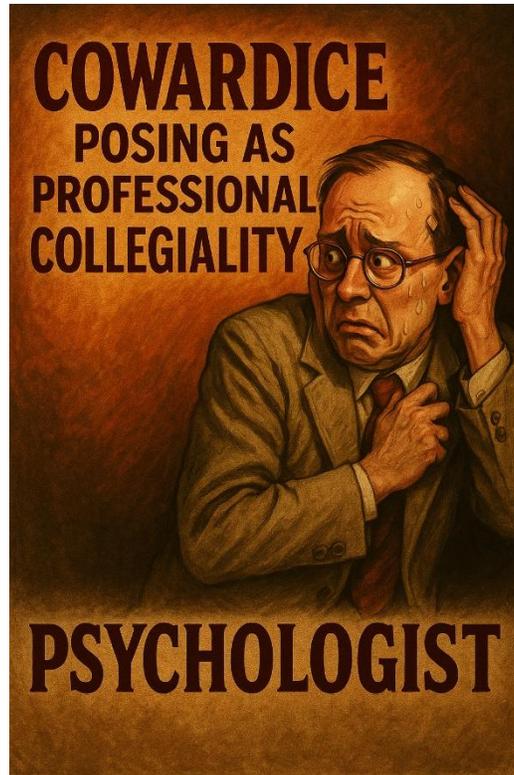


# When Cowardice Poses as Collegiality: A Rant from the Frontlines of Mental Health

Jeffrey E. Hansen, Ph.D.



## The Slow Death of Clinical Courage

I've been in this field long enough to see the tides shift. What was once a noble discipline, anchored in careful observation, courageous thinking, and deep ethical responsibility, has now become a minefield of ideological compliance, performative empathy, and careerist cowardice.

And I say that with all the weariness of a man who has spent decades doing the actual work: sitting with the suicidal, walking with the addicted, holding space for the wounded. I've watched colleagues with less time in the trenches bend the knee to bureaucrats, algorithms, and activist checklists, not because they believe in them, but because they're afraid not to.

## When Silence Becomes Betrayal

Let me be blunt: when your colleague is under fire for defending vulnerable kids or questioning overmedication, and you stay silent, you're not being "neutral." You're being a coward. And cowardice, in a profession like ours, is not neutral; it's complicity.



## **When Cowardice Poses as Collegiality – Jeffrey E. Hansen, Ph.D.**

And worse? It's not just silence anymore. Some of my colleagues actively argue for ideologies they don't even understand. They preach doctrine, not science. They wave the flags of progress while failing to maintain even a curious mind. They don't read the research. They don't want to. When you ask them to back up their positions with data, from either side, they blank. They parrot what they've been told at a weekend conference or in some DEI training session, never daring to zoom out and look at the broader pattern.

And when you push back, when you ask real questions, they don't respond with calm confidence or intellectual engagement. No. They lash out. They get angry. They call you names. They deride you.

## **Targeted for Telling the Truth**

In my case? They tried to end my career.

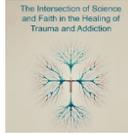
A transgender woman named Josephine publicly attacked me after I said something most rational people would agree with: that exposing children to pornography is a bad idea. I added that pornography is one of several known vectors that can influence gender confusion, especially in developing adolescents. Josephine responded not with data, not with dialogue, but with defamation. She claimed pornography wasn't addictive, wasn't even idiosyncratic, and therefore not a worthy clinical concern. In her view, my desire to protect children from it was evidence of perversion. She accused me of pushing "banned therapy" and demanded my license be revoked.

You read that right. Because I dared to name pornography as one of many cultural contributors to identity confusion, they came for my profession.

And it didn't stop there. During my time at Madigan Army Medical Center, I had a colleague who openly made allegations against me, allegations that could have destroyed my career. Why? Because I refused to comply with the ideological dogma being enforced within the institution. I didn't parrot the script, so I became a target. That's how thin the ice is now. You don't even have to do anything overt; you just have to not comply, and you're marked.

Which is why I support the Child & Parental Rights Campaign v. Salazar case currently before the U.S. Supreme Court. I was proud to be a small contributor to its legal brief, because the implications are massive. This case, originating from the ideologically captured state of Colorado, will determine whether therapists will be forced to become servants of the state's dogma, or whether we will be free to practice based on our conscience, our training, and the needs of our clients. This isn't about partisanship. It's about the soul of our profession.

And let me say something that needs to be said: if you cave to ideological capture and prematurely thrust a treatment model onto your clients based on what the APA, or some captured licensing board, mandates that you do, then you are in violation of informed consent. You are no longer treating your clients; you are treating your ideology. You're not disclosing the real risks. You are, in



### **When Cowardice Poses as Collegiality – Jeffrey E. Hansen, Ph.D.**

your professional arrogance and your clinical naïveté, if not outright stupidity, deforming your treatment plan without their knowledge or consent.

You're ignoring outcome research on psychotropic medications. You're unaware, or willfully blind, to the long-term risks of over-medicalization. You don't know the full risks of puberty blockers, cross-sex hormones, or irreversible surgeries. You don't understand the elevated risks of cancer, thrombosis, bone density loss, stroke, or heart attack in these patients. And yet, you push the dogma.

