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UNIVERSITY OF CALIFORNIA, SAN DIEGO

**Drawing the Straight Line:
Social Movements and Hierarchies of Evidence in
Sexual Reorientation Therapy Debates**

A dissertation submitted in partial satisfaction of the
requirements for the degree of Doctor of Philosophy

in

Sociology (Science Studies)

by

Thomas John Waidzunus

Committee in Charge:

Mary Blair-Loy, Chair
Steven Epstein, Co-Chair
Lisa Cartwright
Andrew Lakoff
David Serlin

2010

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Co-Chair

Chair

University of California, San Diego

2010

DEDICATION

To all people who have ever
struggled with conflict over sexual orientation.

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VITA

- 1994 B.S., University of Texas at Austin
Major in Electrical Engineering
Graduated with Honors
- 1999 B.A., University of Texas at Austin
Major in Sociology, Minor in Philosophy
Graduated with High Honors
- 2010 Ph.D., University of California, San Diego
Major in Sociology (Science Studies)

ABSTRACT OF THE DISSERTATION

Drawing the Straight Line:
Social Movements and Hierarchies of Evidence in Sexual Reorientation Therapy Debates

By

Thomas John Waidzunas

Doctor of Philosophy in Sociology (Science Studies)

University of California, San Diego, 2010

Professor Mary Blair-Loy, Chair
Professor Steven Epstein, Co-Chair

This dissertation examines the construction of scientific knowledge about “sexual orientation,” as it has emerged within debates over reorientation therapies in the United States from the 1950s to the present. Experts struggling over reorientation in this context have been preoccupied with the sexualities of white men, and consequently, have constructed sexual subjectivities intertwined with particular notions of white American masculinity. Drawing on science studies, sexuality studies, and sociology of social movements, and building on an approach developed by Steven Epstein, I study how the credibility of different forms of evidence has been shaped by professionals seeking

jurisdiction over therapy clients, the dynamics of opposing social movements, and the historical context. Over time, these struggles have brought about the co-construction of various diagnostic technologies and sexual subjectivities. To trace credibility “hierarchies of evidence,” I conducted participant observation at conferences, interviewed relevant scientists and activists, studied scientific and organizational literature, and followed mass media.

Through the clashes of actors from different social worlds, reorientation has moved from the center to the margins of science, even as it has remained relevant in the public domain. Following the removal of “homosexuality” from the *DSM*, reorientation proponents have attempted to reinstate their authority with various tactics. Significantly, psychiatrist Robert Spitzer, known for his key role in demedicalizing homosexuality, conducted research purportedly demonstrating that some gay men and lesbians can become heterosexual through reorientation. While these efforts have been partially successful in public arenas, they have been thwarted in mainstream science by the boundary work of gay-affirmative professionals. Within these struggles, the credibility of evidence in reorientation debates has been interwoven with varying understandings of sexuality and concerns about public policy. Pro-gay and ex-gay movements have become “hybrid,” combining professional and lay expertise in the production of facts. As opposing social movements have interacted, they have created constraints and opportunities for one another that have shaped movement strategies and, in turn, have shaped hierarchies of evidence. Relegating reorientation to the fringe has also influenced mainstream science, as popularized dissent has required scientists to develop and clarify claims about reorientation and the relationship between science and religion.

Introduction

The Clash of Detractors and True Believers:

Approaching the Study of Hierarchies of Evidence in Reorientation Debates

At the Thomas Aquinas Psychological Clinic in Encino, California, David Pickup practices “reparative therapy,” purportedly curing male clients of homosexuality by alleviating their “gender shame,” understood as their sense of inadequacy as men. The name of the clinic is taken from the 13th Century Catholic priest, philosopher, and theologian who championed “free choice” as a necessary means to turn away from sin, achieve morality, and earn God’s love (Kreeft 1990: 297). Pickup expresses great confidence in the ability of his clients to freely choose heterosexuality with the help of his treatments. In an interview at the clinic, he stated:

Reparative therapy has gotten so laser like and pinpointed on the issues that it’s become much more successful, we’ve noticed in the last 5 years.... [W]e noticed that men, when we’re going deep enough to address their wounding, gender identity shame, and male emotional needs, when they go through that kind of process of reparative therapy in which there is grief felt, then a natural state of assertion, and a greater sense of masculinity comes up within them—that process ultimately lets the homosexual need dissipate. That’s what’s happening with all of our clients who stick with this therapy.... If homosexuality was inborn, that wouldn’t happen. If it was inborn, solid, and unchangeable, then there’s nothing I could do to facilitate a process for men in which that kind of thing happens. That’s what all our clients report to us who stick with this, so it might be good for you to know that, just to understand what we believe is the efficacy of what’s going on here.... There are some guys who don’t stick with this therapy. They get afraid or it’s not right for them, or they’re just not ready to do it. That’s fine. We wish them well (Pickup 2009).

One of the “laser like” improvements that Pickup refers to here is the use of video cameras during therapy allowing clients to self-monitor their posture and work toward the “natural state of assertion” reflected in an upright and confident poise. Significantly, in

his description of reparative therapy, Pickup expresses ideas about the fundamental nature of homosexuality—it is not inborn and it can be changed. He wishes well to those people who decide against his therapy, despite the fact that his theory equates homosexuality with inadequacy and shame.

At the time of our interview, Pickup was an intern working through his professional degree in Marriage and Family Counseling under the supervision of Dr. Joseph Nicolosi, director of the clinic. First author of *A Parent's Guide to Preventing Homosexuality* (Nicolosi and Nicolosi 2000) among other foundational reorientation texts, Nicolosi is the outspoken former president of the National Association for Research and Therapy of Homosexuality (NARTH), a mental health professional association dedicated to “curing” homosexuality and advocating for the practice. Largely because of its widely perceived anti-gay bias, NARTH as an organization is generally excluded from mainstream mental health associations, all of which have affirmed position statements stating that there is no credible evidence demonstrating the efficacy of reorientation treatments, and warning that they are likely harmful (American Psychiatric Association 2000; American Psychological Association 2009; American Counseling Association 1998; National Association of Social Work 1997).

Nonetheless, Pickup remains a true believer in his work. In fact, he is ex-gay himself. Unlike many of his heterosexual colleagues (including Nicolosi) who have never been through this kind of transformation, Pickup has exercised his own free choice to leave homosexuality, embrace heterosexuality, and become an accredited reparative therapist. He claims to be one of a “new generation” of formerly gay professionals in NARTH. At the 2008 American Psychological Association President's Town Hall

Meeting in Boston, he stood, told his story of change and helping others, and asked APA President Alan Kazdin, “Is there a place for me in the APA?” (Fieldnotes). By becoming an accredited reorientation therapist himself, he blends the authority of his own personal experience of change with the professional authority of psychology to improve the credibility of the therapy.

Maintaining his controversial point of view, Pickup must contend with a tremendous amount of incredulity about the reality of “change,” as well as concern about the harms of these treatments. Some activists and scientists have called for physiological testing to show that these treatments really do not change sexual orientation. For example, some have called for “phallometric testing,” in which a male subject views erotic images while a device called a “penile plethysmograph” monitors his erection level (e.g., Besen 2003: 230; Beckstead 2003: 422; Cohen & Savin Williams 2003: 428; Hartmann 2003: 436; Rind 2003: 448-9; Worthington 2003: 460). Moreover, in 2007, a group of “ex-gay survivor” activists presented collages to the Aquinas Clinic expressing how much harm they experienced after the therapy failed them (Beyond Ex-Gay 2007b). Pickup has developed an ability to insulate himself from such criticism by trusting in his own experience. He stated:

In part of my journey, I have learned, not only through therapy, but through relationships with other men over the last 10 years, especially in men’s groups working through emotional problems, that we develop really solid relationships with other men. I learned to just let go of caring about whatever people think of me, and for me that was an immense issue. But that’s why today I’m saying that I’m banking on my own personal experience. The world thinks I’m an idiot—OK. In my opinion, you, he, or I can bank on our own experience. It may be different from somebody else’s. That’s the way the world is. That’s the reality. What other way is there? Ultimately, I’m responsible for myself (Pickup 2009).

While critics doubt his work and his own change, Pickup grounds his confidence in his relationships and in his own experience. Who is to say what Pickup and his clients really feel, and who can better speak for those feelings? How does anyone, or any scientific researcher for that matter, know a person's "true" sexual orientation? How could it be measured?

This study examines the ways in which scientific disputes over reorientation therapies in the United States have produced answers to such questions, effectively creating a variety of sexual subjectivities— notions of what it means to be a sexual human being. I argue that in these debates, the most credible ways of "drawing the straight line"—defining the line between heterosexuality and homosexuality of subjects in scientific research—have emerged out of the struggles of professionals as well as the clash of opposing social movements. I show that debates over reorientation are not isolated scientific disputes, but have been enmeshed within much larger political issues, such as sex education and gay marriage, that have hinged on understandings of the nature of sexual orientation. Today, research purportedly demonstrating the efficacy of sexual reorientation therapy is a "science on the margins," generally not taken seriously by mainstream professionals. However, as I will show, these therapies remain influential in the public domain, reinforcing perceptions of homosexuality as a "choice." Crucially, I argue that the work of keeping reorientation on the fringe has also shaped mainstream scientific views.

The time period and location for this study was chosen because it was during the 1950s when the idea of treatable and "psychogenic," environmentally caused, homosexuality came into prominence as an invention of experts in the United States.

This account of debates over sexual reorientation therapies is a uniquely American story, and while women and people of color have been involved in sexual reorientation, debate has most frequently centered on the experiences of white men who dominate organizations, both in demographics and in leadership roles. Thus, this is primarily a story about white American masculinity. The debate in the United States became further polarized when Dr. Robert Spitzer, who spearheaded the removal of the diagnostic category “homosexuality” from psychiatry’s *Diagnostic and Statistical Manual* in 1973, presented a study in 2001 purportedly demonstrating the efficacy of reorientation therapy treatments based on the self-reports of 200 ex-gays. While Spitzer ultimately recanted the most dramatic conclusions of his study when it was published in 2003, it remains a resource used by NARTH and other allies. Struggles that have shaped the credibility of such scientific evidence have included not only scientists, but also activists working in social movements. Lay people, including subjects of the Spitzer study, have cultivated their own forms of expertise, often making claims about their own experiences with therapy that did or did not change them.

Because of the diversity of actors shaping the production of knowledge in these controversies, this study is “deliberately eclectic”¹ (Epstein 1996: 5), blending theoretical and methodological approaches from science studies, sexuality studies, and the sociology of social movements. Beginning with an explanation of symmetrical approaches (Barnes

¹ In addition to addressing the diversity of actors in a study, a deliberately eclectic approach disrupts the social scientific approach of constructing a theoretical “totality.” While adherents of totalizing views have criticized eclectic scholarship for not addressing the incommensurability of theoretical concepts drawn from different traditions (see Cambrosio 2008 for this critique), Epstein (2009) claims that such concepts are necessarily incommensurable only if theoretical systems are taken as meaningful totalities. Furthermore, all theories emerge out of the blending of prior theories, so in effect, all theory is eclectic.

1974; Latour 1993) to the study of scientific facts, I draw on Foucault to theorize the debate as a set of multiple discourses that fuse power and knowledge (Foucault 1978), and I also pull insights from queer theory that problematize the normative power of rigid categorization and identity politics (Sedgwick 1990). Moreover, I identify forces shaping the credibility (Shapin 1995) of discourses and describe the formation of credibility “hierarchies of evidence” for measuring and differentiating sexual orientations. To fully understand the contingencies involved, I theorize a “field of therapeutics” (cf. Bourdieu 1990) that generates knowledge about sexual reorientation. This field cuts across the domains of science and religion, and in addition to experts, it also includes social movement actors who have shaped the credibility of various forms of evidence. When social movements not only interact with institutions, but also seek to undermine one another’s efforts, they creating a complex set of “movement-counter movement dynamics.” A central contribution of this study is to explore how the construction of knowledge has been shaped by the complex dynamics of “opposing social movements” (Meyer and Staggenborg 1996). The study also examines these movements as “hybrid” (Epstein 2007b)—including a range of lay activists and scientific experts who often work in partnership (Rabeharisoa 2003) in the production of knowledge.

Examining the outcomes of these struggles, the study demonstrates how expert practices have fostered the co-construction (Oudshoorn and Pinch 2003) of numerous understandings of sexual subjectivity along with technologies used in research. Through the deployment of technical means to divide people diagnostically, these measurement practices have resulted in what Hacking calls “making up people” (Hacking 2004), consolidating new ways of classifying human beings. Covering a period in which these

therapies have moved from mainstream scientific practice to the margins (but perhaps back again), this project provides useful contextual comparisons for understanding the contingent factors that have shaped the credibility of forms of evidence deployed to demonstrate human sexual (re)orientation. Specifically, the “pathology” era (1950-1973), when homosexuality was heavily medicalized, provides a useful contrast to the “normal” era (1973-present) following demedicalization, as the credibility-environment within these two time periods is largely inverted in relation to sexual reorientation therapies.

In this introduction, I present my theoretical orientation, contributions to academic literatures, methods for the study, and chapter outline. I begin with an overview of the contemporary sexual reorientation controversy, and then explain how a symmetrical science studies approach to “rejected knowledge” sheds light on the mainstream of science as well as the margins. To analyze the production of multiple discourses in the debate and their effects, I begin with Foucault’s concepts of the “*scientia sexualis*,” and his model of power. To analyze the relationships between these discourses, I bring in concepts of credibility and “hierarchy of evidence” as well as the “field of therapeutics” in which the production of knowledge takes place. Regarding the content of discourses, I provide a discussion of the politics of categorization along three different axes: “health/pathology”, “morality/sin,” and “sexual orientation.” Next, to account for the impact of opposing social movements on the production of knowledge, I review relevant sociological literature from sociology of social movements and science studies and explain my contributions to it. Then, to theorize the outcomes of struggle, I discuss literature on the co-construction of technologies and humans and my contribution.

Finally, I provide a discussion of methods in the dissertation, and an outline of the chapters to follow.

The Contemporary Landscape of Sexual Reorientation in the United States

The Latest Stage in a Saga of National Struggle with Homosexuality

The reorientation debate in the United States has gone through many dramatic twists and turns over the past six decades, and has been interwoven with concerns over the political and moral status of homosexuality. At the time of this writing, claims that a therapist or religious ministry can change a person's sexual orientation are not supported by mainstream scientific institutions. This position is entirely antithetical to the dominant view within these groups prior to 1973, when the psychiatric diagnosis of "homosexuality" was treated widely. Today, in addition to stating that there is no evidence for the efficacy of these treatments, and they are likely harmful (American Psychiatric Association 2000; American Psychological Association 2009; American Counseling Association 1998; National Association of Social Work 1997), the position statements of mainstream professional groups generally condemn any practice based on the idea that homosexuality is a mental illness. They also raise concerns about coercion and informed consent, suggesting that clients should be warned about the lack of evidence for efficacy and the dangers of harm. Furthermore, they declare that homosexuality is a normal variant of human sexual expression. While these groups have taken this stand against reorientation practices, they do not provide for any sanction either legally or professionally against those who practice or advocate reorientation therapy, although in some jurisdictions, the use of professional terms like "counseling" is closely

monitored for proper accreditation. Generally, sexual reorientation cannot be prohibited because of legal issues regarding the regulation of trade, and many opponents do not wish to “ban” the practice anyway given the dangers associated with distinguishing “good” and “bad” therapies (Silverstein 2008; Haldeman 2009). While a consensus against the possibility of changing sexual orientation has been produced within mainstream science², it has had a limited effect on the public, which continues to be evenly divided over whether homosexuality is a “choice.” Meanwhile, ex-gays and reorientation therapists influence public policy by providing testimony in court cases as well as legislative hearings.

While once conventional and routine in mental health professions, sexual reorientation is now practiced on the margins, often taking place within religious ministries. I use the term “sexual reorientation”³ to signify an array of therapies and

² I use the term “mainstream science” in this dissertation as a category used by actors in the field, as mental health professionals tend to recognize their national mental health associations (e.g., American Psychiatric Association, American Psychological Association) and most prominent journals as representing the scientific mainstream. However, the disciplines of psychology and psychiatry are engaged in credibility struggles within the broader scientific community to establish their work as “mainstream science.” The history and effects of these larger credibility struggles require further exploration in future versions of this work.

³ Not surprisingly, the very terminology used to refer to these practices is disputed. “Sexual reorientation therapy” is an umbrella term used among mental health professionals who provide these treatments (Byrd, personal communication 2008), although other terms have circulated including “reparative therapy” and “conversion therapy.” The term “reparative therapy” is derived from the idea that homosexuality is based on a “reparative drive”—a futile attempt to sexually connect with a member of the same sex in order to make up for a poor relationship with a same sex parent and deficits in relationships with members of the same sex more broadly (Nicolosi 1991). However, as it has circulated, this term has attained a valence suggesting that it means to “repair” homosexuality. This interpretation associates the term with the overt pathologization of homosexuality, something reorientation therapists currently claim to be avoiding. Thus, “reparative therapy” has lost status as an umbrella term for practitioners. By contrast, “conversion therapy” maintains a religious connotation, so it is not used by practitioners as an umbrella term because it does not encapsulate secular interventions. Detractors frequently use these terms, attempting to undermine the therapy as anti-gay or as religious and therefore not scientific. Recently, the American Psychological Association has introduced the term “Sexual Orientation Change Efforts” (SOCE), potentially downgrading

ministries that include attempts to change a person's sexual orientation from homosexual or bisexual to heterosexual. Today these practices span a range of disciplines from theology to psychiatry, including religious ministries, religious counseling, live-in ministries, weekend retreats, social work and general counseling, psychoanalysis, psychotherapy, talk-therapy, and life coaching. There are some reports that "aversion therapies" are still used in some instances, but these are generally avoided due to ethical concerns (Phelan et al. 2010: 26); these techniques attempt to extinguish unwanted same-sex attractions with an aversive stimulus such as electric shock, noxious chemicals, or even wearing a rubber band on the wrist and snapping it whenever an unwanted attraction is felt. Historically, reorientation has included various medical interventions from fields such as endocrinology and neuropsychiatry, using brain surgery or hormone treatments to treat homosexuality as a congenital condition of the body (Silverstein 2003). However, interventions today tend to be based on a model of homosexuality as "psychogenic," a learned pattern that can be unlearned if a client abstains from homosexual behavior and adopts appropriate gender roles. Religious interventions often draw on these concepts, and may involve chastity, prayer, and even casting out demons (Beckstead 2001a). Etiological accounts frequently involve flawed relationships with one's parents during childhood that can lead to same-sex attractions and fears of taking on one's "natural" gender role. Childhood sexual abuse might also be considered a cause. Female homosexuality has been historically under-theorized, although in recent years there has been a growing interest in the treatment of women (e.g., Hallman 2008).

all of these practices from the status of "therapies" (APA Task Force 2009), but this term has yet to attain mass usage. I use the term "sexual reorientation" to encompass all of these therapies and ministries because it is derived from the preferred term of practitioners, but it is not intended as an endorsement.

Occupying an outsider status, those interested in changing sexual orientation have opted to organize over the past four decades to advance their goals. The ex-gay⁴ movement in the United States consists of organizations of people who claim to have changed their sexual orientation, as well as the experts who treat them. It includes both religious and scientific branches that are deeply interwoven but not indistinguishable. The portion of the ex-gay movement devoted to engagement with science is represented primarily by NARTH. While anti-reorientation activists have portrayed this group as a “scientific front” for bigotry (e.g., Besen 2003: 138), the organization has a history rooted in mainstream science, has aspirations of achieving scientific accreditation, and includes a secular science-based logic distinct from religious ministries. NARTH is made up of professionals who convene for annual conferences, provide reorientation treatments, conduct research on reorientation practices, and advocate for the rights of clients to seek reorientation change as well as the rights of practitioners to conduct these therapies. Another counseling organization laying claim to scientific status is the International Healing Foundation. This group has a complex relationship with NARTH, given negative media attention directed toward its founder Richard Cohen and his therapeutic methods. Unlike therapies based solely on talk, Cohen’s methods include having a client hit a pillow with a tennis racket while shouting at a neglectful parent, and cuddling on the lap of the same-sex therapist to make up for unmet parenting needs (Cohen 2000).

⁴ The term “ex-gay” first appeared in scientific literature in 1980 (Pattison & Pattison 1980), but it has also been contested. Some within the ex-gay movement eschew the term because it means that one was once “gay,” while some within these ministries never actually adopted a gay identity. Alternative terms include “struggler” for people undergoing secular therapy, or “Christian” or “in-Christ” for people in a ministry. I will continue to use the term ex-gay as found in academic literature.

NARTH has a strong working relationship with “ex-gay ministries,” the largest being Exodus International. This group claims to offer freedom from the homosexual lifestyle through the power of Jesus Christ (Exodus 2010). Other ministries include “Love Won Out” (until recently part of the Evangelical group Focus on the Family), “Love in Action” (Christian), “Homosexuals Anonymous” (Christian), “Evergreen International” (Mormon), “Courage” (Roman Catholic), and JONAH (Jews Offering New Alternatives to Homosexuality). While NARTH and ex-gay ministries have many similar goals, their goals do not always align. NARTH members, rooting their approach in versions of secular psychoanalytic theory, compete in some ways with religious ministries over reorientation clients. Most notably, NARTH seeks to “cure” clients of unwanted same-sex attractions, while a ministry might place a primary emphasis on “saving souls.” Over the past decade, the ex-gay movement overall has increasingly targeted youth, developing youth ministries and counseling programs as well as written material for parents on preventing homosexuality (e.g., Nicolosi & Nicolosi 2000).

At the time of this writing, it is not known how frequently therapists or ministries attempt to reorient the sexual orientation of clients in the United States. Indeed, because perception of its size, and hence its social significance, are relevant in policy disputes, the size of the ex-gay movement is contested. However, the number of US practitioners devoted to these practices seems relatively small. While a conference of the National Association of Research and Therapy of Homosexuality (NARTH) in Dallas in 2007 attracted approximately 60 attendees (Fieldnotes), it is reported to have from 1,000 (Musgrave 2009) to 1,500 members (Byrd 2003b). Exodus International now claims to have 300 ministries across six continents. In the UK, in a recent survey of 1,300

psychologists, 200 claimed to have tried to change a client's homosexuality, while 55 claimed to continue to offer the therapy (Bartlett, Smith, & King 2009, Sample 2009). The UK study suggests that these practices may not be as infrequent as they are widely perceived to be. Further research is needed to better understand the prevalence of sexual reorientation therapies in the United States and elsewhere.

While struggles over sexual reorientation therapies have immense implications for people experiencing conflict over their sexuality, clinical guidelines are not all that is at stake, as these debates also have consequences in policy arenas. For example, it has recently been widely publicized that George Rekers, a former member of the scientific advisory board of NARTH, was paid \$120,000 by Florida Attorney General Bill MacCollum to testify in a Circuit Court case that a law banning gay people from adopting children was good for the mental health of children (Schwartz 2010). NARTH offers amicus briefs in various court cases opposing gay marriage, hate crime legislation, and other policies, providing their expertise on the destructiveness of recognizing gay rights, and often countering the pro-gay amicus briefs of professional organizations like the American Psychological Association. Ex-gays also give testimony in policy arenas; Exodus International president Alan Chambers has testified in court and in public advertisements that the legalization of gay marriage would have prevented him from experiencing heterosexuality (Erzen 2007, 998). Furthermore, whether homosexuality is "immutable" has been a consideration when determining how some court cases should be adjudicated. Thus, struggles over the nature of sexual orientation are inextricably linked with political struggles over how to organize society.

NARTH is generally excluded from participation in professional mental health organizations due to perceptions that the organization does not follow ethics codes requiring respect for sexual orientation diversity. However, the American Psychological Association recently did grant some scientific legitimacy to ex-gay therapies that do not aim to change sexual orientation. If a therapy helps a client live with a sexual identity that is incongruent with his or her fixed sexual orientation, this circumstance may be mentally healthy for a client, especially if they have a strong need for “telic congruence”—living in accordance with religious values. An APA report states, “[L]iterature from the psychology of religion...reminds us that religion is a complex way of making meaning that includes not only beliefs and values, but also community, relationships, traditions, family ties, coping, and social identity” (APA Task Force 2009: 56). However, telic congruence involving stigma and shame is not positive for mental health (APA Task Force 2009: 55). This move on the part of the American Psychological Association is, in part, a response to a growing trend to emphasize respect for religious diversity, although the organization still condemns “religion derived prejudice” (American Psychological Association 2008). While these formal statements of respect for clients’ theological views are partially beneficial for some ex-gay ministries, many in NARTH and Exodus feel that the compromise does not go far enough because sexual orientation change is possible.

In addition to the position statements of mental health professional associations, the ex-gay movement faces opposition from organized activists, bloggers, and mental health professionals. Although battles against reorientation have been largely won within mainstream professional organizations, opponents still must struggle against reorientation

groups in public arenas, including public policy fights, the court of public opinion, and the consumer market. Activist Wayne Besen is founder of “Truth Wins Out,” an organization dedicated to opposing the work of ex-gay ministries. His group protests NARTH meetings and promotes his book, *Anything But Straight: Unmasking the Scandals and Lies Behind the Ex-Gay Myth* (2003). This book provides a scathing history of the ex-gay movement, including the story of Besen “outing” high profile ex-gay John Paulk at a gay bar in Washington D.C. His website includes stories of “relapsed” ministry leaders as well as testimonies from former spouses of fallen ex-gays. In addition, over the past decade, there has been considerable growth of an “ex-ex-gay movement” consisting of dissatisfied consumers of ex-gay treatments. The leading organization, “Beyond Ex-Gay,” serves as a support group and also helps “ex-gay survivors” to cultivate their harm narratives for the general public, countering the testimonies of ex-gays with their own testimonies of damage from failed therapy. Anti-reorientation activists are connected to some sympathetic mental health professionals in groups such as AGLP (Association of Gay and Lesbian Psychiatrists) and Division 44 of the American Psychological Association (Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Mental Health), and together form an anti-reorientation movement that is interwoven with struggles for LGBT rights.

Sociological Research on Ex-Gays

Sociological research on the ex-gay movement has provided many valuable insights into understanding the landscape of sexual reorientation in the United States. This research has included studies of individual identity development as well as studies

of interactional dynamics, and much of this work has been based on participant observation. Examining ways in which ex-gays develop their identities through the process of religious conversion, Christy Ponticelli (1999) conducted eight months of participant observation in “Wings,” a pseudonymous ex-gay ministry overseen by Exodus International. She also attended Exodus conferences and studied interviews and testimonies from ex-lesbians. The goal of her research was to understand the necessary conditions for an ex-lesbian to construct a new sexual identity within a religious ministry. Drawing on literature on general religious conversion and identity transformation, she noted that ex-lesbians internalized ministry ideas through interactions with peers, as mastery of these concepts was monitored by others. This process involved assuming a “convert role,” giving up self-interest for the purpose of promoting group goals, and providing “testimony” of conversion experience. Typical testimony took the structure of a life of normal development followed by suffering, epiphany, and transformation. Ex-lesbians drew a sharp line between “good” and “bad,” and in conceptualizing this line, they underwent a death of their former self and a rebirth into the new faith. Thus, the conditions for transformation required internalization of ideals and a complete reconceptualization of self.

Michelle Wolkomir’s study (2006) builds on Ponticelli’s research on identity development, but also explores the conditions that shape decisions to enter ex-gay ministries as opposed to gay-affirming churches. Wolkomir, who studied men, investigated these decision making processes as well as ways that subjects experienced letting go of old understandings of self. She found that the factors that determined whether men entered an ex-gay ministry or gay-affirming church depended on the kinds

of existential needs that were addressed by their faith. If men were driven to religion later in life to ameliorate isolation or to feel a sense of safety in a dangerous or uncertain world, then they were likely to go into an ex-gay ministry and attempt conversion. However, if a man was born into a Christian community, his choice of ministry depended on what happened with his relationships, taken as divine signs. Therefore, men who entered gay-affirming churches all tended to have grown up in conservative churches, experiencing their primary conflict with their faith rather than with people opposed to homosexuality in the outside world.

Taking interactions rather than individuals as the primary focus in a study of ex-gays, Tanya Erzen (2006) conducted an eighteen-month-long ethnographic study of a live-in program called "New Hope Ministries." While working there, she examined the everyday lives of men undergoing conversion and conducted extensive interviews with clients in addition to several ministry leaders in various organizations. Erzen observed that ex-gays undergo what she calls "queer conversions" in which identity, behavior, and attraction do not align. These conversions were characterized by a pattern of relapsing into homosexual behaviors and then repenting. Ex-gays did not become heterosexual, but rather, became part of an "ex-gay ghetto," living in between identities. They also were never truly accepted by the broader Evangelical church. However, members of the group benefited from a new kinship network and sense of belonging. Erzen also observed that ex-gays have a propensity to give testimonies as narratives of sin and redemption, much like the rest of Evangelical Christianity. Their testimony was actually part of the therapeutic dimension of the change process.

Also using participant observation to study ex-gays at the interactional level, Dawne Moon (2005) attended ex-gay seminars and compared language used in this context to the discourse of a liberal ministry. Her study builds on the method of Foucauldian discourse analysis by studying how everyday people use expert discourse in their daily lives. Discourses define the limits of what kinds of lives are possible and thinkable, while individuals become constituted as subjects through the interpersonal deployment of those discourses. In the ex-gay group that she studied, people engaged in an endless stream of personal testimony. This kind of discourse has authority because it evokes both personal experience and a presumption of shared understanding of how the world works. In addition to the authority of personal experience, testimonies often invoked scientific and religious authorities. Ex-gay testimonial discourse forecloses the possibility that someone can be a healthy and happy homosexual, since such a person would be understood as being in denial of their sin or sickness, making this excluded way of being, in Judith Butler's terms, an "abject" subject position. On the other hand, liberal Christian discourses foreclose the possibility of sexual fluidity by describing homosexuality and heterosexuality as distinct fixed forms of sexual orientation. "Ex-gay," "bisexual," and "confused" all are abject subject positions in this discourse, shoring up heterosexuality for some members of the liberal church. Gay and lesbian church members who had life histories involving sexual fluidity had to explain away their heterosexual experiences as misguided or involving self-deception.

While these primarily ethnographic studies shed light on identity development and everyday practices in ex-gay ministries, Robinson and Spivey (2007) provide a discourse analysis of literature written by ex-gay movement experts. Their study does not

focus on religious ministries alone, but includes experts from the full spectrum of theology and mental health fields, examining the ways in which this literature is gendered. Using the theory of gender as a social structure developed by Risman (2004), the authors argue that these expert discourses promote male domination at the individual, interactional, and institutional levels. At the individual level, theories of etiology implicate the gender deviance of mothers as the primary cause of homosexuality. These theories also assert natural links between male sex, masculinity, and heterosexual desire which can be corrected if corrupted. At the interactional level, therapies teach homosexual men how to act masculine in male peer groups, with the end goal of heterosexual marriage based on hierarchical gender roles. At the institutional level, the ex-gay movement has aligned with antifeminist organizations that decry gay liberation and feminism as the cause of countless social ills. In the global expansion of the ex-gay movement, gender ideologies have been molded to fit various cultural contexts. Thus, in addition to being an anti-gay countermovement, ex-gays also amount to a globally expanding Christian Right men's movement.

This study adds a new dimension to the sociological literature on the ex-gay movement by examining the movement's role in the production of scientific knowledge about sexual subjectivities, not only within ex-gay literature, but also within the mainstream. While most of the existing work has analyzed the religious dimensions of the movement, this study examines social dimensions of the "scientific wing," with an emphasis on NARTH and its relationship to mainstream scientific professional groups. Viewing the ex-gay movement as a site of knowledge production allows an inquiry into the ways in which testimonies, as described by these authors, have become interwoven

with research epistemology. The controversies that have ensued over research methods based on testimony have had consequences for the study of sexual orientation more broadly. In addition, as Robinson and Spivey note, the ex-gay movement is deeply gendered, and this study will examine how both the ex-gay and LGBT rights movement gender the scientific study of sexual orientation. Moreover, this study will examine the ex-gay movement as it interacts with an opposing movement. By studying the ex-gay movement in a dynamic relationship with anti-reorientation activism, we can better understand how its efforts, altered by the strategies of an opposing movement, have shaped scientific knowledge.

The Symmetrical Study of “Rejected Knowledge” in Science Studies

Sociology of Scientific Knowledge approaches to “Science on the Margins”

Research that purportedly demonstrates the efficacy of reorientation treatments is “rejected knowledge” from the point of view of national professional associations. However, studying the production of knowledge in this debate requires suspending this type of judgment, bracketing the question of whether reorientation therapies “work.” The field of science studies uses a principle of symmetry to study the construction of scientific facts, treating the process of granting the status of “truth” or “falsity” as an object of analysis. Extending the sociology of knowledge beyond the explanation of beliefs to the sociological explanation of scientific facts, theorists establishing the Sociology of Scientific Knowledge (SSK) claimed that accepted facts could not be explained simply because they were true. Philosophers had provided no singular satisfactory theory of “truth,” and because all established sciences involved some form of

theory couched in a culturally bound language and system of categories, sociology had a place in explaining the construction of scientific facts (Barnes 1974).

In the early years of the development of SSK in the 1970s, the symmetrical study of so-called “rejected knowledge” was a focus of some authors who studied it in order to better understand science more broadly. Some of the topics taken up included parapsychology (Collins & Pinch 1979), ufology (Blake 1979), and phrenology (Shapin 1979). According to Bart Simon, as science studies strove to establish itself in the academy, scholars could not create a viable vision of science based only on marginalized cases, but rather, had to account for the construction of knowledge within mainstream sciences (Simon 2002: 14-17). Thus, in the 1980s and 1990s, some scholars studied fringe science as a part of larger knowledge controversies, such as the role of water fluoridation dissenters in controversies over water policy (Martin 1991), and the role of HIV dissenters in the construction of the fact that HIV causes AIDS (Epstein 1996). Additional studies of fringe science have examined Vitamin C as a cancer treatment (Richards 1988), cold fusion (Simon 1999, 2002), ufology (Cross 2004), and the so-called “Tobacco strategy” of exploiting uncertainty in policy debates such as global warming, acid rain, and the health risks of smoking (Oreskes & Conway 2010). This literature has provided many valuable insights, including analyses of the characteristics of science on the margins, the effects of dissent on the mainstream, and the ways in which controversies unfold when there is a challenge from outside orthodox science.

Among the characteristic practices of “rejected science,” science studies scholars have shown ways in which excluded scientists use various tactics of legitimation to gain acceptance of their views. Quite frequently, the target of these tactics is the public rather

than dominant scientific institutions. In their struggles to attain legitimacy, marginalized parapsychologists went through what Collins and Pinch called a “metamorphosis,” adopting “symbolic and technical hardware” of the credible scientists. They also conducted research studies with scientific methods. For example, researchers conducted an E.S.P. experiment by having subjects guess cards, and their responses were subjected to double blind statistical analyses. They also formed the Parapsychological Association (P.A.), modeled after national professional organizations (Collins & Pinch 1979). In the case of water fluoridation dissenters, Martin (1991) found that scientists had greater success with the public when using rhetoric that was more culturally resonant, such as appeals to health risk and individual rights, rather than challenging the science of the mainstream view. Tactics of dissenters included attacking the credibility of mainstream scientists, claiming that they were beholden to corporate interests. In the case of ufologists, Cross (2004) found that scientists took advantage of the flexibility of scientific rhetoric to make their claims sound more credible. For example, they spoke in terms of “empirical data,” even though this data may have been gathered through unorthodox methods such as mental telepathy with aliens, personal testimony of abductions, or interacting with time traveling creatures through mystical portals. Ufologists also enrolled the public in their enterprise by calling for the democratization of science, encouraging lay participation, and claiming that ufology has methods that are superior to mainstream science.

When science is completely rejected and controversy is closed, those who practice unorthodox science must find other means to sustain their research practices. Simon (1999, 2002) uses the term “undead science” to describe rejected science that is no longer

“living,” but that is still practiced and not quite “dead.” In the case of cold fusion, Simon finds that scientists sustain “undead science” by meeting in organizations and developing a strong collective identity. They have also secured funding from alternate sources and used cost saving measures, such as conducting lab experiments in garages. Cold fusion science is also sustained by maintaining affinities with alternative energy movements. Along these lines, Cross (2004) finds that ufologists are able to secure alternate sources of funding and create a science-based culture through the use of scientific rhetoric, the formation of organizations, and the publication of journals.

