion.

The prevalence of this condition stands at about 24 to 30 cases per 100,000 people while 0.7 to 3.0 new cases per 100,000 people are reported every year. Delusional disorder accounts for 1-2% of admissions to inpatient mental health facilities.

4.6 Conclusion on so-called testimonies
We have every reason to suspect that the bizarre and alarming tales that are published in very small numbers by gay-lib activists, have little reality basis. We maintain that they could very well be the product of troubled minds as stated above, stories which have not been substantiated by psychiatric interview or police investigations, stories which are disseminated by a lay gay-lib community which is not skilled in identifying pathological liars or clients suffering from delusional states (after all, these persons appear very normal), stories which are isolated, have happened in an unverifiable past, stories in which the so called perpetrators have not been interviewed or their reactions published, and stories which apparently did not lead to any social change at the time nor actions at the time on the part of local authorities. All these reservations require sound substantiating of the testimonies, none of which ever occurs.

4.7 Pathological lying in Belgium



In Belgium during the 2011 trial of the notorious pederast Marc Dutroux, who with the help of his co-dependent wife, kidnapped young girls to abuse them in his cellar and ultimately kill them, a woman, Regina Louf, alias Witness XI from the feminist organization "Against her Will", stepped forward to proclaim that she too had been kidnapped, recruited and forced to be present at the orgies and killings of Dutroux couple, and that she even was forced to perpetrate killings herself. It was only a month later when her parents stepped forward to declare their daughter stark raving mad, that the mainstream media backed off. Four weeks of discussion had raged on about this; Belgian feminism was calling for new legislation and the media even attacked the parents for their 'obvious' state of denial. Of course, the parents turned out to be right: their daughter was a pathological liar and a good one at that. The legislators were extremely embarrassed (click here).

The so-called testimonies on orientation therapy, none of which have been scientifically documented and analyzed, constitute in our view political spin, and in no way merit any legislative or legal actions to "silence the culprits". When generalized, they are slanderous and harmful to the psychiatric community, to specific psychotherapeutic professionals and to the interests of bisexual consumers at large.

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4.8 The harm issue

In a statement from the White House in 2015, Valerie Jarrett, senior advisor to Barack Obama, stated that "*overwhelming scientific evidence*" of harm caused by orientation therapy would exist. In her statement, she does not differentiate between untrained or religious activities on the one hand and licensed, secular, professional therapy on the other.

Overwhelming scientific evidence?
It is very strange that this "overwhelming evidence" on harm is not to be found anywhere. We have searched but cannot find it. Even the psychiatric community is not aware of its existence.

In volume 28 (2014) of European Psychiatry, the researcher V. P. Fricchione observes:

> *"In contrast to all pharmacotherapy studies in groups of patients, there is precious little information about the safety of psychotherapeutic interventions, which are also, in some patients and in some instances, associated with adverse events. Actually empirical research on the negative effects of psychotherapy is largely insufficient, partly there is a*

lack of theoretical concept on how to define, classify and assess psychotherapy adverse effects."

In the Psychiatric Journal, psychiatrists Michael Linden and Marie-Luise Schermuly-Haupt write that the evidence of side-effects of professional psychotherapy is scarce:

"There are only limited scientific reports on psychotherapy side effects. Research on this issue is insufficient."

"At present, it is not possible to report precise data on the rate and type of side effects of different forms of psychotherapy. Only very few papers were found when searching in PsycINFO and PubMed, from 1954 until now. A thorough screening of randomized controlled trials of psychological interventions for mental and behavioral disorders found 132 eligible trials. Only 21% indicated that some type of monitoring of harms had been done, and only 3% provided a description of adverse events as well as the methods used for collection."

"There is even no consensus on what to call negative: for instance, when evaluating a manuscript on psychotherapy side effects, a reviewer wrote: "a divorce can be both positive and negative, and crying in therapy can reflect a painful experience but can also be a positive and therapeutic event". There is a lack of differentiation between side effects and therapy failure or deterioration of illness (8). There are no generally accepted instruments for the assessment of psychotherapy side effects and no rules on how to plan scientific studies or monitor side effects in randomized controlled clinical trials."

The two psychiatrists go on to state that in the scarce literature, unwanted events occur at a rate of 5 to 20% in all forms psychotherapies for all sorts of therapeutic goals:

"In summary, there is an emerging consensus that unwanted events should be expected in about 5 to 20% of psychotherapy patients (3–5,12). They include treatment failure and deterioration of symptoms, emergence of new symptoms, suicidality, occupational problems, stigmatization, changes in the social network or strains in relationships, therapy dependence, or undermining of self-efficacy.

