DELAWARE'S JULY 2018 BAN ON 'CONVERSION' THERAPY IS BASED ON PHONEY RHETORIC AND SPIN





On the 23rd of July 2018, Delaware governor John Carney (D) signed a law prohibiting medical and mental health professionals in the state from practicing or referring 'conversion' therapy for minors. The initiative did not come from any clients in Delaware but from gay-lib extremists from outside. Earlier this year, state Rep. Richard Collins (Republican Party – Millsboro) introduced an amendment to the bill that would have allowed conversion therapy if a patient requests it. In doing so, the self-determination of clients would have been protected by law. But the amendment did not pass due to the Democratic Party.

On their website, the gay-lib extremist organization Human Rights Campaign (HRC) who helped organize the campaign, labeled the ending of client self-determination as a *"Victory!"* Immediately after the vote, the HRC issued a press statement, filled with phoney rhetoric. Let us take a look.



The HRC writes,

> *"This bill sends an important message that a child's sexual orientation or gender identity is neither capable of being changed nor does it need to be changed, and efforts to try to do so in the name of therapy have no place in our State," said Mark Purpura, a board member of Equality Delaware.*

Is that so? What does science have to say? In this article, we will analyze this sentence by means of close-reading, word by word.

1. Messages

Legal bills do not send scientific messages to the professional scientific community. Only sound scientific research does such a thing.

The only message that legal bills convey, is a message of power play in a certain epoch of place and time, namely: who gets to become the top-dog throwing his weight around, who gets to bite the dust.

Legislators do not regulate science, it is the other way around: science should be the foundation of legislation. Legislators are the receivers of science, not the transmitters.

2. Where are the alleged clients? Where are the complaints?

The question is: what are they doing in Delaware, of all places? Since no victims of "conversion" therapy in Delaware have been substantiated or been proven to exist, let alone been proven to have complained in Delaware, let alone been proven to have been maltreated, what is actually being punished over there?

In the gay magazine The Advocate, we read,



Lisa Goodman, "Equality Delaware"

> *"We are not aware of anyone currently practicing conversion therapy in Delaware," Lisa Goodman, president of Equality Delaware, told the media outlet. "We are aware of a number of young people through the years who have been referred out by Delaware licensed*

> *mental health professionals to people doing conversion therapy out of state, and that is one thing that this bill will also prohibit."*

So, the people behind the bill *("Equality Delaware")* openly admit that this bill is fixing a problem that does not exist in Delaware. The old saying goes: *"If it ain't broke, don't fix it".* That is to say, except in Delaware.

But after the remarks of Equality Delaware, HRC National Press Secretary Sarah McBride moves in, saying:



> *"This bill definitely remedies a harm that exists in this state. But it also articulates the values of our state".*

So, we see the HRC spindoctor Sarah McBride rushing to the aid of the bill by insinuating *"harm"* that supposedly exists. But there is no document anywhere substantiating this claim. The HRC does not provide it either. They do, though, emphasize that the whole initiative is all about *"values"*. Therefore, it is plain that it is an ideological agenda that the HRC is pushing. What about clients having other values than the majority in Delaware legislation? Well, diversity goes a long way, but not THAT long! The rainbow flag has its limitations. No freedom of dissident thought in Delaware, if Equality Delaware can help it.

3. Out of state

Note how Equality Delaware write that a number of young people through the years (does this mean long ago?) had to seek help out of the state because it was not available in Delaware. If you as a client go to all the trouble to seek counseling in another state, you must be pretty motivated. And if you were *"tortured"* from day 1, then why would you go back for more?

And yet the chase is on for those professionals who tell clients where they can find licensed mental health professionals elsewhere. So if a doctor says to a motivated client *"No, no, I do not want to discuss the opposite sex with you in any way, I will get into trouble. Go away, go to Pennsylvania for all I care!"*, then the doctor will also be prosecuted.

After all, he referred.

This is strange, because discussing sexuality in therapy, be it about the same sex and the opposite sex, is normal and legal in 41 states in the USA other than Delaware.

So if a Delaware therapist tells his male confused client to shut up about women, that is legal and the right professional thing to do in Delaware on behalf of the therapist. If the client then drives to Pennsylvania to talk about women over there, that is legal too on behalf of the client. But if a therapist in Delaware informs the client that it is totally legal to discuss women in Pennsylvania, then that is an illegal act in Delaware!

You are not allowed to refer a client in Delaware to other states in the USA. You know: *"The land of the Free"*.

Are you allowed to refer a client to Russia? Poland? Canada?