In many of these cases, the popularity of alternative sciences has been bolstered by media coverage that tends to frame issues as controversies even though science has formed a consensus. Epstein (1996) finds that media played a key role in popularizing the views of Peter Duesberg and other HIV dissenters, effectively creating a following within the gay community and within state institutions. The tendency for media to promote an “equalizing” view played a role in this study, although Duesberg has complained that the media can be dogmatic in promoting only the dominant view. In their recent book *Merchants of Doubt* (2010), Naomi Oreskes and Erik Conway point out how a handful of physicists took advantage of this “balancing” feature of media reporting and successfully promoted the idea that science was unsettled on a variety of topics. However, in reality, there was a general consensus on these issues. These scientists, with strong ties to industry and powerful politicians, were successful in convincing large segments of the public that smoking was not necessarily harmful, despite a scientific consensus to the contrary and despite the fact that they themselves had done no research on the issue. Applying what came to be known as the “Tobacco Strategy” of amplifying uncertainties

of science, these physicists were also successful in fostering public doubt about the realities of acid rain and global warming. In all of these cases, the media was instrumental in helping undermine popular support for action.

In addition to characterizing features of fringe science, researchers have also shown some ways that mainstream science has contended with and been affected by encounters with scientists on the margins. Indeed, Simon (1999) claims that the fringe accounts for the very existence of a mainstream, providing a frame of reference. Collins and Pinch (1979) study the “tactics of rejection” deployed by orthodox scientists who work to exclude parapsychology. Opponents of the paranormal tended to employ the “symbolic hardware of philosophy” to provide a priori arguments against such phenomena, knowing in advance that certain events could not really occur. Basing their position on a general refusal to believe, scientists would associate researchers of E.S.P. with the occult to further discredit them. Moreover, scientists claimed paranormal research was insufficiently rigorous and often fraudulent. In the case of the fluoridation controversy, Martin (1991) finds that in addition to attacks on their personal credibility, antifluoridationists experienced professional attacks, including exclusion from mainstream organizations. Likewise, Epstein (1996) observed that Peter Duesberg lost a major grant as a result of his outspoken dissent against the HIV hypothesis.

A major impact that dissenters can have on the mainstream of science is to force prevailing claimants to provide further proof for and refine their views. In the case of HIV dissent, Robert Gallo, one of the scientists credited with the discovery of HIV, initially dismissed Peter Duesberg and the dissenters as not being worth his time (Epstein 1996: 116). However, as dissenters amassed credibility with the public, Gallo ultimately

had to address them and did so over ten pages in his book *Virus Hunting* (Epstein 1996: 139). Dissent became a major driver moving mainstream science forward, creating demands that scientists definitively demonstrate to the public that the HIV theory was proven. As such, this was a case in which the popularization of a dissenting view impacted research (Epstein 1996: 141; Hilgartner 1990).

Finally, these studies provide some key insights into the ways that controversies unfold when fringe scientists try to gain entry into the mainstream. In a study of scientists promoting the marginalized view that Vitamin C is a treatment for cancer, Richards (1988) challenged the idea that neutral research methodology can settle controversies. In this case, Vitamin C, a popularly available non-toxic supplement, and interferon, a highly toxic drug, were both studied with randomized controlled trials. While both substances failed in initial trials, interferon went on to become a cancer treatment in the United States because it complemented the already established practice of chemotherapy. However, administering Vitamin C was a cancer management strategy meant to accompany surgery and radiology, not practiced as extensively in the United States. Thus, interferonologists benefited from their drug's alignment with already established practices.

Considering these many insights, there are many parallels between the case of reorientation therapy and these other cases of "rejected knowledge." NARTH uses many tactics of legitimation to establish credibility with the public, including forming a professional organization and using credentials, but it also uses the powerful rights-based rhetoric of client self-determination, and it has benefited greatly from the "balancing" practices of the media. Like most of these cases including parapsychology, ufology,

phrenology, fluoridation, HIV dissent, and Vitamin C, reorientation is a science that everyday people can readily speculate about without specialized knowledge. These sciences all involve many lay people's immediate worlds, and thus, invite public involvement. The story of reorientation over the past decade is very much like that of HIV dissenters who were able to garner the credibility of a mainstream expert, Peter Duesberg, amassing so much credibility within the public that mainstream scientists had to refine their views and respond. In the reorientation case, this credible figure is Dr. Robert Spitzer. However, unlike most of these cases, reorientation was once the mainstream view and bears a legacy of practitioners ousted from the highest ranks of mental health professions. Furthermore, the ideas upon which reorientation are based have a large amount of popular support, as public opinion polls indicate that a significant percentage of the public believes that homosexuality is a "choice." Today reorientation therapy is entangled with wedge political issues in the United States, and so, it is a science of the professional margins, but of the political mainstream. In this regard, it has many affinities with the cases of tobacco, acid rain, and global warming, where media representations of science play a crucial role in helping maintain a public perception that science is "evenly divided" when it is not.

Applying Symmetries to the Case of Sexual Reorientation Therapies

Drawing on the insights of SSK, a symmetrical study of sexual reorientation therapies is not a study of whether or not the therapies "really work." Rather, this study brackets the questions of efficacy and harm in order to account for how facts about reorientation have come to be constructed over time, and how these facts have been

attributed the status of “true” and “false.” As such, it sheds light on the social forces shaping the construction of “accepted” and “rejected” knowledge. It also illuminates the tactics used by scientists on both sides of the debate as they struggle to validate their perspectives. Including media representations in the study illuminates ways in which public perceptions of science come into being.

Within science studies, actor-network theory (ANT) adds an additional principle of symmetry in the explanation of the construction of scientific facts. ANT seeks to eradicate illusory dualisms underlying modern thought, most notably the divisions of social/natural and human/technology, favoring instead the idea of “collectives” (Latour 1993). ANT departs from SSK, claiming that the latter’s use of explanations based on “social realism,” such as social forces that shape scientific fact making, actually reinforces the social/natural dualism that underlies science, and therefore, is epistemologically conservative. In applying what they call the second principle of symmetry, actor-network theorists claim that non-human actants play a role in the construction of scientific facts along with human actants (Callon & Latour 1992).

In response to these views, SSK theorists Collins and Yearley (1992) assert that claiming that non-humans have agency during the production of scientific facts is actually the more epistemologically conservative point of view. To claim non-human actants have agency is to claim that the natural world itself settles scientific controversies—the position of scientists themselves. From this view, ANT often amounts to nothing but recasting in a new language the traditional history of science, which viewed history as the gradual progressive discovery of truth. For example, Collins and Yearley point out that Collins’ analysis of a scientific controversy over the existence of

gravity waves would not have truly been symmetrical if he asserted the existence of gravity waves and claimed that they played a role in the story. In particular, ANT encounters this problem in studies of emergent phenomena. Furthermore, Collins and Yearley claim that ANT, by ignoring social forces, does not explain *why* scientists construct facts but only how.

In my study of the construction of knowledge of sexual orientation, I draw on insights from both of these schools of thought. Following SSK, I examine social forces that shape the credibility of evidence, including social movements and cultural context. However, rather than merely taking a position of “social realism,” I understand social forces to be constructed even as they have effects on the production of knowledge. Social forces do not exist independent of human understanding, and they are not simply “discovered.” Rather, analysis of social forces is dynamic and interactive. As such, social context plays an important role in shaping the successes or failures of scientists in their struggles to produce facts, as SSK theorists have observed.

Among the social factors taken into account, this study considers the ways in which gender, race, class, and sexuality, as structures of meaning and social stratification, have effects on knowledge production (Epstein 2007a: 19). Hill Collins has theorized these structures as intersecting forms of identity. She uses the term “matrix of domination” to describe how forms of power exist across multiple oppressions in complex and intersecting ways (Hill Collins 1990). While these structures are socially constructed, and are not given or merely “discovered,” they do have effects (Epstein 2007a: 319-320n15), including shaping the distribution of resources available to those involved in the construction of knowledge (Frickel & Moore 2006: 10). As these social

structures shape knowledge production, the knowledge produced in reorientation debates may reify, challenge, or reshape these structures. For example, Robinson and Spivey (2007) noted how the discourses of reorientation therapists reinforced traditional gender roles.

In addition to taking social factors into account, this study attends to the role that objects, attributed to the natural world, play as actors in the construction of facts. Theorizing the production of scientific knowledge, Donna Haraway argues that it is imperative that material objects not be thought of as passive and inert. Viewing objects as passive reduces the world to fixed resources that can be used for instrumentalist purposes, and this view masks those very instrumental interests. Rather, she states, “Accounts of a ‘real’ world do not, then, depend on a logic of ‘discovery’ but on a power-charged social relation of ‘conversation.’ The world neither speaks itself nor disappears in favor of a master decoder. The codes of the world are not still, waiting only to be read” (Haraway 1988: 591). Rethinking the relationship between researchers and objects this way grasps the reality of historical contingency in the construction of objects utilized in the production of knowledge.

These insights can be applied to the case of reorientation whenever scientific research on therapies uses physiological testing of the body to measure efficacy. Such practices are a site for producing bodies, their boundaries, and their characteristics. In Haraway’s terms, these practices are an “apparatus of bodily production.” However, within this apparatus, bodies themselves, as they are being constructed, also play an active role in the production of knowledge. Bodies, Haraway argues, should be understood as “material-semiotic actors” (Haraway 1988: 595). While bodies may be

“materialized” through scientific procedures, with boundaries drawn around them and their various relevant characteristics, Haraway notes that “boundaries shift from within; boundaries are very tricky. What boundaries provisionally contain remains generative, productive of meanings and bodies. Siting (sighting) boundaries is a risky practice” (Haraway 1988: 595). Thus, as researchers construct knowledge of sexual orientation through physiological measurements applied to bodies, they actually construct what we understand bodies to be. Simultaneously, these constructed bodies themselves will contribute to the content of discourse depending on their behavior. It is through debates and the deployment of measurement practices that boundaries of bodies become established or erased.

The conceptualizing of bodies as material-semiotic actors responds to concerns raised within social constructionist approaches to sexuality. Queer theorists, inspired by Foucault (e.g., Sedgwick 1990; Duggan 1992), as well as social constructionists studying sexuality (e.g., Gagnon & Simon 1973; Plummer 1982) have been preoccupied with challenging essentialism, conceptualizing identity not as the realization of an innate orientation, but rather, as a historically contingent project (Epstein 1994: 193-195). However, Epstein (1991) notes that constructionist perspectives, generally treating sexuality as fluid, do not account for the sense of fixed sexuality experienced by many people. In this study, treating bodies as material-semiotic actors—as objects that have agency while still being constructed as objects—can partially account for experiences of fixity without resorting to essentialism. However, as Epstein theorizes, experiences of fixity also rely on gender as a social structure, perceived by individuals at the intrapsychic level.

Insights from ANT are also helpful for understanding the outcomes of struggle within science. Research and debate within the *scientia sexualis* have left several diagnostic technologies and ways of understanding human sexuality in their wake. To understand the process of the production of these cultural forms as outcomes of scientific practice, this analysis follows the second analytic principle of symmetry, treating technologies and sexual subjectivities as outcomes of scientific practice rather than presuppositions (Callon 1986; Latour 1993). Oudshoorn and Pinch (2003) have described this approach as the analytical idiom of “co-construction,” in which technical artifacts and users are understood to be mutually shaped through scientific practice. In this project the idea of the “user” will be extended to include the subject under test, as sexual subjectivities are shaped along with the development of diagnostic technologies used to “uncover” them.

To more clearly explain the construction of diagnostic technologies used in conversion treatment debates, I draw on Pinch and Bijker’s SCOT (social construction of technology) theory (1998). In this approach, the “relevant social groups” who have had an impact on the development of a technology are determined, and their roles analyzed as their actions and interests shape the form a technology ultimately takes. Brought together under a co-construction idiom, the SCOT theory of technological development and Foucault’s theory of the expert consolidation of sexual subjectivity provide important tools to understand the mutual shaping of technologies and humans that are outcomes of the struggles to deploy evidence for or against reorientation therapy.

By looking closely at the diagnostic technologies deployed in the debate over reorientation therapy, the project will carefully analyze the production of specific

dimensions of sexual subjectivities that have not been studied before. Scholars have tended to characterize these constructions on the basis of object choice and whether they are fixed or fluid. For example, Moon (2005) observed that ex-gay ministries emphasize sexual subjectivities that are fluid while gay affirmative ministries emphasize fixed sexualities, both in terms of object choice. In an analysis of the contemporary scientific debate between reorientation therapists and gay affirmative scientists, Terry (1999) observed a similar pattern. Both Terry and Moon identify the foreclosure of sexual possibilities that do not fit into these formations, most notably fluid sexualities that involve personal choice in their transgression of heterosexual norms. By looking closely at the diagnostic practices constructed along with these sexualities over the years, I show how dimensions of sexuality other than fixed/fluid and heterosexual/homosexual become apparent, such as visual/non-visual or emotional/non-emotional. Such an analysis responds to queer theory assertions that the reduction of “sexual orientation” to gendered notions such as “object choice” conflates sexuality and gender, and overlooks crucial dimensions of sexual difference (Sedgwick 1990: 25-35). In particular, this case shows how the production of sexual subjectivity incorporates understandings of where sexuality is located and how it is experienced within the body, or within the mind, or both.

Moreover, this project will contribute to research in the field of science and technology studies that investigates the co-construction of technologies and sexual subjectivities. To date, this work has focused almost exclusively on the realm of reproduction and contraception.⁵ Researchers have analyzed the construction of the male

⁵ One notable exception to the science studies focus on reproductive technologies is a study of the mutual shaping of pornography and the development of the Internet (Coopersmith 2000).

pill (Oudshoorn 2003), RU486 (Clarke and Montini 1993), latex devices (Moore 1997), assisted reproductive technologies (Thompson 2005; Franklin 1997), sexual dysfunction treatments (Fishman 2004; Mamo and Fishman 2001), and even reproduction during space travel (Casper and Moore 1995). Thus, this project will expand research in science studies by looking at the co-construction of diagnostic technologies and homosexualities.

Constructing Facts along Multiple Axes of Categorization: “Health/Pathology”, “Morality/Sin”, “Sexual Orientation”

In the reorientation therapy debate, the term “homosexual” can signify different kinds of things. In Ian Hacking’s terms, “homosexual” is an “interactive kind” (Hacking 1999) in the sense that people so classified may, as a result of becoming aware of how they have been categorized, alter their behavior. In its most popular usage today, “homosexual” denotes a sexual orientation, defining a type of person. However, according to many reorientation therapists, this term can signify a disease and/or a form of immoral sin; in their view, human beings are innately heterosexual, but may have a “homosexual problem.” It is this problem of kinds that, as Micelli (2005) observes, can lead people to “talk past each other” in disputes. Thus, in the construction of knowledge about sexual reorientation, I argue that sexual subjectivities are constructed along different axes of classification.

To study contests over the production of knowledge in the reorientation therapy debate, I begin with Foucault’s concepts of the “*scientia sexualis*,” discourse, and power—the means for producing scientific facts about sexual orientation. I then describe the arena for establishing scientific facts, beginning with a discussion of credibility,

followed by a consideration of the “field of therapeutics” in which struggles over the construction of knowledge take place. Finally, I explore the particular politics of these three different axes of classification: “pathology,” “sin,” and “sexual orientation.”

The Production of Multiple Discourses on Sexuality

Applying principles of symmetry to the study of reorientation, my analysis of the construction of scientific facts begins with Foucault’s concept of the “*scientia sexualis*.” A product of the late nineteenth century in Western societies, the *scientia sexualis* transformed sex into a problem of “truth.” Various sexual truths have been produced through scientific procedures that evoke confessions and transform them into expert discourses. In the sexual science, morality became enforced under the guise of medical treatment (Foucault 1978: 53-57). Confession, which was once extracted from people in religious institutions, even through torture, became part and parcel of everyday life to the extent that it seemed natural to know the truth of sex—in fact it seemed so natural that to not speak about it felt as though something were being held back (Foucault 1978: 57-60). Foucault states, “The obtaining of the confession and its effects were recodified as therapeutic operations” (Foucault 1978: 67). Therefore, an apparatus for the production of scientific knowledge about sexuality came into being in Western societies which is still with us today. Foucault contrasts the *scientia sexualis* with the *ars erotica*, or “erotic arts,” in which knowledge of sexuality is acquired through actual sexual experiences.

Because of the diversity of actors participating in the production of knowledge about sexual orientation in the *scientia sexualis*, from ex-gays and ex-ex-gays producing testimony to the scientists researching them, an additional concept that is essential for this

analysis is Foucault's notion of power. For Foucault, power is not something that is held, but rather is "exercised from innumerable points, in the interplay of nonegalitarian and mobile relations" (Foucault 1978: 94). What is understood as institutionalized "Power" is really an effect produced from below, and what seems to be a major domination is really the effect of numerous negotiations throughout the social body in an elaborate "micro-physics." If power is a process of negotiation, its effects inhere in various strategies "whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies" (Foucault 1978: 93). In the context of producing sexual truths, Foucault states, "the agency of domination does not reside in the one who speaks (for it is he who is constrained), but in the one who listens and says nothing" (Foucault 1978: 62).

Power and knowledge are fused together in discourse, which diffusely travels through society in forms such as texts and speech. Describing the world of discourses, Foucault claims, "[W]e must conceive discourse as a series of discontinuous segments whose tactical function is neither uniform nor stable. To be more precise, we must not imagine a world of discourse divided between accepted and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that come into play in various strategies" (Foucault 1978: 100). While dominant discourses circulate in society, they leave openings for the possibility of resistance in the micro-physics of power relations. A "reverse discourse" can emerge, using many of the very terms, and having some similar effects, as its predecessor. Rather than merely categorizing dominant and subordinate discourses, it is imperative to understand their "tactical productivity," how they facilitate a relationship between power

and knowledge, as well as their “strategic integration,” the conditions under which they are created (Foucault 1978: 102).

The production of discourse about sex is the project of the *scientia sexualis*, transforming those truths extracted from and voluntarily provided by subjects into scientific facts. As the world of discourse is fragmented, it is imperative to understand that the *scientia sexualis* is not in favor of any one set of politics, but rather, it is an apparatus capable of turning many ways of living into discourse—in other words, science is an arena of struggle. In Foucault’s analysis, sexuality has become a “dense transfer point for relations of power” (Foucault 1978: 103) in which certain acts and desires became constituted as objects of knowledge for the regulation and discovery of experts. One of these great “strategic unities” he observed was the “psychiatrization of perverse pleasure,” in which the sexual instinct was isolated, analyzed, assigned a role of normality or pathology, and corrected (Foucault 1978: 105). Some sexual reorientation therapists continue to work toward the consolidation of this strategic unity. However, now that homosexuality has spoken “in its own behalf” (Foucault 1978: 102), it has found its way into the category of “normality” within expert discourse. It is an empirical question whether the normalization of homosexuality has produced new strategic unities, such as the psychiatrization of sexual orientation change attempts, or a psychiatrization of anti-gay sentiments. Lisa Duggan has coined the term “homonormativity” to denote forms of homosexuality that do not challenge dominant heteronormative institutions (Duggan 2003). As Moon found in her study of congregations (Moon 2005), homonormativity can contribute to the production of abject subjectivities, such as

bisexuality or other forms of sexual fluidity, and this can happen within scientific discourses as well.

The critical and analytical lens of queer theory, which also draws on Foucault, provides various insights that are useful for the application of a symmetrical analysis to scientific discourses in the reorientation debate. Within sexuality studies, queer theory generally rejects essentialism, recognizing that sexuality is both historically and culturally contingent (Epstein 1994; Duggan 1994). This perspective also challenges identity politics based on fixed sexualities, as such politics tends to privilege white men who frequently experience marginalized sexuality categories as their only marked identity (Duggan 1994). Eve Kosofsky Sedgwick calls for analyses which challenge a heterosexual/homosexual binary, claiming that the “endemic crisis of homo/heterosexual definition, indicatively male” has structured much of Western thought since the latter nineteenth century (Sedgwick 1990: 1). Sedgwick also calls for understandings of sexuality that extend beyond those based on gender of object choice. Considering alternative categorical systems, such as “singular/plural, autoerotic/alloerotic,” “orgasmic/nonorgasmic,” or “noncommercial/commercial” (Sedgwick 1990: 35) focuses attention on the fact that a homosexual/heterosexual binary is by no means inevitable, but is a cultural convention particular to the West. Thus, a queer theory lens highlights those historically contingent practices that shore up the division of human sexualities into a homo/heterosexual binary and that erase other possible sexual subjectivities.

Visualizing power as exercised and resisted at countless points throughout society is necessary for understanding this historically contingent process of producing scientific knowledge about sexualities. That is, knowledge production is not just a “top-down”

affair (Epstein 1996: 3-4). The production of knowledge about sexual reorientation therapies has involved experts working in conjunction with members of social movements who offer their personal testimonies and/or their bodies as confessions of the truths of sexuality. Often these configurations form what Rabeharisoa has called a “partnership model” of knowledge production, in which both scientific expert and lay expert bring something to the table—most often the lay person offers their own experience. As Epstein argues, “the attempt to master specialized forms of knowledge can make people ‘objects’ of that knowledge as well as ‘subjects’” (Epstein 1996: 4). Thus, the tactical productivity of any scientific discourse involves production of subjectivities, ways of being in the world, or what Ian Hacking calls “making up people” (Hacking 2004: 99).

Credibility and “Hierarchies of Evidence”

While discourses circulate in society, the extent of their influence depends on whether they are deemed credible. According to science studies theorist Steven Shapin (1995), there is no limit in principle to the forces within a culture that can and should be taken into account when considering the consolidation of credibility of claims and the claimants promoting them. Whether a scientific fact is based on testimony or physiological testing, ultimately, a relationship of “metonymy” between scientific evidence and what this evidence is to represent in the world must be established for a fact to be credible. As such the production of facts involves “credibility struggles,” as claimants attempt to convince people that they and their science can be trusted (Epstein

1996: 3). This struggle happens within a “credibility-environment,” as cultural factors may increase or decrease the credibility of a claim or claimant (Shapin 1995: 265).

Through credibility struggles, some discourses emerge as more credible than others. Sociologist Howard S. Becker coined the term “hierarchy of credibility” to describe the disparate ability of people to define reality depending on their social rank. He believed that in any system of ranked groups, there are people at the top who are understood as having the most believable picture of what is going on (Becker 1967: 241-242). Susan Leigh Star applied Becker’s concept to struggles over scientific knowledge, observing ways in which differential credibility becomes attributed to some claimants or organizations over others (Star 1989: 140-142). Whereas this concept has been applied primarily to study the credibility of people, here I extend this idea to study the formation of “hierarchies of evidence,” in which some forms of evidence, presented in scientific discourses, are seen as more credible than others for the purposes of representing some entity. In scientific controversies, the inner workings of fact construction are often contested; dissenters frequently question the relationship of metonymy between a form of evidence and the entity it is supposed to represent. Depending on numerous factors, including historical context as well as the credibility struggles of those who put forth evidence, hierarchies of evidence will crystallize during contentious periods. It is when a fact is no longer contested that it becomes “black boxed” in Latour’s terms—people no longer care how the fact was made, and they treat it as common sense (Latour 1987: 2-3). In these times, evidence may be less relevant and ethical concerns may prevail in the form of imperatives to act in accordance with established knowledge. Applying this

concept, this project seeks to illuminate hierarchies of evidence for the measurement of sexual orientation that emerge in the reorientation therapy debate.

However, while one hierarchy of evidence may prevail at a given time, it should be noted that scientific communities and various public constituencies exist within what Strauss has called multiple “social worlds” (Strauss 1978). A social world is a group with a shared commitment to certain activities in the interests of achieving particular goals (Clarke 1990: 18). Depending on their goals and activities, the system of meaning in some social worlds may differ from the hegemonic view. Across social worlds in sexual reorientation therapy debates, objects such as “physiological test” and “self-report methodology”—and indeed, “homosexuality”—can serve as what Star and Griesemer call “boundary objects”: “objects which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites” (Star and Griesemer 1989: 393). As people in different social worlds may attribute different value to forms of evidence conceived as boundary objects, this study will identify dominant hierarchies of evidence as well as those in alternate social worlds. In addition, I will identify those periods when knowledge controversies are less evenly balanced, where one view prevails to such an extent that evidence may be ignored.

The “Field of Therapeutics”

Struggles over the production of credible knowledge in sexual reorientation therapy debates occur within what I call a “field of therapeutics.” As people from different social worlds clash in various credibility struggles, a field emerges which

produces knowledge about therapies (cf., Epstein 1996: 18). Bourdieu conceives of a field as a semi-autonomous domain that both constrains and reflects the practices and interests of the people within them. Fields contain “rules of the game” which people must follow in practice, but which people also strive to shape. While fields are permeable and malleable structures, they do separate an inner and outer social space (Bourdieu 1990). The field of therapeutics is defined by therapeutic practices, broadly conceived, as well as research practices producing knowledge about those therapies. Sexual reorientation therapy and gay affirmative therapy, while central to this study, are but a small subset of therapies practiced and researched in this field. It is intended to encompass any therapeutic intervention conducted by a trained expert to produce an improved state of human well being for a client. As such, the field of therapeutics intersects with science-based fields such as medicine, psychiatry, psychology, social work, and counseling. Broadly conceived, it also intersects with theology-based fields such as religious ministries and religious counseling.

The relevant actors in the field of therapeutics who contribute to knowledge production extend beyond accredited experts in fields of science and theology. In his study of a scientific field in which social movements influenced the production of knowledge about AIDS, Epstein theorized that the field must be extended to include lay actors when there are multiple paths to credibility. In his study, AIDS activists became lay experts and influenced the ways in which research was practiced, even overseeing it themselves (Epstein 1996: 17-19). Following Epstein’s approach, this study acknowledges that the actors who contribute to knowledge production within the field of therapeutics extend beyond professional experts to include subjects in therapy, research

subjects, and social movement actors who attempt to shape the “rules of the game.” Because this field includes therapeutic clients, the consumer market for therapies is an arena of struggle, and social movements can even influence the field by interacting directly with potential clients, circumventing experts altogether. However, this kind of influence may provoke a response from professionals who must also compete for consumers.

While the field of therapeutics cuts across fields of science and religion, the boundaries between science and religion within this field are contested.⁶ For Bourdieu, a scientific field includes “the locus of a competitive struggle, in which the *specific* issue at stake is the monopoly of *scientific authority*” (Bourdieu 1975: 19). Analogously, a theological field includes a struggle over religious authority. However, within the field of therapeutics, some scientists attempt to overtly blend these forms of authority. Most notably, Evangelical psychologist Stanton Jones uses the work of Thomas Kuhn, who advocates blurring the fact/value dichotomy, to argue for a science based on Evangelical values, including the idea that homosexuality is “sin” (Jones 1994). By contrast some scientists struggle to draw distinct lines between science and religion as completely

⁶ In sociology, the relationship between religion and science has been most frequently understood as a relationship of conflict (Evans & Evans 2008). The conflict narrative is often couched in terms of science supplanting religion as the most credible means of explaining reality. Weber called this the “disenchantment” of the world (Weber 1919) as a process of increasing rationalization. Some have analyzed this process as one of increasing secularization, either as the increasing sequestration of religion from modern life at the institutional level, or, at the individual level, everyday belief systems become more secular as science increasingly offers more credible explanations of the world.

Alternately, Evans & Evans observe that some sociologists have viewed religion as historically influencing science. For example, Merton (1970) extended Weber’s thesis (1904) in *The Protestant Ethic and the Spirit of Capitalism*, arguing that not only did the values engendered by Protestantism lead to capitalism, but also to science. Values such as diligence, choice of a vocation as a calling, and seeking to know for oneself through experimentation led to the rise of science in the West. Arguably, Foucault made a similar argument about the *scientia sexualis*, as “confession” as a theological practice set the stage for the development of the sexual science.

separate domains of inquiry. For example, the American Psychological Association has drawn a line between theories in science which must be “testable, supported by empirical evidence and subject to disconfirmation” (American Psychological Association 2007) as opposed to viewpoints based on faith, which do not require confirmation and cannot be falsified (APA Task Force 2009). Therefore, in the field of therapeutics, there are practices within the *scientia sexualis* that produces scientific discourses about sexuality, but the existence of a boundary between science and religion is contested. This approach follows the recommendation of Evans & Evans (2008) by attending to both religion and science as plural and multifaceted sets of practices, and by not presuming to know the relationships between these domains a priori. Rather, the field of therapeutics, cutting across fields of science and religion, is the site of the production of multiple discourses, and whether a discourse is considered “scientific,” “religious,” or some amalgamation is a matter of the institution in which it originated as well as the outcome of struggles over boundaries.

While the field of therapeutics cuts across science and theology, the focus of this study is the production of scientific knowledge and its effects. What is at stake in the formation of scientific discourses about reorientation in the field of therapeutics is not only evidence for the efficacy of reorientation treatments, but also definitions of the very boundaries of categories such as “pathology,” “heterosexuality,” and “homosexuality.” As discourses are fusions of power and knowledge, scientific discourses constitute people as sexual subjects as they circulate. However, the category “sin,” defined within the domain of theology and utilized within religious counseling and ex-gay ministries, presents a possible problem for scientists—a potential evasion of their expertise and

ability to control the meaning of experience. I now discuss the struggles over each of these categories beginning with contests over “pathology,” followed by contests over “sin.” I then follow with a discussion of struggles over categorizations of sexuality.

“Health/Pathology”

Historical struggles over the content of the categories of “health” and “pathology” linger within all mental health practices. When an individual enters some form of mental health treatment for a mental illness, on one level, it may seem as though this is an entirely apolitical event—a completely personal and individual matter. This is one way in which expert discourse embodies power; it is productive of an understanding of reality, defining treatable pathologies as objective, scientific matters. However, establishing that something is a treatable problem that a mental health expert can “cure” is a social accomplishment. The process is called “medicalization” (Conrad 2007), taking an aspect of life and treating it as a curable illness. This process can happen for multiple reasons, for better or for worse. Sometimes a pharmaceutical company may pour immense amounts of money into advertising, attempting to convince the public that it has a useful treatment, perhaps for a new illness that was once considered an everyday problem. Sometimes people need legitimation for an illness that helps them to circumvent moral opprobrium. Alternatively, people may seek “demedicalization” of a condition because they feel that their illness is improperly classified. The quintessential case of demedicalization is homosexuality, even though there have been efforts to “remedicalize” it.

While diagnosis is up for negotiation, the very fact that people seek help from mental health professionals, or from any medical authority, is also not given. It was not always the case that people in the United States went to therapists or psychiatrists to solve problems defined as “mental illnesses” or even life problems. Anthony Giddens has theorized the rise of therapies within modernity as an expression of “reflexivity” that is characteristic of the era. In an era when science and technology have come to mediate so much of our life experience, individuals have been called to understand themselves through the lens of therapeutic techniques, creating narratives to understand and explain the self. “Therapy is not simply a means of coping with novel anxieties,” according to Giddens, “but an expression of the reflexivity of the self – a phenomenon which, on the level of the individual, like the broader institutions of modernity, balance opportunity and potential catastrophe in equal measure” (Giddens 1991: 34). In Giddens’ view, therapies, whether medical, psychoanalytic, psychological, or religious, have existed in modernity for people to self-actualize as much as they have existed to help people to adjust to social circumstances.

While Giddens views the rise of therapy as endemic to modernity, the popularity of these techniques must also be understood as a social accomplishment. In the case of medicine, the rise of professional authority was the effect of doctors seeking “professional sovereignty,” establishing control over social institutions as well as the cultural definitions of health and illness (Starr 1982). The United States, where the power of the individual to overcome obstacles is highly valued culturally, was particularly fertile ground for the development of various psychotherapies, beginning with the “mind cures” of the late 19th Century that promoted the “power of positive thinking” (Zaretsky

2004: 77-80). However, it was not inevitable that people in the United States would seek a professional for these cures. Experts had to establish their professional sovereignty, and when competing with one another, they had to establish what Andrew Abbott calls “professional jurisdiction,” the link between members of a profession and the work that they do (Abbott 1988: 20). Psychiatry developed professional jurisdiction over mental illness in the United States in the 1940s because of perceived success in the treatment of “war neuroses” during WWI and WWII (Hale 1995).

However, contemporary skepticism of mental health professions in the United States, found on both sides of the sexual reorientation therapy debate, can be traced to the anti-psychiatry movement of the 1960s. A key critique of psychiatry was advanced by Thomas Szasz in 1961, who challenged the very idea of “mental illness” as an outmoded concept. Szasz claimed, “I submit that the traditional definition of psychiatry, which is still in vogue, places it alongside such things as alchemy and astrology, and commits it to the category of pseudo science” (Szasz 1961: 1). Having no scientific basis, “mental illness” was nothing other than a term used to describe those who were being treated by psychiatrists. The legacy of the anti-psychiatry movement is ambivalence toward mental health professions, but also a high priority among mental health professionals to present their work as grounded in legitimate science.

Since all illness categories require work to establish their existence and professionals must establish their jurisdiction over treatment, all negotiations over “health” and “pathology” have political dimensions. These insights are important to consider in light of Ronald Bayer’s argument in his book *Homosexuality and American*

Psychiatry (1981). In this indispensable history of the removal of “homosexuality” from the *DSM*, Bayer argues:

Instead of a sober consideration of data, psychiatrists were swept up in a political controversy. The American Psychiatric Association had fallen victim to the disorder of a tumultuous era, when disruptive conflicts threatened to politicize every aspect of American life. A furious egalitarianism that challenged every instance of authority had compelled psychiatric experts to negotiate the pathological status of homosexuality with homosexuals themselves. The result was not a conclusion based on an approximation of scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times (Bayer 1981: 3).

Later, Bayer states, “The status of homosexuality is a political question, representing a historically rooted, socially determined choice regarding the ends of human sexuality. It requires a political analysis” (Bayer 1981: 5). Applying this analysis, Bayer notes that Dr. Robert Spitzer changed his definition of mental disorders “*after he had decided that homosexuality had been inappropriately classified*” (emphasis in original) (Bayer 1981: 127). These features of Bayer’s analysis have been cited by proponents of reorientation therapies, including NARTH members, who state:

In his book *Homosexuality and American Psychiatry: The Politics of Diagnosis* Ronald Bayer, who supports the gay agenda, documents how gay activists pressured the American Psychiatric Association to remove homosexuality from its [sic] *Diagnostic and Statistical Manual*. According to Bayer, the decision, from which 39% of the members voting dissented, was not the result of science, but politics (O’Leary, Byrd, & Fitzgibbons 2008).

By creating a clear distinction between “politics” and “science,” Bayer’s analysis leaves the decision to remove homosexuality from the *DSM* open to the critique that science had nothing to do with it.

However, as Bayer himself shows, science did play a key role in the decisions to remove homosexuality from the *DSM* (see Chapter 2). Bayer notes that Spitzer was

especially persuaded by a study by psychiatrists Saghir and Robbins (1973) in addition to the studies presented to the Nomenclature Committee by Charles Silverstein (Bayer 1981: 229n54). Rather than distinguishing between politics and science, an analysis based on medicalization would note that all decisions about diagnosis, whether they be “sober” or heated, are based on politics that require establishing that something is or is not a disorder, and that experts have the authority to treat it. While the decision to remove homosexuality may well have been forged during a politics of egalitarianism, one could just as easily say that the decision to create the diagnosis was based on a politics of authoritarianism. Moreover, as Shapin and Schaffer (1985) argue, decisions about whose perspectives and what forms of evidence count in the process of creating intellectual products are political decisions that constitute the social order. They state, “[T]he history of science occupies the same terrain as the history of politics” (Shapin & Schaffer 1985: 332).⁷

“Morality/Sin”

Few issues have divided church communities in the United States as deeply as the issue of homosexuality, even leading to threats of schism in some recent cases. Like “pathology,” “sin” is also a contested and socially constructed category. In general, sins are acts considered to be violations of divine moral laws, but there are differences of

⁷ In “The Critique of Science Becomes Academic,” Brian Martin (1993), suggesting an intellectual lineage of science studies that is based on 1960s political activism rather than insights within history and philosophy, argues that once criticisms of science entered the academy they became unconcerned with issues that matter to activists. Out of academic interests alone, science studies examined remote things like air pumps (e.g., Shapin & Schaffer 1985). However, I can think of no more radical critique of science than illustrating how it is a political endeavor through and through, even in its most “inner core” fields of the physical sciences.

opinion as to which acts are transgressions. There are also different ways in which people conceptualize the consequences of sin, as “God concepts” can range from punitive to forgiving (De Roos et al. 2001). While the content of the category may be based on an individual’s personal convictions, professional theologians play a central role in defining it, whether through scriptural interpretation or some other method.

Sociologists Johnson and Weigert (1980) have examined the ways in which priests go about deciding whether or not a sexual act is a sin within Catholicism. These authors found three different “frames,” or definitions of reality (Goffman 1974), that guide priests’ decisions. A “supernatural-social” frame invokes the authority of church teachings in determining the status of an act. However, a priest using a “supernatural-individual” frame sees acts that are nondestructive, flowing from strong intimate bonds between loving human beings, as not sinful. By contrast, a “natural-social” frame allows morality to derive entirely from a person’s social circumstances and from generally accepted views of human nature. In their study, one priest utilized a natural-social frame when saying that a young man may morally have sex with a prostitute if he puts off marriage until age 30. This is because it would be considered unnatural for a man not to have sex until that age (Johnson & Weigert 1980: 378). While this is but one typology for ways of framing the category “sin,” it reveals that the content of this category is not given, but is also a social accomplishment that requires agreement among experts and congregations. While generally a matter of theological expertise, some theologians may use something amenable to a natural-social frame in categorizing sin, and consequently may invoke concepts from science to understand this concept. Alternately, any of these

frames might be a site of controversy as well, as debates over homosexuality within theology often take place as arguments over scriptural interpretation.

