A Thoughtful Consideration of Bill C6 to prohibit "conversion therapy." Philip G. Ney MD FRCPC MA, 9/12/2020

There are many unanswered questions regarding sexual orientation. Google 38800 hits, Pubmed 1150 references. Most of the debate has generated more heat than light. C6 will add fuel to the fire not scientific light to better health. The "Research Publications" contains no scientific research, only often restated opinions.
Though earnestly sought there is no good evidence of a gay gene.(1) The closest we have is a recent study which demonstrated that the reason sons with older brothers are more frequently gay is because their mother, during pregnancy, developed an immune response that damaged their Y chromosome.(2)

1. **Hard Wiring:** Given there is no evidence for hard wiring, some "LGBTQ2+" people may contemplate making a change of sexual orientation? They need scientifically based information but may ask pastors and friends to counsel them. With the threat of these measures, we will all hesitate and may withhold critical facts. Myself included even though I am very well qualified and widely experienced..
2. **Informed Choice:** Given it should be an informed choice, what reliable information to does anyone contemplating a change need? Statistics on health and longevity, the importance of maturity making child raising, the likely need of support by family in their old age are just a few critical questions. What information and opinion is allowed and how should it be conveyed?
3, **Biased Information:** Given that no one is devoid of bias, should there be legal prohibition of biased information?
4**. Ambivalence:** Given that almost everyone is ambivalent about almost everything almost all the time, it is not surprizing that people change their minds on sexual orientation. Should these changes be permitted and wisely guided by science and pragmatism. All things being equal, isn't cis sexuality a more rational choice? This should be the basis for the current debate.
5. **Intravaginal Sex:** Since no gene consigns a person to always being gay, homosexuals should know that recently discovered, there is a significant exchange of proteins and hormones during intravaginal sex. These contribute to physical and mental health and reduce the likelihood of breast and prostate cancer (3)
6. **Vicarious Life Giving**: Since children cannot make life changing decisions, they should not be expected to do so. A significant proportion have an aborted sibling about which they have been told or accurately guess, (4) These survivors are confused about their identity and feel guilty for existing. They may choose to vicariously grant a life to a sib of the opposite sex which would require a change of sex.
7. **Wanted Children:** Modern women are convinced that the every child should be a wanted child. Wanted children grow up with a deep fear of what will happen if they become unwanted. This makes them vulnerable to subtle persuasion and to all those factors that make children desire popularity and notoriety.
8. **Conversion therapy**: C6 embodies a straw man. No qualified counselor, psychotherapist etc. would use the "therapies" mentioned or coerce a patient but well intentioned parents and friends, out of desperation, may use their most persuasive talents to help the person change to a healthier life style. There at least 27 well known factors such as child mistreatment and conditioning, the change and/ or treatment of one or more will help the person better understand and rationally change.
9. **Population Implosion**: Every country has an exponentially declining fertility rate that no nation has been able to reverse. Should people know that like never before in some places, they will be rewarded and highly approved for having more than 2 children?

Recommendation: The government should encourage debate regarding which sexual orientation is the most: satisfying, healthy, and socially enhancing. Since this is about therapy, it is a medical question that scientists can answer. Government controls will not help. Let the scientists do the necessary research. Bill C6 will inhibit legitimate helps.

References, abreviated: 1. Gavrilets, S., Rice, WR., *Genetic models of homosexuality: generating testable predictions.* Proc Biol Sci. 2006, 271(1605): 3031-3038 2. Boogaert, AF. et al., *Male homosexuality and maternal immune responsivity to the Y-linked protein NLGN4Y.* PNAS. 2018 3. Ney, PG. (2019) *Joyful Juices*. (96 References). Pioneer Publishing. Victoria, BC. Canada 4. Ney, PG. Sheils, C. Gajowy, M. *Post Abortion Survivor Syndrome*. J Prenatal & Perinatal Psychology and Health 2010; 25:107-129 (35 references) 5. Ney, PG. Fung, T. Wickett, AR. *The Worst Combinations of Child Abuse and Neglect*. Child Abuse Negl. (32 References). 1994 Sep; 18(9):705-714

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PROHIBITION OF ATTEMPTS TO ASSIST PEOPLE IN THEIR STATED DESIRE TO REVERSE THEIR SEXUAL DISORIENTATION (CONVERSION THERAPY).

