

THE HARM CAUSED BY A THERAPY BAN IN NZ, PART 8 OF 8: “BAD LEGISLATION”



The proposed bill makes wrong assumptions, violates therapeutic standards, and contributes to further neglect. Above all, it does not tackle or scrutinize the highly contested gay-affirming and gender-affirming therapies. In doing so, the NZ youth is not being protected but one-sidedly handed over to the whims of the day, after which the book on the subject is closed.



1. Scientific progress goes down the drain



Dr. Karl Maria Benkert

[The Bill](#) is bad news for science. The Bill strives to ban all other views than its own 19th-century mantras. In 1856, a Hungarian doctor named [Karl-Maria Benkert](#) suggested that perhaps homosexual behavior stems from a hitherto unknown separate and innate sexuality. As of 2019, we know that he got it wrong.

There is no proof of any separate sexuality. There is no underlying physical cause, be it brain aberration, hormone change, compelling predisposition, gay genes or genetic configurations. And far-fetched comparisons to the animal world are medically not valid.

We know that we are addressing software and, hence, cannot allow insights into mental processes to be labeled illegal. Neither may research, articles, and lectures on the subject be criminalized in a free society.



Dr. Joseph Nicolosi Sr.

In the UK, for instance, we have seen how Damian Barr, a young singer on the rise, managed in 2017, with the help of the American Psychological Association, to have Dr. Joseph Nicolosi Sr.'s books and others removed from Amazon. The APA organized hundreds of fake reviews to be sent to Amazon within a week, after which the company was threatened with a lawsuit. It finally caved in.

In the West, we see the emancipation paradox: the better the tolerance gets, the louder the activists cry *"Wolf!"*. They occupy the visual space. In the Netherlands and Belgium, acceptance rates are up to 98% and yet tens of thousands of rainbow flags, mouth-masks, and T-shirts are increasingly being shoved into juvenile hands as though the Catholic Inquisition of the 12th-century is on its way again. The result is adolescent paranoia, book-burning, and the stigmatization of dissident thought.

2. Religious freedom is on its way out

The Bill attacks religion. In our view, this is alarming, even though this website is secular. Tolerance should be a two-way street. If people are legally constrained from formally or informally counseling individuals over lifestyle and thinking, as this bill is implying, it becomes obvious that reiterating the literal words of the Bible and Torah is also being banned. Thought control is becoming a police business.

The Bill states that conversion practice does not include

"the expression only of a religious principle or belief made to an individual that is not intended to change or suppress the individual's sexual orientation, gender identity, or gender expression."

This phrase is a hard-to-read double-negative. Let us take this slowly:

It says that this Bill makes it illegal to express a religious principle or belief if that train of thought intends to problematize the individual's current sexual feelings and intends to challenge a modern sense of identity. A movement called *'identity politics'* is increasingly being marketed as the idea of being *'who I am'*.

We now see it being imposed on the population by brute legal force and by social media as the new Western standard of thought and living.

Meaning: feelings are not something you have but something you are. And also that identity is not a social construct, a mere thought and fashionable idea, no, it is the substance of life itself and must be protected from any form of criticism.

Christ now stands before Pilates in Wellington. “*The Sermon On The Mount*” has become “*The Sermon At The Dock*”.



On the website [Biblestudytools](https://www.biblestudytools.com/matthew/5-7/), we read about this well-known part of the New Testament:

“The sermon in Matthew 5-7 served as a radical wake-up call for Christians to live wholeheartedly for God through faith, not simply through external actions of keeping the law”.

Well, the law is the only thing that is going to be permitted in NZ from now on. And legislators are being manipulated into witch-hunts through outdated pseudo-science, fake news, half-truths, and the cancel culture where essential information is deliberately removed from view in bookstores, libraries, research, and the Internet.

3. The Bill violates therapeutic standards

This legislation wishes to make illegal any therapy that seeks to reduce or eliminate homosexual feelings. The truth is, however, that therapists know for a fact that homo-erotic thoughts can, for example, arise in boys because of being sexually abused by older boys, men, or pedophiles although being gay doesn't represent who they are.