Discourses of “sin” are related to scientific discourses in complex ways. On the one hand, scientific truths may shape religious doctrines, as in the case of the “natural-social” frame observed by Johnson & Weigert. Indeed, in her study of Methodist ministries, Dawne Moon (2005) found that clergy and congregation members drew on scientific discourses about the nature of sexual orientation to support their views of the moral status of homosexuality. Alternately, religious scientists may use religious discourses of sin to inform scientific practice, as in the case of Stanton Jones. Within the American Psychological Association, religion and science are deemed to be completely distinct domains for the production of knowledge. However, with the passage of a new Position Statement on religion (American Psychological Association 2007), clinicians and researchers are instructed to respect religious beliefs as they are beneficial to clients’ mental health. This potentially places “sin” outside the jurisdiction of scientific professionals. However, this same statement instructs psychologists not to condone “religion derived prejudice,” potentially subjecting the content of “sin” to a scientific evaluation. Among proponents of sexual reorientation, depending on a claimant’s views on the relationship between science and religion, and depending on their area of expertise, their perspective on the status of homosexuality can vary from pathology to sin, almost on a continuum. Indeed, as medical discourses and practices often embody moral values and involve enforcing notions of normality, the line between pathology and sin is quite blurry.

“Sexual Orientation”

Not only are the classifications of pathology and sin contested in the field of therapeutics, but so are classifications of sexual orientations. In describing the rise of the *scientia sexualis*, Foucault articulated a famous phrase, “[T]he sodomite was an aberration, the homosexual was a species” (Foucault 1978: page) According to Epstein, this “reflected a shift in the tactics of power from an emphasis on sexual behavior to one on sexual personhood: in place of the opposition between natural and unnatural *acts*, sexual experience would be divided into normal and abnormal *identities*” (Epstein 1994: 192). This set of tactics that Foucault observed was characteristic of the “psychiatrization of perverse pleasure” in the early 20th Century. However, in the United States, where reorientation therapists have come to classify people as “heterosexual with a homosexual problem,” this description of sexuality does not precisely fit. The idea of homosexuality defining a type of person has become more characteristic of reorientation opponents than proponents.

For those who take seriously the possibility of “sexual orientations” other than heterosexuality in research, there has been disagreement over which measurement of sexual orientation is most credible. In a recent essay, “Who’s Gay? Does it Matter?” psychologist Ritch Savin-Williams explains that sexual orientation has traditionally been measured on the basis of one of three components, “sexual/romantic attraction or arousal, sexual behavior, and sexual identity” (Savin-Williams 2006: 40). One of his primary concerns is that the way in which sexual orientation is measured significantly impacts the outcomes of research. This is because these measures often do not align for any given research subject. Table 1 below shows discrepant measures of homosexuality, compiled

by Savin-Williams, across populations of youth, young adults, and adults in the United States. The data on adults in Table 0.1 is taken from Laumann and coauthors' study, *The Social Organization of Sexuality* (Laumann et al. 1994). Savin-Williams notes that in this particular study, "just 20% of those who were homosexual on one dimension were

Table 0.1. "Prevalence of Homosexuality Among Females and Males...Separated by Sexual-Orientation Component" from Savin-Williams, "Who's Gay? Does it Matter?" (2006: 41).

	Attraction		Behavior		Identity	
	Female	Male	Female	Male	Female	Male
Youth^a	6%	3%	11%	5%	8%	3%
Young adults^b	13%	5%	4%	3%	4%	3%
Adults^c	8%	8%	4%	9%	1%	2%

^aMosher, Chanrda, & Jones 2005; ^bSavin-Williams 2005; ^cLaumann, Gagnon, Michael, & Michaels 1994.

homosexual on the other two dimensions; 70% responded in a manner consistent with homosexuality on only one of the three dimensions (Savin-Williams 2006: 41-42). With this magnitude of misalignment, the chosen measure can certainly have a significant impact on research results.

There is a range of issues and arenas in which these measurement decisions matter. As Savin-Williams points out, knowing the prevalence of a gay population can have implications for public policy, as a small population is more easily ignored (Savin-Williams 2006: 43). Indeed, the prevalence rates in Table 0.1 range from 1%, a less powerful minority, to 13%, larger than many ethnic groups in the United States. The ways in which these questions are addressed impact the measurement of health disparities as well, as the chosen measure can affect the degree to which gay and lesbian people are understood to be more or less at risk for suicide, depression, substance abuse, and other

mental health issues. These rates have been important for debates, as gay rights advocates point to these health disparities as evidence of “minority stress,” while sexual reorientation advocates point to them as evidence of the need for reorientation therapies. Clearly, if the measurements of outcomes of sexual reorientation therapies have political implications, and if the measures themselves can impact the conclusions of that research, then it is not surprising that the measurements chosen would themselves become the focus of immense controversy.

Opposing Social Movements Shaping the Production of Knowledge

With a theory laid out for analyzing the production of scientific discourses within a field of therapeutics, including the different axes of categorization that are relevant in the case of reorientation therapy, I now turn to literatures that analyze the impact of social movements on the production of scientific knowledge. In particular, I draw from sociological literatures that address the relationship between social movements and science, as well as the dynamics of opposing social movements. Tarrow defines social movements as “collective challenges by people with common purposes and solidarity in sustained interaction with elites, opponents, and authorities” (Tarrow 1994: 3-4). While social movements are often understood as engaged with the state, Armstrong and Bernstein (2008) have developed a multi-institutional approach, acknowledging that movements may challenge any institutional authority, including science. Crucially, by noting the proliferation of pathways to credibility that emerged in the production of knowledge about AIDS in the 1980s, Epstein (1996) showed how social movements can impact the formation of formal scientific knowledge. The formation of “lay expertise,” in

which activists become experts on scientific matters without formal credentials, can be a factor in shaping the content of scientific knowledge.

Because the content of the categories “health” and “pathology” are contested in these struggles, the social movements involved can be considered to be “health social movements.” These are a subset of social movements that pose collective challenges to health policy and cultural understandings of health and illness (Brown et al. 2004: 52). A “politicized collective illness identity” is a collective sense of identity within a health movement. It is often defined around illness experience, and “politicized,” meaning it includes a critique of social structural inequalities of some sort (Brown et al. 2004: 60). In seeking “healing” for homosexuality, the ex-gay movement loosely defines an illness identity around the idea of recovering from homosexuality. In contrast, the ex-ex-gay movement defines an illness identity around recovery from the harms of reorientation therapies.

By blurring the lines between lay and scientific expertise, patient groups and health movements often take on a “hybrid” character (Epstein 2007b). That is, health movements blend lay actors, scientific experts, and lay experts, and it can often be unclear where a movement ends and science begins. It can also be unclear whether a scientist is working as part of a movement, or when a scientist is outside but researching people within a movement. This is especially difficult when researchers eschew any identification with “politics,” as in the case of NARTH. Nonetheless, I consider NARTH part of the ex-gay movement, just as I consider some pro-gay scientists as part of the LGBT rights movement, although the boundaries of these movements are porous and blurred. A researcher may clearly act as part of a movement at some points in time,

fighting as an activist, and at other times she may distance herself from “politics” and act as a scientist seeking to represent herself as “objective.” In the production of knowledge, research emanating from a hybrid movement may follow a “partnership model,” in which scientists, who command esoteric scientific expertise, work in concert with lay experts, who command expertise often derived from their own experience (Rabeharisoa 2003).

Sociologists have noted that it is one thing for a social movement to struggle to accomplish goals against the grain of resistance within a larger society; however, it is quite another situation when a social movement must also contend with another movement that explicitly seeks to undermine its accomplishments. Meyer and Staggenborg (1996) have called such challenges “opposing social movements,” and claim that their dynamics require particular attention in analysis. While the actions of an opposing movement can create constraints for a social movement, they can also create unique opportunities. Among the many dynamics of opposing social movements that have been identified, one is a “shift of venue” (Fetner 2005). For example, when the Religious Right funded ex-gay ads in 1998, the Human Rights Campaign (HRC) was forced to divert resources and respond with matching advertisements, shifting conflict to the venue of the mass media campaign. While this required the LGBT rights movement to divert resources away from its current projects, it also created an opportunity for HRC to communicate to a wide audience the position that gay and lesbian people are healthy and happy people.

In sociology, theorizing of the dynamics of opposing social movements has built upon general theories of social movements, including the models of “resource mobilization,” “political process,” and “collective action frames.” First, inspired by large

social movements in the 1960s, resource mobilization theorists McCarthy and Zald (1973, 1977) departed from a social psychological view that social movements were rare and emerged on the condition of grievances. These theorists claimed that the formation of a social movement required the ability to garner material resources and often relied on support from outside the movement, as in the case of Northern activists campaigning in the South for voting rights for blacks in the 1960s (McCarthy & Zald 1977). Resource mobilization theory generally included the assumption that social movements are comprised of rational actors (rather than irrational fanatics) and are able to amass resources more easily when organized in a large social movement organization (Jenkins 1983).

These insights were applied to opposing social movements as a theory of “movements” and “countermovements.” For Mottl (1980) a social movement, generally positioned on the political left, strove to improve its class status in a process of “bourgeoisification.” Countermovements, positioned among relative elites on the political right, amassed a response out of fears of losing their status, or “proletarianization.” Observing the dynamics between a desegregation movement and an anti-busing movement, Mottl notes that the countermovement developed tactics that often match those used by the initial movement. Furthermore, countermovements make use of pre-existing networks, and are more likely to form coalitions with major institutions, taking advantage of their elite status (Mottl 1980: 624-625). Lo (1982) challenged this view, claiming that a countermovement could be either radical or reactionary, but required an opposing social movement. Zald and Useem argue that the visibility and success of a movement creates the conditions for mobilization of a countermovement, as

entrepreneurial leaders can mobilize grievances and define goals. A countermovement can even create the conditions for the mobilization of a “counter-countermovement” that is different from the original movement (Zald & Useem 1987: 247-49). Arguably these very dynamics have occurred in the sexual reorientation therapy case, as the successes of the gay rights movement were followed by the countermovement of ex-gays and the Religious Right, followed by the ex-gay survivor movement as a counter-countermovement. Zald and Useem described the relationship between movements and countermovements as a “sometimes loosely coupled tango of mobilization and demobilization” (Zald & Useem 1987: 252).

A European approach to social movements that emerged in parallel with resource mobilization theory is the theory of “new social movements” (NSMs). Generally theorizing movements on the left in the 1960s and 1970s, this approach noted an emphasis on identity and culture, the new politicization of areas outside the state, and the inclusion of members of the middle class (Cohen 1985; Melucci 1985). In this theory, members of the “petite bourgeoisie” are particularly suited to social movement formation because their class position makes them vulnerable to individualization, having no protections against market forces, leading them to form personal moral crusades that transform into social action (Eder 1985).

While NSM theory has not generally been applied to social movements on the right, it has been fruitful for developing concepts useful for research on opposing movements. Most notable is the development of a concept of a social movement’s “collective identity.” Building on NSM theory, Verta Taylor and Nancy Whittier developed a framework of “collective identity” as “the shared definition of a group that

derives from members' common interests, experiences, and solidarity" (Taylor & Whittier 1992: 105). In their framework, collective identity includes boundaries, "the social, psychological, and physical structures that establish differences between a challenging group and dominant groups" (Taylor & Whittier 1992: 105). Within these boundaries, movements develop forms of consciousness, "the interpretive frameworks that emerge from a group's struggle to define and realize members' common interests in opposition to a dominant order" (Taylor & Whittier 1992: 111). Finally, collective identity includes forms of negotiation, "the symbols and everyday actions subordinate groups use to resist and restructure existing systems of domination" (Taylor & Whittier 1992: 111).

While collective identity is an important tool for mobilization, it can also be a goal in itself to achieve deconstruction of stigmatizing notions, acceptance of stigmatized identities, or personal expression (Bernstein 1997). Furthermore, "identity deployment" transforms the individual person into a terrain of conflict in a strategy to achieve instrumental goals including policy and cultural change (Bernstein 1997). Bernstein (1997) provides an interactional framework to explain when identity-based movements tend to celebrate or suppress difference given varying constraints such as access to political power, organizational infrastructure, and the strength of mobilized opposition. Among opposing social movements, the boundaries of collective identities may be defined in relationship to an "other." For example, the very term "ex-gay" as an identity is defined in opposition to "gay," facilitating the consolidation of notions of "us" and "them."

Claiming that the role of politics was obscure in resource mobilization and new social movement theory, theorists of the “political process model” of social movements emerged to fill in this gap, assigning the state a central role in their theory. Moving social movements away from the “fringe,” the political process model illuminates the connections between conventional politics and collective action. Within this framework, a “political opportunity structure” is the political context which enables or constrains movement emergence, growth, or failure. Political opportunity structures include aspects such as the tolerance of elites for protest, the capacity of the state to make policy, the stability of political alignments, and the presence of allies (Tarrow 1988: 430). The political process model also provides an analysis of social movement strategies and “repertoires of contention,” the characteristic tactics of a movement (Tarrow 1994).

Building on this approach, Meyer & Staggenborg (1996) extended the model to the study of opposing social movements. Dissatisfied with the “linear approach” offered by resource mobilization theorists, they discarded the language of “movement/countermovement” to refer to long-standing “opposing” movements. In their theory, an opposing movement exists as part of a social movement’s political opportunity structure, and opposing movements engage in sustained interactions with each other in addition to the state (Meyer & Staggenborg 1996: 1632-1633). Various conditions within the broader political opportunity structure can encourage the development of conflict between opposing movements. Either a divided governmental authority or a mass media seeking equal coverage of “both sides” of controversial issues can provide fertile ground to sustain opposing movements in conflict. If a movement is strong, it will likely produce opposition, especially if it can exploit a “critical event”—some kind of monumental,

often unexpected, event that is created by the government, chance, or the movement itself (1638). Meyer and Staggenborg also theorize a set of dynamics between sustained opposing movements. If one movement experiences a defeat, it will shift venues if an alternative venue is available. Once a movement has shifted, then the other movement must respond, diverting its resources. Because of this constant shifting, a social movement's tactics cannot become static when there is an opposing movement. If conflict between opposing movements escalates, it can create contests within each movement over strategies and tactics, leading movements on both sides to splinter.

While the political process model focused on structural factors affecting movements, some theorists drew on cultural theories to better understand the processes of meaning making and producing messages in social movements, developing a theory of "collective action frames." Rather than merely carriers of meaning emerging from structural grievances, social movement actors strategically create meanings as "signifying agents actively engaged in the production and maintenance of meaning for constituents, antagonists, and bystanders or observers" (Benford & Snow 2000: 613). Building on the work of Erving Goffman (1974), social movement scholars recognize "framing" as an active and deliberate strategy of meaning construction within a dynamic process, resulting in "collective action frames." For collective action frames to be successful, they must achieve "frame resonance" with an audience, often connecting to larger motivational themes within a culture. Although the agency of framers is emphasized in this perspective, collective action frames are not constructed out of whole cloth. Benford and Snow state: "The cultural material most relevant to movement framing processes include the extant stock of meanings, beliefs, ideologies, practices, values, myths,

narratives and the like, all of which can be construed as part of Swidler's metaphorical "tool kit," and thus which constitute the cultural resource base from which new cultural elements are fashioned, such as innovative collective action frames, as well as the lens through which framings are interpreted and evaluated" (Benford & Snow 2000: 629).

Social movement scholars have extended the theory of collective action frames to opposing movements as well, examining the dynamics of "framing and counterframing." However, these studies have produced divergent conclusions. Micelli (2005) studied the dialectical processes of framing between gay rights and Christian Right movements as they tried to influence sex education programs in schools. She found that these movements produced frames in different registers that caused opposing movements to "talk past each other." Gay rights framed issues in terms of civil rights, while the Christian Right talked in terms of societal morality, resulting in a stalemate. By contrast, Esacove (2004) studied the struggles over legislation on what came to be known as "partial birth abortion." She argues that a process of "dialogical framing" leads to the production of a single frame, in this case the concept of "partial birth abortion" itself, although opposing movements attach competing meanings to this entity. Similarly, Brown (2000), in a study of opposing views of homosexuality, shows that opposing movements will adopt a common language, although they will maintain different meanings of right and wrong. Fetner (2001) provided an example of how the Anita Bryant Campaign transformed the messages of the gay rights movement, including their language, tone, and framing. Before the campaign, gay rights literature used an educational tone with a language of inclusiveness and a framing based on justice and equality. Once the opposing movement emerged, the literature became primarily angry in

tone with a language of “us versus them” and a framing based on gays and lesbians as an oppressed minority. While these conclusions differ in their form, including some cases of convergence and others of divergence, all of these studies reveal how framing is dialogical as well as ways in which one social movement can impact the other’s framing strategies.

Finally, through an analysis of opposing movements of the New Right and New Left in the 1960s United States, Rebecca Klatch (1999) shows that in addition to conflict, opposing movements may actually converge if some common ground is found. She observed how these movements gave rise to a Libertarian movement which drew ideas from both sides. Thus, opposing movements can produce a new movement that is a synthesis of opposing views and that highlights any overlapping ideas.

This study contributes to literature in the sociology of social movements by studying how opposing social movements interact when the venue of struggle shifts to the domain of science. Struggling to shape the production of knowledge and the credibility of evidence, social movements develop tactics that are particular to science, including working with sympathetic experts. Because science requires developing standards for establishing criteria of proof, contests over the framing of issues often become contests over how to frame research methodologies.

Within science studies, a number of studies have examined multiple patient groups and health movements simultaneously. For example, Ganchoff (2004) characterizes movements on both sides of the stem-cell research debate as comprising a single “field of biotechnology.” Joffe et al. (2004) study the complex relationships and alliances between pro-choice physicians and feminist health activists in relation to

resistance within the medical profession. Epstein chronicles the efforts of state-centered LGBT health advocates in relation to counter-mobilization efforts by conservatives including the Religious Right (Epstein 2003). Also considering a complex field with multiple movements, Timmermans and Lieter (2000) study social movements engaged in controversy over the reintroduction of thalidomide as a medical treatment. Crossley (2006) examines several mental health movements that make up a “field of psychiatric contention” in England, including contentions between opposition groups and between seemingly aligned groups. Finally, Klawiter (1999) contrasts cultures of action between three breast cancer movements. This study contributes to this literature by analyzing the contribution of opposing movement dynamics to the construction of knowledge. While all of this literature provides studies of the complex relationships between multiple health movements in a field, this project is the first to draw on movement-counter-movement literature from the sociology of social movements to illuminate dynamics between opposing patient groups and health movements and the effects these dynamics have on the production of knowledge.

Drawing the Straight Line

Methods

To study the construction of hierarchies of evidence and the consolidation of sexual subjectivities in these debates, I have, following Epstein (1996: 355-360), employed methods that have affinities with the work of Michel Foucault. Tracing the consolidation of scientific knowledge requires producing a narrative history (Epstein 1996: 5) that examines the minute negotiation of credibility as people from different

social worlds clash. Utilizing methods that are “archaeological,” the study examines the conditions that facilitate some ways of thinking, but make some things unthinkable.

Epstein states, “Such an analysis concerns itself with a recovery of the immanent rules of what is sayable and unsayable, thinkable and unthinkable” (Epstein 1996: 357; Foucault 1972). As Dawne Moon (2005) described, this kind of analysis shows how some sexual subjectivities become constituted, while others become “abject.” Also, as a study that is “genealogical,” this history identifies crucial moments of rupture and discontinuity, rather than assuming a smooth teleological account of the production of knowledge (Epstein 1996: 357; Foucault 1980).

To compile this narrative, I have first immersed myself in the “field of therapeutics,” attending relevant conferences and reading relevant literature, to determine the most significant and influential expert voices on reorientation, whether they be mental health experts, lay experts, or activists. This immersion also helped me to determine some of the most significant events that have shaped knowledge construction and the general field. My understanding of the most relevant experts and events changed over time, as I continued to learn more about the field.

To study the formation of hierarchies of evidence, I studied claimsmaking by relevant experts within published scientific journals and books, activist literature, and mass-media reports. I take discourses emanating from different social worlds and juxtapose them, and as Epstein claims, “Bringing them into common focus reveals the different regimes of credibility assessment, just as it exposes the stratification of credibility that inevitably becomes manifest when social worlds collide” (Epstein 1996: 355). This process involved identifying crucial publications, including special issues of

journals, media coverage of crucial events, and other widely cited materials (Epstein 1996: 355-356). In the case of commentaries published along with the study conducted by psychiatrist Dr. Robert Spitzer, I extracted themes from this literature and developed a coding scheme of methodological and ethical concerns raised by commentators, and I coded their essays.

Because texts do not reveal their history, I interviewed several key claimants about the construction of documents, as well as their own views about evidence, methodology, ethics, and the greater historical context of research practices (Epstein 1996: 355-356). I conducted nineteen interviews with scientific experts on multiple sides of the sexual reorientation issue, including Robert Spitzer, as well as activists and leaders of various groups. Finally, I attended relevant conferences not only to get a sense of the most important actors and events in the field, but also to better understand the strategies, relationships, and negotiations involved in the production of knowledge. I attended the “Beyond Ex-Gay” conference in Irvine, California in 2007, the NARTH conference in Dallas, Texas in 2007, the Western regional Exodus International Freedom Conference in Fresno, California in 2008, and the American Psychological Association Convention in Boston, Massachusetts in 2009.

At conferences, I acted as a participant observer, disclosing that I was a researcher as needed. Because note-taking is a routine practice at conferences, I was able to take very extensive notes by hand and type them up and build on them later. At the “Beyond Ex-Gay” conference, I was welcomed as an ally, as the person who invited me to the conference knew about my research and my theoretical orientation in queer theory. I participated in various events except for those in which ex-gay survivors attended alone.

During those sessions, I attended events designed for “allies.” At the NARTH conference, we were all asked during the first session to explain who we were and what our interest was in being there. I explained that I was a sociologist of science interested in hearing the organization’s point of view. I said that I noted the group had been negatively portrayed in the media, and I wanted to hear their side of things. In this case, I presented myself as a fellow scientist. However, at the Exodus International conference, I explained that I was a science studies scholar who studied “science as a human endeavor.” In this context, where there is some skepticism of science in general, I was welcomed as a fellow critic of mainstream science. At the very large American Psychological Association Convention, I acted as any other conference attendee observing interactions and claimsmaking. At no time during any of these conferences did anyone probe me about my intentions as a researcher or ask “which side” I was on. Neither did anyone ask me about my own sexual orientation, with the exception of Robert Spitzer. All of these groups were considerate and open, as most experts and activists at these conferences seemed quite interested in having their voices heard. While I had prepared a series of responses in case I encountered any hostility toward my role as a researcher, I had no need of them.

While moving through these different social worlds, including attending conferences as well as studying discourse, I applied the first principle of symmetry in science studies, bracketing the truth or falsity of the efficacy of sexual reorientation therapies and their potential harms as well as the “true” nature of sexual orientation. In addition to studying the meanings that people attribute to different forms of evidence, analysis of scientific social worlds requires attending to the types of work that people

actually do (Clarke 1990: 22). While I was not able to observe the actual research process in the construction of knowledge, I did ask people to reflect on the research process, and I did observe practices of claimsmaking which are a form of work. This method has strong affinities with the perspective of Max Weber, who argued that sociology required suspending one's own judgments because it could not answer the question, "What shall we do and how shall we live?" (Weber 1919: 143). In maintaining this neutrality, Weber expressed his hope that "if we are competent in our pursuit (which must be presupposed here) we can force the individual, or at least we can help him, to give himself an *account of the ultimate meaning of his own conduct*" (Weber 1919: 152). Thus, in this Weberian spirit, to the best of my ability I have maintained an agnostic position throughout this study about the truth and value of reorientation therapies to better understand the worldviews of people in my study.

Chapter Outline

Using these methods, the dissertation provides a historical narrative documenting the consolidation of various sexual subjectivities within the reorientation therapy debate in the United States from the 1950s to the present, as dissenters and true believers in reorientation treatments have struggled over where and how to go about "drawing the straight line" to demarcate a heterosexual/homosexual binary. The first two chapters provide a broad historical context for understanding the contemporary controversy. Chapter 1 describes the rise of treatable "psychogenic" homosexuality as an invention of the United States that has roots that are interwoven with concerns about race and class in modern urban spaces. Building on the work of Jennifer Terry (1999) who studied

scientific examinations of homosexuality in the early 20th Century, I explore the criteria of “cure” in the case studies of psychoanalysts as well as the research of behavior therapists and the behavior-based notions of sexuality that they consolidated. As the emergent homophile movement worked with sympathetic experts to produce knowledge challenging the pathological view of homosexuality, they simultaneously produced a notion of homosexual identity that would be highly influential in future struggles over demedicalization and over sexual reorientation therapies.

Dr. Robert Spitzer is the main character of Chapter 2, which begins with the story of his role in the deletion of “homosexuality” from the *DSM*, and ends with his seemingly ironic decision to conduct a research study purportedly demonstrating the efficacy of reorientation therapies. I argue that, far from “changing his mind,” Spitzer maintained an intermediary position through the 1970s, 1980s, and 1990s. While this position was radical in 1973, by 1999 it was behind the times. The world changed around him, as gay-affirmative mental health discourses came into prominence in professional mental health fields, and as US culture changed more broadly to be more accepting of gay and lesbian people. The successes of the gay liberation movement gave rise to a religious ex-gay counter-movement, basing reorientation on the need to correct “sin,” as the pathologization of homosexuality was no longer possible in this intellectual climate. The successes of professionals with gay-affirmative views also sparked the formation of NARTH and the debate gradually escalated until Spitzer went forth with his study.

Chapter 3 examines the Spitzer study and the strategies used to undermine it by reorientation opponents. I claim that researchers, anticipating the Spitzer study, created a “preventive context,” flooding the credibility environment with reasons to disbelieve the

testimonies of ex-gays. These reasons became resources for opponents of reorientation once the study became published. In the ensuing debate in the journal *Archives of Sexual Behavior*, Spitzer ultimately recanted his claim that he had produced evidence for the efficacy of reorientation therapies. This moment also gave rise to the growing credibility of genital arousal testing as a physiological means to demonstrate sexual orientation, especially with male subjects, but by no means was there a consensus on this point.

Although Spitzer recanted his claims, his study left a published scientific research article, authored by a highly credible spokesperson, available as a resource for NARTH, other components of the ex-gay movement, as well as groups within the Religious Right. Chapter 4 describes the ways in which these groups deployed components of the study as resources in various institutional venues of science and the state. It also examines the contrasting approaches to these deployments of Spitzer by anti-reorientation activists on the one hand and LGB-affirmative therapists on the other. Whereas activists sought to debunk the claims of reorientation proponents, therapists began to stake out a “middle path,” which validated some aspects of reorientation treatments while not acknowledging the possibility of sexual orientation change.

Chapter 5 examines how the field of therapeutics became reconfigured after the Spitzer study, as social movements on either side of the debate divided over ideas about evidence of efficacy, as well as ideas about harm. Among ex-gays, a tendency for religious ministry members to publicly acknowledge the existence of lingering same-sex attractions was observable in the years after the Spitzer study. This is related, in part, to calls for physiological testing, but most importantly, to the rise in visibility of “ex-ex-gays,” which required ex-gay ministries to modify their claims. Meanwhile NARTH

continued to press the claim that complete sexual orientation change, including change in attractions, was possible. Among reorientation opponents, the ex-ex-gay movement emphasized harms as they consolidated a collective identity around their experiences in reorientation therapy. Having lived within the ex-gay world, these groups developed strategies of personal testimony that refrained from debunking the opposition, but rather, provided warning of the possible effects of therapy gone wrong. By contrast, anti-reorientation activists portrayed ex-gays as fraudulent. Effectively, a convergence began to emerge between some Evangelical researchers of the ex-gay movement and LGB-affirmative therapists, all agreeing that sexual orientation does not change but that identity and orientation need not be congruent for a person to be mentally healthy.

Chapter 6 highlights a struggle at the American Psychological Association that took place in the late 2000s, in which a Task Force brought the APA in line with other mental health associations, definitively declaring that there is no evidence for the efficacy of reorientation therapies and that they are likely harmful. In so doing, the APA Task Force elevated the status of phallometric testing by citing behavior therapy studies from the 1970s as evidence that reorientation does not work. This was also accomplished by drawing a definitive line between “sexual orientation” as physiological attraction, and “sexual orientation identity” as the willingness or ability to internalize sexual orientation. The Task Force also raised the credibility of harm narratives by seeking evidence of harm in studies that did not investigate that question. The Task Force Report included a compromise with ex-gay ministries, seeing some benefits in reorientation treatments, but leaving sexual orientation as a fixed entity that cannot be changed therapeutically.

Despite NARTH's attempts to produce their own review of the literature, they remained excluded from mainstream science on the issue.

The dissertation concludes with a recap of hierarchies of evidence in the “pathology era” (1950-1973) and the “normal era” (1973-present), and includes a comparative analysis in terms of the effects of these very different credibility-environments on formation of sexual subjectivities. It then provides an analysis of the relationship between the dynamics of opposing social movements and the formation of knowledge in the mental health sciences. The conclusion then discusses queer theory, and an approach to “queering science” that might parallel Lisa Duggan’s proposal of “queering the state” (Duggan 1992). It then symmetrically analyzes scientific discourses on both sides of the reorientation debate to examine how evidence has become “queer,” as well as the ways that it has not. Along these lines, I discuss the possibility of science and politics without reliance on notions of essentialism. Finally, as reorientation therapists have turned to the development of international networks in the increasingly hostile climate of the United States, the conclusion lays out a proposal for expanding this research on the global stage.

Chapter 1

The Treatment of Psychogenic Homosexuality: Rise of the Psychoanalytic Case Study and the Behaviorist Phallometric Test (1948-1970)

The homosexual has been put on a couch and taken off, his orgasms counted and his shoulders measured, his drinking patterns analyzed and his sexual partners scrutinized. At first he was studied alone; later in dyadic relations; and finally in groups—both informal and amorphous as well as structured and organized groups, including the reformist and social protest homophile movement. Little seemed to remain that was still untouched in this area of human behavior, and if there was considerable controversy, on the one hand, or ignorance on the other, it could no longer be said that a wall of silence surrounded the homosexual.

—Donald Webster Cory

from “Homosexuality and the Mystique of the Giant Penis,”
(Cory 1965: 271).

Whatever truths have been established in the scientific study of the homosexual, one thing is certain—in the United States, Alfred Kinsey dramatically changed the terms of the discussion. This reality has been both heralded and lamented in print and in film, in academic scholarship and in the popular press, even as the full impact of the work of Kinsey and his collaborators continues to be studied and understood. *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953) transformed the cultural and sexual landscape of the United States by forcing people to rethink their assumptions about the prevalence of many sexual behaviors, especially homosexuality. “Homosexual Outlet,” Chapter 21 from the first of these two books, contained some of the facts and figures that people found most startling of all. Describing high rates of homosexual experiences among men from their surveys, the authors state, “In these terms (of physical contact to the point of orgasm), the data in the present study indicate that at least 37 per cent of the male population has some homosexual experience between the

beginning of adolescence and old age. This is more than one male in three of the persons that one may meet as he passes along a city street” (Kinsey et al 1948: 623). If these statistics were not staggering enough for conservative postwar America, the authors made a call for nothing less than the complete demedicalization of homosexual eroticism:

In view of the data which we now have on the incidence and frequency of the homosexual, and in particular on its co-existence with the heterosexual in the lives of a considerable portion of the male population, it is difficult to maintain the view that psychosexual reactions between individuals of the same sex are rare and therefore abnormal or unnatural, or that they constitute within themselves evidence of neuroses or even psychoses (Kinsey et al, 1948: 659).

Depending on one’s point of view, these varied assertions might have produced tremendous hope or tremendous panic.

By ostensibly normalizing homosexual attractions and behaviors, the Kinsey studies had various contradictory effects (Chiang 2008). On the one hand, they reversed a sense of isolation felt by many homosexual people throughout the United States. While World War II had created conditions for the growth of gay subcultures in US cities, the studies provided an important morale boost for these communities. Ultimately the studies would even provide a scientific basis for legal rights claims (D’Emilio 1983: 37). On the other hand, the studies became resources for those warning of a vast “homosexual menace” permeating the fabric of society. During the McCarthy era and the Cold War, homosexuals became grouped together with communists as a threat to national security and, consequently, were objects of purges from state employment and other forms of legal persecution. The large incidence numbers in the Kinsey report were used to argue that the problem of homosexuality was immense (D’Emilio 1983: 42). Psychiatrists, who had gained increasing prominence during World War II for the treatment of “war

neuroses” with psychoanalytic techniques, stepped in to address the problem, applying reorientation treatments based on neo-Freudian theories. By the late 1960s, psychoanalysts were joined by behavior therapists in the treatment of homosexuality in the United States. The relationship between these schools was complex—united by many shared assumptions and even converging theories, but divided over questions of epistemology, metaphysics, and therapeutic practice, as they competed for professional jurisdiction over the treatment of homosexuality.

The story of the rise of sexual reorientation therapies in mainstream mental health professions in the mid-20th Century United States has been told quite well many times before (eg. Bayer 1981; Coleman 1982; Duberman 1991; Murphy 1992; Hale 1995; Terry 1999; Drescher 2001b; Minton 2002; Chiang 2008). However, the story warrants a retelling for what it can reveal about how sexual orientations have come to be constituted—not only in the theories of experts, but also through the measurement practices used by experts reorienting people. Mental health experts in the United States visualized homosexuality as an entirely “psychogenic” illness, meaning it was a condition caused by factors in a person’s environment, and it was not innate in any way. Learned homosexuality could be unlearned through the therapist’s technique. In the United States, the derivation of theories based on this principle was rooted in race and class anxieties at the turn of the 20th Century. Developed in opposition to a congenital or innate form of homosexuality that was believed to manifest in the lower echelons of society, treatment based on the purely psychogenic model could “rescue” a more highly ranking client from contamination.

Through the 1950s, the psychoanalytic treatment of homosexuality, demonstrated through the method of the published case study, dominated the field of sexual reorientation. It did so with few obstacles as it resonated with the hegemonic worldview of the time. The case study—a narrative told from the authoritative point of view about the therapist—typically explained how the client acquired a heterosexual pattern of behavior through the internalization of the therapist’s etiological theory. The first organized resistance in the field, the homophile movement, was not strong enough on its own to influence these dominant practices, so it worked with sympathetic professionals to create science challenging the idea that homosexuality is an illness. Psychoanalysts experienced competition for professional jurisdiction over the treatment of mental disorders from behavior therapists, however, and these contests shaped the measurement practices of both schools. Behaviorists challenged that the efficacy of psychoanalysis had not been scientifically demonstrated, so a team of psychoanalysts conducted a large-sample psychoanalytic treatment study with experimental features. Meanwhile, behavior therapists, basing their claims to professional jurisdiction on their tradition of experimental research, developed and applied the purportedly objective physiological test of “phallometry,” measuring genital arousal in men directly from the body while subjects are exposed to visual erotic imagery; behaviorists argued that this measure was the most valid and specific measure of sexual orientation to date. By the end of the 1960s, the radicalized homophile movement transformed into gay liberation, and while this resistance did not yet shape epistemic practices of these schools of mental health it did shape their theories, arguments, and therapeutic methods.

Providing a background for understanding the contemporary struggles over sexual reorientation therapies, this chapter begins with a discussion of the emergence of the concept of a treatable and psychogenic form of homosexuality in the United States, as it emerged out of anxieties over race and class near the turn of the 20th century. Next, it explains how the psychoanalytic cure was established in the 1950s and it examines the ways in which the case study constituted notions of homosexuality and heterosexuality. The rise of the homophile movement is then described, in terms of the formation of a social movement collective identity, and the relationship between this changing identity and the mental health professions. Finally, the chapter discusses the import of behavior therapies for homosexuality from the UK in the late 1960s, emphasizing the ways in which gay liberation activism shaped these therapies in the United States. Reviewing the development of these therapeutic practices and their resistance is crucial for making sense of contemporary epistemic controversies in sexual reorientation therapy debates, as many relevant ideas, techniques, and frameworks were established in this period.

Early Etiologies and Treatments of Homosexuality in the United States

Prior to the Kinsey study, homosexuality was widely seen in the United States as involving few people, generally located in the shadows and on the fringes of US society. In the United States it was rarely discussed. Research on the subject was rare and scattered throughout scientific literature, even subject to censorship (Terry 1999: 75-76). But in one instance, writing in the *Journal of Nervous and Mental Disease* in 1892, Dr. Irving C. Rosse of Georgetown University cataloged several sexual aberrations, and in

doing so, he described an innate degenerative illness that afflicted some African-American men in Washington DC:

Among other genital idiosyncrasies of negroes coming to the knowledge of the Washington police, is the old Scythian malady spoken of by Hippocrates and Herodotus, and observed by contemporary travelers in the Caucasus. A band of negro men, with all the androgynous characteristics of the malady, was sometime since raided by the police. The same race a few years ago had one or more gangs that practiced a kind of phallic worship. An informant, who has made a study of skatological rites among lower races, described to me how a big buck, with turgescient penis, decorated with gaily colored ribbons, stood and allowed his comrades to caress and even osculate the member. Performances of the same nature are known to the rites of vadouxism (Rosse 1892: 802).

