DAVID VAN GEND: “BANNING THERAPY, BANNING LIBERTY”





Dr. David van Gend

David van Gend is a Queensland doctor and president of the Australian Marriage Forum. At the Church and State Summit in Brisbane in February 2019, he gave a talk about the current situation in the Australian state of Victoria. The new Labour Party premier Daniel Andrews is currently doing his share of work for the therapy-ban, which the National Center of Lesbian Rights in San Francisco called for in 2014. *“If there are no spontaneous complaints, then find them”,* such is the campaign slogan.

A biased study group found just 15 disgruntled Australians with bad outdated stories to tell about so-called *“religious conversion therapy”.* They never interviewed persons who were not disgruntled, and who had perhaps happily left the LGBT-world behind them. This was not a study seeking academic balance; it was a hit job on pastors, doctors and counsellors who dare to defy LGBT orthodoxy.

On a Youtube video, Dr. Van Gend expressed his views. Here is a synopsis.

“There is something sick in the body politic when political parties strive to prevent individuals seeking their own wellbeing. It is deeply troubling when a free citizen seeks professional help for a condition he finds distressing and is blocked by another citizen – in this case, a rigidly ideological politician – from receiving such help.

Victorian Premier Daniel Andrews said this on February 3:

> *“‘Conversion therapy’ destroys lives. And soon, it will be against the law in Victoria. Because bigoted quackery has no place in this state.”*

So much ignorance is packed into that statement, such contempt for suffering and for the evidence of clinical science going back decades, that it cannot go unanswered.



Victoria's premier Daniel Andrews

Daniel Andrews knows nothing of the people I know who are struggling with unwanted same--sex attraction, usually because it conflicts with their Christian faith. He knows nothing of the clinical psychologists who labour mightily to help such individuals, with overwhelmingly beneficial outcomes. He knows nothing of the research spanning almost a century which shows consistent success in helping many such individuals. Daniel Andrews only knows that the Zeitgeist is in the mood for stomping on Christians, including gay Christians.

These gentle people are perhaps the most despised and marginalised minority in Australia right now, and I will stand with them against this totalitarian assault by the state on their right – on everyone's right – to seek professional help in a time of need.

In taking on such a massive topic, I can only hope to convince you of one thing: that there is hope for people who are distressed by unwanted same-sex attraction.

There is good evidence that traditional psychological therapy is as effective and safe for people who want help with these conditions as it is for people who want help for other complex conditions.

Therefore, that therapeutic option must remain open. The state must not ban their liberty by banning access to the therapy that they seek.

Ideological shackles



Health minister Jill Hennessy

When Premier Andrews first flagged this proposed ban in 2016, then state Health Minister Jill Hennessy said,

> *"We have zero tolerance for any person purporting to be able to 'convert' gay people through medical or therapeutic means. Any attempts to make people feel uncomfortable with their own sexuality is completely unacceptable."*

Her assertions are empty, because no psychologist I know has ever spoken of *"converting"* a gay person's sexuality. No professional would ever seek *"to make people feel uncomfortable with their sexuality".* Such assertions are cheap slander from Labor, nothing more.

The Greens and gay activists ramp up the slander with scare-mongering about archaic *"shock therapy"* that no therapist employs, and allegations of harm which are purely anecdotal – of no statistical validity. They use foolish words like *"gay cure"* which no informed person uses, because complex emotional and behavioural conditions are not open to *"cure"*, only to modification along a spectrum.

In the Australian state of Victoria, where the shadow lies, La Trobe University and the Human Rights Law Centre have complied an 80 page opinion piece, a one-sided polemic entitled, *"Preventing Harm, Promoting Justice: Responding to LGBT conversion therapy in Australia".*

It calls for *"specific legislation to clearly prohibit conversion practices",* and it is the document used by Premier Andrews to justify his ban.

This piece of politicised research reports on a mere 15 disgruntled Australians with bad stories from long ago to tell about so-called *"religious conversion therapy"*. These 15 people were recruited, we are told, *"through various LGBT, queer and ex-gay-survivor networks".*

In other words, the search was through sources which were never going to find any participant who was not disgruntled and who had perhaps happily left the LGBT world behind him.

> [*Note editors*: These scientific flaws are pointed out at medical school and are called inclusion bias (i.e. including only those participants who fit the predefined outcome); researchers' bias (i.e. a process where the scientists performing the research influence the results, in order to portray a certain outcome. This is the most common mistake in science); and confirmation bias (i.e. the distortion produced by studies that are designed to seek confirmatory evidence instead of trying to disprove the hypothesis.]