### **Read the Data or Relinquish the Title**

You cannot practice responsibly if you are unaware of the long-term outcome studies on psychotropic medications. You must read Robert Whitaker, Dr. Joanna Moncrieff, Dr. Joseph Witt-Doerring, Dr. Mark Horowitz, and Taylor. These researchers have courageously exposed the limitations, harms, and overreach of modern psychopharmacology. The data is there, and it paints a sobering picture of risk, relapse, and long-term functional decline. To remain ignorant of this is malpractice by neglect.

When you push this dogma, you are complicit. And you will have to carry that in your soul. Ignorance is no excuse.

The future of ethical, child-centered mental health care hangs in the balance.

So don't tell me it's just "differences of opinion." Don't dress it up as "professional disagreement." When your go-to move is to smear, slander, and silence, rather than debate, discuss, and discover, you've left the territory of science. You've entered a cult.

And I won't be part of it.

This is a call not just to my colleagues, but to the entire profession: If you're more worried about being liked than being honest, then maybe it's time to take a sabbatical. Go find your spine. Go remember why you got into this in the first place. And for God's sake, don't sell out the soul of our profession, don't sell out the soul of our institutions, and perhaps most importantly, don't sell out your own soul. You'll pay a price.

Because the deeper truth is this: when you bow to systems that demand blind obedience, when you comply with ideological capture, when you look the other way while children are being experimented on for cultural capital and corporate gain, you are partnering with evil.

Read *Political Ponerology* by Andrzej Łobaczewski. Read Michael Rectenwald's work on *The Great Reset*. These men have pulled back the veil on how institutions can be overtaken by pathocrats, those whose psychopathy drives policy, economics, and medicine. And yes, Big Pharma is often at the center of it, not just as a player, but as a predator. When children become market targets, when



## **When Cowardice Poses as Collegiality – Jeffrey E. Hansen, Ph.D.**

suffering becomes an investment strategy, and when healing is subordinated to control, then we are no longer in medicine. We are in managed decline.

For those wanting a deeper understanding of the ideological, cultural, and psychological underpinnings of this issue, I recommend several essential readings. Dr. Miriam Grossman's *Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness* offers a clinical and parental perspective on the dangers of premature affirmation. Stella O'Malley and Sasha Ayad's *A Clinical Guide for Therapists Working with Gender-Questioning Youth*, published by the Gender Exploratory Therapy Association (GETA), provides a thoughtful, evidence-informed framework for supporting adolescents in distress without ideological bias. I have also written extensively on this subject in my book, *Transgender Confusion Amidst the Search for Identity*, which explores the intersection of trauma, developmental psychology, and gender identity through a faith-integrated, evidence-based lens.

You must decide where you stand. Because neutrality is complicity. And complicity, over time, corrodes the soul.

## **The Call**

Let this be a call—not just to resist, but to rebuild. We must return to a model of mental health care rooted in courage, humility, scientific rigor, and love for truth. We must be bold enough to protect children, honest enough to critique broken systems, and compassionate enough to offer healing that restores identity rather than dismantles it. There is still time to reclaim this profession. But it will take conviction, clarity, and community. Let us speak, write, and live with the integrity this moment demands. The future is not yet written—but our silence will write it if we do not rise. This is our moment to stand.

## **Suggested Readings and Citations**

Whitaker, R. (2010). *Anatomy of an Epidemic*. Crown Publishing.

Moncrieff, J. (2008). *The Myth of the Chemical Cure*. Palgrave Macmillan.

Witt-Doerring, J., Leonhardt, M., & Leo, J. (2020). Antidepressant Withdrawal Syndrome. *Therapeutic Advances in Psychopharmacology*.

Horowitz, M. A., & Moncrieff, J. (2022). Stopping Antidepressants. *The Lancet Psychiatry*.

Łobaczewski, A. (2006). *Political Ponerology*. Red Pill Press.

Rectenwald, M. (2022). *The Great Reset and the Struggle for Liberty*. Imprint Academic.

Grossman, M. (2023). *Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness*.



**When Cowardice Poses as Collegiality – Jeffrey E. Hansen, Ph.D.**

O'Malley, S., & Ayad, S. (2022). *A Clinical Guide for Therapists Working with Gender-Questioning Youth*. Gender Exploratory Therapy Association (GETA).

Hansen, J.E. (2024). *Transgender Confusion Amidst the Search for Identity*. NeuroFaith™, LLC

Hansen, J.E. (2024), Heverly, E, & Hayden, T. *Adolescent Depression : A NeuroFaith™ Model for Healing Mind, Body, and Soul*. NeuroFaith™, LLC

Hansen, J.E. (2023), Heverly, E, & Hayden, T. *NeuroFaith™: The Intersection of Faith and Science in the Treatment of Trauma and Addiction*. NeuroFaith™, LLC

Hansen, J.E., Hayden, T., & Heverly, E. (2025). *Pornography, Enslavement: A NeuroFaith Model for Restoring Intimacy in an Age of Disconnection*. NeuroFaith™, LLC