The “old Scythian malady” Rosse describes is not just homosexuality, but a particular version in which men are afflicted with effeminacy. At the time when Rosse was writing, many white middle-class men in the United States, including medical professionals, perceived threats to their social position due to major transformations in society. Mass migration to cities brought people together from different social locations and with disparate values. As Jennifer Terry argues in *An American Obsession: Science, Medicine and Homosexuality in Modern Society* (1999), white middle-class male fears of changing social order—alterations to the traditional class and race boundaries and hierarchies—translated into attempts to shore up these divisions with scientific notions of difference⁸

⁸ Western European practices of scientifically classifying human beings took shape amidst the politics of colonialism in the 18th and 19th Centuries. In this context, scientists contributed to the project of distinguishing types of people who were suitable for being granted human rights, and those who were suitable for enslavement. Assessing behaviors and bodily characteristics, the science of race distinguished those who were superior, characterized by higher state of development, from the biologically inferior, characterized by atavism and regression. The observed behaviors of “primitives” were understood as inextricably linked to the innate, biological status of their bodies (Terry 1999: 28-32). Regarding sexuality, primitive races were deemed to be lascivious and perverse. The colonial project was interwoven with the Victorian social order within Western societies. Those who did not conform to capitalist mandates of discipline and productivity were also deemed to be biologically inferior, their deviance the result of innate traits. In the sex/gender system (Rubin 1975) of Victorian society, the study of the female “primitive”

(Terry 1999: 74-75). Early medical ideas about homosexuality in the United States were forged in this context, where this “malady” with all its “androgynous characteristics” was first seen to be an inherent biological characteristic of “lower races” and degenerate peoples (Terry 1999: 77).

The degeneration model of homosexuality was one of many etiological theories developed in Europe during the late 19th and early 20th Century. This theory was advanced by Richard von Krafft-Ebing, author of *Psychopathia Sexualis* (1882), and held that homosexuality was an inborn defect, connected to an overall tendency toward degeneracy. Homosexuality was understood as a form of “sexual inversion,” meaning that the body and mind were of different sexes. This etiological theory stood in contrast to two others in Western Europe. The “naturalist” view, held by Magnus Hirschfeld and Karl Ulrichs, held that homosexuality was a natural variation, or an inborn anomaly, and it was not a disease. This was also a theory of inversion. The third theory, advanced by Freud, was “psychogenic,” in that homosexuality was caused, at least in part, by external forces—a form of arrested development due to early childhood experiences (Terry 1999: 43). However, Freud did not believe that homosexuality could be “cured” (Freud 1935). All of these etiologies were “constitutional” theories, meaning they refer to “an ensemble of elements and drives of the body, although authorities disagreed as to whether these were innate and hereditary or the product of social conditions and psychogenic processes” (Terry 1999: 42-43). Thus, even Freud’s psychogenic theory involved a

served to create a means for domesticating white women, cast as “passionless” in contrast to the lascivious women abroad. The effect was a “natural” social hierarchy with white heterosexual men at the top. Homosexual men and lesbians were grouped with the lascivious, and hence, seen as biologically inferior (Terry 1999: 33-35). As deviants from the two-gender system, homosexuals first became known as “inverts” who possessed the worst characteristics of both sexes (Terry 1999: 35-38).

constitutional basis, as the psychogenesis of homosexuality involved the interaction of social processes and instinctual biological drives. However, Freud's was a theory of ontogeny, as an individual developed homosexuality depending on life circumstances, while the others theorized homosexuality as phylogenetic.

While medical experts in the United States drew from the degeneration theory to explain homosexuality in the lower classes, they did not maintain sympathy for homosexuals as Krafft-Ebing had done, but rather, maintained a stance of moral condemnation. Anxieties about the decline of race and class divisions inflected views of homosexuality, raising concerns about "contamination" and "seduction" of members of the white race. By the early 20th Century, the eugenics movement had become widespread, and "sexual perversion" had been a basis for sterilization beginning in the 1880s. Sterilizing "moral degenerates" was understood as an important means to prevent passage of unwanted characteristics to offspring (Terry 1999: 81-83). Meanwhile, concerns about insufficient breeding of native born whites included fears of "race suicide" and the promotion of "positive eugenics," encouraging the rehabilitation of those men and women worthy of reproduction. In contrast to treating the constitutional homosexuality of the degenerate with sterilization, a new model evolved in the United States for the treatment of the middle classes—the rehabilitative treatment of "psychogenic" homosexuality, a form of homosexuality that had been learned and thus, was not innate (Terry 1999: 103-104). The fear that homosexuality could be acquired via seduction by a member of a lower class encouraged shoring up race and class divisions. Rehabilitative treatments for "psychogenic" homosexuality would draw on psychoanalytic theories, but they would depart significantly from classical

psychoanalysis, beginning with the fact that Freud did not believe conversion was possible.

Eventually couched in a language of scientific objectivity and social engineering, the treatment of psychogenic homosexuality became a project of psychiatrists influenced by the Progressive Era project of “social ameliorationism.” When applied to all people, these theories posited homosexuality as more likely to develop among the lower classes due to their exceedingly contaminated social milieu. Psychiatrist and mental hygienist Adolf Meyer was instrumental in developing therapies, aimed at reforming those who were not dismissed as “hopeless cases” due to their entrenched degeneracy. Meyer led the National Committee for Mental Hygiene founded in 1909. He was trained as a neurologist, but came to believe that organic explanations were insufficient to explain mental illnesses. Instead, mental illnesses were caused by difficulties emanating from the environment of an individual (Terry 1999: 107-08).

Drawing on psychogenic concepts, Meyer developed a “psychobiology” perspective in which he, like Freud, understood the personality to be the product of the interaction of the body and the environment. However, Meyer rejected Freud’s emphasis on sexuality. For Meyer, the ego, structured through a process of interaction between mind and body, could overcome mental disorder with the appropriate reconfiguration of an individual’s immediate environmental circumstances—the creation of a healthy “social adjustment” (Terry 1999: 107-108). This therapeutic regime was supported by an American “can-do” spirit, including the idea that anyone could succeed and overcome obstacles by becoming well adjusted, rather than being doomed or stricken by a restraint like one’s own constitution (Terry 1999: 108-109).

Meyer's treatment for homosexuals, among other people deemed mentally unhygienic, was "adjustment therapy," bringing homosexuals into harmony with their environment to ameliorate those stressful conditions of modernity that he thought gave rise to the sexual disorder. In some cases this treatment might end in a "heterosexual adjustment." However, abstinence was the minimal goal for homosexuals, a process of curbing the desires emanating from a "homosexual adjustment" (Terry 1999: 107-110; Minton 2002: 55). First and foremost this meant abstinence from homosexual practices. Despite Meyer's influence, most psychiatrists remained skeptical about the possibility of treating homosexuality. This was especially true for psychoanalysts, who maintained Freud's therapeutic pessimism.

However, importing psychoanalytic concepts did not always mean that subjects just underwent an adjustment of social circumstances. In one case in 1940, psychiatrist and neurologist Newdigate Owensby used the chemical Metrazol to induce grand mal seizures in six homosexual subjects, and in some cases up to 15 seizures were created during the course of treatment. Owensby explains the basis of the therapy:

This communication does not concern itself with theories or postulates about homosexuality and lesbianism other than to remark that our investigations were based on the assumption that homosexuality and lesbianism are symptoms of an under developed schizophrenia which was arrested at the particular phase in its psychosexual development where the libido became fixated and that metrazol liberates this previous fixation of the libido and the psychosexual energy becomes free once more to flow through regular physiological channels (Owensby 1940: 65).

In all six cases, subjects became heterosexual in terms of behavior. The brief case reports describe clients who seek therapy either because of court mandate or to escape some form of social pressure. For example:

Case 2.—A white male aged thirty-four years. Had been a homosexual since his fifteenth year. He was frank enough to admit that the only reason for seeking treatment was fear of exposure and subsequent disgrace. All homosexual desires disappeared after seven grand mal attacks were induced by metrazol. He was married four months later. At the expiration of ten months he stated there had been no recurrence of homosexual desires or practices (Owensby 1940: 65).

The brief report suggests that Owensby has blended psychoanalytic concepts with behaviorism to produce the effect of overcoming arrested development, but the treatment was very unlike those prescribed by Meyer.

Although the social ameliorationist view gained ground in the United States, some medical experts approached the issue of homosexuality with hormonal treatments. In the late 19th and early 20th Centuries in the United States, hormones and glandular secretions were another means of explaining racial superiority and shoring up racial hierarchy. While theories of degeneracy like Krafft-Ebing's might explain behavior differences in terms of quality of the nervous system, endocrinological theories might also explain constitutional difference terms of hormonal concentrations (Serlin 2004: 115-16) . Beginning in the 1890s, "organotherapies" involved the injection of animal hormones in small quantities to cure various maladies.

Indeed, in Europe, the treatment of homosexuality with endocrinological approaches was pursued early on in the twentieth century. Austrian physiologist Eugen Steinach devised a theory of sex-gland antagonism based on his work with animals. In one experiment, by removing ovaries from female guinea pigs and replacing them with testicles, the animal developed a masculinized body (Sengoopta 1998: 461-463). Magnus Hirschfeld, who held the naturalist view of homosexuality as an inborn and benign form of "inversion," was particularly enthused about this work. Theorizing that homosexuality

was caused by lack of sex differentiation in the gonads, Steinach worked with surgeon Robert Lichtenstern to experiment on humans, taking testicles from heterosexual men and grafting them in the bodies of homosexual men (Sengoopta 1998: 464). While the first patient reported increased heterosexual behavior, the surgery was ultimately deemed ineffective and by the 1920s had ceased (Sengoopta 1998: 468). Nonetheless, this work established a theory of sex differentiated hormones that would be a basis for further research.

The availability of mass produced hormones in the United States beginning in the 1930s created renewed interest in these chemical treatments for a panoply of human needs and ailments (Serlin 2004: 113-14). As hormones became a mass consumer item, they began to lose much of their “eugenic taint,” but for some populations like homosexuals, they maintained an association with “primitivism” (Serlin 2004: 133). Studying the effects of hormone treatment on “homosexual psychotics” in Kings Park State Hospital in New York, Dr Hyman Barahal writes:

We have undoubtedly, in testosterone, a potent product which either resembles or represents the hormonal secretion of the male gonad. Its activity is manifested by the stimulation of secondary sex characteristics, as in the increased growth of body hair, particularly over the pubic area, abdomen, and occasionally the face. There generally results also an increase in the size of the external genitalia, with a concomitant stimulation of the libido. It is interesting to note, however, that in homosexuals this libido does not change its direction following treatment with testosterone; on the other hand, there results an increase in homosexual activity (Barahal 1940: 329).

Thus, testosterone was not effective in reorienting homosexuals (also see Glass & Johnson 1944). The use of androgens in women had similar effects—masculinizing bodies and increasing sex drive—but testosterone did not redirect sexual orientation

(Masters & Magallon 1950). Synthetic estrogen treatments were applied in male sex offenders, but researchers found only a decrease in libido, and with high doses, chemical castration occurred (Dunn 1940, Foote 1944). Endocrinologists disagreed over whether homosexuals had imbalances of sex hormones (Glass et al. 1940) or whether they were indistinguishable from heterosexuals (Sevringhaus & Chornyak 1945).

With these published treatment failures and the growing prominence of psychoanalysis in the United States, organotherapies for homosexuality would wane. However, in one notable exception, African-American lesbian Gladys Bentley underwent estrogen treatment in the early 1950s and appeared in an article in *Ebony* magazine in 1952 telling her story of “cure.” Bentley, an openly lesbian night club entertainer who often wore male attire, sought social respectability within increasingly conservative middle-class black culture. Through estrogen, she claimed to have overcome her lesbian lifestyle. The article featured several photographs of the newly “feminized” Bentley, posing as a housewife washing dishes, making a bed, and looking in the mirror with jewelry (Serlin 2002: 139-146). Serlin states, “*Ebony*’s focus on gendered difference, and Bentley’s overcoming of it, had a pronounced meaning in a black publication whose goal was to redefine representations of the black public sphere, no matter how compressed or circumscribed that sphere was in the early 1950s” (Serlin 2002: 142). Even though psychoanalysis would rise to the forefront in the treatment of homosexuality in the United States in the post-WWII era, hormone treatments still maintained cultural resonance in some circumstances, and in the context of their racialized history, potentially reinforced ideas about racial difference in their application.

This brief history of the rise of a treatable version of psychogenic homosexuality highlights its origin in relation to social cleavages of race and class. Conceptualizing the condition as a learned behavior rather than an inherent part of a person not only made “rescue” possible for those deemed worthy, but reinforced race and class hierarchy. Even when the mental hygiene movement supplanted eugenic reasoning, homosexuality was believed to afflict the lower classes more deeply due to higher levels of social pathology. Nonetheless, prior to the Kinsey studies, the treatment of psychogenic homosexuality was a relatively obscure enterprise, treating an aberration that existed in the shadows of society. Most therapists maintained Freud’s therapeutic pessimism. Nonetheless, once the Kinsey studies emerged, the urgency with which medical experts attended to homosexuality increased dramatically, as it was now strongly suggested that homosexuality was a widespread phenomenon hidden within every third person walking by on the street. Psychoanalytic psychiatry, which had been successful in the treatment of war neuroses in WWII, was poised to dominate the mental health fields in the post-war era and to take over and promote the treatment of psychogenic homosexuality.

The Psychoanalytic Treatment of Psychogenic Homosexuality

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* was established in 1952 to help carve out and clarify the jurisdiction of psychiatry from the rest of medicine, and in this volume, “homosexuality” was officially classified as a personality disorder. For psychoanalysis to establish itself as the dominant regime in the treatment of this disorder, its post-war credibility would be a major asset. The cultural condemnation of homosexuality during the McCarthy era would strongly support the

pathologization upon which reorientation therapy rested. However, psychoanalysts interested in treatment would still have to fend off a number of challenges. These treatments would require the development of new theories and new psychoanalytic traditions departing from Freud, and convincing colleagues to depart from the classical psychoanalytic view was not an easy task. Indeed, psychoanalysts treating homosexuality in the United States must be characterized as “neo-Freudian,” as their theories all have intellectual lineages associated with the fracturing schools of psychoanalysis that departed from the classical view in some way beginning in the 1930s. However, one component of classical analysis was maintained—the case study in the original Freudian style—which came to be the favored form of evidence in the field of sexual reorientation through the 1950s and early 1960s. In addition, therapists would have to respond to the Kinsey studies that purportedly normalized homosexuality, and to establish that phylogenic etiologies were false.

The departures from Freudian theory that were required for the development of this new psychoanalytic perspective were substantial. Throughout his career, Freud attempted to find a middle path between those who claimed homosexuality was “acquired” and those who said it was “inherited,” proposing theories that involved an interaction of factors (Bayer 1981: 25). In *Three Essays on the Theory of Sexuality*, he developed a theory of “libido” in which a person’s innate sexual instinct or energy is directed toward a particular sexual object, the sex of the person of interest, depending on experiences in development. In this theory, all infants are born with an innate predisposition to become “polymorphously perverse,” meaning they are prone to be seduced by a vast array of potential sexual objects. This potential existed because

psychological barriers of shame had not yet been constructed by society (Freud 1905: 191). While his theory of the etiology of homosexuality evolved through his career, he theorized the “Oedipus complex” to explain psychosexual development, but differently for boys and girls. In this complex, boys form their initial libidinal attachment to their mothers, but fear castration from their rival fathers—a fear that becomes ever more pressing when the boy sees the female genital for the first time. As a result of this fear, the boy gives up his desire for his mother as the authority of the parents is introjected into the ego as super-ego, leading to a latency period (Freud 1924: 173-177). Girls also form an initial libidinal attachment to their mothers, but when they see boys’ penises, they feel that they have been castrated, and consequently, feel inferior and lose the motivation for the development of a superego. She equates the lost penis with a baby, and later hopes to bear her father a child. This wish is not fulfilled, but the girl is then prepared for her role as wife and mother (Freud 1924: 177-179). If this complex is improperly resolved, homosexuality was one possible “perversion” of the sexual instinct that could result (Freud 1905: 162-163). Freud also held a view of the sexes whereby masculinity corresponded to activity and femininity corresponded to passivity. For men, homoerotic desire was a form of femininity and lesbian desire was a form of masculinity (Freud 1919: 200-201).

While Freud did not believe that homosexuality was a normal variant of human sexuality, he was pessimistic regarding the possibility of reorientation. Indeed, he felt that most psychic phenomena were determined and beyond conscious control of individuals (Bayer 1981: 26). In a famous letter to the mother of a homosexual man, Freud stated:

...By asking me if I can help, you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a general way, we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies which are present in every homosexual, in the majority of cases it is no more possible. It is a question of the quality and the age of the individual. The result of the treatment cannot be predicted.

What analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed (Freud 1935).

In this letter, Freud expressed pessimism, but not outright opposition to the practice of reorientation. In 1920, he published one account in which the parents of a young teenage girl ask him to reorient their daughter titled “The psychogenesis of a case of homosexuality in a woman.” In this case, the Freud studies the conditions which formed her homosexuality, but claims that it is not the place of psychoanalysis to try to “cure” it (Freud 1920). Thus, the very idea of treating homosexuals would require departing from these classical Freudian views. Many of the new psychoanalysts would fault Freud’s neglect of theorizing the active capacities of the ego, arguing that this led him to be unduly pessimistic about the possibility for cure (e.g., Kardiner, Karush, & Ovesey 1959c).

In these departures from Freud, there were two crucial strains of thought that formed the foundation of the new psychoanalysis. The first was theorizing the “oral period” of psychosexual development—a period earlier than the Oedipal conflict—as the source of neuroses and perversions, including homosexuality. This trend, influenced by theorists such as Melanie Klein and Karen Horney, looked to the relationship between the infant and mother as a crucial period for shaping the outcome of psychosexual

development (Lewes 2009: 83-88). Edmund Bergler was a key figure in developing an oral stage theory of the etiology of male homosexuality in the United States. He claimed:

What is the unconscious situation of a man suffering from the disease-entity “perversion homosexuality”? He has regressed to the earliest level of psychic development, the “oral stage.” Every child has to cope with the fact of weaning from bottle or breast. The normal solution is in itself fantastic: The male child overcomes the trauma of weaning by denying its dependence on the mother and by consoling himself that he has on his own body an organ similar to the withdrawn breast or bottle, that is, the penis. Anatomic differences do not bother the child. His problem is to rescue vestiges of childish megalomania. Hence the ridiculous over valuation of the “breast substitute,” hence the well-marked “penis pride” of the boy (Bergler 1948: 71).

For Bergler and other US psychoanalysts (eg. Ovesey 1969, Socarides 1968) the equation “penis = breast” was used to explain many male same-sex sexual behaviors, such as fellatio. This formula often also included the equation “sperm = milk.” Bergler also explained that the futile search for the breast substitute and its inability to meet true human needs explained why homosexual men are “psychic masochists” and “injustice collectors,” purposely setting up situations in which they are rejected, dominated, or disappointed, and repeatedly complaining about it (Bergler 1948: 71-72).

In addition to using earlier stages of development to explain the etiology of homosexuality, some psychoanalysts also departed from Freud as part of an “adaptational” school of ego psychology. The adaptational school rejected the existence of the “instincts” and “drives” that Freud had theorized, including the forces of psychic energy and libido, claiming that any human behavior or mental state could be explained without recourse to such concepts. The adaptational school called for a radical empiricism, rejecting instincts as non-falsifiable theory and scientifically useless (Kariden, Karush, & Ovesey 1959a: 19; 1959d: 355-56). As an alternative to instinct, the

adaptational school preferred discussion of “motivation.” “Adaptation” refers to “the behavioral maneuvers by means of which the individual *adapts* to his social environment as he seeks to insure his survival and to gratify his needs [emphasis in original] (Ovesey 1969: 19). While humans have “needs” (food, shelter, sex, etc.), humans form attachments to objects through learned associations that help facilitate the meeting of those needs as a form of adaptation. Homosexuality in this theory is an adaptation that develops because normal heterosexual development is somehow impeded, motivating a person to seek out members of the same sex as a solution to meeting human needs, albeit pathologically. As an “ego psychology,”⁹ therapies were aimed at harnessing and redirecting the active strength of the ego to control behavior (Kariden, Karush, & Ovesey 1959d: 351-354). Because homosexuality was a learned adaptation, it could be unlearned.

A key figure in the early development of the adaptational school in the United States was Hungarian émigré Sandor Rado of Columbia University. Rado had been Freud’s pupil, was a key organizer of the Berlin Psychoanalytic Institute, and left for the United States in the 1930s. Building on a spirit of American belief in the power of the individual, Rado blended ego psychology with ideas of Adolf Meyer, who was his close personal friend. Rado heralded Herbert Spencer, the social theorist and philosopher who coined the term “survival of the fittest,” as an inspiration for the adaptational perspective. Thus, adaptational psychoanalysis provided a psychological framework to understand human striving for survival (Rado 1946: 169).

⁹ While Heinz Hartmann is often seen as a key figure in developing ego psychology with his book *Ego Psychology and The Problem of Adaptation* (1958), some US psychoanalysts thought even Hartmann did not go far enough in his rejection of the instincts, calling for a complete instinct-free theory (Kariden, Karush, & Ovesey 1959d: 351-354).

Following Freud's death in 1938, Rado orchestrated another key departure from Freud, publishing "A Critical Examination of the Concept of Bisexuality" in 1940.¹⁰ Rado's ontology of the sexes began with reproduction as the primary goal of all human sexuality, as a human need required for the preservation of the species. Refuting notions of "fluid sexes" based on hormonal or psychological research, Rado claimed that sex differentiation must be understood only when science takes into account each person as a whole system:

[I]t is not permissible to single out any one element no matter how conspicuous, such as the gonad, and make it the sole criterion of sex. To attempt to determine "maleness" or "femaleness" by the relative percentage of male and female hormones in blood or urine is obviously to carry this error to an extreme. Sex can be determined only by the character of the reproductive action system *as a whole*. The human being is not a bundle of cells or tissues but a complex biological system, in which new system properties appear on every hierarchic level of integration" (Rado 1940: 143).

Dismissing ideas about innateness, Rado believed homosexuality emerged because individuals became fearful and resentful of the opposite sex through traumatic experiences in early childhood. These experiences included shame by parents about sexuality, catching parents in the "marital act," and learning to associate genital union with violence and "genital degradation" (Rado 1946: 196-7). As an expression of fear,

¹⁰ Rado claimed the concept of bisexuality entered science when biologists in the mid 19th Century discovered that the differentiated sex organs of male and female organisms emerge from the same structure, leading scientists to errantly believe that aspects of male and female remain within all people. When viewing this discovery, scientists like Hirschfeld, Krafft-Ebing, and Freud tended to invoke an old Hindu myth, carried down through Plato's *Symposium*, and impose it within scientific theory that all human beings were really composed of both sexes (Rado 1940). Ironically, this is the same myth that Freud uses at the beginning of *The Three Essays* to characterize the view of those surprised by the pervasiveness of homosexual practices. Those who are shocked must be immersed in the myth of from Plato's *Symposium*, in which humans were once composed of two sexes, but then broken in two, leading to ubiquitous heterosexual desire (Freud 1905: 2).

male homosexuality is based on the reassuring presence of the penis during sexual behaviors, while female homosexuality is based on the reassuring absence of the penis (Rado 1946: 206).

Another part of Rado's psychoanalytic perspective that would be important for later theorizing involved his ego psychology, in which the ego produced "emergency behaviors" whenever overwhelmed with fear. "Emergency behaviors" were directed by the ego to avoid a threat. To avoid the fear of the opposite sex, for example, the homosexual engaged in the emergency behavioral pattern of same-sex sexual behavior, as a "reparative adjustment." Such a pattern of behavior was "reparative" in that it allowed for sexual gratification, even in a diseased form (Rado 1949: 200). Homosexual reparative adjustments as emergency measures were "outward operations of flight or evasion" (Rado 1939: 130). While Rado proposed these sources of fear, his theory provided a canvas upon which psychoanalysts could paint many speculations about different sources of fear, in forms of pre-Oedipal experiences as well as Oedipal conflicts.

In addition to these theoretical departures, adaptational psychoanalysts deviated from Freud in terms of technique. While Freud's therapeutic method was based on bringing elements of the client's unconscious into the sphere of consciousness to better understand underlying conflicts, ego psychology in the adaptational school involved reeducating the ego to achieve those goals deemed to be healthy. At times, this could even involve a direct or condescending confrontation by the therapist, as in this case report by Edmund Bergler. In this exchange, Bergler confronts "Mr. P." whom he describes as an effeminate man:

“[I]n addition to smelling your expensive perfume, I also smell a rat. Your story, as presented by you, simply does not add up. You don’t give the impression of wanting to change. What is the ‘hidden motive’ and where do I fit in? Are you in any legal trouble? Are you being blackmailed?”

“Absolutely no!”

“Then what is it?”

“Nothing. Just simple outside pressure.”

“You will have to be less evasive than that.”

“You will have to trust me.”

“I see no reason to do so” (Bergler 1956: 240).

These therapeutic practices, once considered in the context of widespread legal and social ostracism of homosexuals, simultaneously reflected and constituted the power imbalance between psychiatrist and client.

However, while these therapists left behind some of Freud’s theoretical views, the adaptational school maintained many of his epistemic practices. Irving Bieber and coauthors explained the value of the “case method” technique, deriving general structures of the human psyche from the single case:

Psychoanalysis is oriented toward the study and treatment of the individual. Consequently, the original case history method of investigating and presenting psychoanalytic findings, such as Freud’s accounts of “Dora,” the “Wolfman,” “Little Hans,” and others is still the most prevalent. Individual case reports have continued to provide a richness and depth of insight into personality and the dynamics of behavior. Based on the proposition that psychodynamic principles have broad applicability, the case history method has made it possible to formulate generalizations from given case studies to other patients (Bieber et al. 1962: 19).

The purpose of the case method was to make visible the universal structures of the mind through the dynamic narrative of the single case. Reading the published case, one was made aware of the structures of ego, id, and superego, or gained insight into such phenomena as the stages of development of the psyche.

After 1948, adaptational psychoanalysts had to contend with the threat posed by the Kinsey studies. Perhaps no psychoanalyst expressed more scathing criticism of Kinsey than Edmund Bergler. Immediately writing in the journal *Psychiatric Quarterly*, the New York psychoanalyst provided a multi-pronged critique of the first book. Emphasizing Kinsey's title of "zoologist," Bergler highlighted Kinsey's lack of medical expertise, which, he argued, explained Kinsey's failure to account for unconscious motivations underlying the pathology of homosexuality (Bergler 1948: 68-73). Additionally, Kinsey neglected to account for the unconscious motivations of his research subjects, all of whom likely exaggerated their reports of sexual deviance in order to feel less guilty. That is, if a research study published statistics with high rates of deviant behavior, then subjects would feel more normal (Bergler 1948: 73-74). Bergler criticized grouping together all forms of homosexual "outlet," glossing over the many reasons why men engaged in homosexual activities (Bergler 1948: 74-78). Furthermore, Bergler predicted that the study would bring nothing less than the deterioration of society, as homosexuals now had a "scientific" justification to maintain and spread their disease. Pathology would spread as "borderline cases" as well as men suffering from impotence¹¹ would now see themselves as homosexual. Bergler warned:

Last but not least, Kinsey's erroneous psychological conclusions pertaining to homosexuality will be politically and propagandistically used against the United States abroad, stigmatizing the nation as a whole in a

¹¹ Bergler also lamented the fact that impotent men would be suspected of being homosexual by their wives. Bergler states, "Women have a simple formula: 'Impotent, *ergo* a fairy.' This, of course, is erroneous. There are dozens of unconscious reasons for psychogenic potency-disturbance, completely unrelated to homosexuality. Still, women cling stubbornly to this silly simplification. Taking into account the fact that men are ignorant on that score, too, men are apt to believe it. I know of cases in which irate wives have first put Jackson's *The Fall of Valor* (which endorses Kinsey's viewpoint in a literary way) on their husband's night tables, followed by Kinsey's book" (Bergler 1948: 86).

whisper campaign, especially since there are no comparative statistics available for other countries (Bergler 1948: 87).

Not only was homosexuality a threat to individuals for Bergler; foreshadowing the McCarthy era, he saw it as a threat to the entire nation.

In addition to criticizing the “false myth” of high prevalence rates, psychoanalysts also strove to refute the idea of innate homosexuality, which they perceived to be reinforced by the Kinsey study. In his 1948 essay, Bergler interpreted Kinsey’s study of the “human animal” as imputing that humans have a sex life “propelled by a ‘heterosexual-homosexual’ balance which is exclusively biologically conditioned” and this view, often touted by homosexuals themselves, was not based in science (Bergler 1948: 68). Still maintaining this line of argumentation by 1965, psychoanalytically-oriented psychologist Albert Ellis provided a literature review of theories of “direct inheritance” that he thought persisted among homosexuals themselves but which, in his view, also did not stand up to scientific scrutiny. The “genetic hypothesis,” the idea that homosexuality was inherited, first outlined by German theorists Krafft-Ebing (1882) and Hirschfeld (1940), was not supported by research in Ellis’ view. Kallman (1952) provided what seemed to be the strongest genetic study, in which 40 monozygotic twin pairs showed concordance in homosexual behavior after adolescence. However, Ellis claimed that because these twins were mostly psychotic, the data could not be trusted (Ellis 1965: 27). Likewise, psychoanalysts Bieber and coauthors dismissed this same study because Kallman claimed that there is “multiple causation of homosexual behavior in the adult male” (quoted in Bieber et al. 1962: 13).

On top of refuting the genetic hypothesis, psychoanalysts also dismissed hormonal differences and abnormal bodies as evidence for a congenital basis for homosexuality. Two studies had attempted to treat homosexuals with hormones (Wright 1941, Glass and Johnson 1944), but these produced “only very partially good results” in Ellis’ view (Ellis 1965: 31). Quoting the second Kinsey study, Ellis wrote, “[W]e have never seen an instance in which a homosexual pattern had been eliminated by such therapy” (quoted in Ellis 1965: 31). Finally, psychoanalysts refuted the “body-build thesis,” the idea that evidence for a biological basis for homosexuality can be found in the fact that male and female homosexuals have androgynous body types. Again, this correlation had not been suitably demonstrated scientifically, in Ellis’ view. If correlations of this type might be found in research (e.g., Hirschfeld 1936, Henry 1941), Ellis claimed that these correlations may be explained because homosexuals, exhibiting psychological immaturity, likely also exhibited physiological immaturity. It was also likely that homosexuals with abnormal body types were more likely to be socialized to be homosexual (Ellis 1965: 35-38).

The psychiatrists working in the adaptational school developed an ego psychology¹² for the treatment of homosexuality that included a number of features reinforcing conservative values of the McCarthy era. Assumptions about traditional gender roles pervaded these theories, especially as they generally blamed male homosexuality on mothers who had inappropriately overstepped their familial roles. The

¹² In the 1960s, dissatisfaction with ego psychology led to major reactions in psychoanalytic theory that challenged the ideal of the modern subject. One was Jacques Lacan, who rejected the ego as an illusion, a product of what he called the “mirror stage.” Another was Herbert Marcuse, who championed the state of “primary narcissism” which existed as an “oceanic feeling” that one felt prior to the development of the ego in the stages of human development (see Zaretsky 2004: 316-325).

conflation of masculinity with aggression and femininity with weakness was an explicit assumption inherent in the theories, reinforcing a traditional gender structure. In addition, these theories and practices shored up the hegemony of exclusive heterosexuality of men, completely devoid of the “contamination” of homoeroticism. Men were born purely heterosexual, freed from Freud’s notions of bisexuality and latent homosexuality, and rescued as modern subjects with rigorous egos. In this context, the case study of the analyst became the primary window into the process of decontamination.

The Adaptational Psychiatric Case Study

In these case studies, demonstrating “cure” usually involved showing that the subject undergoing analysis had not only changed sexual behavior but had also internalized the analysts’ worldview—the theory of the underlying etiological dynamics. Indeed, the case study functioned not only to demonstrate cure, but also to show that the analysts’ version of neo-Freudian theory and therapeutic approach was worthy of followers. This usually involved some acknowledgement from the client that what was learned in the analysis actually led to heterosexuality. Along with conforming to a monogamous heterosexual lifestyle and adopting the therapist’s worldview, there were frequently additional reported benefits in the stories, especially for the client’s status in the workplace. Thus, the evidence of “cure” was not only a patient’s changed sexual behavior, but also a newly internalized system of meaning adopted from the therapist. Almost exclusively, the therapists and clients were men in these case studies. Female homosexuality remained conspicuously undertheorized, with “homosexual” often being a

term used to refer to men only. Women did participate in psychoanalytic therapies (Duberman 1991), but were usually not showcased in case reports of this time period.

Among the earliest reports of the “successful” psychoanalytic treatment of a homosexual in the United States was one conducted by New York psychoanalyst John S. Poe in 1950 and published posthumously in 1952. Poe treated a 40-year-old “passive” homosexual man who tended to take the role the receptive partner in anal sex. In line with Rado’s version of adaptation theory, Poe describes the patient’s homosexuality as deriving from a fear of the penis-less woman. The patient’s father (either in reality or in fantasy, it is unknown) climbed into bed with him as a child and threatened to cut off his penis with a folding knife if he didn’t stop masturbating. According to Poe, the patient, “Mr. B.,” being exclusively interested in anal sex, is, in Rado’s terms, an “eidolic she-male,” exhibiting femininity in his passive sexual role, as well as his appearance (Poe 1952: 27). Poe states, “His clothes and accessories are too extreme. He sways his hips as he walks and gestures delicately with his hands” (Poe 1952: 23). In the case study, Poe describes his client’s point of view at the beginning of therapy:

In the very earliest interviews the therapist attempted to break up Mr. B.’s complacent attitude toward his homosexuality. It was pointed out that homosexuality was not a constitutional manifestation but was a reparative behavior pattern produced by fear of the standard coital pattern. It was further pointed out to him that his overall submissiveness was an extension of this fear, and its attendant repression of self-assertiveness (rage) into other behavior areas. The patient felt that this was a more hopeful outlook than his previous one but confessed himself unimpressed by the interpretation of repressed rage (Poe 1952: 28).

By the end of therapy, after learning to interpret his life through the lens of the adaptational school, Mr. B. exhibits heterosexual behavior. Poe reports:

On January 11, 1949 the patient reported the following dream of the night before:

“I was wandering around in E.’s apartment. I stumbled over a kitten that had a bleeding forepaw. I put some antiseptic on it but it continued to bleed. I picked the kitten up and examined the bleeding paw carefully. (I felt as though E. were around, in the kitchen or somewhere close.) I then noticed that there was a sharp wooden peg stuck into the paw. I gently withdrew it, being conscious that E. was watching me, and having a feeling of tenderness for her and the kitten. The bleeding then stopped and the kitten seemed comfortable.”

The patient related this dream to the fact that he had had intercourse with E. the night before and that she had been menstruating. He felt that this made the dream interpretation obvious. He felt this indicated that he had no fear for the integrity of his penis but rather looked on it now as an aggressive organ which could inflict injury on the female genital but which he could control without permanent damage to her. It was felt that this dream indicated that a basic dynamic change had occurred.

Mr. B. was married to E. in February 1949 and has been very happy to this date (October 1, 1949) (Poe 1952: 30-31).

In this excerpt, not only is Mr. B. behaving heterosexually, happily married to E., but also he is able to interpret his own experiences, including dreams, in line with the adaptational theory that male homosexuality is caused by fear of the female genital.

In another case, Bergler’s patient Mr. N. worked through his homosexuality by coming to understand himself within Bergler’s oral-stage framework. Mr. N is a older stockbroker with a tendency to seek out beautiful young men who treat him poorly. Bergler sees this as a form of “psychic masochism,” an underlying feature of his homosexual condition:

Why Mr. N. had been shocked became clear a few days later. “In a flash,” as he put it, a “peculiar interconnection” had appeared to him while I was “pounding away” at his masochism (this time he did not say “alleged masochism”). This “interconnection” was “not fit to be divulged.” Eventually, he came out with it. On a few occasions (N. was very vague) he had speculated with clients’ funds, and there were times when he had found himself “in more than a tough spot.” If masochism—so the “flash argued”—was really as important in his make-up as I claimed it was, perhaps these dangerous risks were part of the pattern.

“You see,” I told him, “analyzing your masochism wasn’t the waste of time you assumed it was.”