> *"Listen up, you cannot go to Pennsylvania. And Canada? Hmm, let me see …"*

Are the Delaware legislators sure all this is not un-constitutional? It is a reign of outright terror and the introduction of thought control, coming from outside the state. It is based on disinformation, lies, fear-mongering and slander.

In the proceedings, we read that the legislators in Delaware were stunned by activists flown in from New York by the HRC. They performed yet once again their rehearsed act based on a well polished script, meant to baffle the audience with bullshit.

The coordinator was the notorious Samuel Brinton, you know, the "torture" guy. (You can see him on the HRC photo to the far left with his bow tie. By the way, he is not transgender anymore as you can see below, although he first claimed to be gay, then bisexual, then transgender on the red carpet at the Oscars. Show time! He had suffered years of harassment as a transgender youth, so he claimed for all to hear. And now his transgenderism has disappeared all of a sudden! In our series on him, we called him a pathological habitual liar. Do we need more proof?).



Next question is: what is the doctor who says "*Go to Pennsylvania, for all I care"* supposed to do? Affirm the client into entering the gay scene, even if the client wants, for example, to save his heterosexual marriage? And what if the client does not want to talk with a professional who will coerce him into the gay scene against his will? Then the only thing the doctor can say without risking losing his license, is to say: *"Just go away. Begone".*

But what if the client has suicidal ideation and hates gay affirmative therapists? If a client willfully refuses a therapist, then it is considered to be his own decision to refuse therapy. And he must face the consequences of his own decisions. After all, isn't all therapy based on informed consent? Yes it is, but what if the "information" itself is incomplete, namely that you can get what you seek just 50 miles away in another state? It is illegal in Delaware to pass that information on, even if the information is true.

The bill truly has nothing to do with client care and clients' interests. It is all about activists' interests, namely to eradicate dissident thought and behavior. It is totalitarian by all philosophical standards. It violates all rules of medical ethics.

Activists are making sure that new generations of children will never, ever, find out that the *'born that way'* ideology was a hoax from the beginning. Only aging inmates who used to be doctors, doing time in San Quentin, after repeated jail sentences, can tell such a tale if the message can be smuggled out without the wardens noticing.

It is staggering that the American Psychiatric Association does not step in. But then again,

this organization has been totally hijacked by the extremists, as we have analyzed elsewhere on this website.

It is time the subject is passed on to the White House because it is now obvious that the civil rights of patients, including the right to *'informed consent'* and the right to *'self-determination'*, are not adequately being dealt with or guaranteed at the state level. As clients and therapists, we need to make this a matter of the Federation itself and to appeal to the President. That is what he is for: the rights of all Americans.

4. Is gender identity indeed incapable of changing as alleged by the lay activists?

Michelle Cretalla, MD, president of the American College of Pediatricians writes in The Daily Signal in 2017:

> *"Twin studies prove no one is born "trapped in the body of the wrong sex." Some brain studies have suggested that some are born with a transgendered brain. But these studies are seriously flawed and prove no such thing. Virtually everything about human beings is influenced by our DNA, but very few traits are hardwired from birth. All human behavior is a composite of varying degrees for nature and nurture.*



Michelle Cretella

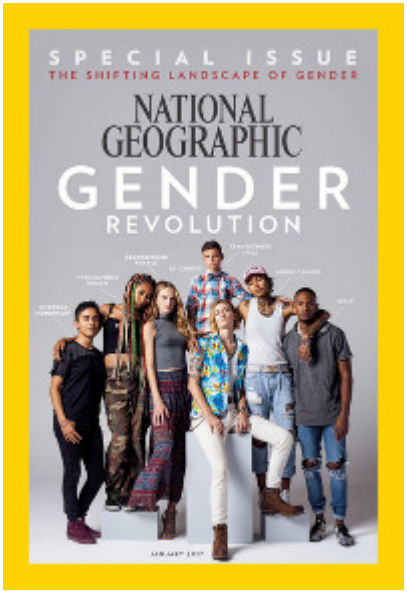
Michelle Cretella, M.D., is president of the American College of Pediatricians, a national organization of pediatricians and other health care professionals dedicated to the health and well-being of children.

> *Gender identity is malleable, especially in young children. Even the American Psychological Association's Handbook of Sexuality and Psychology admits that prior to the widespread promotion of transition affirmation, 75 to 95 percent of pre-pubertal children who were distressed by their biological sex eventually outgrew that distress. The vast majority came to accept their biological sex by late adolescence after passing naturally through puberty.*
>
> *But with transition affirmation now increasing in Western society, the number of children claiming distress over their gender—and their persistence over time—has dra-*

> *matically increased. For example, the Gender Identity Development Service in the United Kingdom alone has seen a 2,000 percent increase in referrals since 2009."*

What Dr. Cretalla, leading expert in the pediatric field, says is: 75 to 95% of all gender-confused children get over their confusion before reaching the age of 25, as long as their confusion is not affirmed but consistently contradicted. The current epidemic of so-called transgenderism is fueled and hyped by mainstream media. It is presented as something exciting.

