

# THE INTERNATIONAL DECLARATION ON THERAPEUTIC CHOICE, PART 1 OF 5: “THE ATTACKS ON SELF-DETERMINATION”



In April 2022, the International Federation For Therapeutic And Counseling Choice issued a declaration to counteract the narrative about bans that the radicalized factions of the emancipation movement are trying to write into law. These extremists are seducing lawmakers to criminalize all mention of the opposite sex when dealing with persons labeled “gay”. They do it by hook or by crook. The subject is never to be brought up again, so they feel, because mentioning the opposite sex is portrayed as “harmful”. What does the International Federation have to say in retaliation, and why do they say this?



## 1. Freedom is at stake



Banning what the extremists stigmatize as ‘*conversion therapy*’ infringes human rights and freedoms, imperiling both therapeutic choice and pastoral, professional, and parental rights. Sexuality is fluid. We know of no mental health association in the USA or abroad that defend the viewpoint that Same Sex Attraction (SSA) is inborn and unchangeable.

## 2. Sexuality and politics

The stance against any therapy which mentions the opposite sex is propagated by a small but powerful fringe of laypersons and lobbyists in the gay scenes of San Francisco and New York. Two organizations stand out: the ‘*National Center of Lesbian Rights*’ which is an all-female law firm in San Francisco, and the so-called ‘*Human Rights Campaign*’ in New York which, other than the name suggests, focuses purely on gay issues and, since 2014, on the promotion of transgenderism from age 3 onward.

These professional activists have resorted to politics, striving to chisel their viewpoints into the rock slabs of law. In this way, all discussions on sexuality issues will come to a halt in soci-

ety. Who are these people?



*Activist McBride*

We observe that the HRC spokesperson, who suffers from Gender Identity Conflict himself, Sarah McBride, as he now calls himself, worked for President Obama as an intern at the White House in 2008, then worked for former Attorney General Beau Biden (D-DE) as of 2010. Since 2020, he works for Beau's father as a member of the Biden presidential administration.

The other organization, the NCLR, uses a male poster boy, the notorious Samuel Brinton, who we have exposed as a discredited pathological and unstoppable liar on "conversion therapy". As of 2022, he has been hired as a deputy advisor to the Biden administration on nuclear waste. He does so on high heels, wearing wigs and drag.



*Samuel Brinton, now working for the Biden administration*

Even though Joe Biden hired him as a nuclear physicist, he subliminally promotes transgenderism, attracting nonverbal attention to his real mission there. (Readers of our series on this activist will remember how the liar first came out gay, then bisexual, then exgay, then ex-ex-gay, then transgender, then genderfluid, then back to gay. Not quite sure where he is at now). In short, behind the scenes, radical activists have worked their way to the top, an inside job.

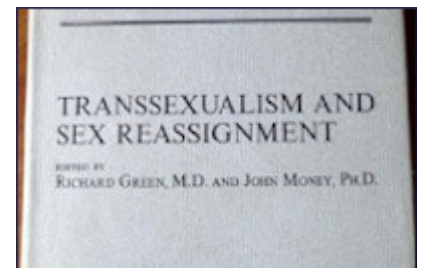
We read on the website of the HRC,



*"In 2008, Sarah worked for Governor Jack Markell (D-DE) and, in 2010, for former Attorney General Beau Biden (D-DE). Before coming to HRC, Sarah worked at the Center for American Progress and interned at the White House working for Barack Obama and Joe Biden, the first out trans woman to do so. Sarah became the first openly transgender person to address a major party political convention when she spoke at the 2016 Democratic National Convention in Philadelphia".*

### 3. Health organizations

The emancipation efforts have shifted over the last 150 years. The gay struggle lost its nerve ever since its beginnings in 1856 and saw its appeal, two decades ago, go down the drain with the successful introduction of same-sex marriage. 'Let's call it a day', so most people felt.



*Henry Benjamin Foundation's first publication 1966*

The focus has now changed to a new kid on the block, the transgender lobby (the Harry Benjamin Foundation). They first spoke in 1966 of transsexualism, only realizing later that hardcore sexuality had nothing to do with it but that it is an identification issue. They now call it transgenderism, which means the subjective feeling about one's gender or identity, irrespective of hardware. It is not a hardware issue.

Their influence worked out as a mouth-to-mouth resuscitation on the dwindling gay activist law firms. Everyone is back in business, now that the rallying cry for "sexual orientation" has changed overnight into "sexual orientation and gender identity" without anyone noticing this sleight-of-hand. All textbooks, pamphlets, and position statements are currently being rewritten in this way.

The lobbyists lead people to believe that they speak on behalf of science. However, we know of no mental health organizations that say incongruent gender identity is inborn. So-called '*transgenderism*' is a software issue and the many shades of grey in this psychiatric condition have, in medicine, always been viewed as a software kaleidoscope. There is no proof to the contrary.

In software, anything goes. Gender Identity Conflict ranges, on the one hand, from having doubts to having wishes, to cross-dressing, to experimenting with hormones, to surgery, and, on the other hand, to normalizing back again, to '*de-transitioning*', to going back to Square 1 in a wide scope of ages.