Premier Andrew's proposed ban on the right of people to seek help to change is a totalitarian act. It is the state trampling on individual liberty on purely ideological grounds.

And the La Trobe survey serves his ideological ends. If the authors of that study of 15 disgruntled Australians had wanted to paint a truer, fuller picture, they could have started by referencing a peer-reviewed study published just last year, titled *"Effects of Therapy on Religious Men Who Have Unwanted Same-Sex Attraction"* . This much larger survey directly challenges the claims of harm and ineffectiveness that underly the La Trobe paper.

It surveyed 125 men with active lay religious belief who went through sexual orientation change efforts and found that:

> *"Most of those who participated in group or professional help had heterosexual shifts in sexual attraction, sexual identity and behavior with large statistical effect sizes, similarly moderate-to-marked decreases in suicidality, depression, substance abuse, and increases in social functioning and self-esteem. Almost all harmful effects were none to slight. Judged by this survey, these therapies are very beneficial for lay religious people."*

I could give the La Trobe authors a dozen other papers to add balance to their report, but this was not a study seeking academic balance; it was a hit job on pastors and doctors and counselors who dare to defy LGBT orthodoxy.

Mind you, if the La Trobe document was only arguing that untrained church people should not try to "fix" the complex psychological phenomenon of same-sex attraction, I would agree. I think all of us would be disturbed by certain Christian communities' misguided and coercive approach as described in the La Trobe study, even including alleged exorcisms. I think pastors and priests should limit themselves to teaching the clear moral truth of sexual behaviour and giving prayerful support to same-sex attracted Christians to live chastely within the body of Christ and leave the deeper exploration of sexual identity to trained clinicians.

The problem for pastors who want to delegate to trained clinicians is, of course, that the La Trobe report and the Labor Government want to prohibit trained clinicians from providing any such support to anyone, Christian or not! The report calls for clinicians' Codes of Conduct to *"explicitly prohibit conversion practices and ensure that enforcement action is actively pursued"*. And so church leaders and their gay parishioners would have nowhere to turn for expert help.

True therapy: no 'conversion', no coercion

It is not difficult to demonstrate the truth, through clinical evidence and personal testimony, that expert therapy does indeed help many people to reduce unwanted same-sex attraction and maximise their heterosexual potential; that calling such therapy *"dangerous and discredited"*, as federal Labor health spokeswoman Catherine King did, is untrue and intemper-

ate.



Dr. Joseph Nicolosi Sr.

Look at the practice guidelines of the world's leading practitioner in this field, the late Dr Joseph Nicolosi, with whom I spoke at length in 2015. I asked him why he coined such a clunky term as "reparative therapy" for this form of talk therapy and he explained that it refers to the repair of emotional wounds through the therapeutic process.

As to the principles of this form of counselling, he writes:

> *"First, as with all good therapy, Reparative Therapy (RT) never involves coercion. The client has come to the therapist seeking assistance to reduce something distressing to him, and the RT psychotherapist agrees to share his professional experience and education to help the client meet his own goal.*
>
> *The therapist enters into a collaborative relationship, agreeing to work with the client to reduce his unwanted attractions and explore his heterosexual potential. This collaborative relationship could not, of course, include imposing methods or techniques attempting to "cause" sexual-orientation change – which would, anyway, be quite impossible."*

On the sensitive question of young people being brought to the counsellor by worried parents, Nicolosi makes clear that the only thing that counts, the only thing that works, is the autonomous self-motivation of the person seeking help:

> *"Sometimes, the client does not know what he wants, as is often the case with the teenager asked to come into treatment by his parents. In those cases, if the teenager does decide to come in, we agree NOT to work on his homosexuality, and the therapeutic alliance is founded upon some other of the client's goals, such as managing parental disapproval without family breakup, or dealing with problems of peer rejection."*



Therapist David Pickup

David Pickup

Another leading therapist I spoke with in 2015, David Pickup, is as scathing as Nicolosi about any talk of conversion or shaming people about their homosexuality.