Having had something happen to them will induce thoughts of later doing the same to others (neurotic repetition). What then of children whose homosexual feelings have arisen because they were sexually abused by same-sex pedophiles and they want assistance to alleviate the compulsive drive of those feelings?

Clients can't simply talk about their unwanted same-sex attractions with their therapists without there being some therapy. It appears, though, that if a young person wants to discuss

their unwanted thoughts, the only options available to the therapist are to turn the client away (a professionally negligent response) or try to affirm him in his thoughts, thereby suggesting that the thoughts are normal and desirable. But this has the clear potential to engender confusion and to exacerbate anxiety and suicidality.

The therapist or counselor who blindly affirms is not acting ethically, he lacks a duty of care.

4. Therapists are stigmatized



Dr. Joseph Nicolosi Sr.

The bill also stigmatizes the works of famous therapists like Dr. Joseph Nicolosi Sr., who is framed as being anti-LGBT.

But when we take the trouble to inspect [his website](#), we read:

"The American Psychological Association has officially proclaimed that homosexuality is not a psychological disorder. We do not attempt to challenge their decision. Similarly, many individuals say they are happy identifying as gay, and we do not oppose their right to define themselves and to live their lives as they wish.

However, some clients come to us with a different understanding of what it means to live out their lives in the most satisfying way. It is to these people- who come to us with their own, self-defined problems in living- that we offer our help."

The crusade against therapy can clearly only succeed by use of slander and libel, in the hope that no one discovers the multitude of views on the subject. To this end, the cancel culture has become the activist weapon of choice.

5. The Bill reifies self-reports without regarding the dangerous implications

Gender-affirming treatment can lead to irreversible health consequences.

The Children's Hospital of Los Angeles states:



"If your child starts puberty blockers in the earliest stages of puberty, and then goes on to gender affirming hormones, they will not develop sperm or eggs. This means that they will not have biological children. This is an important aspect of blocking puberty and progressing to hormones that you should understand before moving forward with puberty suppression. If your child discontinues the use of blockers and does not go on gender-affirming hormones, they will continue their pubertal development about 6-12 months after stopping the medication, and fertility would be maintained".

Given that most children placed on puberty blockers as part of "gender affirmation" treatment go on to receive cross-sex hormones, they will begin a path to irreversible sterility.

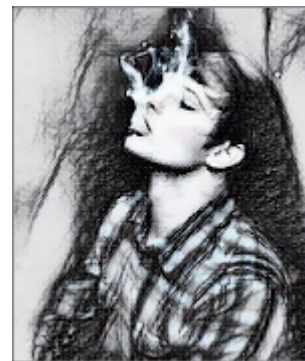
Some have recommended that the best course for a transgender child is "social transition" where young children are encouraged and helped to change their names and style of dress to match the gender they identify with. But encouraging a young child to socially impersonate the opposite sex and then, as they get a little older, to undergo pubertal suppression, has an obvious self-fulfilling nature.

The repeated behavior of impersonating, and being treated as the opposite sex will make identity-alignment with the child's true sex less likely. It will set in motion an outcome which, of course, requires hormonal and other treatments.

What is child-rearing all about? Is the child guiding the confused parent or is the parent guiding the confused child?

The fact is, that children lack the experience and intellectual capacities to even know what it properly means to be a male or female. Do we accept a child's self-assertion as the basis for life-altering decisions in any other context?

Why worry, for example, about marijuana in a 12-year-old boy if you don't worry about his taking ethinyloestradiol, a female drug which even his mother would not take in this dosage at any age of hers (it has been shown to induce cancer, blood clots in the legs, hemorrhages, heart attacks, cerebral infarcts, and suicidal depressions).



The Psychiatric Association appears to be fully asleep and nowhere to be seen: another example of professional negligence.