OBSERVATIONS AND COMMENTS ON BILL C6

Dr. Philip G. Ney

I have been asked to comment on the proposed Bill C6 as an expert. I do this out of necessity for it impinges on my practice as a child and family psychiatrist and also because I do some training for those learning to become proficient counsellors. I do this also with considerable reluctance because as "therapy" this is a matter to be adjudicated by the Colleges of Physicians and Surgeons of BC guarding the public interest, with the oversight of the Royal College of Physicians and Surgeons of Canada with their responsibility to ensure proper training of specialists.

This suggested legislation concerns the matter of what is the best treatment for anyone who desires to reverse their sexual disorientation toward cis-sexuality. Since it is a medical matter, it must be considered from a scientific perspective.

Since it is a matter of what is the best therapy (treatment), as an expert I must display my professional qualifications and my experiences which will include my services to the community.

i) Training and qualifications:

University of Victoria; MD University of BC, general internship Vancouver General Hospital; Dip Psych McGill University and Royal Victoria Hospital; DPM England, Maudsley Hospital and University of London; MA in Child Development, University of Illinois

ii) Academic Experience:

Teaching fellow, McGill University; Assistant to Full Professor, Dept. of Psychiatry University of BC, and Dept of General Practice; Associate Professor, Dept of Psychological Medicine, University of Hong Kong; Professor and Chairman Dept of Psychological Medicine, University of Otago, New Zealand; Professor, Dept of Psychiatry, University of Calgary many invited lectures eg. University of SunYat Sen, China, Library of Foreign Literature, Moscow….

iii) Research and publications:

Approximately 2.5 million in grants and support; 72 articles in peer reviewed academic journals; 17 books published. Most of the research was in child abuse and neglect. Peer reviewer for Child Abuse and Neglect Journals.

iv) Clinical Experience:

Head of Dept of Psychiatry, Eric Martin Pavilion and Child Psychiatric Unit Royal Jubilee Hospital, Victoria; Team leader for remote consultations in Northern BC, Dept. of Mental Health BC; Established and ran Child Psychiatric Unit, Queen Mary Hospital, Hong Kong, Jubilee Hospital Victoria, Canterbury Hospital New Zealand, Head of Clinical Services, Canterbury, New Zealand; Consultant, Young Offenders Center, Calgary.

Life member of the American Group Psychotherapy Association. Clinical practice of Child and Family Psychiatry for 40+ years.

v) Volunteer Services to Youth Sail and Life Training Society (SALTS); Horizons Unbound Rehabilitation and Training Society (HURTS); Orphan Support and well drilling in Uganda; Mount Joy College counsellor training in 35 countries.

vi) Public Services. 2 terms greater Victoria School Board, Councillor on founding board of Camosun College, Victoria BC, Contestant in 5 federal elections.

CRITICAL QUESTIONS to address and my expert opinion on some of them.

To address any issue scientifically it is most important to define the parameters of that issue, and at the same time comment on the limitations of possible answers. The questions and controversies surrounding homosexual attractions and behaviour are as ancient as mankind. The controversies are growing in spite of some research. To the question of genetics and homosexuality Google listed 3800 results and Pub Med 1510 citations

The complete and proper answers require more research and debate. However based on my experience, research, reading and clinical practice, I have a brief analysis and comments and possible recommendations.

1. Are homosexuality and related conditions a limiting life-style **imposed** by factors over which the individual had no choice and now has limited freedoms and opportunities?

If they are hard wired and if there full participation in life is dominant, then the individual needs extra compassion and consideration. This appears to be the dominant belief among LGBTQIA+ individuals at this time.

There is no conclusive evidence for the genetic transmission of homosexuality and since they do not breed that possibility is improbable. However there is at least one bit of evidence that indicates some homosexual men may be partly hard-wired by genetic factors after conception[1a]. “Our results begin to explain one of the most reliable correlates of sexual orientation in men. Gay men have on average a greater number of older brothers than do heterosexual men,” also known as the fraternal birth order effect. The authors of this paper found that mothers develop antibodies that attack and alter components of the Y chromosome.” “Such maternal immunological interactions are hypothesized to divert sexual differentiation of the male fetal brain.” “With antibodies binding to and altering, male specific cell surface molecules,

thereby altering their usual roles in the masculinization of sex dimorphic brains structures." "It is also clear that only a portion of variation in men's sexual orientation is accounted for by these effects. Sexual orientation is clearly a complex phenomenon with likely many factors influencing it."

This paper did not address the logical corollary, what percentage of men who have older brothers are not homosexual. The research on this lead needs to be further refined before any conclusion can be made.