The writers warn that the report of unwanted side-effects can be influenced by other things than the form or goal of psychotherapy itself:

> *"Rates may vary depending on patient characteristics (suggestible persons), diagnosis (personality disorders), patient expectations (social benefits), severity of illness (severe depression), therapist characteristics (demanding) or special therapeutic techniques (exposure treatment, self-revelation) (13,21).*

They go on to defend the work of licensed psychotherapists:

> "*As licensed therapists and scientists alike are to some degree salesmen of "their" treatment, they are as trustworthy as pharmaceutical companies. They have good intentions and conflicts of interest as well. Like in pharmacotherapy, structures are needed to safeguard good clinical practice."*

Side-effects are normal, and are always to be expected to a certain degree in any form of psychotherapy. In their study on side-effects, the German scientists Inga Ladwig, Winfried Rief and Yvonne Nestoriuc of the University of Marburg reported in 2014 (click here):

> *"Of 195 participants, 93.8% (n = 183) have reported to have experienced negative effects in or after psychotherapy. The highest rates of negative effects were reported for intrapersonal changes (15.8%), stigmatization (14.9%), and relationships (12.0%). Reports of malpractice were few, with 2.6% sexual harassment, or 1% physical violence."*

The Australian scientists Michael Berk and Gordon Parker come to similar conclusions in their article on the subject of adverse effects of psychotherapy in general (click here):

> *"Quantitative studies on side-effects are few, limited in scope and weighted to idiosyncratic psychotherapies or to their more problematic or peripheral application. A few empirical studies have quantified the broad proposition. For example, it has been estimated that approximately 3–10% of patients become worse after psychotherapy, with slightly higher rates (7–15%) quantified for patients with substance abuse. A recent article suggested that approximately 10% of individuals worsened after commencing psychotherapy. It is clearly difficult to establish the percentage of those who would have worsened regardless of psychotherapy. Additionally, few studies go beyond documenting deterioration in primary outcomes, to consider alternate adverse outcomes such as new symptoms, increases in anger or negative family effects."*

The writers warn for the attribution of problems to the outside world, as is done in Gay Affirmative Therapy where almost all problems of homosexuals are consistently blamed on a hostile society:

> *"A potential consequence of externalizing attributions of current difficulties to the behavior of others is estrangement, disengagement and passive adoption of the victim role. This promotes an externalized locus of control, diminishing self-esteem when handling own problems".*

Neither the complainants nor mrs. Jarrett have pinpointed the supposed "overwhelming" literature on professional psychotherapy on sexual orientation issues. Even if they did, then they will have to prove that the rate of their alleged side-effects of therapy on this subject is far greater than the 5 to 20% of side-effects which can generally be expected for all forms of therapy. Such literature on professional psychotherapy, and for professional and licensed, secular orientation therapy in particular, does not exist: it is a hoax. In order to establish inappropriate harm from orientation therapy, it will further have to be scientifically compared to alternatives, such as Gay Affirmative Therapy. No suchcomparative research has been carried out, no such document is to be found.

4.9 Gay Affirmative Therapy

The complainants, as do the homosexuals in the American Psychological Association in their 2009 review on orientation therapy (they have a monopoly status on dealing with the subject in the APA), have not conducted or brought forward any investigation into the harmful side-effects of Gay Affirmative Therapy. GAT goes unchallenged as an alternative to orientation therapy, and clients are not able to assess to what risks they are being put when signing up for GAT. With GAT, clients are not able to sign for informed consent, because there is no literature or research on the subject of harm in GAT. Furthermore GAT does not rely on any officially recognized and well documented body of knowledge which would make up for this shortcoming.

The FTC may in no way approve of the complaint, and then make GAT the only alternative for clients who wish to look into their broader sexual array of feelings and possibilities. After all, clients are not able to ascertain to which undesirable outcomes the so-called GAT therapy can lead, and are being prejudiced during the therapy against any alternative. The proposed monopoly for GAT and its lack of being able to provide adequate consumer information on harm issues is against the goals and requirements of the FTC itself in terms of lawful consumer protection.

4.10 Undemocratic practices by gay-lib

Radical gay-lib is to be labeled an undemocratic and undermining pressure group within the American society. What these radicals cannot achieve by means of fair and honest political debate with mutual respect and understanding in democratic institutions, is to be achieved by hook and by crook via legalistic loopholes. The bisexuals and their therapists won't even know what hit them. They are not debated with, their opinion is not asked, and a group of amateur bisexuals at PCC who are merely discussing their bisexual innate nature, minding their

own business, are cornered and framed. Says extremist Samantha Ellen (click here):

> *"It's a brilliant strategy that just might work: If federal and state governments won't protect LGBT people as people, perhaps they can protect them as consumers."*

At exgaycalling, we fail to see how discussing your innate bisexual potential during a weekend retreat would be a threat to anyone, necessitating protection for LGBT people. Gay-lib does not represent the B in the phrase LGBT. It is the bisexual people themselves at PCC who are being bullied for not being sufficiently "Glad to be Gay". They are the ones who need legal protection from radical gay-lib extremists, activists who wish to deny the existence of opposite-sex attractions and same-sex attractions in the same individual at the same time or in the same span of life.

The actions of this small group of complainants, when we inspect their websites, are apparently stemming from experiences within strictly religious communities, none of which have been adequately described or substantiated in any written scientific document, and then the feelings of resentment that exist are generalized to include secular professional psychotherapy too. The wrath extends to all people who, while experiencing SSA's, do not wish to linger there or embrace them, and are seeking to broaden their sexual horizon as they feel that fits them. The complaint is therefore totalitarian and paternalistic.

They ignore the many websites with people explaining their positive experiences with broadening sexual horizons, click here for a list of url-links.

Conclusion:
The people at PCC are not hurting or deceiving anyone.

Job Berendsen, MD, Amsterdam

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