6. Unjustified assumptions

The Bill presumes that any child's discomfort with family roles means that they truly are as they say. And what if he wanted to become a pilot or zookeeper? Is that immutable too? In what other context do we accept a child's self-assertion as the basis for dramatic life-altering decisions? Should we start operating on children or fidget with drugs based on their self-diagnosis? Should we give medication to adolescents on-demand because they self-identify as needing it? No less than 79% is motivated by social media.

This diagnostic approach reifies a child's or juvenile's feelings based on their limited human experience and knowledge. Children are simply too immature to understand what makes someone a boy or a girl. It is unethical.

7. APA guidelines are not unbiased

The American Psychological Association issued an [APA guideline](#) for counseling gender-confused clients in 2015.



Surprisingly, we read on [page 834](#):

"Of the 10 task force members, five individuals identified as TGNC with a range of gender identities and five identified as cisgender."

This means that half of the ten-man strong task force behind this prose was gender-confused himself. The APA has been hijacked by radical transgender activists who manage to infiltrate into the places where definitions are imposed and carried through. This has nothing to do with science. We see how people in an obvious state of delusion are writing for the sake of reinforcing other persons' delusions. And they make it look as if the whole Association has dis-

cussed and voted on these guidelines. The Association hasn't.

As psychiatrists, we know that an individual with a delusion is by definition not aware of his/her disturbed reality-checking. Living in a fake sense of reality is the hallmark of a delusion. Never can a patient with a delusion be considered to act as the expert on the diagnosis and therapy of his own mental state.

The American Psychological Association has shoved the whole topic to a small group, Division 44, a propaganda machine that has been hijacked in recent years.

They have created a parallel universe, the radical-activist LGBT universe. They have their own unique paradigms, articles, and obscure non-mainstream journals. It has become a sect, run by the 2% of gender-confused adults who have not gotten over their confusion. The 98% who succeed in recovering, are left out of the equation. And the sect is going into politics.

In these [*"guidelines"*](#), the activists admit on page 836 that:

"Just as some people experience their sexual orientation as being fluid or variable (L.M. Diamond, 2013), some people also experience their gender identity as fluid (Lev, 2004)"

Fluid means software. Hardware means immutable. The activists are insufficiently aware of the fact that by emphasizing fluidity, as they do, there is no place for combating talks by laypeople and professionals alike on the software issues which are staring us in the face.

In the same document, they write on page 836 that:

"Psychologists must provide acceptance, support, and understanding without making assumptions or imposing a specific sexual orientation or gender identity outcome (APA, TFGIGV, 2009)"

But this sentence is in sheer contrast to [*the Bill*](#) where, on page 2, assumptions are made that orientation would be fixed and immutable, and where an outcome of therapy is imposed, namely that it must always be label-affirming (gay-affirmative and transgender-affirmative). The Bill denies the notion of fluidity and criminalizes people who genuinely follow through on the fluidity paradigm. It assumes and it imposes.

The activist recommendations come from the transgender die-hards in the sect who have no intention of getting over their temporary transdelusional state. The document, therefore, cannot be approved as the foundation for legislation that aims to create an atmosphere of persecution and intimidation. Their desire to save the world rules out any form of self-criticism. We

see this so often in the history of radical left-wing or right-wing ideological movements: always in attack mode, never into self-reflection.

Former President Barack Obama *criticized the trend of cancel culture* in an interview in October 2019 about youth activism at an Obama Foundation summit:

“That’s not activism. That’s not bringing about change. If all you’re doing is casting stones, you’re probably not going to get that far. That’s easy to do.”

8. No comments on gay-affirmative and gender-affirmative therapies

The Bill follows the actions of radical activists who succeed in avoiding any form of scrutiny of their professional behavior, except when that evaluation stems from within the sect or from so-called ‘allies’. It is like a butcher who has become the official government inspector of the meat stemming from his own shop.

This means that clients are not protected by any objective and non-sectarian standard of care with this bill.

By caving in to activist pressure in 1973, the American Psychiatric Association made the grave mistake of giving up on clients in this category. They were handed over to ... to whom, may I ask? Does anyone know, does anyone care? Does anyone bother, and is anybody brave enough to weather the storm of neurotic activist rage when you so much as even look at the subject?

