

CALIFORNIAN WAR ON DISSIDENT VIEWS, FINAL PART (12): 'PREJUDICED QUOTES'



In the text of the bill draft AB2943, nine different organizations of mental health are quoted on stances opposing psychotherapy. It is shocking to see that none of these organizations has conducted any research of their own on the subject of psychotherapy in this field, nor do they deal with clients seeking therapy for unwanted same-sex attractions.



All are merely quoting the text that was handed to them by the gay-extremist organization HRC (Human Rights Campaign). Members of the HRC have infiltrated these organizations and have managed to seduce them to join in the chorus that is orchestrated by the HRC. Each and every stance turns out to be based on prejudice and rumor which have deliberately been spread.

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It must be noted that there have never been official complaints by clients against licensed therapists, nor have licensed therapists infringed upon professional standards, nor has any forensic examination confirmed a link between therapy and anyone's deterioration into depression or suicide. The problem in California however is that this twist of the law through the keyhole of "consumer protection", provides no presumption of innocence, and the burden of proof lies with the accused.

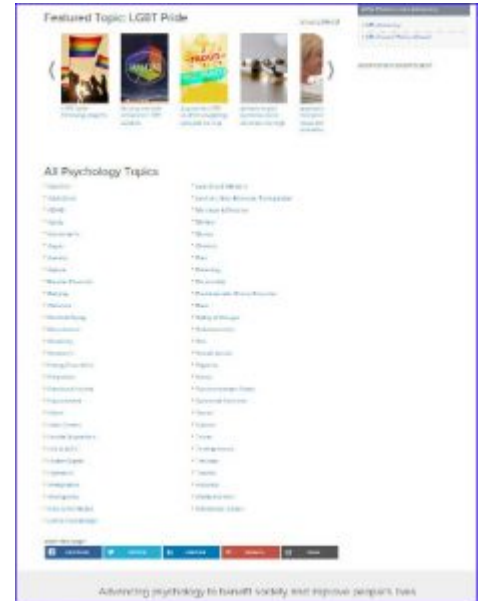
1. The 2009 Report of the American Psychological Association

The ultimate goal of the HRC is to make the opposition against therapy look overwhelming by collecting "stances" from organizations whose names sound important. But at the end of the day, they all rely on nothing else than the 2009 report named "Therapeutic Response" from the LGBT Task Force of the American Psychological Association (APA).



In fact, forming a choir was even part of the assignment of the Task Force itself.

When we look at the homepage of the APA, we see that, of all the available topics from the list of 48 fields of interest, only the LGBT division is splashed over the screen at the top: *“Featured topic: LGBT Pride”*. It has been like that for a long time, ever since the chairperson of that division has managed to become the chief spokesman for the whole APA. Same applies to his predecessor, Judith Glassgold. They have monopolized the PR of the entire association for years. It has become their vehicle. So, all students and others looking for information will first and foremost be informed of Gay Pride, Same-sex Marriage and of course the Fight against psychotherapy, a systematic campaign. The latter url-link leads automatically to the 2009 report, in order to influence public opinion. All other divisions are ignored.



On page 1 of the 2009 APA report, we read:

“3. Inform APA’s response to groups that promote treatments to change sexual orientation or its behavioral expression and support public policy that furthers affirmative therapeutic interventions.” (APA report, page 1)

So, the Task Force was assigned BEFOREHAND to *“support (read initiate) public policy to further gay affirmative therapeutic interventions”*, read so-called ‘Gay Affirmative Therapy’. This ultimately means that there is nothing unbiased about the whole report. It was an anti-psychotherapy initiative right from the start to promote activism, and if such is the assignment, then such can only be the output.

We call reports of this nature pseudo-science.