"The fraternal birth order effect (FBOE) is the finding that older brother increase the probability of homosexuality in later-born males, and the female fecundity effect (FFE) is the that the mothers of homosexual males produce more offspring than the mothers of heterosexual males. The effect estimate for the FBOE showed that an increase from zero older brothers to one older brother is associated with a 38% increase in the odds of homosexuality. By contrast, the effect estimate for the FFE showed that the increase from zero younger brothers to one younger brother is not associated with any increase in the odds of homosexuality." [1b].

2. Is homosexuality a **chosen** sexual orientation? If so then those who are choosing it should at least have some guidance, especially if that choice is being made by a minor and results in irreversible physical and mental effects. If this is the case; a) What are the scientific measures with which to objectively advise the interested party, e.g. life expectancy, gains such as caring fellowship and losses such as no supporting natural children, peer avoidance and discriminations. If it is a choice, then can LGBTQIA+ people change their minds?

3. **What experiences and conditions** make it hard for young people to make valid choices about their sexual identities? Sexual abuse and neglect result in conflicts regarding sexual orientation There is a significant positive correlation. What percentage of sexually abused children do and do not voluntarily select a non cis sexual orientation?

Having treated hundreds of children, done research on many more and with my training to receive a Master's degree in Childhood Development, it is my opinion that the faster children are developing, the more ambivalent they are. Obviously they are searching out those experiences and nutrients that best fit their blueprint. They are certainly not able to make a definitive decision about experiences that they may or may not have much later in life. Adults are ambivalent about almost everything almost all the time. This characteristic is much heightened in younger children. As parents will say, "Make up your mind, hurry up," and children can't make up their mind. They are searching the environment, testing out various parameters to see how well they fit. to make a definitive choice about anything is beyond their capability. Children who grew up in families where there has been one or more abortions of their siblings tend to have a greater confusion about their identities. Not only that, because they are alive for having been wanted, they are much more vulnerable to the suggestions of anybody about almost anything. In addition,

they are particularly vulnerable to being liked and appreciated and if that happens when they are in association with LGBTQIA+ people, they can be strongly influenced.

4. If homosexual individuals are seeking improved life and living, what science based medical, treatments are available and to what extent should the **public financially support these elective** medical, surgical and psychiatric treatments? Nearly all the coercive treatments referred to in the Preamble to C6 have not been used for at least 50 years. Psychoanalysis is the least coercive of all psychotherapies.

5. If there are experiences of the individual which imposed or obligated or increased his/her propensity to become LGBTQIA+, to what extent can that person expect advice and assistance in becoming heterosexual if and when they choose to do so? Since there is evidence that children are "groomed" to become sex objects, it would seem equitable to encourage children to become cisgender as the genes drive them.

Are there experiences which children experience that makes them highly predisposed to become LGBTQIA+? If so, what are these experiences? Children who are neglected or abused are fearful children. They want to be accepted. They wonder why they are not. If, quite accidentally, they hit upon some characteristics that could explain why they are not well liked, they can be drawn to that characteristic, especially if they are encouraged to do so. The chances of them forming any kind of an identity is greatly influenced by the inherent tendency of all humans to re-enact unresolved questions or conflicts from their childhood.

If this hypothetical individual now believes he/she made a mistaken choice, to by what means and with how much moral social and financial support should they have in becoming heterosexual?

6. If this hypothetical individual now believes he/she made a wrong choice, by what means and how much moral, social and financial support should they have in becoming heterosexual? The medical plans pay for treatment for those who are clinically affected by sexual confusion and conflicts.

7. If their mistaken choice has resulted in injuries or diseases or damages or lost opportunities, how much social assistance should they expect? HIV and HPV are transmitted sexually and are difficult to treat. Most of the victims are not aware of the hazards of anal intercourse.

8. How well does a person know who they really (non -ambivalently) are sexually. Ambivalence is a constant condition. Very nearly every-one has mixed feelings and motives for almost everything, almost all the time. Children in their quest for the experiences and nutrients necessary for the person their blueprint pushes them toward are highly ambivalent. Their inclination fluctuate widely depending on peer pressures, famous adults, bad sex education, desire for popularity and notoriety. Until they become wise and mature they cannot predict their distant future or determine how to get there.

9. How well can a person, unaided, make a wise choice about their identities now and in the future when there is such conflicting information and such titillation conveyed by the media. The amount of sex education given to children is totally unnecessary. They are more sex conflict free in sex segregated schools. Falling in love at 10 years especially when sexual stimulation is experienced results in preoccupation regarding loyalties etc.