In any case, the theory of the importance of psychic masochism in human life found a new proselyte in Mr. N. He began to admire what he called my shrewdness, and to identify it with my understanding of self-damage (Bergler 1956: 218).

Through his awareness of his own behaviors, classified as “psychic masochism,” Mr. N. took steps toward his “cure” by separating his masochism from his homosexual desire. He began a sexual relationship with a widow. However, once he started having sex with her, Mr. N. experienced premature ejaculation. Bergler theorized this as another manifestation of masochism, a form of “pseudoaggression” in which he deprived his partner of sexual pleasure so that he would be refused by her, and through analysis with this theory the client was “cured” (Bergler 1956: 223-24).

If clients participated in heterosexual activity in the course of analysis but did not internalize the therapists’ theory, this condition was not sufficient for “cure.” In other words, internalization of the theory was required. This was evident in a case reported by Lionel Ovesey, another psychoanalyst who followed Rado. However, he developed his own theory of “pseudohomosexuality” which extended Rado’s adaptational perspective. Like Rado, Ovesey believed that homosexuality is an adaptation, but it is motivated by more than just homosexual urges themselves. Rather, “pseudohomosexuality” involved a form of sought-out dependency, in which homosexuals deliberately set up situations in which they would be powerless, and this led them back into homosexuality in a vicious cycle. In addition to the dependency motivation, pseudohomosexuality manifested as excessive aggression—a compensation for the feeling of dependence. Consequently, much like in Bergler’s theory of “psychic masochism,” homosexuals tended to create

relationships with power imbalances. In one case, a client had engaged in heterosexual relationships, but had not yet seemingly internalized the theory:

After six months of treatment, he felt he was cured: He was ready to marry the girl, his problem on the job had disappeared, and he was free of anxiety. He said, "I look back on my homosexual life as something of the past. I guess I was just sowing my wild oats and now I'm ready to settle down."

The patient's rapid improvement had all the earmarks of a transference "cure." In his opening dream he had already indicated his magical expectations from therapy. Apparently, he had acted on them and, in the transference, had supplanted the original weak father with a stronger one represented by the therapist. Thus, magically armed with the latter's strength, he sufficiently overcame his fear of women to embark on his heterosexual adventures, but the fear was hardly resolved, nor were its unconscious origins understood (Ovesey 1969: 130-131).

It was only after the client learned to understand the underpinnings of his fear of the female genital—deriving from his conflicts with his parents based in the Oedipus complex—that he could experience real change. Subsequently, the client became less competitive and more successful at work, dated less "hysterically," learned to frame his life experiences within Ovesey's framework, and developed a stable relationship with "L" (Ovesey 1969: 135-136).

Psychoanalytically-oriented group therapy for homosexuality was another innovation of therapists within this school of thought. New York psychiatrist Samuel B. Hadden helped develop this form of treatment. Group therapy provided additional incentives for "curing" homosexuality, in Hadden's view, including group pressure on clients to take on the view that homosexuality is a disorder. In this case, a therapy group consisting of three young men realizes collectively that homosexuality is undesirable:

As consideration of their activities progressed, the front page story of the murder and dismemberment of a sailor by a homosexual known to all three of them was discussed. Bill and Tom had on more than one occasion

been invited to spend a weekend with the murderer, as was the luckless sailor. Several other murders of or by homosexuals that had occurred in the area were then discussed. One of the group was well acquainted with a youth who had recently disposed of his parents by poisoning. The group sought an explanation of why homosexuals committed such violent crimes, and when it was suggested that only they could supply the answers after examination of their own feelings, anxiety mounted as they disclosed violent emotions activated by threats of exposure and blackmail. Before the first session ended they were in agreement that homosexuals were not as gentle and artistic as they appeared (Hadden 1958: 812).

In addition to the group reinforcing the desired worldview, Hadden claims that groups help clients gain ego-strength as they can identify with others seeking the same goal, and can help as a source of social support in the transition to heterosexuality (Hadden 1958: 815). While the internalization of a worldview is a key component of successful behavioral change in groups, it also required demonstration of both the internalization of the view and the imposition of that view upon others.

While these case studies typically involved one subject, beginning in 1952 a group in New York called the Society for Medical Psychoanalysts began a much larger study that would become the most influential of this period. Conducted by the Society of Medical Psychoanalysts in New York led by Irving Bieber, the study was published in 1962 a decade after it began. *Homosexuality: A Psychoanalytic Study* included data on the psychoanalytic treatment of 106 homosexual men and 100 heterosexual male controls, with an emphasis on understanding etiology (Bieber et al 1962: xxv). Each of the 77 psychoanalysts participating in the study was given a questionnaire with a set of questions divided into “subsystems” of the family. Analysts answered questions about their patients’ relationships in these sub-systems, including the mother-son relationship, father-son relationship, and sibling relationship, and the amalgamation of these answers

was intended to uncover which etiological theory of homosexuality had the most explanatory force among a series of possible theories (Bieber et al 1962: 19-25).

This study began at a moment when psychoanalysis as a whole was beginning to face a major challenge from behavior therapy and experimental psychology on the basis of therapeutic efficacy. Beginning in the early 1950s, experimental psychology began challenging the effectiveness of insight-based therapies (Hale 1995: 309-313). In 1952, British behavior therapist Hans Eysenck published a study in the *Journal of Consulting Psychology* in which he claimed that psychoanalysis and other talk therapies were no better than “spontaneous recovery.” To estimate a base line spontaneous recovery rate, Eysenck looked at similar studies which determined this rate from the annual percentage of neurotics who were discharged from mental hospitals where there was little psychotherapy, if any. He estimated that two thirds of neurotics recover spontaneously (Eysenck 1952: 319). Compiling various case studies of psychoanalysts and other eclectic talk therapists, he found that the recovery rate for clients of psychoanalysts was 44% and for clients of eclectic therapists, 64%. Eysenck denied that these therapies were ineffective, but said that there was insufficient evidence to show that they worked (Eysenck 1952: 322). Eysenck provocatively concluded:

In the absence of agreement between fact and belief, there is urgent need for a decrease in the strength of belief, and for an increase in the number of facts available. Until such facts as may be discovered in process of rigorous analysis support the prevalent belief in therapeutic effectiveness of psychological treatment, it seems premature to insist on the inclusion of training in such treatment in the curriculum of the clinical psychologist (Eysenck 1952: 323).

As an attempt by behaviorists to establish professional jurisdiction over the treatment of mental disorders, the Eysenck study was the first of many challenges to psychoanalysis.

Demonstrations of the efficacy of behavior therapies were based on experimental methods, using control groups and objective measures in the tradition of experimental psychology, and emphasizing this tradition would be a major basis for its challenge to psychoanalysis. While Bieber and coauthors never refer to Eysenck in their study, it is noteworthy the study was designed in this context, and its experimental features (e.g., large sample, standardized questionnaire, control group, statistical analysis) were likewise devised to respond to challenges such as this.

On the basis of the results from their questionnaire, Bieber and coauthors claimed that the study supported Rado's adaptational theory of homosexuality as caused by overwhelming fears of the opposite sex. It did not, however, support Ovesey's theory of "pseudohomosexuality." In the "typical" pattern, boys obtained fears of women through interactions with the "close binding intimate" (CBI) mother and the detached, hostile, or absent father. As a boy, the future homosexual man was typically placed at the center of a triangular marital conflict. In the context of a conflicted marriage, the mother conspired to turn the son against the father and sought to fulfill unmet romantic needs with the boy. In turn, the father turned against both the mother and the boy. In this process, the mother seduced her son, catering to his unconscious incestuous wishes, while simultaneously undermining his masculinity—ensuring that he would not leave her for another woman. The father, who would typically challenge the influence of a CBI mother, was instead distant, detached, and even hostile, further compounding the mother's domination of the boy. As a boy, the typical homosexual was sexually over-stimulated by the "romantic" relationship with his mother that did not end in overt sexual behavior with her. This overstimulation, combined with the fact that the mother continually undermined the boy's

masculinity, induced a general fear of the female sexual organ and forced the son to eventually meet sexual needs with other men (Bieber et al. 1962: 312-313).

Homosexuality is a “reparative pattern” because it is a means of trying to restore heterosexuality. Men seek other men with masculine characteristics, such as large penises,¹³ in order to symbolically incorporate the other man’s masculinity, usually through oral sexual practices (Bieber et al. 1962: 314).

While the Bieber study was primarily a study of etiology, it also included a chapter on treatment outcomes. The reporting reveals that from their perspective, “homosexuality” is a disease with a primary symptom of same-sex sexual desire—homosexuality does not require behavior to be labeled. However, the “cure,” “heterosexuality,” requires only other-sex sexual behavior with no reference to desire. Bieber and coauthors also defined the “homosexual” sample in terms of *any* same-sex attraction and desire. Of the 106 “homosexual” men in the study, seventy-two had started out behaving as “exclusively homosexual,” thirty began behaving as “bisexual” and four started as “inactive.” Those with a “homosexual problem” were not necessarily enacting homosexuality, but had same-sex desires. However, “cure” was measured in terms of behavior. While Bieber and coauthors did define a “homosexual” population in the study, their analysis prefigures future psychoanalytic theories in which all people are born “heterosexual,” and should behave heterosexually, but some have a “homosexual problem” that includes “unwanted same-sex attractions.”

¹³ In the epigraph of this chapter, the title of Cory’s essay, “Homosexuality and the Mystique of the Giant Penis,” is a reference to Cory’s critique of this very theory of masculine incorporation. While Cory supported the idea of exclusive homosexuality as a neurosis, he did not agree with the adaptational psychoanalysts (see Cory 1965: 271-279).

The case studies in *Homosexuality* show that behavioral outcome was the most important concern for the Bieber research team. The cases are typically stories of childhood family dynamics, used to illustrate etiologies, followed by a brief statement of behavioral outcome. For example, Case No. 166 became exclusively heterosexual despite his close binding mother and distant and hostile father. Bieber and coauthors report, "At last follow-up, three years after completion of psychoanalysis, the patient reported that he was happily married, had a son in whom he took great pride, and that he has continued to do exceedingly well in his work" (Bieber et al. 1962: 295-296). The dearth of discussion of the therapeutic dynamics in these cases is likely due to the fact that the study was primarily about etiology, and secondly, because the Society of Medical Psychoanalysts were not all in agreement about psychoanalytic theory. Furthermore, reporting on overall change for the homosexual subjects (also known as "H-patients"), Bieber and coauthors state, "The shift from homosexuality to exclusive heterosexuality for 27 per cent of the H-patients is of outstanding importance since these are the most optimistic and promising results thus far reported" (Bieber et al. 1962: 276). Because homosexuality was a disease primarily manifesting as a set of attractions, bisexuals undergoing treatment could be included in this "cure" statistic, from the viewpoint of Bieber and coauthors. Of those 29 "exclusively heterosexual" as of the final follow up in June, 1960, 14 had started out as exclusively homosexual, and 15 began as bisexual.

Thus, a proper "cure" of homosexuality in case reports required two conditions be fulfilled: the client behaved heterosexually, and incorporated a set of beliefs about the nature of homosexuality. The technique of the case study meant that the perception of cure was the analyst's first and foremost, as it was the analyst who had to be convinced

by the client that these changes had actually happened. Heterosexuality was constituted as a set of behaviors, but also as a set of meanings. In this meaning system, subjective homosexual desire came to be understood as a contaminant, the consequence of thwarted family dynamics. While challenges to these epistemic practices were relatively weak in the early 1950s, stronger challenges emerged with the rise and eventual radicalization of the homophile movement, as well as the importation of behavior therapies from Great Britain.

The Homophile Movement and the Emergent Challenge of Gay Identity

In 1951, a group of homosexual men in Los Angeles who had been involved in the Communist party formed a homosexual emancipation group, “The Mattachine Society,” built on the secretive and cell-based model of their Marxist organization. They developed a radical critique of heterosexual domination, based on the idea of homosexuals as an oppressed minority (D’Emilio 1983: 57-70). However, within the context of the McCarthy era, allegations in 1953 by a newspaper columnist that the “homophile” movement might be a group of subversives threatened the Mattachines to such an extent that a completely different strategy emerged, based on striving for assimilation and working with sympathetic experts (D’Emilio 1983: 75-84). Although the magazine *ONE* maintained the radical vision, the Mattachines, along with the women’s group “Daughters of Bilitis,” strove to fit into heterosexual society. While the Kinsey reports certainly made homosexuals feel energized and less alone, by 1953, the temper of the times had diffused the zeal of homophile groups. Rather than direct action, they adopted the strategy of working with researchers, most notably UCLA psychologist

Evelyn Hooker, to challenge psychoanalytic orthodoxy through science. However, the assimilation strategy of the homophiles made it difficult for the movement to maintain a sense of who they were.

Taylor and Whittier theorize this sense of group identification in a social movement with a framework of collective identity, “the shared definition of a group that derives from members’ common interests, experiences, and solidarity” (Taylor & Whittier 1992: 105). Collective identity has been emphasized in the study of “new social movements” that have emerged in the latter half of the 20th Century (Pichardo 2001: 425). In their framework, collective identity includes boundaries, “the social, psychological, and physical structures that establish differences between a challenging group and dominant groups” (Taylor & Whittier 1992: 105). Within these boundaries, movements develop forms of consciousness, “the interpretive frameworks that emerge from a group’s struggle to define and realize members’ common interests in opposition to a dominant order” (Taylor & Whittier 1992: 111). Finally, collective identity includes forms of negotiation, “the symbols and everyday actions subordinate groups use to resist and restructure existing systems of domination” (Taylor & Whittier 1992: 111).

Seen through the lens of this framework, the homophile movement initially developed a collective identity with an “oppressed minority group” consciousness. The boundaries of the movement were distinct, and the negotiation strategy was just beginning to form as one of direct action, challenging oppressive laws, leafleting, and creating an “ethical culture” as a group. The Mattachine Society had even successfully supported a member through a police entrapment case, leading to his acquittal (D’Emilio 1983: 70-71). However, this type of expression of collective identity could not be

sustained within the repressive political opportunity structure of the 1950s. Within the context of the McCarthy era, the definition of self that the homophile movement developed was paradoxical—a collective identity based on the similarity to dominant groups.

This contradictory sense of collective identity, a “we” that no longer wishes to be separate but that still acknowledges distinction, made sustaining the homophile movement and knowing its boundaries quite difficult. However, it made the collaborative work of sympathetic experts all the more important. The negotiation strategy evolved into working through experts like Hooker to accomplish goals rather than engage in direct action that targeted dominant groups. In so doing, the work between Hooker and the homophile movement fits a model of knowledge production in hybrid social movements that Volona Rabearisoa has called a “partnership model” (Rabearisoa 2003). That is, lay actors and formal experts both brought expertise to the table in the production of knowledge. Homophile group members brought their personal experience and their social networks, while Hooker and her collaborators brought expertise in mental health testing. Conceptually, Hooker took seriously the gay identity that was being asserted by homophile groups, and investigated its positive as well as negative aspects. In this sense of concept sharing and network sharing, the homophiles were partners in the research enterprise, but Hooker and her fellow psychologists were the only experts in the study. Following this partnership, Hooker echoed the homophile movement’s ambivalence about group identity, treating group dynamics that set homosexuals apart from the rest of society as a potential source of pathology, but she still claimed that coming out and belonging to a community had important benefits. Significantly, Hooker’s work

introduced a concept of homosexual identity into scientific research, one asserted by gay communities themselves that could have positive aspects, not yet seen in the mental health literature. Rather than a diseased set of attractions and behaviors, homosexuality could be something that people could healthfully identify with as needed.

For Hooker, psychoanalytic theories of the individual failed to take into account a number of social dynamics. In a preliminary analysis of male homosexual groups, she claimed that much of the pathology, such as obsessive behavior and withdrawal, observed among homosexuals was likely due to their societal oppression. She stated, “It would be strange indeed if all the traits due to victimization in minority groups were, in the homosexual, produced by inner dynamics of the personality, since he is also a member of an out-group which is subject to extreme penalties, involving, according to Kinsey, ‘cruelties (which) have not often been matched, except in religious and racial persecutions’” (Hooker 1956: 219). Indeed, the question of whether pathology is inherent or is a reaction to social stigma would be an important one, as sexual reorientation therapists would later seize upon higher rates of illness among homosexuals as a need for reorientation treatment.

Hooker found that other social dynamics were beneficial for homosexuals: “coming out” and adopting a homosexual identity, with connection to a larger community, was positive and therapeutic. Hooker wrote:

With group support and belongingness some anxieties tend to be diminished. These individuals are, in some aspects at least, mutually supportive. The groups are therapeutic groups in the sense that they give support to the individuals, give a possibility of identification with a group and thus reduce marginality and isolation, and often afford release of tensions and anxieties (Hooker 1956: 223).

Through adopting a homosexual identity and coming out, homosexuals gained access to this type of support and a community social life. However, reflecting the homophiles' push for a collective identity based on assimilation, Hooker noted that living in separate and oppressed communities could create group-induced pathologies. The mutual over-excitation within the segregated group, without sufficient release of tension, led to disturbed behaviors like exhibitionism and promiscuity. Furthermore, being marginalized led to creation of rigid rules within homosexual communities (Hooker 1956: 223-224). What was ultimately needed was full integration into the larger community.

Hooker further drew on the ethos of assimilation in her 1957 psychological research study, "The Adjustment of the Male Overt Homosexual." This study directly challenged the diagnosis of homosexuality as a personality disorder. She sought out "well adjusted" gay men for her study through her networks in homophile organizations, and she matched each one with a heterosexual control, matched for age, education, and IQ. This would be the first study of homosexuals who were not found in prisons, clinics, or mental hospitals, who may have a chance of showing an "average adjustment, provided (for the purpose of the investigation) that homosexuality is not considered to be a symptom of maladjustment" (Hooker 1957: 18). To evaluate personality adjustment, Hooker's study used a set of projective personality tests, including the Rorschach ink blot test, the Thematic Apperception Test (TAT), and the Make-a-Picture-Story test (MAPS). With a team of internationally renowned experts evaluating the data, Hooker concluded that homosexuality per se should not be considered a mental disorder (Minton 2002: 227). The two judges could not do better than chance when trying to discern which Rorschach interpretations came from homosexuals and which were from heterosexuals.

In the qualitative portion of the report, Hooker described a homosexual subject who had been misidentified as a well-adjusted heterosexual:

This man is in his early 40's and holds two master's degrees in different artistic fields from one of the major educational institutions of this country. He had a long career as a college teacher - long, and apparently successful. He was caught in what was, to the police, suspicious circumstances with another man, and in the space of a few minutes his entire professional career was destroyed. He now is the manager of a magazine. Although in his early life he passed through the "cruising" stage, he now has highly stable personal relationships, including a "homosexual marriage." If one brackets the fact that he is a homosexual, one would think of him as being a highly cultured, intelligent man who, though unconventional in his manner of living, exhibits no particular signs of pathology. He has never sought psychological or psychiatric help. He has been a homosexual from adolescence, with no heterosexual experience or inclination (Hooker 1957: 26).

Here was one among many cases of well-adjusted self-identified homosexual men that Hooker presented to the scientific community. Summarizing the data, she concluded that there were many forms of homosexual adjustment, pathological and healthy, and due to this variety, homosexuality in itself could not be considered an illness.

However, homophiles themselves still remained divided on whether or not to challenge the diagnosis. This dilemma especially surrounded the figure of Donald Webster Cory, whose book *The Homosexual in America* (1951) had been a foundational and inspirational text for the movement—a book which called for recognition of a homosexual minority. Cory, whose real name was Edward Sagarin, had struck a friendly relationship with psychoanalyst Albert Ellis, who had actually written the introduction to his revolutionary book. Cory had initially asked Alfred Kinsey to write the introduction to the book, but Kinsey turned him down because he felt that it would be inappropriate given the controversy he was then experiencing. Kinsey referred Cory to Ellis who he

knew would be supportive (Cory 1964: 7). Ellis, a psychologist, departed from many of the views of psychoanalysts completely opposed to homosexuality. Outspokenly supportive of gay emancipation, Ellis developed the perspective, eventually adopted by Cory, that *exclusive* homosexuality is a form of neurosis. For human beings to be healthy, Ellis thought they should acknowledge and act on their innate bisexuality (Ellis 1956: 78). Cory was married with a son when he wrote *Homosexuality in America*, and through much of his life lived a compartmentalized life, so it was ironic that his work began the homophile movement (Minton 2002: 247). While his position was radical for the early 1950s, by the 1960s any enthusiasm for treatment would put Cory on the fringe of the homophiles (D'Emilio 1983: 167-68). In the brief introduction Ellis had stated, "Mr. Cory's book is noteworthy for its well-warranted indictment of our smug and sadistic heterosexual persecution of homosexuals" (quoted in Cory 1951: xi). However, Ellis expressed disagreement with Cory's therapeutic pessimism, at least in 1951.

By the mid 1960s, the collective identity of the homophile movement had changed dramatically. The new spirit drew from the civil rights movement, and groups began developing strategies of direct action. In 1963, the East Coast Homophile Organization (ECHO) was organized, comprising groups that were more militant than the national organization had been. Frank Kameny, who had been deeply disillusioned after losing a job working for the US Army and subsequent blacklisting, launched the Washington, DC Mattachine Society and was part of ECHO. Barbara Gittings, founder of the New York chapter of Daughters of Bilitis, became a militant leader as well. In their analyses, Kameny and Gittings connected psychiatric illness diagnosis with inequality, as the designation of homosexuality as a sickness prevented employment and destroyed

peoples' self-respect. Kameny's speeches were particularly influential in redirecting the homophile movement to challenge the medical model (Minton 2002: 243-245).

The new boundaries of the homophile collective identity no longer included people who believed in an illness model of homosexuality. Albert Ellis claimed at an ECHO convention that "the exclusive homosexual is a psychopath," to which an angered person retorted, "Any homosexual who would come to you for treatment, Dr. Ellis would *have* to be a psychopath." (quoted in D'Emilio 1983: 163). Kameny wrote to Cory, who upheld Ellis' view, "[Y]ou have left the mainstream for the backwaters...the senile Grandfather of the Homophile Movement, to be humored and tolerated at best; to be ignored and disregarded usually; and to be ridiculed at worst" (quoted in D'Emilio 1983: 167). By 1966, the newly created North American Conference of Homophile Organizations (NACHO) took on a civil rights posture, and by 1968, the group adopted a resolution that contained a motto modeled after the black pride slogan "black is beautiful," namely "GAY IS GOOD." (Minton 2002: 252-253). That same year, the first confrontation between activists and psychiatrists took place as a Columbia University student group protested a medical school panel on homosexuality for not including any homosexual panelists (Minton 2002: 253).

Still undeterred and not recognizing the possibility that these developments could undermine the diagnosis of homosexuality itself, psychoanalysts developed various strategies to deal with the emergent phenomenon of affirmative homosexual identity. Some psychoanalysts treated homosexual identification as a symptom of even more deeply entrenched pathology. For example, in his book *Homosexuality and Pseudohomosexuality* (1969), Ovesey advised that when selecting male clients, those

with homosexual identification should be avoided. Features indicating a “favorable prognosis” included strong motivation, strong ego strength, masculinity identity, heterosexual identity, low “homosexual consolidation,” and high “heterosexual integrity.” “Homosexual consolidation” included the age of onset, duration of experiences, level of exclusivity, and amount of compulsion. “Heterosexual integrity” included level of attraction to women, finding sex with women pleasurable, attraction to vaginas, having had heterosexual experience, ability to get an erection when with women, enjoying women’s company, and having heterosexual fantasies (Ovesey 1969: 116-117). While nothing was impossible in therapy, Ovesey claimed, he felt that those who were so exclusively homosexual that they identified with it were beyond remedy. He claimed, “Those in the unfavorable group do not often appear in the psychiatrist’s office, and when they do, their motivation will usually not stand up to challenge. The problem of selecting homosexuals as patients for treatment, therefore, is solved for the most part by the homosexuals themselves” (Ovesey 1969: 117-118).

By contrast, Charles Socarides, who would emerge as the leader in the opposition to removing homosexuality from the *DSM*, took a more direct and conceptual approach to rising resistance. Socarides’ response was rooted in his view that heterosexuality, like homosexuality, was psychogenic. Strong social pro-heterosexual social norms with strong sex divisions had evolved over time in order for children to learn to be heterosexual. His opposition to homosexuality thus stemmed from his perception of the need to maintain a set of values necessary for the preservation of all heterosexuality (Bayer 1981: 34). Consequently, Socarides launched nothing less than an all-out assault on homosexuality, and took many cues from Edmund Bergler in his derisive tone. At a

convention of the American Medical Association in June 1968, Socarides described homosexuality as “a dread, dysfunction, malignant in character, which has risen to epidemic proportions” and he called on the federal government to create national centers for rehabilitating homosexuals (quoted in D’Emilio 1983: 216). Homophile groups likened Socarides’ proposal to a “final solution,” conjuring images of genocide (D’Emilio 1983: 216). In his book *The Overt Homosexual* (1968), Socarides vituperatively challenged the possibility of a positive homosexual identity:

The “solution” of homosexuality is always doomed to failure.... Homosexuality is based on fear of the mother, the aggressive attack on the father, and is filled with aggression, destruction, and self-deceit. It is a masquerade of life in which certain psychic energies are neutralized and held in a somewhat quiescent state. However, the unconscious manifestations of hate, destructiveness, incest and fear are always threatening to break through. Instead of union, cooperation, solace, stimulation, enrichment, healthy challenge and fulfillment, there are only destruction, mutual defeat, exploitation of the partner and the self, oral-sadistic incorporation, aggressive onslaughts, attempts to alleviate anxiety and pseudo-solution to the aggressive and libidinal urges which dominate and torment the individual (Socarides 1968: 8).

In addition to this Bergler-style characterization of pathology, Socarides claimed that half of homosexuals experienced serious mental illnesses and the other half “when neurotic may be of the obsessional or, occasionally, of the phobic type. They may suffer from character disorders, psychopathic personality or some variety of addiction” (Socarides 1968: 90). These strong views, along with his psychogenic theory of all sexuality, would propel him to a leadership role in the coming years.

In parallel to these developments, in 1967, Samuel Hadden took on the growing homophile movement in *Harper’s* magazine through the strategy of public outreach. In an article titled, “A Way Out for Homosexuals,” he called for an end to the hostility that

society directs toward the homosexual, claiming that it is a sickness that should merit sympathy. Describing the successes of his individual and group therapy practice, Hadden compared homosexuality to alcoholism as a form of “maladaptation and immaturity” (Hadden 1967: 120). He also criticized the idea, published in *Mattachine Review*, that because homosexuals have been important people throughout history, even being among the most influential people in history, they might have special qualities. Hadden claimed, “While there is little doubt that some homosexually afflicted males have attained to positions of prominence, they did so in spite of, not because of their homosexuality...” (Hadden 1967: 107). This was a strategy of trying to make amends and reach out. Thus, whether advertising therapy, calling for government intervention, or distinguishing between potential clients and “hopeless” cases, psychoanalysts were aware of the threat posed by the growing homophile movement at the end of the 1960s, but the fight over the diagnosis that would ensue in the 1970s took many of them by surprise.

Through the 1950s and 1960s, up to the point of the Stonewall Rebellion in 1969, forces gradually amassed in preparation for a clash over the homosexuality diagnosis. The homophile movement had radicalized, and Hooker and others (Ford and Beach 1951; Marmor 1965) had provided scientific literature that would be instrumental in that cause. This was not only happening in the United States, as the Wolfenden Report from Great Britain recommended in 1957 that homosexuality no longer be considered a disorder. Adaptational psychoanalysts developed different postures in response to the growing challenges. One final move was made in 1968 prior to the conflict—“homosexuality” was quietly removed from the section on personality disorders in the *DSM* and placed in the section on sexual deviations in the new *DSM-II* (Bayer 1981: 39-40). This move was

perhaps an attempt to make Hooker's personality-based work less relevant. As the homophile movement radicalized, Charles Socarides began to emerge as its most vocal and uncompromising opponent—much like Edmund Berger following the Kinsey studies. However, challenges to the scientific basis of psychoanalysis persisted, paving the way for the emergence of the behavior therapy of homosexuality. Largely developed in the UK in the wake of the Wolfenden Report, behavior therapy for homosexuality was imported into the United States in the late 1960s. While this was a competing school of mental health, behavior therapists initially joined forces with psychoanalysts in maintaining the pathological view.

Importing Behavior Therapies for Homosexuality

While psychoanalysis gradually became the predominant theoretical basis for psychiatry in the United States over the first half of the twentieth century, academic psychology was dominated by the school of behaviorism during this period. The work of this school primarily consisted of research within the academy—mostly research on animals—including teaching rats to run mazes, or teaching animals in a cage known as the “Skinner box” to learn to press buttons for food or to avoid electric shocks. The new innovation of behavior therapy applied decades of research on animal learning to the clinical setting with human beings. In their eclectic approaches, some military psychiatrists had drawn on behaviorism to treat war neuroses during the two world wars, but the explosion of behavior therapies in the United States did not happen until after World War II (Mills 1998: 160-1).

While disagreements were plentiful within behaviorism, the school was based on some key shared assumptions. One was bracketing the question of the existence of “mind” or “consciousness” and focusing instead on the body and the brain as the target of research and therapy. Radical versions of behaviorism assume there is no such thing as consciousness whatsoever, casting as epiphenomenal anything experienced as mind. Subsumed within the category of behavior, rational thought was understood to be the product of learning processes and life-long conditioning (Mills 1998: 2-3). Behaviorists sought to understand causes and effects within the brain such that a researcher could predict a response, given any stimulus. Likewise, if an organism’s response is known, a researcher could predict the stimulus. Behavior therapy extended these principles, conceptualizing the brain as malleable and capable of further learning.¹⁴ Within this school, there was not a consensus on the etiology of homosexuality, as behaviorists entertained a range of theories including treating it as a learned behavior, the result of concentrations of pre-natal hormones, and even heredity (Feldman & MacCulloch 1971: 166-170). Regardless of beliefs about etiology, behaviorists sought to treat, or

¹⁴ The work of Russian psychologist Ivan Pavlov and US psychologist B.F. Skinner led to the development of treatment technologies that would later be applied to humans in the treatment of homosexuality and a panoply of other conditions. Pavlov’s “classical conditioning” was a means of learning in which a stimulus (the “unconditioned stimulus” (US)) that ordinarily evokes a response (the “unconditioned response” (UR)) becomes associated with a neutral stimulus (the “conditioned stimulus” (CS)) the usually has little effect. The effect of the association leads to a “conditioned response” (CR) to the neutral stimulus in the absence of the unconditioned stimulus. In Pavlov’s famous experiments with dogs, he was able to condition dogs to salivate at the sound of a bell by associating the sound of the bell with the presentation of food (Pavlov 1927). B.F. Skinner developed “operant conditioning” (also known as “instrumental conditioning”) as a means to train voluntary responses in animals (such as pressing a lever to obtain food), through rewarding desired responses and punishing non-action (Mills 1998) . Behavior therapists would remain divided as to which of these models was appropriate for the treatment of homosexuality (Feldman & McCulloch 1971).

“extinguish,” homosexuality. However, rather than assuming that heterosexuality would emerge naturally, behavior therapists believed that it would have to be taught or induced.

Research on the behavior therapy of homosexuality began with male subjects, many of whom were referred to treatment by court orders after having been caught for sexual offenses. Like psychoanalysts, behaviorists believed that male homosexuality involved a fear of women, regardless of etiology. In 1971, British behaviorists Feldman and MacColloch speculated about the nature and etiology of female homosexuality as distinct from male homosexuality. They noted that research showed lesbians often had poor relationships with their fathers as children, and this suggested a need for further research. The authors also claimed that female homosexuality involved a degree of aggression not seen in male homosexuals, because over time, these women had to fend off the advances of men, and consequently, developed aggressive personalities. They conjectured that the treatment of women would need to include extinguishing aggression (Feldman & MacColloch 1971: 186-187), but this research program would not come to pass, as the behavior therapy of homosexuality ended soon after.

The emphasis on fear in the genesis of homosexuality is an important similarity between behavior therapy and adaptational psychoanalysis, and was one reason why experts from these schools were able to collaborate on the treatment of homosexuality. Also, like the adaptational school, behaviorism assumed that humans are motivated primarily by utilitarian and instrumental concerns: what is good is whatever helps a person attain physical objectives, and what is moral is whatever yields personal gain. A person is a “physical locus of a set of abstract, operationally definable attributes whose sole focus [is] to promote adaptation to immediate social circumstances” (Mills 1998: 8).

Given the many shared assumptions about human nature, including the malleability of homosexuality, the adaptational school and behavior therapists seemed to differ mostly on metaphysical mind/body questions: whether consciousness was real or epiphenomenal, and whether treatment required intervening at the level of the mind or the body. However, a crucial and consequential difference was in the acquisition of heterosexuality. For psychoanalysts (with the exception of Socarides) heterosexuality emerged naturally once fears were overcome, while for behavior therapists the client had to be reconditioned.

The Association for the Advancement for Behavior Therapies (AABT) was founded in the United States in 1966. This added another scientific community to the Hans Eysenck group at the Institute of Psychiatry in London and a group led by Joseph Wolpe in South Africa (ABCT 2010). Reflecting in 1997, psychologist G. Terrence Wilson writes, “The hope was that behavior therapy, grounded as it was on scientific method and the principles of learning theory as studied in the experimental laboratory, would supplant the psychoanalytic approach to therapy and completely revamp the assessment and treatment of psychological problems” (Wilson 1997: 453). Thus, dissatisfied with psychoanalysis and devoted to empirical evidence-based treatments, the behavior therapy school utilized the tradition of the experimental method in psychology as its basis for its credibility and professional identity.

However, the treatment of homosexuality in this school first took place overseas. While the first large study of behavior therapy for homosexuality was performed in Czechoslovakia, this technique took off as an area of research in the UK in the early 1960s. Kurt Freund, a Czech sexologist at the Clarke Institute of Psychiatry in Prague

connected to the Eysenck group, conducted the first large study, with a sample of 67 male subjects. The study began in the mid-1950s, before the publication of the Wolfenden Report. Freund treated the men with a form of “aversion therapy,” which would become the most controversial form of behavioral treatment. The idea of aversion therapy was to couple same-sex imagery with some form of aversive stimulus as a form of “negative conditioning.” In Freund’s case, he used an emetic agent to induce vomiting while male subjects viewed images of nude males. This was later coupled with “positive conditioning,” whereby Freund gave men testosterone as they viewed images of nude females. Measuring outcomes in terms of sexual behaviors—whether or not subjects sustained heterosexual relationships—Freund found that at 5 year follow up, 25% of the men were sustaining heterosexual relationships (Freund 1960). The study was published in Britain in 1960s, three years after the Wolfenden Report recommended that homosexuality be decriminalized and no longer considered a disorder.

Some years later, in 1974, Freund would publish another follow-up analysis declaring this study a complete failure, as all of the men had reverted back to homosexual relationships. Yet in the 1960s, British mental health experts interested in maintaining the homosexuality diagnosis were encouraged by Freund’s results. In 1961, Stanley Rachman of the Institute of Psychiatry in London called for the application of behavior therapy treatments for homosexuality among a host of other “sexual disorders” including fetishism, exhibitionism, impotence, and others. Rachman pointed to Freund’s study as exemplary, although he recommended replacing the aversive stimulus with electric shocks given the length of time required to recover from vomiting before positive conditioning could be undertaken. The desired stimulus, images of nude women, could be

shown to the subject immediately after he recovered from the electric shock (Rachman 1961: 238-239). British psychologist Basil James of the Glenside Hospital in Bristol took up Rachman's challenge, treating one male client but still duplicating Freund's methods. James reports the outcomes as sexual behavior, but with much more corporeal detail than the psychoanalysts:

His relatives describe him as "a new man," and his relations with them as wholly satisfactory and better than at anytime in his life. He himself has felt no attraction at all to the same sex since the treatment, whereas previously this attraction had been present throughout every day. Sexual fantasy is entirely heterosexual and he soon acquired a regular girl friend. Kissing and strong petting occurs regularly, and is entirely pleasurable, in contrast with the revulsion with which he had previously regarded any heterosexual contact. In these situations he achieves strong erections and has the desire to make further sexual advances. He has ejaculated on several occasions in this situation (James 1962: 769).

British behavior therapy research advanced in accordance with Rachman's recommendations, moving on to electric shock, or "faradic," aversion therapy. Thorpe, Schmidt, and Castell (1963) used this technique, utilizing electrodes built into the floor while a male subject watched nude images, and in this case the researchers narrowed down the measure of outcome to masturbatory fantasy content. The subject, who had sought out treatment after seeing reports on the James study in the news, was deemed a "success" because he still masturbated to fantasies of sex with women on follow up. Citing the need to follow Eysenck's (1952) charge for evidence-based therapies, behavior therapists would continue to develop increasingly specific measures of sexual attraction until they finally applied something called the "phallometric test," then considered to be the best measure of sexual attraction (see Feldman and MacColloch 1971: 1).