They even label it *"a revolution"* instead of an epidemic of gross psychiatric pathology, high suicide rates and cancers due to the astronomically high doses of hormones being injected into healthy bodies. HIgh doses of unnatural hormones also induce depression on their own accord, and are very difficult to treat, leading ultimately to incurable suicides. Men who have *"successfully transitioned"* to women, commit suicide 19 times more often than real women. Is the problem located between your legs or between your ears? Do surgery and hormones really do the trick? Was it not an auto-aggressive disorder, right from the start?



In The Netherlands, Dutch medical students (2018) are taught that:

> *"Only 15% of the people who have had gender-dysphoric feelings before puberty, retain these feelings after puberty. The group who has lost their gender-dysphoric feelings, mostly identifies later as homosexual or lesbian."*

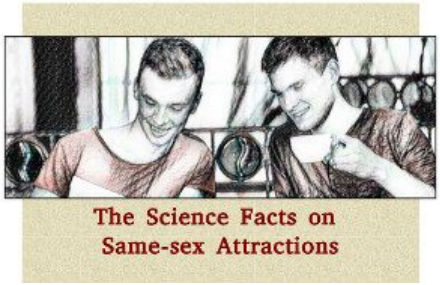
In view of this, there can only be one, quote *"important message"* that needs to be *"sent"* by legislators based on the facts, namely: a child's gender identity is certainly capable of changing.

In fact, changing is overwhelmingly the rule, not the exception.

Furthermore, the fact that children who overcome their gender confusion later almost always prove to identify as homosexual, as stated in Dutch medical school text books, proves that gender confusion and homosexuality are one and the same disorder. Because otherwise, only a mere 3% of the children who overcome gender-confusion would later identity as homosexual.

5. Is sexual orientation indeed incapable of being changed, as alleged by the (lay) activists?

We have compiled a complete booklet, based on articles on this site, *"The Science Facts On Same-sex Attractions"*. Download it for free, click here.



Here is a short review of the actual scientific facts:

Savin-Williams and Ream (2007) found in a study of 13,000 adolescents that a high proportion of those participants with same-sex attractions (SSA's) at age 16 had changed and had exclusive opposite-sex attractions (OSA's) at age 24. In other words, they found that sexuality is fluid, and not fixed from birth or from the teenage years.

Therefore, most minors who report experiencing SSA's will see their sexual feelings changing to OSA's. This process happens automatically. It is the healthy way that the average human body deals with SSA's in the teenage years. Therefore labeling someone as 'gay' at age 16, just because he or she reports experiencing SSA's, is always premature.



Ritch Savin-Williams, Cornell University

Savin-Williams also found that only 1% of the boys who acted upon their SSA's by actually indulging in exclusive same-sex sexual behavior at age 16 still did so exclusively at age 24. The rest had changed their behavior.

In light of this study, it is unsubstantiated to assume that the homosexual behavior of minors is fixed, and that it therefore has to be protected by law from any therapeutic endeavour to explore sexual fluidity.

It can be argued that it is unfair to affirm exclusively the 'gay' feelings or behavior of minors. This 'need' for legislation is clearly based on gay activists' personal generalizations. The mem-

bers of this politically ever more influential pressure group constitute only a minute fraction of all men who felt ssa's at age 16, but those members dare expand their personal predicament to all questioning minors in society. According to this study, 99% of those minors will not indulge in 'gay' sex in adulthood.

Savin-Williams warns against the generalization called 'sexual orientation':

> *"Migration over time among sexual orientation components was in both directions, from opposite-sex attraction and behavior to same-sex attraction and behavior and vice versa. To assess sexual orientation, investigators should abandon the general notion of 'sexual orientation' all together and measure only those components relevant for the research question, such as behavior, feelings or identity."*

This in accordance with our stance on the "False notion of sexual orientation", which we published elsewhere on this website.

Other studies have confirmed the findings on sexual fluidity.



J. Richard Udry, univ. N. Carolina

Richard Udry and Kim Chantala reported a group study in 2005, consisting of 69 boys who, at age 16, reported feeling exclusively SSA's. But a year later at age 17, only 11% of these boys said the same thing. 48% of them reported having changed to exclusively OSA's and that their SSA's had disappeared. 6% reported that they had OSA's together with their SSA's, and 35% said that they did not have any attractions to either sex at that time.