10. What percentage of LGBTQIA+ revert successfully to becoming heterosexual?

11. Are there any limits to sexual identities? How many of these should be recognized in law?

12. At what age, if any, can a person independently make good choices about their identities, guided by usual pattern, i.e. after 1st year university?

13. What realistic interest can the state have in the outcomes of people's sexual identity choices?

14. What are the public health responsibilities regarding sexually transmitted diseases, i.e. reporting, compelled vaccines?

If there are limiting adverse conditions, e.g. shortened lifestyle, lack of family, a higher percentage of communicable diseases that are possibly transmitted to others, should homosexual people be encouraged to make sure they do not transfer through sex a communicable disease, especially HIV, which to date is not easily treated. HIV is still one of the most prominent and expensive pandemics.

15. What are the most important researchable questions at present?

16. Is there understanding and teaching at appropriate ages the importance of pair bonding, etc.?

17. What policies should the government take in the interim?

a) First do no harm.

b) Do more and better research, e.g. longitudinal studies.

c) Prohibit making irreversible changes without medical indication and irrefutable research of benefit, etc.

d) Give proxy decision-making in these matters to parents and/or guardians until 18 yrs who may then use professional advisors.

e) Make no hasty laws.

f) Limit sex education to 12 years onwards and then done in the context of full health education.

g) Control the content of child entertainment to avoid sexual titillation and hero identification exhibiting twisted entertainment.

h) Educate sexes separately until grade 5.

i) Allow trans to compete in sports and intellectual competitions among themselves only

18. Does the exponential decline in fertility have any bearing on this situation?

19. Has there recently been an unusual increase in confusion regarding sexual orientation and if so, why? Does the situation with large numbers having aborted siblings provide a plausible hypothesis worth further research?

20. What if there were natural, biochemical methods, (treatments) that "change the homosexual desires to more heterosexual desires?" Very good research has shown that there is an exchange of hormones in heterosexual intercourse. There are 385 proteins that are absorbed by the female vaginal stratified squamous epithelium by an active transport mechanism and there is a similar mechanism in the stratified squamous epithelium of a man's penis. The result of absorbing these is that the couple becomes hormonally more similar. The woman is less likely to have breast cancer and the male is less likely to have prostate cancer. This exchange is accompanied by considerable pleasure and a sense of fulfilment following intercourse. Should gays know about this and be allowed to benefit from it[3]? (Joyful Juices)

2o. Since there is considerable research ongoing, are homosexual people interested in further research if it undermines their stated position of homosexuality being genetically transmitted? If they are not interested, are there independent bodies that will continue to provide such findings? Since there can be no prohibition on legitimate research, the government should fund further investigation. This should be done by people who are not biased and are not funded by backers on either side.

21.What if the person is being influenced by an ex-homosexual to revert to a heterosexual lifestyle? Is the ex-homosexual prohibited from sharing his life experience and the benefit he now feels?

Mandate: To discuss the need for treatment and education of those who desire assistance to reverse their previous sexual orientation and make treatment recommendations. This is a Medical Matter, particularly public health.

Child Development: Blueprint: Genes and Hormones. Determined only by XX and XY hormones. Plus environmental factors governing the hormones of the mother. Women who are stressed during pregnancy have more effeminate sons. All children develop along the lines of

their hormones and their blueprint. Under normal conditions they know who is the person they should become and therefore seek best nutrients and experiences to develop that person. Attentive parents of both sexes are best suited to discern and provide those ingredients for they share the same constitution.

Guidance. Flexible and Firm Boundaries As they develop, their searching may take a wide range of adventures and tasks which are guided by their intuition, instinct and adult supervision. Good teachers and parents know what the flexible and firm boundaries are to keep the child from injuries, addictions, madness, suicide and other person and creature injury. No child wants the "freedom" to do or be anything he/she wants. Intuitively they realize the dangers in that. A parents oft stated complaint, "My 6 year old just wants to run the whole show" is definitely false. The less guidance the more anxiety. The more anxiety the wider the range of behaviour exploring. The more the dangerous exploring the more likely they can become conditioned by host of factors toward habitual dangerous behaviors and unfulfilling destinies.

Under most conditions children and youths expect their parents and other pertinent elders to restrain them from wanton aberrations. This has been the unspoken code for families since the beginning. No young person I have treated appreciated the opportunities to do "Just anything they wanted." If they are allowed to run wild, they become increasingly anxious. Their fears often drive them to more extreme attitudes and thrilling crowd pleasing performances. Do they thank their parents for this? No they don't because they realize they have wandered off the course determined by their blueprint. There is nothing more depressing, mid- life than to realize they now don't have a chance to become the person they were designed to become.