No research has ever been conducted on these “affirmative” therapies because their paradigms are so vague and contestable that no research model can be constructed to use. For all we know, our kids are being handed over to the dogs.

In 2018, Pepping, Lyons, and Morris wrote in an *APA publication*:

“Remarkably little research has investigated the effects of therapist training in LGBT-affirmative psychotherapy”.

The Trevor Project (an LGBT activist institute) *notes* that:

“As many as 40% of LGBTQ youth and more than half of transgender and nonbinary youth contemplated taking their life in the past year, according to a new report, July 21, 2020 (HealthDay News).”

Is conversion therapy to blame, as they claim? They report that:

“The survey also found that 10% of LGBTQ youth had conversion therapy.”

If only 10% had reached out for, what this institute calls, “conversion therapy”, then the other 90% is at the hands of Gay Affirmative Therapists. We are not talking of clients who had severe psychiatric disorders over a period of a lifetime but over a period of the last twelve months! When stretched over the period of a lifetime, then the overall incidence of morbidity must even be much higher because psychiatric patients have bouts of normality in between periods of mental issues.

Nowhere does psychiatry see such a high degree of morbidity and mortality (mental issues and death) as in this sociological group.

Their treatment is not accounted for in the NZ Bill proposal, and probably never will because the Bill is an example of what we call ‘straight-bashing’.



Samuel Brinton

This report stems from the Trevor Institute, led by one [Samuel Brinton](#), a notorious activist about whom we have dedicated a whole [series](#) on this website. He has been accused multiple times of being a pathological liar. He is behind this political frenzy. No one has ever replicated his numbers.

But even if it were true, then, without his realizing it, his report provides us with evidence for our stance that homosexuality and gender confusion are a coping mechanism for a great array of underlying mental problems/issues that we call The Gay Related Complex (GRC). And GRC is a grievous matter from a psychiatric point of view. Yet, these same activists would have society believe that we are not looking at a mental disorder and that it is even “harmful” to say such a thing.

Harmful? A narcissistic blow, I will grant you that. But “harmful”?

When we look at the figures, we can say that the normalization of SSA’s and GID have led to therapeutic neglect and that Gay Affirmative Therapy (GAT) has not managed to fill that gap and bring severe mental problems to the same level as is seen in the rest of society. Since

1973, GAT has had all the time of the world, a half century to be exact, to do their stuff. Since twenty years with a lot of slander, hissing, cussing, and pushing, not to mention pretty colors, they try to create a monopoly in this field. But it is still a mess. Says the notorious Brinton himself.

GAT, however, remains freed from all forms of legislative concern in NZ. The finger-pointing goes to CT.

At the same time, activism removes the existence of the GRC from mind. At this rate, mental health problems will continue to exist because the heart of the matter under the hood is deliberately obscured from view.

In the rest of society, mental health complaints lead to examination of the client/patient, but in LGBT activism, it leads to examination of society. And that approach has failed to deliver, as they have unknowingly pointed out themselves above.

All publications on this issue stem from within the sect of LGBT-activists in obscure journals. Their biased findings constitute self-backpatting, where, at the same time, a supposedly and imaginary hostile environment is blamed, if not to say stigmatized, for all woe of the clients and all shortcomings of the professional actions. Activists ignore the fact that in super-tolerant Northwestern Europe, the figures for serious mental problems in this category are not significantly lower than in the US or NZ.

No, the root cause is not society, much as you would like it to be.

9. Conclusion

This legislative bill is not the solution but the problem for client care and research, for many decades to come. It continues ongoing neglect by scaring the wits out of the regular professional community, especially when in the state of Victoria, AU, jail sentences of ten years, punitive fines of \$250.000, and life-long professional bans are being instituted if you even come near the subject of the Gay Related Complex.

It takes guts to deal with gay guys these days, if not to say: you are foolhardy. And that is very concerning.

Job Berendsen, MD

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