In this study we see again that it usually is wrong to label 16 year-olds as 'gay', or to encourage them to take on the 'gay' label and lifestyle as Gay Affirmative Therapists always encourage. These research figures are always swept under the carpet by the gay-lib activists.

6. Gay identity in youth often changes to heterosexual identity in adulthood

Savin-Williams and colleagues (Savin-Williams, Joyner, and Rieger, 2012) continued this longitudinal study. They followed the sexual identity of young adult participants from ages 18 to

24 years of age to ages 24 to 34 years of age, about 6 years later. Next to “heterosexual”, the largest identity group was “mostly heterosexual” for each sex and across both age groups, and that group was larger than all the other “nonheterosexual” identities combined.

The “bisexual” category was the most unstable, with three quarters changing that status. Bisexual men who changed their identity distributed themselves among all other categories; among bisexual women, the most common shift was toward “mostly heterosexual”. More individuals of both sexes who identified as “bisexual” and “mostly heterosexual” shifted toward heterosexuality than toward homosexuality.

Therefore we see that changing the identity to “heterosexual” is what happens most when one has experienced ssa’s in the teen years.

7. The HRC alleges: “Nor does it need to be changed…”



Mark Purpura, Equality Delaware

The HRC wrote:

> *“…nor does it need to be changed, and efforts to try to do so in the name of therapy have no place in our State,” said Mark Purpura, a board member of Equality Delaware.”*

In our view, it is not up to an activist to decide top-down what others should do in their private lives. It is the client who defines that *“need”,* not the activist. There are many reasons to seek what he calls *“change”*.

When it comes to *“Equality”*, individuals who decide to explore their full sexual potential (including feelings for the opposite sex) have an equal right to embark on such an exploration as others do who wish to exclusively explore the gay scene. Mr. Purpura is handing out more privileges to gay scene recruits, than to those who willfully set off to explore other human possibilities and psychological issues.

When Mr. Purpura says *“nor does it need to be changed”*, he is implying that “conversion”

therapists insist that you NEED TO CHANGE. Licensed therapists do no such thing. He is creating a black-and-white world, implying coercion. Had he said:

> *"I can think of no reason in the world NOT to want to engage in the gay scene",*

then his question would give room for others to state their personal opinion, express their values, expand on their perceptions and to show that the gay label is more than merrily waving a rainbow flag without a worry in the world. But the HRC is not into respectful debate. By abusing legislation, they remove dissident views and the dissidents themselves from existence.

8. The HRC writes: "Efforts in the name of therapy have no place in our state"

In our view, this sentence is basically totalitarian. From a philosophical point of view, his remark reveals *HOMOSEXISM*, meaning that being gay and becoming gay are the only acceptable way to go for youngsters. It reveals a profound sense of heterophobia on his part, a deep-rooted aversion and phobia towards the idea of intimacy with the opposite sex, and repulsion towards all those who indulge in such intimacy, which is about 97% of the population.

Homosexual feelings and behaviors are what they are, but they are not an end in themselves. They are not the expression of an innate sexuality in its own right popping up out of nowhere. Variations of sexuality do not exist.

We hate to say it to radical gay-lib, but: if you experience SSA's, you are basically normal, you are not a genetic mutant, your hormones are normal, you have not suffered hormonal abnormalities, your brain structure is totally intact and normal, you are not different, and you do not belong to any subclass of the human species. Your mother has had a normal pregnancy and you endured a normal birth. Activists and phoney scientists have fought hard to prove your abnormality, but unluckily, you are still pronounced normal in ever aspect. Sad, but true.

Over the last 25 years, the recent science of mainstream psychology has produced groundbreaking insights into sexuality. Gay-lib activists who have fallen asleep while weaving their cocoon, are slow to catch up. They still moan and groan over the seventies of the previous century with old-fashioned pre-WW II electroschocks and all. In our view, they have no right to make new information and insights invisible, or to ban them from existence.

Mr. Purpura expresses ignorance of scientific progress. State ideology should not follow in his footsteps, but step down and allow the debate to be held freely in the public arena where it belongs.

9. Conclusion

Come to think of it, if *"Equality Delaware"* wants equality, is there a bill prohibiting gay and lesbian professional workers to approach questioning youths? After all, we are seeking equality, are we not? Or are *'questioning youths"* the private property of radical gay-lib and not equally the property of *"straight"* professionals? What is so equal about this bill?

No state interference should be tolerated. Freedom of thought in society and in academics needs to be facilitated, not decided upon or restricted after professional actors are flown in from New York to perform their Hollywood show. It is time for the President and Vice-President to step in.

Job Berendsen, MD.

Home