Do children know what they need? Yes and No. I have studied and written about a person's blueprint being trusted to guide them [2]. I advise parents to take their children to the junk yard, stand back and watch what are the objects and experiences that most attract children. It is usually mind opening for controlling ambitious parents. Yes children know what and when to eat. The cafeteria experiments of the mid- twenties proved that although children will eat candy in abundance at first, later they want beef and lettuce.

With the overwhelming flood of sexually stimulating media, children's curiosity widens to make then want to try it. It includes almost every type of sexual titillating behavior they see on unsupervised TV. When they try it, they find most often "it feels neat". They entice their friends with "let's try that again". Since humans are designed to keep breeding to avoid extinction, almost every sexual encounter is exciting and usually accompanied with the most powerful, universal reward, the orgasm. Any behaviour that occurs with the all -powerful orgasm will become **operantly conditioned** to that behaviour no matter how unusual. Moreover if they experience that orgasm in many forms with a partner they become **classically conditioned** onto that person. Thus for no other reason than these well understood conditioning of behaviours a person may conclude they were born that way. Should anyone challenge that conclusion they

become defensive, singly or as a group. This further fixes their perception they and their partners were born to be whatever.

Is there any limit to this adventitious sexual result? Almost none. I have attempted to treat for a related condition, a person who was quinta-sexual. You may ask what is that. It is, lacking any other nomenclature: Sex with i) himself (narcissism) ii) sex with the same sex person, iii sex with different sex person iv) sex with an animal v) sex with an animated toy. If you asked him which he preferred he would probably say "it all depends on my mood" Would he be content to stay that way. He wasn't and that was partly why he consulted me. He was intelligent and realized he had been accidentally conditioned but with all the sexual stimulation, he was not satisfied with his life. He wanted to change but was not sure in which direction he should change.

Treatment the Cause.

From the dawn of modern medicine a doctor's first mandate was to treat the underlying cause of the distress. That set in motion the intense interest in discovering the basic etiology. Wonderful strides have been made after the discovery of bacteria, viruses, poor circulation, etc and we have only just begun.

Medicine has also recognized that if the basic cause cannot be detected or the injury is too extensive. Thus to prevent callous attempts to treat with unproven medicines and unproven surgical procedures, the rule became, **first do no harm**. An additional rule, firmly established by universal usage is that before **you can use an unproven remedy you must first meet these 7 conditions**:

i) is it **necessary?** Will the person worsen or die without it.

ii) is there an **alternative** proven treatment.

iii) is this remedy **beneficial** as determined by carefully controlled experiments first on mice then on men showing scientific evidence of short and long term benefit

iv) are there untoward**, harmful side effects**

v) if there are side effects are they less harmful than going without this experimental chemical or procedure.

vi) have the results of the evaluation been **published** so colleagues can have a chance to comment

vii) have **less invasive** and more reversible treatments been tried and found ineffective first.

viii) is this treatment **done in good conscience**? This means that the patients "under his knife" have been followed by the performer for 1mo, 6mo, 1 year, 5 years, and 10 years to determine

real long term outcomes with which the treater may determine its value so that he/she can offer this treatment with no hesitation.

ix) Has the therapists and promoters been **paid by companies** that may profit by it to conduct this evaluation.

x) Will the experimenter **financially gain** out of proportions by the success of this new medication or procedure.

It is not hard to determine that those who do sex changing with hormones and surgery have not done the basic research to evaluate its anticipated benefits.

There are 3 more constraining factors that should limit the amount of charlatan practices.

a) are you qualified to use this unproven treatment.

b) have you unnecessarily removed or damaged healthy tissue in pursuit of this new treatment. (Because if you have you can be charged with criminal negligence and face a serious consequence)

c) if you make an honest mistake with this new treatment you can be sued for malpractice for hundreds of thousands of dollars.

With these 13 constraints you must wonder if anyone would have the audacity to try some unproven remedy. Yet they do with seeming impunity. This state of affairs is a reflection on the dismal state of medical affairs.

Contributing factors favoring homosexual and heterosexual life styles

In this short submission it is not possible to provide a definitive analysis of research into homo and hetero and trans life styles. Google lists 38800 “results” to question regarding these matter. Pub Med lists 1150 citations.