The first to apply the phallometric test in the treatment of homosexuality was psychiatrist John Bancroft, at St. George's Hospital in London. He derived the concept from previous work by Freund—work other than his aversion therapy study. In the 1950s, Freund had been commissioned by the Czech government to develop a means to ferret out men who were lying to get out of military service by claiming to be homosexual (Freund 1961). Freund developed the test to monitor genital arousal while subjects viewed still pictures of nude men and women. To monitor genital arousal, he invented a “penile plethysmograph” device, which encapsulated the penis within a vacuum air chamber while the amount of air displaced by the action of tumescence was recorded on a rotating drum (Freund 1963; Freund et al. 1965). In his own research, Freund had applied the technique to test the outcomes of aversion therapy with pedophiles. While adopting Freund's test, Bancroft developed his own measurement device, called the “mercury-in-rubber strain gauge,” to replace the vacuum air chamber, as he thought the chamber produced mechanical stimulation of the penis and was unreliable. Bancroft also claimed his device, which essentially measured changes in the circumference of the penis through the use of an expandable wire, was less cumbersome (Bancroft et al. 1966). He initially applied it to the aversion therapy treatment of a pedophile (Bancroft et al. 1966), but soon after used it in the treatment of homosexuals (Bancroft 1969). Around this same time, Australian psychiatrist Nathaniel McConaghy, at University of New South Wales, developed a version of the vacuum air chamber (VAC) plethysmograph that he claimed to be less cumbersome in the lab (McConaghy

1967), and applied it to the aversion therapy treatment of homosexuals (McConaghy 1969; 1970a; 1970b; McConaghy, Proctor, & Barr 1972).¹⁵

Aversion therapy for homosexuality began in the United States in the late 1960s and early 1970s, at a very complicated time for researchers. On the one hand, psychoanalysts had paved the way for the treatment of homosexuality, and the AABT was a supportive scientific community. However, psychoanalysts still maintained jurisdiction over the field. For behaviorists to gain entry into the market, they would have to rely on the experimental method as the marker of their credibility, and this shaped their research practices. This was also a time when behavior therapies in general were under attack by various forces. Anti-psychiatry writer Thomas Szasz had criticized behavior therapy as denying human freedom (Szasz 1967), and a cultural backlash against these treatments was expressed in the novel by Anthony Burgess, *A Clockwork Orange* (1963), made into a popular film by Stanley Kubrick in 1971. Complicating things further for behavior therapists, the gay liberation movement was launched in 1969 following the Stonewall Rebellion in New York. This was a moment when the forces amassing in the radicalized homophile movement blended with the gay subculture and launched a challenge to psychiatry, calling for deletion of homosexuality in the *DSM* as a means to attain full rights in society. In 1970, McConaghy was among several psychiatrists publicly admonished at the conference of the American Psychiatric Association in San Francisco, with activists shouting, “vicious,” “torture,” “Where did you take your

¹⁵ In the mid 70s, McConaghy would argue that the vacuum air chamber plethysmograph is superior to the strain gauge because during tumescence, the penis increases in length before it increases in girth. Conducting an experiment with subjects simultaneously hooked up to both devices, he demonstrated this phenomenon (McConaghy 1974). Nonetheless, the strain gauge became the most popular method in the United States.

residency, Auschwitz?” and “We’ve listened to you, now you listen to us” (Bayer 1981: 103). Thus, behavior therapy of homosexuality came to the United States at a moment of direct confrontation by the people it was supposed to treat, when homosexuals came to understand that aversion therapies were evidence of mental health experts’ hostility (Terry 1999: 295-6).

In these circumstances, behavior therapists in the United States sought to avoid the controversial methods of applying aversive stimuli, attempting to create more “humane” alternatives. Drawing on the theories of South African psychologist Joseph Wolpe (1952, 1958), Joseph Cautela of Boston College applied the method of “covert sensitization” to two homosexual subjects in 1967. Rather than applying an aversive stimulus, this method required the male subject to imagine something aversive when looking at nude images of men. Cautela’s subjects were instructed to imagine that they were vomiting as they looked at the erotic images. “Systematic desensitization” was another technique derived from Wolpe’s theory, in which a subject was gradually exposed to a stimulus that aroused fear. For example, Barlow and Argas (1973) developed a technique of “fading” based on this idea in which a male client was asked to become aroused while viewing a male nude, and gradually the image was faded into a female nude. In one form of systematic desensitization, Gerald Davison (1968) developed the technique of “orgasmic reconditioning,” also known as “Playboy therapy,” initially to treat a client with sadistic fantasies. The therapy directed the male client to masturbate with normal images of nude women to eliminate the unwanted fantasies. This technique was applied in a case of homosexuality by LoPiccolo in 1971. Even as behavior therapists’ goal was to supplant psychoanalysis, these techniques of behavior therapy

seemed to merge with techniques of adaptational psychoanalysis in many ways, especially the theoretical assumption that homosexuality is based on fear of members of the opposite sex. For example, LoPiccolo cites Rado to establish that homosexuality is based on fear, and uses a case study style to report his results.

When actual aversion therapy was eventually applied in behavior therapy research in the United States, it tended to take the form of “avoidance training” with electric shocks. This technique, developed by British psychologists Feldman and MacCulloch (1964), was designed such that the subject could avoid electric shock altogether. Typically a male subject would be shown a slide of a nude male, and if the subject did not advance the image after a certain short amount of time, he would receive an electric shock. The idea was to train the subject to associate the aversive stimulus with not avoiding the unwanted stimulus. Theoretically, lingering in fantasy about a member of the same-sex would become associated with pain. Birk and coauthors (1971) and Tanner (1974, 1975) applied these more “humane” forms of aversion therapy in the United States.¹⁶

As would be expected, the professional mandate for evidence-based treatments drove the epistemological practices of behaviorists in the United States. Like their British counterparts, behavior therapists in the US used controls when possible, either comparing therapeutic techniques or using a waiting list control, comparing the outcome of therapies with the spontaneous changes of clients kept on a waiting list. Often referring to the

¹⁶ There is one notable exception. US Army psychiatrist Barry Maletzky held valeric acid under the noses of subjects to induce nausea when mental imagery alone failed to produce the desired outcome. Avoiding the controversial term “aversion therapy,” this study was published as “‘assisted’ covert sensitization” (Maletzky 1973).

Eysenck critique of psychotherapies, and competing for jurisdiction with psychiatry, behavior therapists strove to demonstrate the objectivity and specificity of their measures. Developing their own version of a strain gauge for use in measuring sexual orientation, Barlow and coauthors (1970) argue that “[p]enile circumference change is only one step in the chain of the male sexual response; however, it is a necessary precursor to any consummatory behavior,” and furthermore, “another advantage of penile circumference change as a measure of sexual arousal is its specificity. Galvanic skin response, often used to measure sexual arousal, may be elicited by general emotional states not correlated with sexual arousal, but penile erection during the waking state seems to occur infrequently in the absence of sexual arousal” (Barlow et al. 1970: 73). Thus, measures of sexual orientation for behaviorists increasingly moved toward physiological measures of arousal, as the component of sexuality that could be controlled in the laboratory. While earlier studies began with self-reported behavior questionnaires (Birk et al. 1971),¹⁷ researchers gradually moved toward phallometric testing (Barlow & Argas 1973, Tanner 1974, 1975).

By the end of the 1960s and into the 1970s, behavior therapists created a very different notion of sexual orientation through their epistemic and therapeutic practices, compared to psychoanalysts. The development of their measurement practices involved the co-construction of the phallometric test along with a notion of male sexual orientation rooted in the body, a learned physiological response to visual stimuli. While the gay liberation movement shaped the therapeutic techniques, leading behaviorists to devise

¹⁷ In the study by Birk and coauthors, while “success” cases reduced homosexual behavior and increased heterosexual behavior, very few of the “success” cases reported experiencing pleasure during heterosexual intercourse (Birk et al. 1971).

conditioning methods that looked less like forms of aggressive punishment, activists did not seemingly shape epistemic practices. The drive toward specificity—objectively measuring arousal directly from the genitals rather than self-report or any other physiological test—was a product of behaviorists’ professional identity constructed in opposition to psychoanalysis. Even though a “vaginal photoplethysmograph” device was invented in 1975 to measure women’s sexual arousal using an optical device (Sintchak & Geer 1975), Feldman and MacColloch’s vision of behavior therapy for female homosexuality would not come to pass, as behavior therapies would dwindle and cease with the demedicalization of homosexuality.

Competing Authoritarian Measures of Sexual Orientation

Treatable psychogenic homosexuality was a U.S. invention. In the 1950s, under the perceived threat of a widespread homosexual menace, psychoanalysts in the United States built on the social ameliorationist theory, but distilled it, departing from Freud’s theory of drives, and asserting that homosexuality had no biological basis whatsoever. Homosexuality was an acquired disease that could be treated through therapies that cleansed the a priori heterosexual man of pathological homoerotic “contaminants.” Case study narratives, told from the perspective of the neo-Freudian therapist, showcased the therapist’s skill and worldview, as clients achieved heterosexual behavior by internalizing a value system. When behavior therapy rose as a competitor to psychoanalysis, it had many similarities with its predecessor: namely that homosexuality was a complex of fears that could be treated. However, rather than an immature person in need of deep insight, the subject in behaviorism was an improperly molded body in need of reconditioning.

Phallometric testing, deemed to be the most specific way to measure sexual arousal by behaviorists, constituted sexual subjectivity based on visually directed genital arousal response.

Both schools located homosexuality in very different places within the human subject. Psychoanalysis located it in a system of meaning within the mind, held in place by irrational fears that could be alleviated. Behaviorism located it in a body that could be reprogrammed. However, the location of heterosexuality was a different story. For behaviorists, heterosexuality required the demonstration of arousal, but for psychoanalysts it was based on behavior outside the clinic. Models of the nature of heterosexuality differed as well. For behaviorists this was a learned response, but for psychoanalysts—with the exception of the new leader Charles Socarides—heterosexuality was innate in all people. Indeed, the concept of “psychogenic heterosexuality” provided a basis for Socarides to support and encourage an assault on all homosexuality as a threat to all humanity.

The psychiatric case study and the behaviorist phallometric test were both authoritarian forms of evidence as it was always the therapist and his technology that determined the status of the patient in both cases. Both settings certainly allowed for the development of negotiations and evasions on the part of the client, but always on the researcher’s terms. A client could feign the internalization of a theory or could fake an arousal response, and in the context of widespread anti-gay sentiment they had great incentive to do so. However, these concerns were not yet raised in this debate, and it was the voice of the expert or his technologies that was trusted by the public and the scientific community.

Examining the broader field of therapeutics, this period was dominated by the psychoanalytic case method, as the psychoanalyst experienced little resistance. In the political climate of the day, this therapeutic regime addressed pathologies in ways that aligned with hegemonic value systems. By constituting homosexuality as a condition that could be overcome, the model of psychogenic homosexuality resonated with the ethos of individualism and self-determination characteristic of dominant American ideologies. The weakening of psychoanalysis coupled with gradual changes in the political climate made room for behaviorism and the growth of a militant resistance movement. Resistance in this period did little to challenge the epistemic practices of psychoanalysts and behavior therapists, but it did shape theories and therapeutic methods. If anything, visibility of gay activism initially provided fodder for the view held by therapists that homosexuality was a growing epidemic. Resistance did lead therapists to adopt a number of strategies—defining “good clients,” devaluing homosexual identity, and making public statements—to address the emerging threat. In addition, the homophile movement did give rise to new epistemic practices built on a partnership between homophiles and sympathetic researchers. And the research of Hooker and others would become central in the fight over demedicalization. These partnerships would be transformed, however, as gay liberation activists began to assert more of a lay expert role.

While gay liberationists did not seem to shape the dominant epistemic practices of reorientation therapists, these practices were influenced by battles over professional jurisdiction. Challenges that psychoanalytic methods were unscientific led the Bieber research team to uncharacteristically adopt controls, statistics, and a large sample to demonstrate experimental rigor. The struggle to challenge psychoanalysis pushed

behavior therapists to refine their measurement techniques, using a technology that they argued was the most specific means for capturing sexual arousal. Nonetheless, the ideas and networks established in this period would be instrumental in the decade to come, leading to the deletion of homosexuality from the *DSM*.

By 1970, the field of therapeutics was in dramatic flux, regarding the issue of homosexuality. The methods of reorientation therapists had come to be seen as hostile by activists. However, it was not epistemology that was the object of concern, but rather, the very assumption that homosexuality was something to be treated. The existence of “homosexuality” as a diagnosis impeded civil rights, so before ending reorientation, these activists had to first work for demedicalization. The next chapter begins with the story of the removal of homosexuality from the *DSM*, centering on the work of psychiatrist Robert Spitzer, who became prominent in this process. While the fight to remove homosexuality from the *DSM* was successful and significantly altered the field of therapeutics, the dynamics within this field would take on a new character with the addition of a countermovement of ex-gays. But perhaps one of the most important legacies of the psychogenic-treatable model of homosexuality would be the emergence of an antithetical and influential model, echoing the naturalistic views of Magnus Hirschfeld: the model of innate and immutable homosexuality.

Chapter 2
From Spitzer to Spitzer:
Maintaining a Stationary Perspective while the World Changes (1970-2000)

In his own self-characterization, psychiatrist Robert Spitzer is motivated by a love for controversy. During an interview in his living room in Princeton, New Jersey, Spitzer said in an enthusiastic tone:

I always loved controversy, that's part of the thing. I just love controversy. I love people arguing with each other. I've always—when I was 15 I lived in Manhattan on the Columbus Circle and now it's on 59th Street and Broadway. Now there are cars and there are streets that go through it. But it used to be like Hyde Park in London. People would come there and argue all the political stuff and I used to go there (Spitzer 2008).

Claiming this penchant for the polemical has been one way that Spitzer has responded to a puzzling question. That question is: how could the psychiatrist who was known for leading the charge to remove “homosexuality” from the *DSM-II* in 1973 be the same person who, thirty years later, published a study purportedly demonstrating that some gays and lesbians could change their sexual orientation through reorientation therapies? In both episodes, Spitzer responded to a marginalized social movement protesting the American Psychiatric Association. In the early 1970s, in an unprecedented move, he allowed gay liberation activists—then classified as mentally disordered—to argue before the Nomenclature Committee and contribute to the process of defining the line between health and illness. Then in the late 1990s, Spitzer conferred with “ex-gay” activists protesting another APA conference, prompting him to conduct a study on reorientation therapy outcomes. A love for controversy alone may be a partial explanation for his actions, but there are infinite ways to stir controversy. These two episodes are linked in other ways, and this chapter examines those links.

It is an understatement to say that Robert Spitzer has been a central figure in psychiatry over the final three decades of the 20th Century. Trained at the NYU School of Medicine and then the Columbia Psychoanalytic Center, Spitzer rose to prominence in psychiatry in part due to his role on the Nomenclature Committee overseeing the removal of “homosexuality” from the *DSM*. This success propelled him to a position leading the development of *DSM-III*, and later the Work Group to Revise *DSM-III* and create *DSM-III-R*. Later he was active in the development of *DSM-IV* as an advisor. Among many awards received during his career was the APA’s Adolf Meyer Award, presented in 1987 for “outstanding contributions to the science and practice of psychiatry” (Drescher 2006a: 324). Spitzer specialized in the practice and theory of diagnosis, and before assuming his leadership roles, his work involved developing computer tools which help make diagnoses in clinical settings (Spitzer & Endicott 1968, Spitzer & Endicott 1969, Spitzer & Endicott 1975). Subsequently, his work has been tremendously important for developing the theoretical basis for determining what qualifies as a disorder in the *DSM*.

Spitzer’s philosophical approach to diagnosis has always been very pragmatic, and perhaps, this has contributed to his success. In his view, diagnosis is manmade, and not reflective of intrinsic properties of nature. Instead, each diagnosis should be considered to be a tool used to improve the quality of life, and if it does not serve that purpose it should not exist (Bayer 1987: 185). Thus, as a designer of diagnostic nosology, he has been open to compromise depending on the consequences of using mental illness categories. However, his view has always been principled; that is, his pragmatic point of view involved trying to define a fundamental principle which delineated the difference

between health and mental disorder for all disorders, and which defined diagnosis in ways that improve quality of life.¹⁸

In this chapter, I argue that Spitzer's career has spanned drastic reconfigurations of the "field of therapeutics," and some of these reconfigurations he himself helped to set in motion. His and the gay liberation movement's contributions to the demedicalization of homosexuality effectively made evidence in the reorientation debate irrelevant through the period 1970-2000, as reorientation therapies were seen as so unethical that there was no need for mainstream researchers to comment on their outcomes. The power of the removal of homosexuality from the *DSM* was so strong that it created what I call an "intellectual opportunity structure," a set of conditions within science that effectively made it impossible to create any fact based on the premise that homosexuality per se is an illness. Shutting reorientation therapists that pathologized homosexuality out of mainstream mental health institutions led to the rise of a countermovement within the domain of theology: the ex-gay movement, which viewed homosexuality as a form of "sin" to be overcome. The development of gay-affirmative positions within mainstream mental health also sparked a professional countermovement of secular reorientation therapists who blended their theories with religious perspectives. As the ex-gay movement developed, Evangelical Christianity, with its propensity for sharing personal

¹⁸ In 1973, Spitzer developed a principle of diagnosis for the *DSM*: a mental disorder must include an experience of distress and it must impede normal functioning. By contrast, philosopher Derek Bolton, in *What is a Mental Disorder: An Essay in Philosophy, Science, and Values* (2006), provides a critique of trying to find one singular principle that can unite all categories of "mental disorder." He also criticizes the idea that psychiatric diagnoses can be purely "medical" as opposed to "social" and performing social control functions. Thus, while psychiatrists might struggle over the "right" principle, it is important to note the view that there should be no unifying principle.

testimony of religious experience, shaped epistemic practices such that researchers relied on the self-report of clients rather than their own authoritarian measures.

Across these decades, Spitzer's view forged in the demedicalization debate remained remarkably static—a belief that homosexuality was not harmful, but “suboptimal.” This portrayal of Spitzer as holding a static view runs counter to many claims that he has significantly changed his mind about homosexuality since conducting his most recent study. Spitzer originally agreed that “homosexuality” should be deleted from the *DSM* because, although “suboptimal,” the condition per se did not cause subjective distress. Through these negotiations, Spitzer resisted the idea that homosexuality was “normal” and fought for the inclusion of disorder categories that medicalized internal conflicts over homosexual orientation (i.e., “Sexual Orientation Disturbance” (SOD) and “Ego-Dystonic Homosexuality” (EDH)). By the late 1990s, science and society had changed around him—professional mental health organizations, now with professional gay and lesbian associations, saw homosexuality as a normal variant of human sexuality and saw change attempts as ethically problematic. This contextual shift left Spitzer and his unyielding view of homosexuality as “suboptimal” on the margins of science, placing him in league with professionals and activists still holding a view of homosexuality as pathology. In this context, Spitzer came into contact with activists from the ex-gay movement, and became motivated to conduct a study in their defense—purportedly demonstrating the efficacy of reorientation treatments.

The chapter begins with a discussion of the removal of homosexuality from the *DSM* and Spitzer's contributions as part of a major, if incomplete, transformation in the mainstream professional view of homosexuality over the course of the 1970s. It then

describes the rise of a new religious “ex-gay” movement through the 1970s and 1980s, and how secular reorientation became enmeshed with it in the wake of demedicalization. Following this, the chapter explains how the school of “gay affirmative therapy” solidified in the 1980s and 1990s, and was reinforced by new biological science purportedly demonstrating the innateness and immutability of sexual orientation. Finally, the chapter ends with a discussion of the founding of the National Association of Research and Therapy of Homosexuality (NARTH) in 1992 as an intellectual countermovement, the responses from national mental health associations, and the circumstances that culminated in Spitzer’s decision to conduct a study on ex-gays.

Deletion of “Homosexuality” and The Development of Spitzer’s Perspective

The removal of homosexuality from the *DSM* occurred during a period of radical social change in U.S. society as well as growth in the scientific study of sexuality. The late 1960s and early 1970s saw the intertwining of sexology and the “sexual revolution,” each reinforcing the other. Although a period of growth, it was frequently precarious for researchers who were often caught in contradictory roles of trying to contain credibility crises that they themselves had, in part, brought about by pushing social taboos (Irvine 2005: 69-70).¹⁹ The interdisciplinary field of sexology, consolidated through the Society

¹⁹ “Humanistic sexology” emerged as a radical pro-sex discipline drawing on sexual practices of the counterculture, leading many sexologists to struggle to maintain the credibility of their work, threatened by the public perception that the work promoted “free love” (Irvine 2005: 77). For example, revolutionary sex researchers William Masters and Virginia Johnson defined the era in their attempt to walk a fine line between “free love” and scientific legitimacy as sex researchers. They developed controversial laboratory research and clinical techniques involving observations of subjects masturbating and engaging in sexual acts. These observations occurred in well lit rooms while subjects were hooked up to electrodes that monitored physiology. However, Masters and Johnson developed these techniques as “sex therapy,” in the interest of saving marriages. Their book *Human Sexual Inadequacy*, published in 1970, prescribed sexual

for the Scientific Study of Sex and the *Journal of Sex Research* in the in 1950s and 1960s, saw the founding of a new interdisciplinary journal, *The Archives of Sexual Behavior*, in 1971. While the scientific study of sex spanned the disciplines of psychiatry, psychology, medicine, and social sciences, psychiatry held what Andrew Abbott (1988: 75) calls “intellectual jurisdiction” over the diagnosis of homosexuality. That is, other disciplines followed psychiatry’s *DSM* in determining what was a mental disorder, even though they might treat it in different ways. Removal of “homosexuality” was not only a matter of deletion, but it would require a transformation in psychiatry that Spitzer helped bring about, moving from psychiatry based on psychoanalytic theory of mental disorder to psychiatry based on no underlying theory of disorder, but tolerant of competing perspectives.

The direct confrontation with the American Psychiatric Association over homosexuality that began in 1970 had already been going on for some time before Spitzer entered the picture. The struggle to demedicalize homosexuality took the form of a “hybrid” social movement (Epstein 2007b: 506), including lay activists and professional experts working together to change psychiatry. Professional experts included heterosexual mental health professionals sympathetic to the cause of deletion of the disorder on scientific merits, such as Evelyn Hooker and Judd Marmor, as well as gay professionals such as psychologist Charles Silverstein and psychiatrist John E. Fryer. Lay activists also worked in groups such as the Gay Activist Alliance and Gay Liberation Front alongside experts, asserting their own lay expertise as gay and lesbian people,

positions for the cure of problems like premature ejaculation and difficulty reaching orgasm, taking advantage of freer sexual mores but reinforcing traditional relationships (Irvine 2005: 70-1).

testifying to their own personal sanity as well as their outrage at diagnosis and treatment. For example, openly gay historian and playwright—and later a co-founder of gay and lesbian studies—Martin Duberman debated psychoanalyst Irving Bieber at Columbia University in 1972, and later described the exchange as follows:

Bieber turned out to be a Central Casting version of the portly, pompous psychiatrist, contentedly patronizing everyone else on the panel, imperviously repeating his own circular arguments. When he announced that he had never known a homosexual man who had a “loving, constructive father,” one of the gay undergraduates grabbed the microphone to declare that he had had just a father. Bieber smiled unctuously and told the young man that as an experienced clinician he had long since become familiar with such “distorted self-evaluations.” He offered to give the young man a “proper” battery of tests should he be willing to present himself at Bieber’s office. At that point, *I* grabbed the mike and in a tone that matched Bieber’s unctuousness, politely offered to test *him* for “advanced symptoms of homophobia” if he would trot round to *my* office. Bieber looked astonished at my insolence and disdainfully moved on to another topic (Duberman 1991: 268).

Thus, developing lay expertise in groups like Gay Activist Alliance involved the assertion that homosexuality was not pathological but a viable and normal way of life, and asserting that psychoanalysis was based on an anti-gay viewpoint.

Spitzer entered the story in 1972 when he happened to be attending a conference of the Association for the Advancement of Behavior Therapy (AABT). At this conference, gay liberation activists from the Gay Activist Alliance conducted a “zap” action, much like they had done at the APA conferences in 1970 and 1971, interrupting behavior therapists’ discussion of aversion therapy with shouts of “torture.” Impressed with the passion and the arguments he encountered, Spitzer agreed to allow a representative from Gay Activist Alliance to present the case for deletion to the Nomenclature Committee at the next APA convention in 1973. Ronald Gold of the Gay

Activist Alliance was central in eliciting this commitment from Spitzer (Bayer 1987: 115-6). Spitzer claimed that he was more open to gay activists than the anti-psychiatry movement because the former had a specific goal of removing one disorder, whereas the latter sought the eradication of psychiatry altogether (Spitzer 2008).

Charles Silverstein, a psychologist with the Institute for Human Identity, presented testimony to the Nomenclature Committee in February 1973. This included the work of Evelyn Hooker, Alfred Kinsey, Ford and Beach, Judd Marmor, Richard Green, Martin Hoffman, and even an unpublished letter from Freud to establish that the diagnosis of homosexuality was unscientific and based on irrational bias among psychiatrists, while the deletion of the disorder was based on sound science. In addition, Silverstein provided testimony regarding the social ramifications of the disorder category for gay and lesbian people, and explained how being labeled as mentally ill was psychologically burdensome (Bayer 1987: 117-20).²⁰ Bayer claims that of the scientific evidence that Spitzer encountered challenging the idea that homosexuality was not pathological, the study conducted by Marcel Saghir and Eli Robins, *Male and Female Homosexuality: A Comprehensive Investigation* (1973) was among the most influential (Bayer 1987: 229n54).²¹ But in addition to Silverstein's testimony, what ultimately led

²⁰ Silverstein described the disorder as particularly stigmatizing and harmful to gay relationships: "We are told, from the time that we first recognize our homosexual feelings, that our love for other human beings is sick, childish and subject to 'cure.' We are told that we are emotional cripples forever condemned to an emotional status below that of the 'whole' people who run the world. The result of this in many cases is to contribute to a self-image that often lowers the sights we set for ourselves in life, and many of us asked ourselves, 'How could anybody love me?' or 'How can I love somebody who must be just as sick as I am?'" (quoted in Bayer 1987: 119)

²¹ *Male and Female Homosexuality: A Comprehensive Investigation* (1973), by psychiatrists Marcel Saghir and Eli Robins, sought to systematically and dispassionately study a non-patient population of homosexual male and female subjects, including understanding correlating characteristics and behaviors, in comparison

Spitzer to make up his mind was an emotionally charged meeting that he attended at the 1973 APA conference in Hawaii, where he met several members of the underground group of gay psychiatrists called the “GayPA” (Bayer 1987: 126). Following this event, Spitzer had become a full supporter of removing the diagnosis, but he did not take the position that homosexuality was a normal variant of human sexuality.

In line with his pragmatic philosophy about diagnosis, the position on homosexuality that Spitzer developed through his experience with demedicalization was a compromise. Homosexuality was neither pathological nor normal, but rather it was “suboptimal.” Homosexuality neither required “cure” nor required therapeutic affirmation, but rather, reorientation should be an option for those in distress. This position was accompanied by a strong endorsement of gay rights initiatives in public policy. Spitzer’s beliefs were outlined in a proposal, published within a series of papers from all participants a symposium on homosexuality that he had organized at the Hawaii APA conference. His contribution was titled, “Homosexuality as an Irregular Form of Sexual Development and Sexual Orientation Disturbance as a Psychiatric Disorder” (Spitzer 1973). In this paper, Spitzer noted that a significant portion of the population of homosexuals live well-adjusted lives, while a significant portion do not and seek therapy. Regarding the latter, he expressed a key view endorsing the efficacy of reorientation treatments, but qualifying that gay affirmative therapies might be appropriate for some:

with heterosexual controls. The authors claimed that unlike studies based on emotion and political interest, their research was “more in the medical tradition with emphasis on description and natural history” (316). The homosexual sample was gathered using convenience sampling with homophile organizations in Chicago and San Francisco. Heterosexuals were matched on the basis of characteristics of marital status, age, socioeconomic status and religion. The researchers did not consider homosexuality *a priori* to be a disorder or to be normal. The study found that “homosexuals are not *a priori* sick. Many of them present little or not psychopathology and those who do are rarely disabled by their disorder” (317).

Modern methods of treatment enable a significant proportion of homosexuals who wish to change their sexual orientation to do so. The exact percentage is controversial and not at all clear. At the same time, homosexuals who are bothered by or in conflict with their sexual feelings but who are either uninterested in changing or unable to change their sexual orientation can be helped to accept themselves as they are and to rid themselves of self-hatred (Spitzer 1973: 1215).

His view on the deletion of homosexuality as a diagnostic category and recommendations for therapy expressed a compromise permitting a constituency with a wide range of views to get behind the proposal, even if they were critical of it in part (Bayer 1987: 133).

Accomplishing this compromise required establishing new criteria for a mental disorder. Spitzer states the new view, no longer based on psychoanalytic (or any) theory of the etiology of mental disorder:

For a mental or psychiatric condition to be considered a psychiatric disorder, it must either regularly cause subjective distress or regularly be associated with some generalized impairment in social effectiveness or functioning. With the exception of homosexuality (and perhaps some of the other sexual deviations when they occur in a mild form, such as voyeurism), all of the mental disorders in *DSM-II* fulfill either of these two criteria (Spitzer 1973: 1215).

Drawing on research and personal experiences that demonstrated that gay and lesbian people could live well adjusted lives, Spitzer could thus place homosexuality outside of the category of mental disorder according to this new criterion. Indeed, he claimed that placing homosexuality in the *DSM* under this definition would require the absurd act of adding many other conditions deemed in society to be “suboptimal”:

[I]f failure to function optimally in some important area of life, as judged by either society or the profession, is sufficient to indicate the presence of a psychiatric disorder, then we will have to add to our nomenclature the following conditions: celibacy (failure to function optimally sexually), revolutionary behavior (irrational defiance of social norms), religious fanaticism (dogmatic and rigid adherence to religious doctrine), racism (irrational hatred of certain groups), vegetarianism (unnatural avoidance of

carnivorous behavior), and male chauvinism (irrational belief in the inferiority of women).

If homosexuality per se does not meet the criteria for a psychiatric disorder, what is it? Descriptively, it is an irregular form of sexual behavior. Our profession need not now agree on its origin, significance, and value for human happiness when we acknowledge that by itself it does not meet the requirements for a psychiatric disorder (Spitzer 1973: 1215).

Based on this view, gay and lesbian people could attain civil rights that had been blocked by the presence of the diagnostic classification, and reorientation therapists could continue their practice for those patients who were distressed over their sexual orientation. To maintain the latter's approval of these changes, a new diagnostic category called "Sexual Orientation Disturbance" would capture those distressed by their sexual orientation (Bayer 1987: 128-29).

The new diagnosis of "Sexual Orientation Disturbance" (SOD) was a key element of this compromise, attempting to keep the peace with those who favored the homosexuality diagnosis. The proposed description read:

Sexual orientation disturbance. This is for people whose sexual interests are directed primarily toward people of the same sex and who are bothered by, in conflict with, or wish to change their sexual orientation. This diagnostic category is distinguished from homosexuality, which by itself does not constitute a psychiatric disorder. Homosexuality per se is a form of irregular sexual behavior and, with other forms of irregular sexual behavior that are not by themselves psychiatric disorders, are not listed in this nomenclature (Spitzer 1973: 1215).

While this diagnosis would be accepted by the board of trustees, members of the board would insist that it be modified such that it read, "[H]omosexuality, which by itself does not *necessarily* constitute a psychiatric disorder." This modification allowed those board members who were reluctant about deletion to feel that they were not endorsing the idea

that homosexuality was normal (Bayer 1987: 136-7). Importantly, Spitzer agreed that homosexuality was not normal. He states:

Homosexual activist groups will no doubt claim that psychiatry has at last recognized that homosexuality is as “normal” as heterosexuality. They will be wrong. In removing homosexuality per se from the nomenclature we are only recognizing that by itself homosexuality does not meet the criteria for being considered a psychiatric disorder. We will in no way be aligning ourselves with any particular viewpoint regarding the etiology or desirability of homosexual behavior” (Spitzer 1973: 1216).

In his proposal, Spitzer thus expressed a position which devalued homosexuality, even as he supported civil rights for homosexuals.

Along with Spitzer’s proposed changes to the *DSM*, the APA board of trustees also passed his resolution in support of gay rights. The resolution read:

Whereas homosexuality in and of itself implies no impairment in judgment, stability, reliability, or vocational abilities, therefore, be it resolved, that the American Psychiatric Association deplors all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing, and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other persons. Further, the APA supports and urges the enactment of civil rights legislation at local, state, and federal levels that would insure homosexual citizens the same protections now guaranteed to others. Further, the APA supports and urges the repeal of all legislation making criminal offenses of sexual acts performed by consensual adults in private (quoted in Bayer 1987: 137).

While it seems like an astounding reversal, many who supported reorientation were behind the idea that homosexuals should not be discriminated against in these venues.

Although their sexual orientation was “suboptimal,” “irregular,” or even “pathological” for some, homosexuals deserved to be treated equally under the law because of their condition, in this view.

Once Spitzer's proposals for deleting homosexuality, including SOD, and favoring gay rights were upheld by the Board of Trustees, the subsequent conflict revealed sharp divisions between supporters and opponents of deletion, both of which claimed that they had science on their side (while the opposition was "corrupted" by politics). The ensuing conflict, largely driven by a committee led by Charles Socarides in opposition to deletion, led to a referendum on the Board's decision. Socarides claimed that because no one involved in researching the diagnosis was an expert on sexual orientation like himself, the board had not acted scientifically (Bayer 1987: 142). Once the Board had conceded to administering a referendum, the Socarides committee criticized the fact that a mailing sent out to members of the APA on behalf of Judd Marmor and other prominent psychiatrists favoring deletion was funded by the activist group, the National Gay Task Force, but this fact was not disclosed in the mailed statement. According to the Socarides committee, this was evidence that psychiatry was being hijacked by activism rather than science (Bayer 1987: 145-7).

The referendum vote, which came out 56-37% in favor of deletion, was seen as evidence by Socarides that the board had not acted on the basis of a consensus in psychiatry, and thus, had not acted scientifically. Deletion opponents claimed that their point of view was superior because they were not caught up in the politics of psychiatry in Washington DC, where gay activists had been so influential. They claimed that supporters of the referendum tended to be seduced by compromise and allowed their liberal social values to cloud their scientific judgment (Bayer 1987: 148-9). Supporters of deletion reasserted that their position was based on sound science, casting opponents of deletion as stodgy and influenced by conservatism. For them, science had clearly

demonstrated that homosexuals and heterosexuals were psychologically adjusted in equal proportions, and the referendum represented an endorsement of their position—further supporting its scientific status. Supporters of deletion also claimed that opponents tended to be provincial, older, and conservative—those who were not keeping up with current research. Those who voted against deletion also tended to financially benefit from having a large set of homosexual patients, supporters claimed, and this influenced their vote. In effect, both sides claimed that they had the authority of objective science on their side, with the opposition beholden to political influences (Bayer 1987: 149-50).

The removal of homosexuality from the *DSM*, accomplished through the coordinated efforts of the gay liberation movement and professionals, significantly reconfigured the field of therapeutics. In this new field, as demedicalization expanded to other scientific disciplines, claims about the efficacy of reorientation therapies that were based on the idea of “curing” a “disorder” faced an increasingly unfavorable credibility-environment. Secular reorientation therapists basing their treatments on psychoanalytic ideas about homosexuality as a developmental disorder were cast to the margins of science. Rather than the central force in psychiatry, these therapists became members of a marginalized “intellectual movement” (Frickel & Gross 2005: 206-7)²² seeking to make homosexuality back into a mental disorder. However, the change in the *DSM* was so transformative intellectually, culturally, and politically, that it set up what I call an

²² “Intellectual movement” is a deliberate modification of Frickel & Gross’ term “scientific/intellectual movement (SIM). To call secular reorientation therapy a SIM would mean calling it “scientific,” and although this movement was not initially cast completely to the realm of pseudoscience, this was indeed the gradual outcome over the course of the 1970s and 1980s. It would not be until the 1990s that secular reorientation therapists would sufficiently join with other facets of the ex-gay movement to become a “hybrid” social movement, of the sort described by Epstein (2008).

“intellectual opportunity structure” that was unfavorable to any claims made on the basis of the idea that homosexuality was a disorder. For those interested in reorientation, alternative discourses would have to be developed that enabled sexual orientation change without casting homosexuality as “disorder.”

Parallel Developments in Psychology: Solidifying the Ethical Critique

At the time of the removal of homosexuality from the *DSM*, American psychology was dominated by the school of behavior therapy, while psychiatrists abroad also used this technique. Indeed, at the 1970 meeting of the American Psychiatric Association, activists had targeted behaviorist treatment methods in particular just as they did at the AABT meeting in 1972. Describing the first zap actions at the 1970 APA meeting in San Francisco, Bayer states:

In a room filled with several hundred psychiatrists, homosexuals and feminists expressed their strongest outrage during the presentation of a paper by Nathaniel McConaghy, a young Australian psychiatrist, who was discussing the use of aversive conditioning techniques in the treatment of sexual deviation. Shouts of “vicious,” “torture,” and “Where did you take your residency, Auschwitz?” greeted the speaker. As that paper came to an end, and the chair prepared to announce the next presentation, demonstrators exploded with the demand that they be heard. “We’ve listened to you, now you listen to us” (Bayer 1981: 103).