Science	Pseudoscience
Willingness to change with new evidence	Fixed ideas
Ruthless peer review	No peer review
Takes account of all new discoveries	Selects only favourable discoveries
Invites criticism	Sees criticism as conspiracy
Verifiable results	Non-repeatable results
Limits claims of usefulness	Claims of widespread usefulness
Accurate measurement	"Ball-park" measurement

When we hold the APA against the light, we see that

- the APA is not willing to change after receiving the 2009 document on the subject called "*What research shows*" from the Alliance of Therapeutic Choice And Scientific Integrity;
- the Task Force just ignores this new document and each and other form of criticism;
- there is no peer review on the APA document;
- the Task Force does not take new discoveries into account such as the outcomes of identical twins studies (Australia, 2000) which proved that you were not '*born that way*';
- it does not invite criticism;
- it claims widespread usefulness to the extent of punitive legislation to be enforced nationwide in spite of staunch opposition;
- it has fixed ideas when we compare it to the APA stance document of 1997 on the same subject;
- it sees all forms of criticism as a conspiracy of anti-LGBT bigots.

When it comes to considering criticism, we see for example that the extensive meta-study conducted by Mayer and McHugh (2016) was greeted with the words: “*The right’s favorite anti-LGBT doctor strikes again!*”. Within hours after publication, the work of the researchers was labeled “*bad medicine*”, “*anti-LGBT-stances*”, and “*anti-science*”.

BAD MEDICINE

The Right’s Favorite Anti-LGBT Doctor Strikes Again

Dr. Paul McHugh has a long history of anti-science, anti-LGBT stances. That doesn’t stop conservative media from lauding his work.

2. The American Psychiatric Association

“The American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation.”



This stance is an example of prejudice. No licensed therapist ever said that a patient SHOULD change sexual feelings, as we can see by taking a look at the various websites. On the site of the Alliance for Therapeutic Choice and Scientific Integrity, for example, we read:

“No one who comes for any type of clinical assistance because they are being pressured by someone else ever benefits. No one! No ethical counselor will agree to provide therapy for someone who doesn’t want the counseling themselves. If you have a loved one you think needs counseling but they are not interested in seeing a therapist and this causes you distress perhaps you should consider getting some help for your feelings of loss, sadness or anxiety.”

Pivotal in any form of licensed therapy is the client’s voluntary wish. It is slander to state otherwise, and it is up to the American Psychiatric Association to prove their allegation. But the Psychiatric Association offers no proof.

They write further:

"In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure".

The talk of "cure" is put into the mouths of licensed therapists. No licensed therapist talks in terms of a disease model, a plague to be fixed, an ailment to be banished, an infirmity to be firmly eradicated by hook or by crook. Therapists speak of *issues, concerns, problems* and *unfinished business*, which also constitute the core of any other comparable professional activity such as relationship therapy, substance abuse therapy, eating disorder therapy, and anger management improvement. A marriage is not "cured", and problems in relationships or anger issues are not considered a "disease".

We dare to turn the table around saying that the Psychiatric Association has not produced any rigorous scientific research to substantiate its claim that licensed therapists actually use and endorse a "disease and cure" model.

"Until there is such research available, the American Psychiatric Association recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm."

It will be noted that the Psychiatric Association has done no research for the harm issue on the alternative that is propagated, namely Gay Affirmative Therapy. Neither has it called for others to take a close look. The client is venturing into uncharted territory, but the APA has issued no statements warning the general public that the relatively new Gay Affirmative Therapy lacks all theoretical background, empirical data and rigorous professional surveillance.

It is furthermore slanderous to admonish colleagues about "first, do no harm" when at the same time the sister-organization, the American Psychological Association, writes about 'harm':

"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".

On what grounds does the organization of psychiatrists come to its recommendation to "refrain" keeping in mind "first, do no harm", when the psychologists cannot conclude how likely it is that harm will occur? In other words, the psychiatrists have nothing to go on. It is a scam.