The following lists those factors that occur in an everyday clinical practice. None of them are common. They are roughly divided into those that contribute to a person assuming a homosexual or trans life style and those that contribute to a person leaving that life style. There is overlap indicating if anyone of these flips, the person is inclined to change, revert to more of a heterosexual life. In either event it usually takes a combination of influences

1. Genetic. No conclusive evidence for genetic transmission ,however there is at least one bit of evidence that indicates some homosexual men may be partly hard-wired[1]. “Our results begin to explain one of the most reliable correlates of sexual orientation in men. Gay men have on average a greater number of older brothers than do heterosexual men” known as the fraternal birth order effect. The authors of this paper found that mothers develop antibodies that attack and alter components of the Y chromosome. “Such maternal immunological interactions are

hypothesized to divert sexual differentiation of the male fetal brain" "With antibodies binding to and altering, male specific cell surface molecules, thereby altering their usual roles in the masculinization of sex dimorphic brains structures." "It is also clear that only a portion of variation in men's sexual orientation is accounted for by these effects. Sexual orientation is clearly a complex phenomenon with likely many factors influencing it."

This paper did not address the logical corollary, what % of men have older brothers and are not gay. The research on this lead needs to be further refined before any conclusion can be made.

2. Familial. Since siblings share many genes, it is reasonably probable they will have characteristics in common and have similar adult life styles, all other factors being equal. However they also have similar experiences that could explain the higher incidence of homosexuality they have in common.

3.Intra-uterine stress. Research done on animals show that when the pregnant female is badly stress her young are hermaphrodite. When stress less the male are effeminate. In humans the tendency is to look upon effeminate males as gay. It may become how they view themselves.

4. Grooming by some homophilic paedophiles can be very soft and smooth. It is particularly effective with neglected children, especially those in foster homes.

5. Confusion: Children who have aborted or miscarried siblings tend to be confused about their identities. They seem to accurately imagine, (checked with the impression of the mothers) the sex of the lost child and they may adopt that imagined image in an effort to vicariously provide a life for that sibling.

6. Sexual abuse: Children who are sexually abused, especially if they are also neglected, may attempt to re-enact the conflict by assuming the role of the abuser.

7. Hunger: Children may prostitute themselves in order to get enough food or to live a relatively high life style. Because both money and the titlting experience operantly reinforce the homosexual behaviour, these adolescents may become homosexual.

8. Intellectually handicapped young people desperately seeking approval may be persuaded to adopt a homosexual or trans-sexual life style.

9. Vicarious life for PASS. Post abortion survivors PASS may attempt to live a life that gives the missing sibling vicariously a life. If that sibling is of the opposite sex, they may want to have a sex change; medication, surgery and all with the adult approval they may get for this.

10. Media titillation and curiosity. Young people live in a highly sexualized environment. Many spend countless hours glued to the TV. They may begin to become sexually aroused by what they watch and want to try it out.

11. Conditioning. Any behaviour that is occurring when a person experiences the great pleasure of a sexual orgasm becomes operantly conditioned to that behaviour. They become classically conditioned to the person they have that experience with, male or female.

12. Wantedness. It is much repeated that every child should be a wanted child. Since wantedness has determined whether or not they were allowed to live, these children grow up with an inordinate desire to please and will provide sex to a peer or adult to gain approval.

13. Notoriety. Because they are alive because they are wanted, peer and adult approval and notoriety are powerful inducements to take a submissive homosexual role.

14. Mental illness. Autistic children are poorly aware of themselves. They may become sexual objects with little protest. Depressed people are also easily manipulated.

15. Youths with little to do, spend much time watching various media. They may wish to imitate a famous model or homosexual actor.

16. In order to resolve a complicated early life conflict, people tend to do to others what was done to them according to the **reciprocal response rule.**

17. In some cultures homosexual relationships are easily seen and often approved.

18. Neglect and extensive early trauma. The child guerrillas of Uganda were required to kill their parents in order to join the resistance army. The deep persistent conflicts that arise from this make children incautious and vulnerable to becoming a sexual object of the same sex.

19. Peer pressure may encourage homosexual liasons.

20. Pornography. Visual and tactile pornography is easily available. It provides a person with the opportunity to have homosex to find out what if feels like. Sometimes it seems to fit their confused identities.

21. A significant portion of males and females sexually explore their siblings and friends. They may become habituated to homosexual experiences.

22. Children learn more by imitation than by instruction. A younger child may imitate a older sibling and slowly come to believe he is also gay.

23. Animal studies have shown that a lack of enough females may induce homosexual behaviour.

24. Combinations of above. Since there is inconclusive evidence that homosexuality is hard wired by genes, the most probable explanation could be one or more of the above factors. This could mean that if any one of these factors no longer operated, the gay person might spontaneously revert to cis identity and life style.

Why wanting to revert to heterosexual.