Psychologists in the United States had attempted to develop behaviorist therapies that avoided aversive stimuli (see Chapter 1), but the negative reputation could not be overcome. While challenging treatment had been interwoven with the struggle to delete the diagnosis, the removal of homosexuality from *DSM* did not preclude treatment under SOD. Reorientation opponents, led by psychologist Charles Silverstein, saw the existence of treatments as a possible means to recategorize homosexuality as a disorder, so they

sought to eliminate reorientation practices through ethical claims, targeting behaviorism within psychology in particular.

During this tumultuous period, an important connection was made between Silverstein and then reorientation therapist Gerald Davison. The creator of the covert sensitization technique of reorientation known as “Playboy therapy,” Davison had a chance encounter with Silverstein that reversed his views on treating homosexuality. This encounter took place at the very same meeting of the AABT where Robert Spitzer was influenced by activists and professionals in 1972. Before leaving this same conference, Davison happened to have some extra time before his flight home. He decided to attend a panel where Silverstein was speaking out against treatments of homosexuality (Davison 2009). Silverstein presented a paper called “Behavior Modification and the Gay Community,” condemning aversion therapy. Davison was deeply moved by this encounter, and when he became president of the AABT in 1974, he drew on this experience to write an inaugural speech against the treatment of homosexuality (Davison 2001). In particular, Davison found Silverstein’s perspective important in illustrating the anti-gay values inherent within reorientation.

In this inaugural speech, and in later essays “Homosexuality: The Ethical Challenge” (1976) and “Not Can But Ought: The Treatment of Homosexuality” (1978), Davison expressed the view that evidence of efficacy or inefficacy is irrelevant—the very existence of treatments for homosexuality was denigrating to gay and lesbian people and these treatments should not continue. In his 1976 essay based on his speech, Davison describes the reasons he rejected the relevance of evidence of efficacy as he formulated his ethical position against reorientation therapies:

When trying to garner support for my proposal that we should stop trying to change homosexual orientations, I was interested for some time in documenting the failure of various behavior change regimens in eliminating homosexual inclinations. Of particular interest was the question of whether aversion therapy of various kinds had proven successful (if you will) in stamping out homosexual behavior and inclinations. And indeed, I tend to believe the evidence is still lacking for a suppression of homosexual behavior or ideation via aversive procedures. Nonetheless, even if one were to demonstrate that a particular sexual preference could be wiped out by a negative learning experience, there remains the question as to how relevant this kind of data is to the ethical question of whether one *should* engage in such behavior change regimens. In discussing this possibility with some students and colleagues, I am convinced that data on efficacy are quite irrelevant. Even if we *could* effect certain changes, there is still the more important question of whether we *should*. I believe we should not (Davison 1976: 161-2).

Davison's belief that behavior therapists should not try to change homosexuals was based on the premises that the existence of these therapies necessarily implies that homosexuality is a disease, and that gay people do not go voluntarily to treatment, but rather, they are forced into it through processes of shame, guilt, and isolation (Davison 1976: 160). Davison's argument set the dominant view regarding the treatment of homosexuality within psychology for decades to come. Rather than a debate about evidence, pronouncements against reorientation were made on Davison's ethical grounds for a long period.

For those behavior therapists who continued to pursue reorientation in the early 1970s, evidence began to mount that sexual orientation could not be changed according to the measurement techniques that these researchers were using. Behavior therapists attempting reorientation studied men only, and when they employed phallometric testing they began to find that therapies could reduce homosexual arousal, but not induce heterosexual arousal. In an aversion therapy study using this measurement method led by

Nathaniel McConaghy, the authors state, “From these data, it would seem that there is a decrease in reported homosexual feelings and in associated negative heterosexual feelings following aversion treatment, but there is no actual increase in heterosexual feelings” (McConaghy, Proctor, and Barr 1972: 73). This was a common finding in other studies of this time using the phallometric technique (Tanner 1974; 1975). What emerged from this development was a tacit alliance between gay activists and the technology of phallometric testing—a technology which could purportedly demonstrate that therapies do not work. However, as the impetus for conducting studies of this type dwindled away, ethical pronouncements against behavior therapy of homosexuality ruled the day. The Davison view prevailed; evidence was irrelevant.

Within this context, mainstream psychology became increasingly gay affirmative. In 1974, Silverstein founded the *Journal of Homosexuality*, establishing an interdisciplinary forum where the pathological view was marginalized, with a board “composed mainly (but not exclusively) of those researchers and clinicians who eschew the medical model of homosexuality” (Silverstein 1974: 6). In addition, a group in psychology called the Association for Gay Psychologists, founded in 1973, pushed for change within the American Psychological Association in the wake of demedicalization in psychiatry. In 1975, the Board of Directors and Council of the American Psychological Association adopted a position statement endorsing the actions of psychiatry in removing homosexuality from the *DSM*. After that endorsement, the new position statement echoed, “Homosexuality, per se, implies no impairment in judgment, stability, reliability, or general social or vocational capabilities. Further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma

of mental illness that has long been associated with homosexual orientations” (Conger 1975: 633). The statement ended with a condemnation of discrimination against people who had engaged in homosexual behaviors. Thus, honoring the intellectual jurisdictional settlement with psychiatry, mainstream psychology also demedicalized homosexuality and declared that it was an ally for gay activists in the fight for social justice.

In 1977, further entrenching the Davison view on ethics, the *Journal of Homosexuality* published papers from a Symposium titled “Homosexuality and the Ethics of Behavioral Intervention” directly challenging reorientation therapies on ethical grounds. The symposium included papers by Gerald Davison, Charles Silverstein, and psychologist D.A. Begelman, all voicing opposition to behavioral treatments on the basis of ethics rather than evidence of efficacy. The papers were originally presented at the AABT conference in San Francisco on December 13, 1975. Invited papers responding to the symposium in *JH* include essays by Nathaniel McConaghy, John Money, and Kurt Freund, as well as psychologists Philip Feldman and Carl Binder. Davison’s paper drew primarily from his inaugural speech and position paper from the year before, stating that the presence of such therapies is denigrating to homosexuals (Davison 1977). Begelman held a similar position, claiming that even if a client wanted a therapy, it should not be provided because it would be immoral (Begelman 1977).

Among these essays, Silverstein’s went furthest in condemnation, characterizing reorientation therapy as a form of dangerous sadomasochism. He grouped behavior therapy treatments along with the treatments of neuroscientist Robert Galbraith Heath, dubbed “Horrible Heath.” Silverstein states:

And “Horrible Heath” (Heath 1972) maintains that we should follow his example and excise bits of brain tissue here and there, connect electrodes to certain internal structures, apply current from time to time, introduce a prostitute into the room, stop shocking, and see what happens. Heath is fascinated with this exercise in professional sadism. I am horrified (Silverstein 1977: 206).

Silverstein is referring here to experiments that Heath conducted at Tulane University in 1972, in which he surgically implanted electrodes into the pleasure centers of subjects’ brains and had them self-administer electrical stimuli. In the paper titled “Pleasure and brain activity in man: deep and surface electroencephalograms during orgasm,” Heath’s subject “B-19” was a homosexual man, and Heath attempted to “cure” his homosexuality through the administration of electric shocks internally to the brain (Heath 1972). For Silverstein, the person who pursues reorientation treatments is a masochist with low self-esteem brought about by rejections in society and the family. Silverstein also theorized that these clients, primarily men, are bound by rigid gender roles, and their desire to seek counseling is based on contempt for women—a desire to eradicate themselves of homosexuality as a feminized trait. Clients and reorientation therapists are equally confused about gender roles, according to Silverstein (1977: 208-9). In short, the essay was a blast against reorientation on ethical grounds.

The responses to these papers were also primarily couched in terms of ethics rather than evidence. Aversion therapist Nathaniel McConaghy offered cases in which he claimed it would be unethical not to help a client to reduce their homosexual attractions—a married man and a woman who belongs to a devoutly religious community (McConaghy 1977). Psychologist Philip Feldman claimed that not allowing clients the opportunity to define the goals of therapy is a form of what Davison calls “coercive

liberalism”—providing the client with a form of happiness as defined by the therapist (Feldman 1977). While both of these proponents of behavior therapy treatments make ethical claims in support of interventions, neither appeals to evidence of efficacy. John Money, however, claimed that most people in society who label themselves as “homosexual” are really “bisexual,” so therapy could help most homosexuals to explore their innate heterosexual potential (Money 1977: 231). Psychologist Carl Binder claimed that sexual reorientation therapy should be replaced by something he calls “affection training”—teaching everyone to be more affectionate with one another, which would ultimately lead to the dissolution of sexual orientation categories for everyone (Binder 1977). Finally, Kurt Freund provided the only response paper in support of the symposium papers. Appealing to evidence, Freund claimed that there is no evidence demonstrating that it is possible to change sexual orientation. He pointed to his own previous reorientation research in which, upon follow up, all of the members of his sample reverted back to living homosexual lives (Freund 1965). He claimed that any research on sexual reorientation requires a long-term follow-up component to the study. In addition to this position on lack of evidence for efficacy, Freund states that the desire to change sexual orientation cannot be fully understood until we live in a society that has completely eradicated anti-gay bias (Freund 1977: 239).

While Davison’s ethical view had become increasingly prominent, this position met resistance with the work of Adams and Sturgis. In 1977, behavior therapists Henry E. Adams and Ellie T. Sturgis at the University of Georgia compiled a review of all behavior therapy studies of homosexuality conducted since 1960. The following year, they co-authored an article titled “The Right to Treatment” (Sturgis & Adams 1978)

opposing Davison's position that evidence is irrelevant, and claiming that opposition to reorientation therapies is based on politics rather than sound science. The authors conclude:

[T]he position taken by Davison appears to be based on philosophical beliefs that ignore empirical data. His position violates the right of the individual to select treatment goals...As clinical scientists we can ill afford to make our decisions on the basis of social pressures or personal values. The state of a science cannot be decided by popular vote or verbal mandate. To be effective psychologists we must ultimately let the data and the requirements of individual cases guide us in the formulation of our views and treatment procedures (Sturgis & Adams 1978: 168-69).

Regarding the review of evidence that must be taken into account, Adams and Sturgis found differing results in their review. They defined homosexuality in terms of attraction, stating, "Homosexuality can be defined as a pattern of sexual responses in which the individual expresses primary erotic interest in sexual partners of the same sex" (Adams & Sturgis 1977: 1171). The review included 37 studies, involving 350 subjects, only 4 of which were women.

The authors noted several trends in behavior therapy of homosexuality over the previous seventeen years of research. Their analysis was divided into single case and group studies, and especially in the group studies the researchers noted an increasing use of controls during the 1970s (Adams & Sturgis 1977: 1179). For "controls" researchers typically compared different therapies, such as aversion therapy and covert sensitization. For an individual, this meant that the subject underwent multiple types of therapy and the effects of each were individually compared. The authors noted the increasing popularity of using penile plethysmography to measure outcomes since the late 1960s. However, studies typically always included some form of self-report measure assessing sexual

behaviors, fantasies, and urges (Adams and Sturgis 1977: 1184). While they claim that the increasing use of controls is an indicator of increasing sophistication in this line of research, they fault the literature for a lack of rigor, and they claim that therapies are in need of development as they only produce modest results. Pointing to higher efficacy rates in case studies, they claim that better treatments would be catered to the individual client, and may require multiple interventions and multiple types of assessment (Adams and Sturgis 1977: 1186). Thus, their position is one of cautious support for reorientation treatments, bolstered by findings in single case studies. While Adams and Sturgis tried to shift the debate back to evidence, in this climate they could not, and the behavior therapy of homosexuality had completely faded from scientific literature by 1980 (Nicolosi, Byrd, & Potts 2000b).

These changes in the view of homosexuality and its treatment within psychiatry and psychology, while sweeping, were certainly incomplete. Nonetheless, they shaped the field of therapeutics in ways that increasingly pushed secular reorientation treatment to the margins of science. Adding to the “intellectual opportunity structure” that prohibited the professional expression of the idea that homosexuality was a diagnosis, opponents of reorientation therapy had cast these interventions as patently unethical—they implied that homosexuality was a disease, and they stood in league with torture.

The late 1970s: Incomplete Change in the New Professional View of Homosexuality

Despite these gains in the mental health fields, the late 1970s was a time of setbacks in the area of gay rights. Anita Bryant’s “Save Our Children” campaign was instrumental in rolling back laws protecting gays and lesbians from discrimination,

inspiring the “Briggs Initiative” in California which would have led to the firing of gay teachers had it passed (Fetner 2001). In response to these initiatives of the right, the rhetoric of the gay rights movement shifted in tone in regard to claims about discrimination. Prior to 1977, movement rhetoric was educational in tone, framing the discrimination issues in terms of fairness and equality. After 1977, the tone became angrier, with gay rights groups claiming that they were part of an oppressed minority (Fetner 2008: 28-38). But with the important victory over diagnosis largely won, these new challenges and distractions left those working on gay affirming issues in mental health largely on their own, without much help or attention from gay rights activists.

The partiality of changed views among mental health professional was revealed by studies of professionals. While homosexuality per se was not grounds for disorder, many mental health professionals still saw it as a possible indicator of pathology. For example, a study of psychiatrists in 1977 conducted by Harold Lief claimed that sixty-nine percent of psychiatrists believed homosexuality represented some kind of pathology, sixty percent thought homosexual male relationships were less mature and loving than heterosexual relationships, and seventy percent thought that the psychiatric problems experienced by homosexuals were due more to conflicts within the individual rather than societal stigma (Bayer 1987: 167; Lief 1977: 110-11). The study, reported in *Time* magazine under the title “Sick Again?,” suggested that the change in professionals’ viewpoints toward the normal variant view was far from complete (Bayer 1987: 168).

During this period, Spitzer continued to defend diagnoses in the *DSM* for people experiencing conflicts over their homosexuality. His previous role in the removal of homosexuality from the *DSM* was a major factor in the decision to appoint him to chair

the Task Force for the development of the *DSM-III* between 1974 and 1979 (Bayer and Spitzer 1985: 188). In his capacity as director of the Task Force, Spitzer worked to transform all psychiatric diagnosis into an “atheoretical” description-based practice²³ (Orr 2006: 224-225; Bayer and Spitzer 1985). Another part of revising the *DSM-III* involved the revision of “Sexual Orientation Disturbance.” Spitzer felt that the description of the category was too general and needed to focus more specifically on homosexuality itself. *DSM-III* added behaviors that were of “inherent disadvantage” to the principal underlying mental disorder, making the category of disorder broader (Bayer 1987: 169). Spitzer proposed “homodysphilia” to replace SOD, and the definition he put forward suggested that he still maintained at least a partial view of homosexuality as pathological. Critics disliked the idea that “homodysphilia” was to be grouped with other forms of sexual disorder, fearing that homosexuality might end up being seen as a “perversion.” Moreover, the etiology of homodysphilia was based on disruptive family dynamics, including an overbearing mother and distant father. Harkening back to discredited psychoanalytic theories, the new diagnosis seemed to be turning into a means for the remedicalization of homosexuality (Bayer 1987: 170-1).

The new compromise of “ego-dystonic homosexuality” (EDH) eliminated these pathologizing features, and attributed psychiatric problems to negative societal attitudes. While some psychiatrists, including Richard Green, felt that there should be no diagnosis to single out homosexuality, Judd Marmor conceded this point when EDH was created.

²³ This transition is often described as a paradigm shift from a psychoanalytic psychiatry to a biological psychiatry, rooted in evidence-based medicine and emphasizing psychopharmacology. However, in *Prozac on the Couch* (2003), Jonathan Metzl argues that the transition from Freud to prescribing medications did not completely abandon psychoanalytic principles, as medications took on gendered meanings and clients and therapists maintained relationships that maintain psychoanalytic features.

This diagnosis shifted the etiology from disruptive family dynamics to anti-gay sentiments within society. It read:

A desire to acquire or increase heterosexual arousal so that heterosexual relations can be initiated or maintained and a sustained pattern of overt homosexual arousal that the individual explicitly complains is unwanted as a source of distress.... Since homosexuality itself is not considered a mental disorder, the factors that predispose to homosexuality are not included in this section. The factors that predispose to ego-dystonic homosexuality are those negative societal attitudes towards homosexuality which have been internalized. In addition features associated with heterosexuality such as having children and socially sanctioned family life, may be viewed as desirable, and incompatible with a homosexual arousal pattern (quoted in Bayer 1987: 177).

EDH went into the *DSM-III* under the direction of Spitzer, and again, it represented a compromise, but it was not without resistance from opponents who wanted no mention of homosexuality in the nosology. While opinions about homosexuality had changed dramatically, homosexuality was still not considered a “normal variant” by many psychiatrists.

However, the extent of transformation that occurred within mental health professions over the 1970s could be seen in the largely negative reception of a major reorientation study published near the end of the decade. *Homosexuality in Perspective* (1979) was to be the third and highly anticipated major work for sexologists William Masters and Virginia Johnson. Like in their earlier research, the study involved real-time laboratory observations of sexual physiology, including observations of people masturbating and engaging in sexual acts while connected to electrodes, but this time they studied gay and lesbian subjects. In the first phase of the research, Masters and Johnson noted that homosexual sexual physiology was exactly like heterosexual

physiology, and thus, the same “sex therapy” techniques used with heterosexuals could be extended to homosexuals (Masters & Johnson 1979: 255).

In addition to providing therapy for various sexual dysfunctions for homosexual subjects, the research in *Homosexuality in Perspective* also included a study of reorientation for homosexuals experiencing “dissatisfaction” with their sexual orientation. The research for the clinical portion of the research was conducted over a ten year period, from 1968 to 1977. Consequently, the study involves the unusual circumstance in which the condition at the center of investigation was a disorder when the study began, but not when the study was completed and published. To qualify for the study of eliminating “homosexual dissatisfaction,” subjects were also required to bring an opposite sex partner to participate in the therapy (Masters & Johnson 1979: 255). Masters and Johnson refer to their previous work, *Human Sexual Inadequacy* (1970), for an explanation of the two week “rapid treatment” regimen used to help subjects overcome sexual dysfunctions. These techniques included training in verbal and nonverbal communication as well as prescribed sexual positions that help with various performance problems (Masters & Johnson 1970).

Catering to the new intellectual climate in 1979, the authors went out of their way to indicate that studying the conversion and reversion of homosexuals into heterosexuals did not imply that homosexuality is a “disease,” and such practices should only be conducted when the client is certain of their intent to change. In addition, Masters and Johnson included subjects in the reorientation portion of their study on the condition that these people sought to expand the scope of their sexual preferences rather than change

them. That is, if someone wanted to completely eradicate their homosexuality, they were excluded (Masters & Johnson 1979: 253).

Masters and Johnson measured the outcomes of their research on the basis of their own clinical judgment, assessing the adequacy of sexual responses as well as the subjective states of their clients while in the laboratory for their two weeks of therapy. The studies include vignettes with success and failure described in very general terms—either clients solved their sexual problems and achieved orgasms and prolonged sexual pleasure, or they did not, and there is no clear metric of determining success or failure. In the cases of “failure,” relationships ended, or treatment was ongoing. However, after treatment, the researchers conducted a five-year follow up study, and they were forced to use self-report methods over the telephone. The authors anticipate the criticism that the results of such self-report methods can be faked, but they claimed there were no alternatives (Masters & Johnson 1979: 259-60). The results of the study showed an exorbitantly high “success” rate—higher than any rate ever reported before.²⁴ Masters and Johnson attributed their extremely high “success” rate to the motivation of their clients and the strong screening process which filtered out people interested in complete change (Masters & Johnson 1979: 392).

²⁴ The results were broken down by sex, and also divided according to whether clients underwent a “conversion” or a “reversion.” In the pre-treatment interview, clients were placed onto a Kinsey scale depending on their sexual histories. A client who began as a Kinsey 5 or 6, with almost exclusive or exclusive homosexual experience, would undergo “conversion” therapy while a client who began as a Kinsey 2, 3, or 4, all with more heterosexual experience in the past than the 5’s or 6’s, would undergo “reversion” therapy (Masters & Johnson 1979: 333). In total, there were fifty-four men and thirteen women who underwent the treatment for homosexual dissatisfaction, part of a larger sample being treated for sexual dysfunction. Among the men, nine underwent “conversion” with two treatment failures; forty-five underwent “reversion” with nine treatment failures. Among the women, three underwent “conversion” with no treatment failures, while ten underwent “reversion” with three treatment failures.

However, as Thomas Maier recounts in his recent book *Masters of Sex* (2009), *Homosexuality in Perspective* was not well received by the public or by the scientific community.²⁵ Although *Time* magazine ran a story anticipating the release of the book and lauding the authors' reputation, the *Los Angeles Times* gave the book a very negative review. This review stated that the book "abounds in fallacies" and mocked, "'Conversion' to heterosexuality is possible more than half the time. You could change if you wanted to" (quoted in Maier 2009: 295-6). Among scientists, the book was also poorly received. John Money expressed disbelief because the members of the sample each paid \$2500 and as a result, "then you've got a hopelessly biased self-selected sample skewed in favor of success" (quoted in Maier 2009: 296). In addition, Judd Marmor stated, "I would doubt very much that you could reverse a group of [Kinsey] 6 persons in two weeks" (quoted in Maier 2009: 296). Masters and Johnson, who seemed to be defining the field of sex research at the beginning of the decade, were now out of step with current trends in the mental health field.

By 1980, it had become increasingly difficult for researchers to make claims that reorientation therapies worked. The old style of expert assessment of reorientation clients' outcomes based on expert assessment of behavior had been thoroughly discredited. Homosexuality was no longer a disorder. The therapies themselves were attacked as unethical and sadomasochistic. Aversion therapy had been exposed as cruel, and it ceased to be a viable therapeutic technique more broadly as a result of the struggles

²⁵ In *Masters of Sex*, Maier exposes through interviews with Virginia Johnson and Richard Kolodny, research associate to Masters and Johnson, that much of the data in *Homosexuality in Perspective* was fabricated. Virginia Masters felt very reluctant to publish this book, especially given the context of social transformations that had taken place regarding the social acceptance of homosexuality (Maier 2009: 281-98).

over its role in treatments of homosexuality. In this context, reorientation efforts would have to be couched in ways that did not involve “disorder” or even “treatment” (which implied disorder). It was in this context that people seeking sexual orientation change (and eventually the secular reorientation therapists themselves) turned to religion.

The Re-formation of Reorientation

Following a pattern of mobilization described by social movement theorists McCarthy and Zald (1977), the successes of the gay liberation and gay rights movement in demedicalizing homosexuality sparked the formation of a countermovement. Locked out of mainstream mental health institutions, many interested in sexual reorientation mobilized by shifting to a new venue of theology, defining homosexuality as “sin.” For certain, some psychoanalysts continued their work on the margins, including Socarides, who even published new books (Socarides 1975, 1978). But by the 1980s, the religious ex-gay movement had a very favorable political climate in which to thrive. The election of Ronald Reagan in 1980 marked the beginning of twelve years of social conservatism in the country, including a backlash against the countercultural movements of the 1960s and 70s. The first wave of Religious Right organizing began with Jerry Falwell’s organization The Moral Majority, and it combined Evangelical television with conservative electoral politics, raising millions of dollars for political campaigns and conservative voter registration drives. The anti-gay rhetoric of these groups became further inflamed during the AIDS crisis of the 1980s (Fetner 2008: 58-60).

The growth of the ex-gay movement within Evangelical Christianity was not only a response to the demedicalization of homosexuality. Religion itself had become an arena

of struggle for gay activists with the advent of pro-gay theology in the late 1960s. In 1968, Troy Perry founded the Metropolitan Community Church in Los Angeles as a gay-affirming ministry. In 1972, Reverend Perry published his autobiography *The Lord is my Shepherd and He Knows I'm Gay*. It begins with the theological affirmation:

One thing is sure. We homosexuals must all learn to rid ourselves of the sense of shame that we have been conditioned to accept from the heterosexual world. Such shame is no longer acceptable to any of us. How could we go on being ashamed of something that God had created? Yes, God created homosexuals and homosexuality. It exists throughout history, and all over the world. We homosexuals number in the millions here in the United States alone. We must rid ourselves once and for all of the sense of shame I speak of (Perry 1972: 3).

While this church would endure eighteen church burnings over its first twenty-five years of existence, including a case in New Orleans that resulted in 29 deaths (Helminiak 1994: 24), the MCC began a gay Christian movement that would grow internationally through the 1980s and 1990s. But in the early 1970s, Evangelical Christians had to contend with the new pro-gay theology, and they reasserted that homosexuality is sinful. One response to pro-gay theology was the ex-gay movement.

In 1973, just north of San Francisco in Marin County, former homosexual Frank Worthen and heterosexual minister Kent Philpott founded “Love in Action”—a ministry to “reform” homosexuals. Worthen had lived a homosexual lifestyle, but realized that this was not what God wanted for him. Philpott, president of House Ministries, Inc., worked with Worthen and together they founded the first ex-gay ministry. Philpott published the book *The Third Sex? Six Homosexuals Tell Their Stories* (1975), chronicling experiences of change. *The Third Sex?* became a foundational text for the religious “ex-gay” movement, leading to the development of ministries across the nation, and providing the

template for the ex-gay testimony of deliverance from the homosexual lifestyle. Ex-gays Michael Bussee and Gary Cooper worked with Frank Worthen soon after Philpott's ministry was founded, and in 1976, the first ex-gay conference was held at Melodyland Christian Center in Anaheim, California. The outcome of the conference was the founding of Exodus International, now the largest ex-gay ministry in the United States (Erzen 2006: 31-3).

The founding text, *The Third Sex?*, established the genre of the ex-gay testimony. It includes interviews with three men and three women, and in each case, the interviewee tells a story of sacrificing the homosexual lifestyle for a Christian life. Some still experience homosexual attractions as temptations, while others are asexual, such as "Bob":

KENT: When you first became awakened by the Holy Spirit, did your living with Ron seem like a problem?

BOB: Yes. That is one of the first things that happened. Initially, when I first had my renewal experience, I hadn't resigned myself to give up sex. That happened a few months later as the Holy Spirit began to convict me. I reached the point where I got so excited about Jesus in my life that I realized I couldn't pursue this life style. Initially I wanted to be able to have my cake and eat it too. But I loved the Lord so much that I was willing to do whatever He wanted me to do, no matter how much it hurt....

KENT: Is the idea of marriage repulsive to you?

BOB: Marriage isn't repulsive. It's just that I can't accept in my own mind, emotionally, the sex act. You see, any kind of sex act is repugnant to me right now...(Philpott 1975: 76-77).

Here there is an ethic of absolving sexual pleasure for what is perceived as a greater state of being in a relationship with God. Following the interviews are more theoretical and theological chapters, none of which reference any professional psychiatric or psychological literature. However, the discussions of the etiology of homosexuality tend to generally follow psychoanalytic theories of socialization experiences which lead to

gender non-conformity and subsequent homosexuality. The men had distant fathers and overbearing mothers. The women were socialized in masculine roles and were in masculinizing environments of prisons or the military. According to Philpott's theology, homosexuality is a form of demonic possession. All people are born heterosexual in God's plan, but homosexuality emerges because a person is deceived by Satan. In theological terms, Philpott states, "The origin of homosexuality is found in Paul's classic statement—"they exchanged the truth about God for a lie..." (Romans 1:25). Homosexuality was not in the mind of God when He created man. Homosexuality came with the rebellion. Homosexuality is rebellion" (Philpott 1975: 171-2).

Within this climate and given the success of the religious ex-gay movement, some writers began to bridge the social worlds of research and religion. 1980 marked the first time the term "ex-gay" was used in scientific literature. First presented in 1979 at the American Psychiatric Association meeting in Chicago, the paper "Ex-Gays': Religiously Mediated Change in Homosexuals" was published by psychiatrist Mansell Pattison and his wife and research associate Myrna Loy Pattison in the *American Journal of Psychiatry*, which featured the article in a special section on "modern religious experience and psychiatry." The study was conducted while Mansell Pattison was in the Department of Psychiatry at the University of California, Irvine. The authors interviewed eleven white men who had participated in a Pentecostal ex-gay ministry for the study. Framing change not as the result of an intervention, but rather, as "spontaneous," the authors claimed:

Occasional autobiographical reports have described a spontaneous change in sexual orientation through salutary life experience, which usually includes religious conversion, and there are individual case reports of

spontaneous change without psychotherapy. However, such reports seem to be the exception....The program seemed to offer an ‘experiment of nature’ by which we could investigate this apparently spontaneous change from homosexuality (Pattison & Pattison 1980: 1553).

In the age of demedicalization, this description of “spontaneous” change in an “experiment of nature” allows for language that avoids terms like “curing” and “pathology.” As a professional, Mansell Pattison bridged the worlds of psychiatry and religion, having served as editor of the journal *Pastoral Psychology*, being a licensed Evangelical minister, as well as working as a psychiatrist. As such, his experience in these different social worlds allowed him to bring ex-gay ministries into the psychiatric literature.

In 1983, the first theory blending Christian ex-gay theology and psychoanalytic theory emerged in a book by Elizabeth Moberly titled, *Homosexuality: A New Christian Ethic*. The book remains very influential within the ex-gay movement, retaining the status of “sacred text” in some instances (see Erzen 2006: 145). This book brings together Evangelical Christian theology with ideas about the etiology of homosexuality in ways that discourage the outright moral condemnation of homosexual desires, but rather, encourage their “redirection.” For Moberly same-sex attraction is rooted in something called “defensive detachment.” In this theory, homosexual desire emerges because of one’s disrupted relationship with a same-sex parent from a very early age. This disruption leads to a strong resentment toward members of the same sex. However, a natural “reparative drive” involves strong emotional feelings towards members of the same sex to compensate for this detachment, and these emotional feelings often get eroticized in the form of homosexuality. This pattern of experiencing a simultaneous resentment and

“reparative drive” toward members of the same sex is termed “same-sex ambivalence.” Healing homosexuality and moving beyond an arrested developmental state involves developing non-erotic same-sex friendships such that one can become completely psychologically developed as a heterosexual person, with a complete gender identity (Moberly 1983: 6).

Moberly’s book challenges Christian ideas about homosexuality as a form of behavior to be condemned. While she believes that heterosexuality is part of God’s plan, she also claims that appropriate parent-child relationships are also part of this design, and when they are thwarted, the “reparative drive” results (Moberly 1983: 21). Moberly encourages the understanding of homosexual desires and behaviors as part of an innate drive to repair an arrested developmental process. Developing a fully mature “heteropsychologic personality structure” requires working through the reparative urge to develop a full sense of oneself as male or female through developing de-eroticized same-sex friendships and fulfilling same-sex needs (Moberly 1983: 22-3).

Although theories blending psychoanalysis and ex-gay theology were developed, ex-gay ministries maintained their own expertise on leading gay people out of the homosexual lifestyle toward Christian salvation. The difference between the not entirely overlapping goals of salvation and heterosexuality would eventually lead to an uneasy alliance between the secular and religious wings of the movement (see Chapter 5). Religious texts tend to see salvation as the ultimate goal of reorientation—rather than heterosexuality per se. For example, *Desires in Conflict* (1990) is a work by ex-gay and pastoral counselor Joe Dallas that roots reorientation solely in theology. Dallas states:

[L]et me emphasize from the outset that I know of no universal “cure.” Nobody does. Instead I have taken the experiences of men I’ve worked with and have, hopefully, gleaned some ideas from their journeys that will be helpful to you in your own.

I have tried to position the struggle against homosexual desires as a part of the broader sanctification process all Christians go through. All Christians, of course, don’t wrestle with homosexuality, but they wrestle with *something*. That’s part of our common human experience (Dallas 1990: 17-18).

Part of Dallas’ worldview, reflected in the positions of many within ex-gay ministries, places the sin of homosexuality on par with other forms of sin. This idea encourages other Christians to accept former homosexuals among the flock, and it explains how temptation always lingers:

But don’t ever say that you have arrived. You, like all of us, will continue to struggle against any number of temptations and tendencies as long as you’re alive and kicking. Even if you became completely free of any homosexual tendencies, there is a myriad of other issues to deal with. Nothing but your death or the coming of Christ will change that.

Besides, you have no guarantee that you’re immune to homosexual struggles. If they are gone, wonderful. But who is to say that they’ll never return? Don’t get too confident—that’s always a sign of danger (Dallas 1990: 194).

Thus, by circumventing total “cure,” Dallas and other religious ex-gay leaders would eventually compete with secular reorientation therapists by treating salvation as the central goal.

By the end of the 1980s, the religious ex-gay counter-movement was small and growing. The movement had established testimony as a means of knowing the power of God’s work in one’s life and other’ lives. Importantly, it had established the alternate goal of salvation rather than full heterosexual desire. From its inception, ex-gay ministries established that people are born heterosexual, but may still experience same-sex attractions. Heterosexual feelings were no guarantee, but rather, emulating or moving

toward heterosexuality was an obligation. While Moberly created a bridge between psychoanalysis and ex-gay theology, that vision would not be fully realized on a larger scale among professionals until a professional counter-movement was sparked in response to successes of pro-gay therapists within mental health professions.

The Successes of Gay-Affirmative Therapy and the Formation of NARTH

Within national mental health professions, the successes of gay-affirmative therapists in the United States ultimately sparked the organization of a professional counter-movement to accompany the religious ex-gay movement. The group National Association for Research and Therapy of Homosexuality (NARTH) was founded by psychoanalysts Charles Socarides, Benjamin Kauffman, and Joseph Nicolosi in 1992 in response to concerns about the banning of reorientation therapies, with the purpose of promoting research on reorientation and supporting its practice. Thus, in the wake of demedicalization the success of the gay-affirmative position through the 1980s pushed reorientation so far to the fringe that Socarides and others found it necessary to organize.

Through the 1980s, with battles over the diagnosis of “homosexuality” largely won in the national mental health organizations, practitioners interested in supporting the affirmation of gay lifestyles experienced a much more favorable professional climate. This especially applied to gay and lesbian professionals themselves. Reflecting about this period in 1991, Charles Silverstein wrote that there was a “lessening of the need to speak defensively and to pound one’s chest in defiance against the formerly rigid attitudes toward gay people” (Silverstein 1991: 8). Support for affirming the mental health of gay and lesbian people was particularly shaped by the AIDS epidemic, a brutal reality

affecting the physical and mental health of many in the gay community—making the pathologization of homosexuality itself an extremely unpopular idea within mental health communities (Bayer 1987: 218). However, the AIDS epidemic became a justification for moral opprobrium against homosexuality among conservatives and within public opinion. Some within the conservative movement of the Moral Majority saw AIDS as “punishment” for “unnatural” behaviors (Bayer 1987: 200). And if the medicalization of homosexuality in mental health terms was untenable, new medicalizations of homosexual behaviors emerged within medicine and public health, as doctors and public health researchers blamed homosexual behaviors for AIDS (Bayer 1987: 203-4; Epstein 1996; Conrad 2007: 104-9).

In response to the development of the Moral Majority and mass anti-gay backlash, the 1980s was a time in which gay rights activists sought to develop national organizations to advance their causes and sustain policy advances (Fetner 2008: 61-3). In line with this trend, new institutions emerged within national mental health institutions which provided a setting for the development of theory and therapeutic practices that affirmed gay lives. Emerging out of the “Gay PA” and struggles over demedicalization, in the mid 1970s, the Caucus of Gay, Lesbian, and Bisexual Members of the APA (CGLBM-APA) was established within in the American Psychiatric Association, and attained a representative on the Assembly of the APA in 1982. This organization became the Association of Gay and Lesbian Psychiatrists (AGLP) in 1985, and is now able to take positions on issues independent of the APA (AGLP 2010). In psychology, Division 44 of the American Psychological Association was founded as the Society for the Psychological Study of Lesbian and Gay Issues in 1985, as a venue for promoting and

researching lives of lesbian and gay people and gay affirmative ideas (APA Division 44 2010).²⁶ By the end of the 1980s, the AGLP had founded a new journal, *The Journal of Gay and Lesbian Psychology*, to join *JH* in promoting research on the mental health of lesbian and gay people.

The work of these new organizations within the American Psychiatric Association contributed to the deletion of “ego-dystonic homosexuality” from *DSM-III*. Writing in the *American Journal of Psychiatry*, Spitzer had defended the creation of EDH as a compromise, given the fact that there was disagreement over whether or not homosexuality per se was a disorder (Spitzer 1981: 214-15). Confronted with a challenge to remove the diagnosis in the mid 1980s, Spitzer stated in a letter, “To remove that category would [shatter] that achievement and would be viewed as the acceptance of the view that homosexuality is a normal variant” (quoted in Bayer 1987: 215). Prompting from AGLP and CGLBM-APA led to a hearing with Spitzer’s workgroup looking at psychosexual disorders for *DSM-III-R*, and as a result, Spitzer reconsidered. *DSM-III-R* left treatment for those who might be distressed by their sexual orientation as an entry under the disorder “Sexual Disorders Not Otherwise Classified,” and it contained no reference to homosexuality (Bayer 1987: 216-7). Bayer speculates that sympathy for the plight of gay and lesbian people during the AIDS epidemic also likely contributed to the APA’s willingness to remove the last reference to homosexuality from the nosology (Bayer 1987: 217).