Genetics cannot explain the return to normal: recovery rates are up to 98% according to the American Psychiatric Association in their DSM Manual 5, as long as the condition is not affirmed. In itself, this is already proof of the existence of a software issue. Hardware can't do that.

Genetic research up to 2022 has failed to disclose any persistent genetic marker or constellation of hardware clues in SSA or Gender Identity Conflict.

Extensive research indicates that many people successfully reduce or overcome same-sex attraction (SSA) or same-sex behavior (SSB) by investigating mental patterns that underly feelings and behavior, also known as the Gay Related Complex. Research on treating links between psychiatric conditions and 'gender dysphoria' ('GD') also shows that people reduce or change 'GD' through therapy<sup>7,8</sup>.

#### 4. Moral right to self-determination

Everyone has the right to reduce, change, or look into his or her own unfulfilling or undesired sexual feelings or behaviors, regardless of their motivations, goals or values. You even have the right to look into it, just for the heck of it. The right to align one's feelings and behaviors to biological sex, and to feel comfortable with one's body or to live according to the values and beliefs that bring them true happiness, is a human right.

Happiness is defined by each individual for him- or herself, and not by an activist on behalf of others. Gay-lib is not a democratic process but a social phenomenon led by influencers, most notably in the tug-of-war in social media between extremely wealthy professional pressure groups and their Big-Tech Cancel Culture on the one hand, and small marginalized penniless dissidents on the other.

No one should take these freedoms and rights away from any individual. Individuals should be free to make their own choices - politicians, activists, and mental health practitioners

should not dictate their actions.

## 5. Conclusion

We need to object to ongoing discrimination against persons preferring their heterosexual side and against those formerly LGBT-identified, who have sought, or will in the future seek professional counseling or, if one is religious, pastoral care to look into behaviors and feelings that they do not themselves desire and to see what life has more in store for them. The right to look into it, just for the heck of it, is also a human right. These individuals want to increase their range of options. Self-determination is their goal.

Society needs to be on their side. Activists from either side need to get the hell out of politics. Life and love are the substance of your personal route of travel, it is the essence of your mortal history. It should not become an itinerary, a railroad timetable, oozing out of post-modern clashes in the political arena. Political activism in the personal realm is an overreach of power.

You can regulate my salary, but don't regulate my bedroom.

To be continued.

Job Berendsen, MD.

[SIGN THE DECLARATION](#)

[Next Part](#)



## References:

1. Rosik, C. (2016). Sexual Attraction Fluidity Exploration in Therapy (SAFE-T). [https://www.core-issues.org/UserFiles/File/SAFE\\_T/Rosik\\_on\\_SAFE\\_T.pdf](https://www.core-issues.org/UserFiles/File/SAFE_T/Rosik_on_SAFE_T.pdf)
2. Nyamathi, A., Reback, C.J., Shoptaw, S., Salem, B.E., Zhang, S., Yadav, K. (2017). Impact of Tailored Interventions to Reduce Drug Use and Sexual Risk Behaviors Among Homeless Gay and Bisexual Men. *American Journal of Men's Health*. March 2017:208-220. doi:10.1177/1557988315590837

3. Reback, C.J., & Shoptaw, S. (2014). Development of an evidence-based, gay-specific cognitive behavioural therapy intervention for methamphetamine-abusing gay and bisexual men. *Addictive Behaviours*, 39, 1286-1291. oi:10.1016/j.addbeh.2011.11.029. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf>
4. Shoptaw, S., Reback, C.J., Larkins, S., Wang, P.C., Rotheram-Fuller, E., Dang, J., Yang, X. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *Journal of Substance Abuse Treatment*, 35(3), 285-293. <https://doi.org/10.1016/j.jsat.2007.11.004>
5. Shoptaw, S., Reback, C.J., Peck, J.A., Yang, X., Rotheram-Fuller, E., Larkins, S., Veniegas, R.C., Freese, T.E., Hucks-Ortiz, C. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. *Drug and alcohol dependence*, 78(2), 125-134. <https://doi.org/10.1016/j.drugalcdep.2004.10.004>
6. Sullins, D.P., Rosik, C.H., Santero, P. (2021). Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men [version 2; peer review: 2 approved]. *F1000 Research* 2021, 10:222 (<https://doi.org/10.12688/f1000research.51209.2>)
7. Cretella, M. (2018). American College of Pediatricians November 2018. Position Statement: Gender Dysphoria in Children. *American College of Pediatricians*. [ACPeds.org https://acped-s.org/position-statements/gender-dysphoria-in-children](https://acped-s.org/position-statements/gender-dysphoria-in-children)
8. American College of Pediatricians. (2021). Psychotherapeutic and behavioral approaches to treating gender dysphoria (including gender identity disorder & transsexualism) in adults and adolescents. <https://acped-s.org/assets/Psych-studies-gender-identity-final-17-June-2021.pdf>