3. The American Medical Association Council on Scientific Affairs

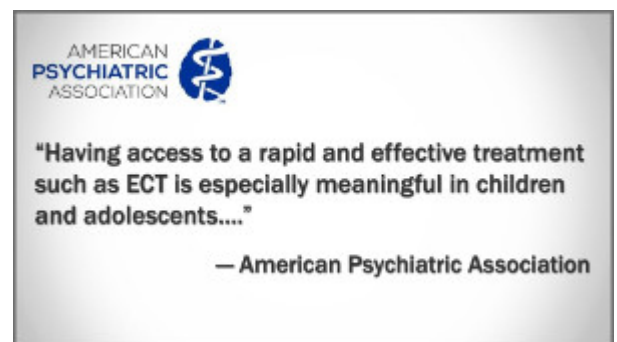
In the bill, we read a quote from another “allied” association from 25 years ago:



“(f) The American Medical Association Council on Scientific Affairs prepared a report in 1994, stating: “Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians.”

The legislators are being fooled with reports that apparently have collected dust. No licensed therapist uses “aversion therapy”. This has not been around for more than seventy years, and even then it was used with informed consent from the client. It must not be forgotten that it was fully endorsed at that time by this Association, not to mention the American Psychiatric Association.

The use of electroshocks (ECT) is still endorsed by the American Psychiatric Association as you can see in this slide from medical school.



The activists are now making it look as if someone is entering or, worse, is being dragged into a concentration camp, located next to the morgue and crematorium, and is being bullied by burly insensitive heterosexuals. The horror of it all. One shudders at the thought. And that is exactly the activists’ intent.

The activists get away with it by saying that it is a quote from 1994, but they nevertheless splash it all over the bill in the here and now anyway, just to set the stage, to get in the mood. It is called emotional manipulation, a Hollywood technique. In operas, it is called the overture. The whole quote has nothing to do with the 21st century. Another scam in the bill to fool legislators.

4. The National Association of Social Workers



“g) The National Association of Social Workers prepared a 1997 policy statement, stating: “Social stigmatization of lesbian, gay and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes”.

And what if social stigmatization is NOT the primary motivating factor? There are people walking around who feel that the homosexual feelings that they experience at a certain point in their life, do not define them as a person. These individuals are characterized by the NSSW as though only social, and therefore external motives are on their mind.

Others feel that women are far more tantalizing than they ever thought before. That can happen if, for example, a domineering mother or sister passes away. Sometimes, men have gotten over sexual abuse experiences from childhood and start fading away from same-sex attractions. All internal motives. Talk of stigmatization!

Some men seek to feel stronger in their male identity, and have no intention of being forced to identify with the false pose of men wearing wigs and lipstick. For them, the hysterical ‘fun’ of being ever so proud at a Gay Pride March reveals a deeply defiant and hostile attitude towards society.

A whole booklet is available on the subject: “Then and Now, how my sexual attractions have changed” ([download](#)). It contains fifty brief summaries of men who were interviewed.



The NASW makes it its business to condescendingly belittle other persons’ motivations and in doing so, it disseminates prejudice against people in therapy.

5. The American School Counselor Association

The ASCA issued a position statement in 2014, stating:



"It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful."

Yet another "position statement", meaning: no own or independent research, just follow the leader. Not your role? I couldn't agree more. If it is not your role, as you say, then kindly mind your own business because this Association has not made therapy its trade. The same applies to dentists and florists.

Note how these "counselors" write that *"these practices have been proven ineffective and harmful"*. Quite a strange remark coming from people with no credentials in this field, especially seeing that the American Psychological Association, which is more qualified, wrote in its 2009 document:

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

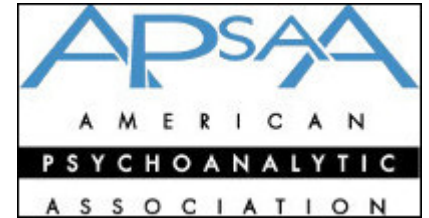
So, if the APA, mentioned above, cannot "conclude how likely it is", how can school counselors all of a sudden "conclude" a lot more?

Licensed therapy is effective by all mainstream psychotherapy standards for the goals set by client and therapist. There is no distinction between the therapy results for dealing with sexuality issues as implied in the bill, and other comparable neurotic conditions in terms of client satisfaction, side effects, drop-out rate, frequency of fall-backs and length of therapy. Licensed therapy has not *"been proven harmful"*.