1. Reversal of the factors that brought them in.

2. Ambivalence from the beginning.

3. Greater awareness and regrets about what missing out on, eg children.

4. Maturing. Most people keep maturing throughout their lives and may want to change their sexual identity.

5. Disillusionment. They get tired of the gay bars and pools.

6. Underlying mental illness is resolved.

7. Peer and sibling persuasion.

8. Spiritual conversion.

9. Values re-evaluated. Want children

10. See blueprint more clearly

11. Enjoy the biochemical benefits of heterosexual intercourse; improved health and vigor.

12. Adult or peer imitation.

13. Heterosexual seduction

14. Desire to help others

15. Mental illness controlled.

16. Successful psychotherapy for underlying causes.

Even if all the causative factors including their mother's altering their Y chromosomes were at play to hard wire a homosexual man, that is no reason to deprive them of the opportunity to try to be heterosexual if they so desire and to ask for help in making their attempt more reasonable. Moreover, parents feel frantic watching a youth lose his/her focus and challenging life. It isn't hard to understand their sense of urgency.

Spontaneous therapy: I hypothesize that some of these factors such as the mother altering his Y chromosome can be overcome by absorbing hormones found in vaginal secretions and absorbed by the penis during heterosexual intercourse [3]. Should the older adolescent woman he loves say, "I am very sorry. I would love to have sex with you. Unfortunately the government has made a law that states I cannot advise or coach you or facilitate in any way your change to being heterosexual. They may be caught in the act just when she was saying. Wow, you are good at this but I could go to jail for 3 years." He would respond "This is crazy. What idiot made a law like that. I'm beginning to really enjoy this. It's got me thinking I would like to have some kids."

She is also enjoying it stating. “My that was a load you gave me. Now here comes my hormones that will increase your desire for intercourse with me. If we keep this up, you will begin to think like me. Come to think of it. The Bible says we have just become one flesh. We are married, regardless of what those stupid politicians say. Thank you God.”

“Yeah, that was a real baby-maker. Yes thank you God and thank you Dr. X. You gave me some good advice to read that book, **Joyful Juices**.”

Note: I suspect someone reading C6 will believe there are hidden agendas. These could be:

i) Moving public opinion toward government approval of paedophilia

ii) Self-protection and keeping the group together.

iii) Intimidation. No one likes to have some government body looking over their shoulder to catch them. Even if the chances are remote they could be caught counseling a distraught adolescent away from homosexual life style, it is an uncomfortable sensation to know they might file a complaint. Even if the chances of a conviction are small, the threat of a complaint could make a good therapist avoid dealing with an essential conflict.

Additional Considerations

Children who grew up in families where one or more potential siblings have been aborted are inclined to be very confused about their identity. Because of their confusion, they are more likely to experiment. According to the laws of conditioning, it is quite possible for them to be conditioned accidentally. Should they be allowed to decondition that conditioning?

Children who are survivors of abortion, (post-abortion survivors) (Ney PG), feel a deep existential guilt for being alive when their imagined sibling did not survive. In attempts to resolve this guilt, the surviving sibling may attempt to give his aborted sibling a life vicariously. This would mean if the imagined sibling was of the opposite sex, the person feels an obligation to change their sex, even if it's uncomfortable in doing so.

From a psychoanalytic view, homosexuality may come about because of men's anger at women and/or their feeling threatened by them. Should these factors be further investigated and if found to be true, should they be well promulgated? At this point in time, women have at least 34 advantages over men. These include their ability to type because their shoulders are narrower, their hands come more easily together and their muscles holding their hands are less likely to go into spasm.

Is it possible men become homosexual subconsciously, making sure women do not have the pleasure of sex or have children. This revenge would occur in men who have been deprived of access to their children following a divorce, which is fairly common.

If the research continues to be inconclusive, will homosexual people gradually become less defensive and more ready to accept people's choice of one way or the other, especially if that choice is being influenced.

Has the state a public interest in these issues? There is such a surge of interest in limiting the effects of the spread of the Covid-19 virus but there doesn't seem to be a similar interest in urging homosexuals to not spread the HIV virus which is more lethal. There are legal prohibitions about spreading Covid-19 and there don't seem to be the same prohibitions to homosexual people spreading the HIV and the HPV virus.

Does the state have an interest in promoting fertility because of the declining population? It is obvious that no country can have a free market economy with a exponentially declining population. It is obvious also that gentle persuasion is not been sufficient to increase people's tendency to procreate, even though there is a strong need for children. It appears that emulating famous homosexual figures may influence a choice of sexuality. Should young people be alerted to this effect?