He writes:

> *"Did you know that eliminating shame for having homosexual feelings is one of the very first priorities of authentic Reparative Therapy? Aversion techniques, behavioral-only changes, coercive attitudes, electroshock and the like are NOT a part of authentic Reparative Therapy. Truly effective therapy is hard work. Deep emotions are experienced, and wounds are healed. This can, in time, result in spontaneous and successful change."*

The professional association to which both Joseph Nicolosi Sr. and David Pickup belong is the Alliance for Therapeutic Choice and Scientific Integrity. It clearly rejects any of these coercive methods and makes this statement on the right of individuals to seek professional help, free of harrassment by the state:

> *"The Alliance respects each client's dignity, autonomy and free agency. We believe that clients have the right to claim a gay identity, or to diminish their homosexuality and to develop their heterosexual potential. Tolerance and diversity mean nothing if it is extended to activists and not traditionalists on the homosexual issue."*

Evidence of harm?

So what merit is there in the Victorian Politburo's central claim, that therapy aimed at modifying unwanted homosexual attraction is harmful?

You've got to understand that all deep psychological interventions have an expected rate of harm in the range of 10 percent, so there are harmful anecdotes aplenty for any therapy.

But anecdotes are no basis for public policy. We need statistically objective evidence of the relative benefits and harms of any intervention, and in the case of "sexual orientation change

efforts" (SOCE, which includes reparative therapy), there is no such evidence.

Advocates of a legislative ban claim support from a report of the American Psychological Association (APA) in 2009. But go read that report. Even the overtly biased APA task force who wrote this report – consisting of prominent activists in gay causes and excluding from membership any clinician, no matter how eminent, if they practiced reparative therapy –even this report admits there is no clear evidence of harm:

> *"Early and recent research studies provide no clear evidence of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of the occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from SOCE."*

The science is not settled, but that does not stop the APA recommending that this therapy should cease anyway! They admit that we simply do not have objective statistically valid evidence of harm, but their ill-founded prejudice is good enough for progressive governments to act upon. That should dismay all clinicians who value dispassionate science and who defend a client's right to access professional care at times of distress.



Dr. Nicholas Cummings

Dr. Nicholas Cummings

At stake for the caring professions is whether we succumb to politically correct groupthink or stand firm for clinical evidence and client autonomy. The signs are not good. As Dr Nicholas Cummings, former president of the American Psychological Association, lamented:

> *"The APA has chosen ideology over science. Advocacy for scientific and professional concerns has been usurped by agenda-driven ideologues".*

Evidence of help

That concept of client autonomy is central at Dr Nicolosi's clinic of seven psychologists in California, which reports helping hundreds of men and women minimise unwanted homosexual

attraction and maximise their heterosexual potential.

One of his clients, from Melbourne, rang me and told me he had *"never felt so free".* He had a new-found sense of belonging as a man among men, enjoying normal non-sexual relationships, since he started working with Dr Nicolosi on his unwanted homosexual compulsion.

Another client of Dr Nicolosi writes:

> *"If one thing angers me in life it is this: when gay apologists claim that to reject a 'gay identity" is to be in denial of my true self. My personal experience tells me the opposite!"*

His life story is typical of the clients Dr Nicolosi sees: men who never felt they belonged as a boy among boys, as a man among men, and whose craving for male connection became sexualised at puberty.

David Pickup summarises the psychodynamic theory behind this therapeutic approach:

> *"Gender Identity Inferiority can be a traumatic experience that is reinforced with shame-based self-beliefs for many years. For the pre-homosexual boy, and for adult men, bullying and repetitive shaming of gender identity from primary male relationships frequently imbed this soul-wrenching shame into the mind of the struggler. The client experiences emotional wounds (often repressed) that prevent the journey from boyhood into manhood from being fully realized. Maleness becomes an object to the struggler instead of something wonderful that is subjectively experienced.*
>
> *The result? In puberty, when sexual hormones "kick in," masculinity is objectified and sexualized. Reparative Therapy helps a client resolve these wounds, which can result in the spontaneous lessening and/or dissipation of homosexual feelings."*

Live and let live



Melinda Selmys

As former lesbian Melinda Selmys observes,

> *“Gay and lesbian activists have long decried the interference of the “religious right” in their ability to live the sort of lives that they would like. In the process they have, perhaps unthinkingly, created an analogous situation in which psychologists are called to enforce a gay-affirming lifestyle on those who will not have it.”*

This is a plea to keep political agendas out of the path of such individuals; not to prohibit their liberty for the sake of enforcing the new gay orthodoxy.

David van Gend, MD

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