When it comes to drafting bills, each and every therapist in licensed therapy is regarded within the profession as innocent until proven guilty, and not the other way around. It is activists dragging therapists, not to court (because there they would have to substantiate their claims), but to legislative chambers where prejudice, propaganda and gut feelings reign.

6. The American Psychoanalytic Association

The American Psychoanalytic Association wrote a statement in 2012:



“As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.”

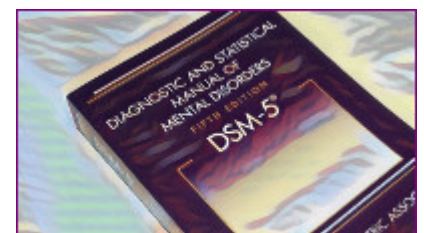
Note that this Association immediately infers that therapy is based on “societal prejudice.” Then they take it from there.

So, therapists would be prejudiced! It must be stressed that this association has provided no rigorous scientific research demonstrating the motives of therapists. It is pure guess work. Licensed therapists have never been interviewed in order for the Association or the reader/legislator to pass verdict over their motives. The whole stance is based on this assumption, and seeing since it is a bogus assumption, then the stance is a bogus stance.

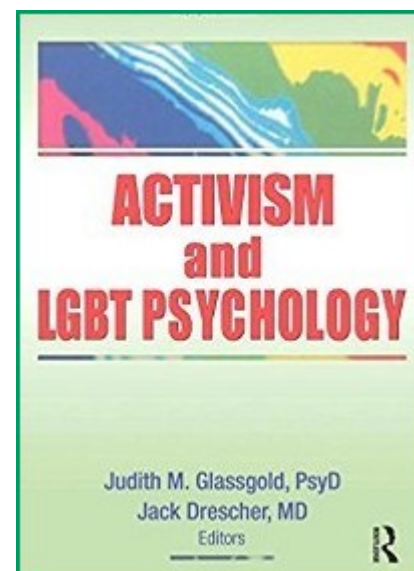
The only persons who are prejudiced, as we clearly see, are the members of this association. They jump to conclusions, which is against the fundamental principles of psychoanalysis itself. How is that possible? Psychoanalysis after all, calls for those who perform it to continuously analyze their own emotions, rationalizations, transferences and drives, if need be with another psychoanalyst.

How can they be so blind?

In our view, it is noteworthy that around the same time that this stance was broadcast, the fifth revision of the Diagnostic Statistics Manual of the American Psychiatric Association was published. In the small committee which oversaw the inclusion of desirable changes, psycho-analyst Jack Drescher managed to have Gender Identity Disorder removed from the manual, with just as little scientific evidence (none) to go on as the Psychiatric Association had in 1973 to declassify homosexuality from the second revision.



Drescher is a notorious activist, co-author of the book *“Activism & LGBT Psychology”*. He is the embodiment of radical gay activism, infiltrating both the psychiatric and psycho-analytic associations. He no doubt wrote or contributed to this statement of June 2012, and no doubt saw to it that it was published and disseminated by the HRC as soon as possible. After all, that is what successful activism is all about.



All of a sudden, knowing that a new revision of the DSM had been approved of and was being sent to the publishers, the Psychoanalytic Association writes:

“Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression.”

Well, it did until 2011! In fact, for more than a century! So Drescher is rewriting history, and with the help of the HRC, is now fooling legislators that Gender Identity has never been an issue in psychoanalytic technique. Their statement is a hoax. It has always been recognized as a full-blown disorder.

Are we really to believe that persons with Gender Identity Disorder live as each and every other person, living it up like a real American boy, until their, say, 13th birthday, when all of a sudden a thought strikes them: “Oops! I think I am a girl. Oh well.” Nothing unusual comes up in their mind as they lie on the psychoanalytic couch? Which research substantiates these unbelievable findings?

Furthermore, the change in definitions occurred in the manual revisions of the *Psychiatric Association* (where Drescher pulls the strings), but to this day there is no document confirming this change of specifically *psychoanalytic* policy in terms of rigorous research, you know: the kind that “*conversion therapists*” are accused of not producing. Yet another hoax.