While there is an increasing emphasis on early childhood education, is it possible the education is not necessary, but there is sexual titillation. When children are informed of these activities, they are more inclined to want to try them out themselves.

Since there is such a connection between childhood sexual abuse and neglect and later homosexuality, could parents who sexually assault and neglect their children be charged?

Why is there such a sudden surge of wanting to change sex, especially in younger people? There has been no explanation for the increase in demand for trans operations. from my research in abortion survivors and their confused identity which affects approximately one quarter of the population, I suspect this hypothesis needs further investigation.

Conclusion

Since there is insufficient evidence people are hard-wired into some other than cis-sexuality and since there are so many biochemical and health benefits, to advocate a cis-sexuality makes reasonable sense.

Since there is no medical justification for performing medical castration and surgical appendage removal, the government must rule against it until the science indicates there is good scientific justification.

Since there are so many unanswered questions (see above), it would be improper to make laws that assume the scientific correctness of one position or another. Under these circumstances, it is always been the attitude of medicine to ‘First, do no harm.’

What policies should the government take in the interim?

1. First do no harm. Do not allow any change to mind or body without proper scientific justification and longitudinal studies. Do not further disrupt the tenuous family situation.

2. Do more and better research, e.g. longitudinal studies.

3. Prohibit making irreversible changes without medical indication and irrefutable research of benefit, etc.

4. Give proxy decision-making in these matters to parents and/or guardians until 18 yrs. They may then use professional advisors.

5. Make no hasty laws. The government should be guided by pragmatism and science.

6. Limit sex education to 12 years onwards and then done in the context of full health education.

7. Control the content of child entertainment to avoid sexual titillation and hero identification exhibiting twisted entertainment.

8. Educate sexes separately until grade 5.

9. Allow Trans to compete in sports and intellectual competitions among themselves.

There is growing evidence of the many benefits of heterosexual intercourse (Ney PG. Joyful Juices) better physical and mental health, less chance of prostate and breast cancer etc. Parents should teach their children about these benefits and about the importance of life-long pair bonding. The government has many reasons to promote heterosexuality for purely economic and social reasons.

Does the exponential decline in fertility have any bearing on this situation? Does the state have an obligation to encourage fertility? Many countries think so.

Has there recently been an unusual increase in confusion regarding sexual orientation and if so, why? Does the situation with large numbers having aborted siblings provide a plausible hypothesis worth further research?

It is also important to understand the principle of being egalitarian. So if various forms of persuading to be homosexual are permitted, why not an equal amount of effort for people who have made a choice not to be homosexual any longer?

It is claimed that every child should be a wanted child. Although this sounds benign, it actually creates the impression that the child needs to stay wanted in order to survive. If there are any doubts about this, the reader should interview people such as Dr. Shevla who along with her husband survived Auschwitz. They were wanted for medical experimentation, but being wanted is not a desirable situation because that want could change and therefore ones claim to life would

evaporate. Jesus said in the scriptures that every child should be welcomed regardless of their size, sex, age, or intellect. Their existence has to be recognized, not only permitted, but enhanced.

Since humanity has recognized the fundamental role of families, children should continue to be guided by their parents in these important matters. Parents should be permitted to use every form of guidance except coercion to guide their children. They should insist that the children are welcomed.

Children should have contact with other cultures to see how children in Uganda, for instance, handle these situations.

It should be recognized that the prohibition is a situation of the pot calling the kettle black. Children cannot be expected to know who they are. The age of legal decision should be at least eighteen.

It should be understood that homophobia is an automatic ecological aversion to people who can readily transmit any disease. Now we are witnessing Covid-phobia people can better understand homophobia.

Children should be encouraged to explore various experiencing in learning about the Person I Should Become but with soft and hard limiting parameters. They should understand that their blueprint and hormones are guiding them. They should be encouraged to understand who their blueprint is pushing them to become.

Further attempts to give the child what they desire should be understood in the context that children are attempting to understand themselves and learning. They need a wide variety of experiences to understand their blueprint, to become the person they were designed to be. Any irreversible changing attempt must be prohibited and class actions against those who commit this should be allowed.

The community needs to learn the difference between wanted and welcomed children. Every child should be a welcomed child, not a wanted child. Welcome is unconditional whereas wanted is conditional.

Sex education should include considerable education on natural family planning methods and the benefits of heterosexual intercourse when given at a proper maturing age. Parents need to be taught how to best teach their children. They do so most by imitation. Children learn far more by imitation than they do by education.

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