This denial of problems leads to negligence of the concerns of the client. It is called therapeutic nihilism. And that is quite alarming, seeing that 50% of individuals with Gender Identity Disorder commit an endless array of suicide attempts; ten to fifteen times is not an unusual score. And this habitual suicidal behavior goes on well into middle and old age.

In 1973 it was specifically the psychoanalysts who voted with 42% against the removal of ho-

homosexuality from revision 2 of the DSM. To date, the scientific rigorous research proving that the removal was the right thing to do has not been delivered, contrary to the agreements made at that time. And to date, the Psychoanalytic Association has provided no research in terms of material gathered during countless sessions proving that psychoanalysts were wrong for more than a century on the issue of Gender Identity Disorder. It is therefore opinion, and opinion only.

7. No substantiation of bogus 'worries'

A few more associations were mentioned in the bill and all one-liners are cherry-picked from the 2009 report of the American Psychological Association in an effort by lay activists to baffle legislators. But that report is based on pseudo-science.

- If associations feel there is '*harm*', then if you are worried so much, put it in the law so that in court the accuser is forced to demonstrate it in each and every separate case. To avoid this substantiation, the activists have removed '*harm*' from the law.
- If associations feel that therapists are '*prejudiced*', then put it in the law so that it can be substantiated. To avoid this substantiation, the activists have removed '*prejudice*' from the law.
- If associations feel there is '*coercion*', then put it in the law so that it can be substantiated in each separate case. To avoid this substantiation, the activists have removed '*coercion*' from the law.
- If associations feel there is '*social stigmatization on behalf of the client*', then put it in the law so that it can be substantiated. To avoid this substantiation, the activists have removed '*social stigmatization as a motivating factor*' from the law.
- If associations feel that obsolete '*aversive therapy*' is still being used (vomiting, electroshocks, unpleasant consequences, etc.), then put it in the law so that it can be substantiated in each case. To avoid this substantiation, the activists have removed '*aversive therapy*' from the law.
- If associations feel that thousands of clients have '*complaints*', then use '*complaint*' as an input for the law, so that it can be substantiated. To avoid this substantiation, the activists have removed the necessity of a client's actual complaint from the law.
- If associations feel that homosexual feelings are '*an end in themselves*', then put it in the law and substantiate that the client him/herself feels that way too. To avoid this substantiation, the feelings of the client him/herself have been removed from the law.

Therefore, it is not factual deeds which are being criminalized, it is thoughts and intentions which are being terrorized by law. Gay-lib is managing to introduce *'thought crime'* into the US legislation. It will deteriorate further, as in Malta, into the introduction of political prisoners, people who are associated with bad thoughts. This movement must be stopped.

Their next bus stop will no doubt be criminalizing resistance to anyone calling himself transgender, next stop criminalizing resistance to applying surgery and hormone blocks to ten year-olds, next stop will be defaming parental supervision over ten year old kids who have read all about transitioning on Facebook and are fascinated by the bogus wonderful tales, next stop imprisonment of these oppositional parents and charging them with child abuse. Next stop will be a *'diversity'* exam for all who wish to adopt a child (bye-bye Christians), next stop a *'diversity'* exam for all who apply for public office, next stop weeding out libraries, etc. etc.

Bill AB2943 is only the beginning.

8. Conclusion

Legislators need to be made aware that the whole truth about the 2009 APA document can be found on page 1, where one sees that the Task Force sets *'public policy change'* as their a priori goal for their report. In the following years this initiative has served as the music sheet for all forms of choir practice.

'Public policy change' (that is to say: politics) can never be the goal of a professional association. The goal must be to encourage scientific understanding by promoting inquisitiveness and open-mindedness, to challenge time-worn habits and, as the World Medical Association puts it:

"to provide a forum for its members to communicate freely, to co-operate actively, and to promote the professional freedom of physicians worldwide."

[*End of this series*](#)

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