²⁶Division 44 is now called The Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues (SPSLGBTI) and states as its mission that it “welcomes all those interested in psychological research, education and training, practice, and advocacy on lesbian, gay, bisexual and transgendered issues and all lesbian women, gay men, bisexual women, bisexual men, transgendered people, and their allies” (APA Division 44 2010).

Many foundational gay affirmative therapy texts emerged in the 1980s along with these institutional changes. An influential essay appeared in the *Journal of Homosexuality* in 1979, written by Australian psychologist Vivienne Cass titled “Homosexual Identity Formation: A Theoretical Model.” In the article, Cass lays out a six stage model of identity development, created through years of working with homosexual clients. The model begins with discovery of one’s own homosexual feelings and behaviors, and proceeds until there is full integration between perception of personal characteristics, perception of associated behaviors, and perception of other people’s views of one’s characteristics (Cass 1979). In 1987, psychologist John Gonsiorek assembled the work of several gay-affirming psychologists and psychiatrists in the edited volume *Homosexuality and Psychotherapy: A Practitioner’s Handbook of Affirmative Models*. In the introduction, Gonsiorek retheorized homosexuality in relation to mental illness diagnoses, encouraging therapists not to abandon diagnosis altogether. This was a concern given the anti-diagnosis theorizing (e.g., Szasz 1961) that had been a strong influence on deletion activism in the early 1970s (Gonsiorek 1987: 9). Gay-affirmative psychology texts tended to deal with issues such as developing healthy gay and lesbian relationships, coming out, and attending to relationships between parents and their gay children—all generally assuming that homosexuality is immutable, and thus, the client is best served by learning to develop a gay or lesbian identity.

In general, this material rejected the efficacy and ethics of reorientation programs. In an essay, Sue Kiefer Hammersmith from the Kinsey Institute pointed to the Pattison and Pattison study as evidence of “short term change,” and she claimed that there is no evidence demonstrating that therapies or ministries can change sexuality in the long term

(Hammersmith 1987: 182-3). Believing that homosexuality is biologically rooted, Hammersmith recommends to therapists with clients who experience conflicts between their religious faith and their sexual orientation to explore gay-affirming resources within their churches (Hammersmith 1987: 187-8). By 1991, psychologist Doug Haldeman sounded the death knell for reorientation programs in the era of gay-affirmative therapy:

Psychological ethics mandate that mental health professionals subscribe to methods that support human dignity and are effective in their stated purpose. Conversion therapy qualifies as neither. It reinforces the social stigma associated with homosexuality, and there is no evidence from any of the studies reviewed here to suggest that sexual orientation can be changed. Perhaps conversion therapy seemed viable when homosexuality was still thought to be an illness; at this point, it is an idea whose time has come and gone (Haldeman 1991: 159).

Thus, in psychology and psychiatry, the gay-affirmative view had become even more dominant, and it took the form of framing homosexuality as both “innate” and “immutable.”

However, in the field of psychoanalysis, the complete demedicalization of homosexuality took longer to accomplish. Bayer attributes this to the fact that psychoanalysis tends to see everyone as afflicted with pathology, given the conflict-ridden nature of normal human development (Bayer 1987: 187). Thus, psychoanalysis provided a professional home for sexual reorientation therapists after their ouster from psychiatry. Charles Socarides remained a main advocate of the pathologizing view publishing books that recycled his theories from the late 1960s on the treatment of homosexuality as a pathology developed in early childhood (1988, 1989). In 1988, Elaine Siegel published *Female Homosexuality: Choice Without Volition*, a study of twelve women, the largest ever study of treating female homosexuality, building on Socarides’

pre-Oedipal theories.²⁷ These works maintained the psychoanalytic case study as the means of evaluating both homosexual behavior and the internalization of therapeutic ideologies.

Resistance within psychoanalysis emerged as new theories explored ways that homosexuality—especially male—could be understood without homosexuality per se being pathologized. Following his role in demedicalization, psychoanalyst Judd Marmor became American Psychiatric Association president, and spoke out for gay rights. His volume *Homosexual Behavior: A Modern Reappraisal* provided an overview of available research on homosexuality, without pathologizing views (Marmor 1980; Drescher 2006b). In *Male Homosexuality: A Contemporary Psychoanalytic Perspective* (1988), Richard Friedman expressed uncertainty about whether psychoanalysis can successfully reorient a client, and called for better research. In addition, he pointed to prenatal hormone exposure as a likely candidate for the cause of homosexuality. Significantly, gay psychoanalysts also began publishing theories. In *Being Homosexual: Gay Men and their Development* (1989), Richard Isay discussed homosexuality as rooted in biology, and provided a view of therapy which helped the client come to terms with societal biases and move toward self-acceptance. This work was followed by the work of gay psychiatrist Jack Drescher, *Psychoanalytic Therapy and the Gay Man* (1998), which also provides a gay affirmative therapeutic regimen to help men discover and accept their fixed same-sex

²⁷ For Siegel, female homosexuality is a arrested form of normal female development. In the pre-Oedipal phase, young girls experience sensations in the vagina at age 2-4. The girl identifies with the mother, who acts as an external organizer that helps the child organize “inner genitality” and form the desire to become a mother. Playing with dolls is an outlet for making this particular connection. Siegel’s patients did not play, but rather released inner tensions by “running, shrieking, breathholding, and other means of possibly releasing inner tensions,” staying locked in an “undifferentiated mode,” including an unwillingness to acknowledge the differentiation between the sexes (Siegel 1988: 2-3).

sexual orientations. However, psychoanalysis was late to declare that homosexuality is not pathological. A statement on non-discrimination emerged in 1992 (American Psychoanalytic Association 1992), and a statement declaring that homosexuality is not psychopathology emerged in 1999 (American Psychoanalytic Association 1999).

By the beginning of the 1990s, gay-affirmative ideas in mental health were largely built around the idea that sexual orientation is innate and immutable, and thus, should be accepted in therapy. As gay rights issues increasingly found their way onto the national stage in the 1990s, public opinion about the nature of homosexuality became interwoven with views on gay rights. Supporters of gay rights generally viewed innateness and immutability of homosexuality as a basis for rights, while anti-gay opponents tended to believe that homosexuality was chosen and not a basis for “special rights” (Knauer 2003: 3). While scientific research on the biological underpinnings of homosexuality had been carried out for some time, this idea that homosexuality was innate was reinforced in the early 1990s when a major study announced the existence of a biological basis for homosexuality. In 1991, Simon LeVay studied the interstitial nuclei of the anterior hypothalamus (INAH) regions of the brains of heterosexual men, gay men, and women.²⁸

Believing that the hypothalamus is important in heterosexual male activity, LeVay hypothesized that there would be a difference between homosexual and heterosexual men, and that homosexual men would show similarities to women. This is

²⁸ His paper is unclear regarding how he determined which brains belonged to heterosexual and homosexual men, but the nineteen gay male subjects had all died from complications of AIDS (LeVay 1991: 1035). The “heterosexual male” sample consisted of men whose sexual orientation was unknown, but were presumed heterosexual on the basis of the statistically low occurrence of homosexuality in society (LeVay 1991: 1036n7). Nonetheless, LeVay’s study has been controversial on these grounds.

indeed the pattern he found when looking at the INAH3 region. When speculating on the cause of this correlation, LeVay stated that it was not known whether the difference he observed was the cause or consequence of sexual orientation, but he did note that the hypothalamus in rats could be modified by prenatal hormone exposure (LeVay 1991: 1036). He later claimed that this was the likely cause in humans (LeVay 1996). LeVay's study was met with widespread media exposure for its claims to have found the biological component of male homosexuality.²⁹ Another significant study claiming that homosexuality was correlated with the Xq28 marker on the X chromosome would soon reinforce this trend (Hamer et al 1993). Biology appeared to have provided corroborating evidence for the anti-reorientation views of mental health experts fighting against reorientation proponents, and could now be a basis for declarations of rights. It was against this backdrop that a new secular organization was formed to support the research and therapy of homosexuality.

Reorientation therapists perceived that they were under threat from the predominance of gay-affirmative views in mental health and innate-immutability ideas in biological science—so much so they found it imperative to form NARTH in 1992. During that year, according to Socarides, there were internal maneuvers within the American Psychiatric Association to try to declare reparative therapy “unethical” and lawyers on behalf of the new organization had to intervene (Richardson 1994). The American Psychiatric Association also passed a position statement on homosexuality,

²⁹ While LeVay's study shows a difference in brain structure between homosexual and heterosexual men, the study said nothing about the cause of that difference or whether it was immutable. Public readings of the study transformed it into evidence that homosexuality was innate and immutable. Ironically, LeVay would later claim that Robert Spitzer's study on ex-gays should not be dismissed, commenting that neuroscience and psychology have taught us that the human brain is immensely plastic (LeVay 2003).

declaring that “homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities” and it called for the global repeal of laws that penalize private homosexual acts (American Psychiatric Association 1992). NARTH was founded with a mission to support therapists who treat clients with unwanted same-sex attractions and to promote diversity of opinion within mental health fields (Nicolosi 2010; NARTH 2010a). In addition to these activities, NARTH has provided anti-gay amicus briefs in various court cases involving gay rights issues (see Chapter 4).

In the early years of NARTH’s existence, this group was beleaguered by formal attempts to declare its work entirely unethical by both the American Psychiatric Association and American Psychological Association. In 1993, psychiatrists tried to get their association to ban reparative therapy, and the resolution was passed by the Board of Trustees that December. Interviewed in the *Washington Times*, Socarides stated, “It represents a huge nationwide gag order...It certainly diminishes anyone’s ardor to treat a homosexual if he thinks he’s going to be denounced. It also creates resistance for homosexuals to seek help” (quoted in Richardson 1994). The meeting of the American Psychiatric Association in Philadelphia was disrupted by ex-gay activists declaring that their therapy resulted in converting them to heterosexual, and the position statement did not pass (Weiss 1997).

From the beginning, NARTH relied on two rhetorical strategies to establish the legitimacy of their work. First, they claimed a strict separation between “politics” and “science” and declared that opponents were corrupted by politics. In his book *Healing Homosexuality* (1993), Nicolosi states:

It is not our intent to contribute to reactionary hostility. However, there is a distinction between science and politics, and science should not be made to bow to gay political pressure. . . . The National Association for Research and Therapy (NARTH) has recently been formed to combat politicization of scientific and treatment issues. NARTH will defend the rights of therapists to treat dissatisfied homosexuals (Nicolosi 1993: ix).

Nicolosi also expressed the “right” of therapists to provide reorientation treatment:

NARTH will defend the rights of therapists to treat dissatisfied homosexuals. Just a few months after its inception, over one hundred licensed psychiatrists, psychologists, family counselors, and social workers had already become members of this organization. NARTH will defend the right of therapists to continue to study and refine therapeutic techniques for men and women who are struggling with homosexual thoughts, feelings, and behaviors that they do not want to accept as part of their deepest identities (Nicolosi 1993: ix).

These positions would be essential for NARTH’s critiques of national mental health organizations’ “political correctness,” being beholden to gay activism and politics. By the end of the 1990s, this rights discourse would be extended to a client’s right to self-determination.

In the era of the religious ex-gay movement, Joseph Nicolosi became increasingly important as a theorist who was able to bridge the secular and the theological. Drawing on Elizabeth Moberly’s theory from *Homosexuality: A New Christian Ethic* (1983), Nicolosi’s *Reparative Therapy of Homosexuality* (1991) built the concepts of “reparative drive” and “defensive detachment” into individual and group therapy programs.³⁰ In his next book *Healing Homosexuality*, Nicolosi reframes his case studies as “testimonies” to appeal to the religious ethos of the ex-gay movement:

The Gay Liberation Movement has been very successful through the drama of personal testimony. When all the theoretical arguments were

³⁰ According to Tanya Erzen, Elizabeth Moberly has accused Nicolosi of plagiarizing her work (Erzen 2006: 145).

presented to the American Psychiatric Association in 1973, both for and against the idea of homosexuality as pathology, it was the socio-political perspective that had the most influence. Listening to some gay men's personal stories of frustration in treatment, the psychiatric association omitted homosexuality as a diagnostic category.... Now, exactly twenty years later, we are offering the opposite sort of personal testimony, that of homosexual men who have tried to accept a gay identity but were dissatisfied and then benefited from psychotherapy to help free them of the gender identity conflict that lies behind most homosexuality (Nicolosi 1993: viii).

In addition to reframing case studies as “personal testimonies,” this analysis reduces the decision to remove homosexuality from the *DSM* to one based on a “socio-political perspective” rather than anything based on science.

A Decade of Tactical Innovation on Both Sides

In the arena of national politics, Tina Fetner characterizes the 1990s as the era of “culture war” over homosexuality, in which gays and lesbians, now visible on the national stage, were forced into party politics as a result of the Religious Right exerting tremendous influence on the Republican Party in the 1980s. Homosexuality became a highly charged issue that enabled conservatives to galvanize their base around a threat to “family values.” In the early 1990s, ballot initiatives in various states such as Oregon and Colorado sought to roll back gay rights protections (Fetner 2008: 101-104), and the late 1990s saw the development of Defense of Marriage Acts, both on the federal and state level, outlawing gay marriage (Fetner 2008: 110-114). These conservative initiatives in politics reset the agenda for the gay rights movement, which had previously been focused on pursuing anti-discrimination legislation in workplaces and protection against hate crimes—policies that would protect all LGBT people. In addition to setting the agenda of the gay rights movement, these shifts also established the arena in which gay rights

Table 2.1. Pro-LGBT Policy Statements, US Professional Assns (1973-2010)**American Psychiatric Association**

1973 Homosexuality and civil rights
 1984 Homosexual issues concerning the military
 1988 Statement on discrimination based on gender or sexual orientation
 1990 Homosexuality and the armed services
 1992 Homosexuality
 1998 Sexual orientation, psychiatric treatment
 2000 Same Sex Unions
 2002 Adoption and Co-parenting of Children by Same-sex Couples
 2005 Support of Legal Recognition of Same-Sex Civil Marriage

American Psychological Association

1975 Discrimination Against Homosexuals
 1976 Child Custody or Placement
 1981 Employment Rights of Gay Teachers
 1987 Use of Diagnoses “Homosexuality” & “Ego-Dystonic Homosexuality”
 1988 Sodomy Laws and APA Convention
 1991 Department of Defense Policy on Sexual Orientation and Advertising in APA Publications
 1993 Lesbian, Gay, & Bisexual Youths in the Schools
 1993 Resolution on State Initiatives and Referenda
 1997 Appropriate Therapeutic Response to Sexual Orientation
 1998 Legal Benefits for Same-Sex Couples
 2004 Sexual Orientation, Parents, & Children
 2004 Sexual Orientation & Military Service
 2004 Sexual Orientation & Marriage
 2005 Hate Crimes
 2007 Opposing Discriminatory Legislation & Initiatives Aimed at LGB Persons
 2008 Transgender ,Gender Identity, & Gender Expression Non-Discrimination
 2009 Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts

National Association of Social Workers

1977 Policy Statement on Gay Issues (anti-discrimination)
 1987 Policy Statement on Lesbian and Gay Issues (anti-discrimination)
 1994 Policy Statement on Lesbian and Gay Issues (anti-discrimination)
 1997 Policy Statement on Lesbian, Gay, and Bisexual Issues (anti-discrimination)

American Counseling Association

1998 Appropriate Counseling Responses to Sexual Orientation

American Psychoanalytic Association

1992 Position Statement on Homosexuality
 1999 Position Statement on Reparative Therapy
 2008 Position Statement on Gay Marriage
 2009 Position Statement on Gays, Lesbians and Bisexuals in the Military

American Medical Association

2000 Policy Statement on Sexual Orientation Reparative (Conversion) Therapy

American Academy of Pediatrics

1983 Homosexuality and Adolescence
 1993 Homosexuality and Adolescence

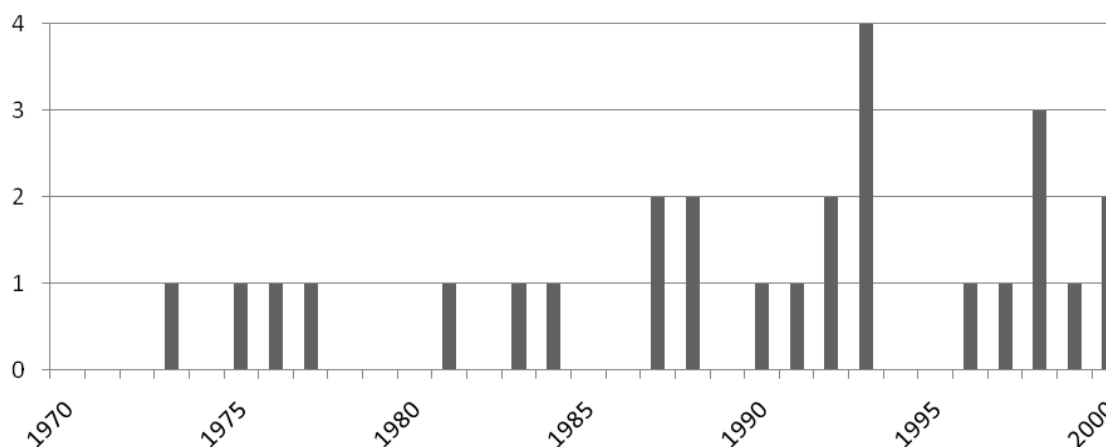


Figure 2.1. Pro-LGB Position Statements Approved per year by US Professional Associations (1970-2000)

groups had to fight, increasingly within the domain of party politics. No longer could LGBT issues be a “side” issue in politics—they were now on the national stage where everyone had an opinion about them, including national politicians. While this was happening in the policy arena, gay friendly media increasingly changed the cultural landscape, with programs like *Ellen*, and *Will and Grace*, bringing familiar lesbian and gay television characters and personalities into living rooms across the country (Fetner 2008: 102).

During this decade of escalating conflict and transformation, and with the advent of the formation of NARTH, US professional associations created position statements challenging reorientation therapies as well as supporting gay rights (see Table 2.1). While a consensus was growing among professional associations that gay rights should be supported and that reorientation should be challenged, the number of such position

statements increased in the 1990s (see Figure 2.1), providing one indicator of how the debate was escalating.

Through this period of the 1990s, a new genre of testimonial emerged which challenged the efficacy or reorientation treatments. Beginning with *Cures* (1991), the historian Martin Duberman established this genre through telling his story of attempted psychoanalysis in the 1960s, and gradually coming to an awareness that his sexual orientation would not change, and that homosexuality is not pathological. Involved in New York activist groups including Gay Activist Alliance, Gay Liberation Front, and the National Gay Task Force, Duberman describes being radicalized by new ideas circulating in these groups that led him to give up the idea that life as a homosexual must mean a life of unhappiness. A couple of years later, Mel White, former ghostwriter for Evangelical ministers Jerry Falwell, Billy Graham, and Pat Robertson, came out publicly as a gay man and then published *Stranger at the Gate: To be Gay and Christian in America* (1994). In the book, White tells his story of decades of attempts at conversion therapy including aversion treatments and religious counseling, when his sexual orientation would not change and he experienced great despair. White realizes that theology does not require the idea that homosexuality is sin, and in fact, this way of life can be seen as a gift from God. Counter-testimonials of failed therapeutic change tended to include stories of transforming worldviews, as homosexuality moved from pathology or sin to something healthy and praised.

In this context of anti-reorientation mobilization, NARTH leaders made various media appearances defending their work and promoting the idea that homosexuality is a disorder. NARTH was able to take advantage of the fact that journalists seek opposing

interests when covering issues, a factor that helps sustain countermovements (Meyer & Staggenborg 1996: 1642). Later in 1994, Charles Socarides appeared on *Larry King Live* (guest hosted by Nick Charles) opposite Shelly Klinger, director of the American Psychiatric Association Committee on Gay, Lesbian and Bisexual Issues. In addition to these professionals, two former therapy clients appeared: Josh Teurk, who claimed his therapy failed, and Richard Cohen, who claimed he was now heterosexual because of therapy. Cohen, married to a woman with two children, had founded the International Healing Foundation a few years earlier in Washington DC as a reorientation therapy organization. In the discussion on the news program, Socarides promoted the idea that homosexuality is a disorder, while Klinger tried to shift the terms of the debate away from this issue, toward questions over the ethics and efficacy of reorientation treatments:

Nick Charles (speaking to Klinger): This debate is all about homosexuality. Is it a treatable disease or not? Briefly outline your argument.

Shelly Klinger: There's no controversy over whether homosexuality is a disease or not. Scientifically it has been proven that homosexuals do not have a mental disorder. The controversy is over whether people should try to treat something that is not a disease with a treatment that doesn't work scientifically and probably causes harm to people.

Nick Charles: Dr. Socarides, agree or disagree with that?

Charles Socarides: I heartily disagree with that. Homosexuality is a developmental disorder. There are various forms of homosexuality which have to be separated from each other. There's homosexual behavior which is not the true condition, and obligatory homosexuality which we feel is one of the sexual deviations. There's a hard core group within the American Psychoanalytic Association, mostly psychoanalysts, who believe by suitable analytic treatment, many homosexuals may develop the capacity to love a woman and give up homosexual relations (CNN 1994).

In addition to representing all “homosexuals” as men in this comment, it is noteworthy that Socarides represents reorientation as based on a notion of homosexuality as a “developmental disorder.” Associating reorientation with an idea of homosexuality as disordered significantly weakened claims of efficacy in this period, given the prevailing wisdom that homosexuality should not be in the *DSM*. However, treating Klinger’s assessment of “no controversy” as a matter of controversy, the news coverage creates an impression that scientific debate is open.

Despite Socarides’ attempts to pathologized homosexuality on CNN, NARTH confronted the barrier that homosexuality was no longer a mental disorder. An alternative strategy was to point to associations between homosexuality and known pathologies as a means to justify reorientation therapy. In 1997, NARTH leaders drew on the increasing medicalization of male homosexual behavior with the advent of AIDS. Utilizing reports that young men were becoming infected with HIV at an alarming rate, Socarides and coauthors wrote an Op-Ed in the *Wall Street Journal* titled, “Don’t Forsake Homosexuals Who Want Help.” The authors stated the rationale for reorientation therapy as follows:

Every day young men seek help because they are experiencing an unwanted sexual attraction to other men, and are told that their condition is untreatable. It is not surprising that many of these young men fall into depression or despair when they are informed that a normal life with a wife and children is never to be theirs.

This despair can lead to reckless and life-threatening actions. Many young men with homosexual inclinations, feeling their lives are of little value, are choosing to engage in unprotected sex with strangers. Epidemiologists are well aware that the number of new HIV infections among young men involved in homosexual activity is rising at an alarming rate; within this population, the “safer sex” message is falling on deaf ears. One recent study revealed that 38% of homosexual adolescents had engaged in unprotected sex in the previous six months.

Young men and the parents of at-risk males have a right to know that prevention and effective treatment are available (Socarides et al., 1997).

Thus, capitalizing on the association between homosexuality and AIDS, NARTH promoted its treatments in a way that did not pathologize homosexuality in itself. This strategy would be applied to many health disparities for gay and lesbian people including suicide and other health problems, always avoiding the possible explanation that these disparities might be caused by oppression.

Within the American Psychological Association, an effort to respond to NARTH's public statements and the growth of reorientation programs emerged in late 1997. Psychologist Doug Haldeman, who was central in the development of the resulting position statement, describes it as an attempt to ban reorientation therapy:

We tried it in 1995 to just prohibit conversion therapy and got shot down, in large part, by the practice community who said, wait a minute, if we start going down the road of prohibiting certain kinds of therapies without credible evidence that they are harmful, we are heading down a very, very dangerous path here. And we went back then, and thought, OK, what can we say about this prejudice, about these therapists, what kind of warning labels can we put on them? (Haldeman 2009).

Largely based on the efforts of Haldeman and members of Division 44, the American Psychological Association passed the 1997 position statement on "Appropriate Therapeutic Responses to Sexual Orientation." The statement sought to establish that reorientation therapies have a basis in discrimination, and it made a strong call for informed consent. Drawing on Haldeman's (1994) research, the statement noted that "societal ignorance and prejudice about same gender sexual orientation put some gay, lesbian, bisexual and questioning individuals at risk for presenting for 'conversion' treatment due to family or social coercion and/or lack of information" (American

Psychological Association 1997). Referring directly to NARTH's *Wall Street Journal* Op-Ed, the position statement noted, "[S]ome mental health professionals advocate treatments of lesbian, gay, and bisexual people based on the premise that homosexuality is a mental disorder (e.g., Socarides et al, 1997)."

However, regarding the efficacy of reorientation therapy, the 1997 American Psychological Association's statement did not yet take a definitive stand like others. It claimed, "[T]he ethics, efficacy, benefits, and potential for harm of therapies that seek to reduce or eliminate same-gender sexual orientation are under extensive debate in the professional literature and the popular media (Davison, 1991; Haldeman, 1994; Wall Street Journal, 1997)" (American Psychological Association 1997). While the statement did take a strong position on ethical issues, according to Doug Haldeman, the statement used careful language when referring to evidence of efficacy because the American Psychological Association strives to make judgments based on the best available science:

That language was criticized by many people who wanted a stronger statement.. But at the time we were trying, as I remember it, to be thoughtful about the way we put things and not to say things that we could not defend. Because at that time, we hadn't done this comprehensive review of all the literature.... We still refer back to that just to say, here are the ethical implications of what's happening here... (Haldeman 2009).

Significantly, the claim that the status of therapies are "under extensive debate" made this position statement the weakest among all the national professional organizations by the end of the 1990s. Partially as a result of the weakness of this statement, the American Psychological Association became the focal point of struggle over reorientation into the next decade (see Chapter 5 and 6).

In an important move that brought ex-gay testimonies from obscurity to the national stage, the Religious Right took action to promote reorientation therapies. Bob Knight of the Family Research Council has described this event as the “Normandy landing in the larger cultural wars” (quoted in Besen 2003: 201). Religious Right groups including Focus on the Family funded a massive newspaper and billboard advertising campaign promoting ex-gay ministries, featuring ex-gays with captions professing to vague claims of “change.” In one ad, a large group of people looking up at the camera are featured with the caption: “We’re standing for the truth that homosexuals can change.” In another advertisement, ex-lesbian Anne Paulk was featured with the tagline, “I’m Living Proof That the Truth Can Set You Free.” Tina Fetner (2005) describes these advertisements as a cultural assault on the very existence of gay identity. In addition, the emergence of the ads required gay rights groups to immediately stop what they were doing and divert immense resources into responding to them (Fetner 2008: 126). The campaign grew to the point that *Newsweek* magazine featured ex-gay spokespersons John and Anne Paulk in a cover story that August titled “Gay for Life? Going Straight: The Uproar over ‘Sexual Conversion.’” The media campaign also coincided with the founding of “Love Won Out,” an ex-gay ministry created by Focus on the Family that holds an annual conference catering to parents of gay youth and people struggling with their sexual orientation, as well as the founding of Parents and Friends of Ex-Gays (PFOX).³¹ These developments were accompanied by increasing protests at the American

³¹ The name of this organization is intended as an answer to the well-known Parents and Friends of Lesbians and Gays (PFLAG), founded in 1972.

Psychiatric Association convention by ex-gays, ministry leaders, and reorientation therapists.

But if the ex-gay movement was on the rise and using creative tactics by the end of the century, gay activists and pro-gay mental health professionals began exploring means other than ethical condemnation to contain the opposition. A gay activist named Wayne Besen, working for the leading gay rights organization Human Rights Campaign (HRC), compiled the book *Finally Free* (2000), a booklet of testimonials of “ex-ex-gays,” building on the genre established by Martin Duberman. New York psychologists Ariel Shidlo and Mark Schroeder also began compiling harm narratives in a project they called “Documenting the Damage” (see Chapter 3). And in a widely publicized story, Wayne Besen famously exposed ex-gay spokesperson John Paulk by photographing him at “Mr. P’s,” a gay bar in Washington, DC (Besen 2003: 3-16). Documenting damage and disparaging claims of change were to be important methods for opponents of reorientation as the debate escalated to include a technical debate over evidence, a transformation of the debate that was accelerated by the Spitzer study.

As debates over the nature of homosexuality became thrust upon the national stage and became more heated, this was a period of new tactics deployed by opposing social movements and professional organizations. Established as a professional organization but unable to pathologize homosexuality, NARTH found ways to justify therapy by associating homosexuality with forms of pathology. The “ex-ex-gay” was invented to match the testimonies of ex-gays with stories of therapeutic failure and harm. The well-funded Religious Right utilized advertising to bring ex-gay testimonies to the

masses. This cavalcade of escalating tactics, growing in scale onto the national stage, would culminate in the development of a new research study by the end of the decade.

The Impetus for the Spitzer Study

In a case of “social movement spillover” (Meyer & Whittier 1994), the ex-gay movement drew on the tactic of protesting the national professional association established by the gay liberation movement in the 1970s. By the end of the 1990s, NARTH and ex-gay ministries were routinely protesting the American Psychiatric Association, calling for formal recognition of ex-gay therapies. While NARTH had called for recognition of therapists’ rights, these protests emphasized clients’ rights to “self-determination,” with clients holding up signs such as “It’s my right to change” (Nicolosi 2000).

In 1999, Spitzer encountered a group of ex-gay activists at the American Psychiatric Association convention in Washington DC calling for their right to change, including ex-gay Anthony Falzarano, founder of PFOX. According to Falzarano, “[Spitzer] came up and said, ‘You guys are out here again’.... I asked him if he would consider taking us more seriously and attend our press conference. I told him some prominent ex-gays would give their testimonies. To my surprise, he came” (quoted in Durin 2001). According to Spitzer’s accounts, this meeting changed his mind about the possibility of change, whereas before he did not think it was possible. In the *Washington Times*, Spitzer recounts, “They were claiming that, contrary to the APA position statement, they had changed their sexual orientation from homosexual to heterosexual. I started to wonder: Could it be that some homosexuals could actually change their sexual

orientation?”(quoted in Durin 2001). To demonstrate that he had been skeptical of change before encountering these ex-gay activists, Spitzer referred to an appearance on the Geraldo Rivera Show in 1995. On this show, he debated Falzarano, representing the American Psychiatric Association view that there was no evidence that change was possible (Durin 2001). In an interview with psychiatrist Jack Drescher, Spitzer claims:

I remember being on this program. Socarides brought a few of his former patients, and there were also some religious ex-gays. I gave the American Psychiatric line, which was that there were only anecdotal reports of change, no real case studies, and it was probably very unlikely that anybody could change (quoted in Drescher 2006a: 332).

Thus, Spitzer claims, a newfound curiosity became the inspiration for the study—could homosexuals really change?

However, in a commentary on the published Spitzer study in 2003, Jack Drescher writes:

If Spitzer did not previously believe in the possibility of changing homosexuality, why did he invent the DSM disorders of SOD and EDH? In 1984, I heard Spitzer speak at a New York conference on homosexuality at which he defended the still extant EDH diagnosis, saying “If a guy comes to me and says he wants to change his homosexuality, I believe he should have the right to try and change.” Thus, despite what the conversion therapy publicists would have the media and the public believe, it seems unlikely that Spitzer himself has undergone the conversion he now claims. Clearly he has always supported trying to change same-sex attractions (Drescher 2003b: 432).

Indeed, in 1973, defending the deletion decision, Spitzer had written:

Modern methods of treatment enable a significant proportion of homosexuals who wish to change their sexual orientation to do so. The exact percentage is controversial and not at all clear. At the same time, homosexuals who are bothered by or in conflict with their sexual feelings but who are either uninterested in changing or unable to change their sexual orientation can be helped to accept themselves as they are and to rid themselves of self-hatred (Spitzer 1973: 1215).

However, he claims that since 1973 he had been skeptical that change was possible. It would appear here that Spitzer's position during the period 1973-1999 on the possibility of reorientation is Spitzer's word against Drescher's. If Spitzer's position on the efficacy of reorientation therapies from 1973 to 1999 is uncertain, what is certain is that his position on the "suboptimal" status of homosexuality stayed the same.

When Spitzer announced that he was going to conduct a study on the efficacy of sexual reorientation therapies in 1999, activist Wayne Besen of HRC put together a letter warning him about the research. Besen, whose background is in public relations and politics, wrote a letter to Robert Spitzer on behalf of HRC warning that conducting a research study based on the testimonies of ex-gays would be "scientific suicide" because ex-gays cannot be trusted to tell the truth about their sexual orientation. Instead, the HRC recommended that Spitzer use objective measurements including the polygraph and the penile plethysmograph (Besen 2003: 230). When recounting this story in his book *Anything But Straight* (2003), Besen explains the plethysmograph by referring to a study conducted by Henry Adams at the University of Georgia (the same Adams who had defended behavior therapy in the late 1970s). This study purportedly demonstrated that men who expressed homophobia tended to show homosexual arousal when viewing erotic imagery of nude men, providing evidence for a popular Freudian theory of anti-gay sentiments as involving the purging of unwanted same-sex desires (Adams et al 1996).³² Besen's letter to Spitzer in 1999 appears to be the first moment that the penile plethysmograph reentered the debate, and this call for phallometry foreshadowed the

³² This study, along with an interview with Adams, was portrayed on the PBS documentary *Assault on gay America* in 2000, further connecting the penile plethysmograph with pro-gay politics (Malis 2000).

debate to come, transforming into a technical dispute over evidence. In addition to the claim that the study would be “scientific suicide,” Besen warned Spitzer that he should not get involved with antigay activists or this would further damage his credibility (Besen 2003: 229-30).

As Spitzer was preparing to conduct a study to demonstrate the efficacy of reorientation, the American Psychiatric Association passed a new position statement that was stronger than any of its previous statements. This time, the language was more directly against the practice of reorientation, and its language was also stronger than that found in the American Psychological Association statement of 1997. The key clause that would rouse Spitzer read:

To date, there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of “reparative” treatments. There is sparse scientific data about selection criteria, risks versus benefits of the treatment, and long-term outcomes of “reparative” therapies. The literature consists of anecdotal reports of individuals who have claimed to change, people who claim that attempts to change were harmful to them, and others who claimed to have changed and then later recanted those claims (American Psychiatric Association 2000).

Because no evidence has been produced to demonstrate that therapies are effective and not harmful, the position statement called for ethical practitioners to refrain from practice until such evidence is produced (American Psychiatric Association 2000). Thus, the debate had reached a point where the ability for reorientation therapists to practice ethically required the production of scientific evidence. Spitzer intended to directly address this new APA position statement and fill this void.

At the same APA conference where this resolution was passed, Spitzer attempted to hold a debate over reorientation treatments. He had planned to hold a panel on

reorientation therapies, but it was canceled once APA leaders learned that NARTH was involved in organizing the event. Once the hero of gay activists, Spitzer now found himself aligned with some of the strongest opponents of gay rights. Following the cancellation of the panel, Spitzer decided to hold a press conference to protest the cancellation, along with Richard Cohen of the International Healing Foundation, John Paulk of Love in Action, Yvette Cantu Schneider of the Family Research Council, and Joseph Nicolosi from NARTH. His unchanging position on homosexuality as “suboptimal,” while progressive enough to support demedicalization, had left him in new company. In more recent years, Spitzer claims that he has been influenced by the ideas of evolutionary psychology, particularly the theories of Steven Pinker, which inflected his understanding of homosexuality. In an interview, he appealed to the ideas of Jerry Wakefield on the meaning of disorder to explain his viewpoint:

[Jerome Wakefield] argues that there are two components to a disorder. One is that there's some naturally evolved function that is not working, and the second is because of that, there is some harm to the individual. So if you applied that standard criterion to homosexuality it seems to me it's hard to avoid the notion that something is not working which is the evolution of heterosexual capacity for arousal. So in a way I do believe it's a disorder, even though I'm known as the person who got the homosexuality out as a disorder, which is, I don't like to publicly say what I just said, but I admit to it, that's the way I see it (Spitzer 2008).

Therefore, Spitzer has come to increasingly believe in the idea that homosexuality is a disorder, a form of evolutionary degeneracy, albeit a non-harmful one.

The Growing Relevance of Testimony

While Spitzer was holding onto a view of homosexuality as “suboptimal” over the course of three decades, the world around him changed significantly. Across this time

span, the field of sexual reorientation became radically reconfigured. In 1970, homosexuality was a mental disorder, its treatment was mainstream practice, and gay mental health practitioners remained closeted. By 2000, those interested in reorientation were on the outside of mainstream mental health organizations and part of an “ex-gay” movement with religious and secular wings. Gay affirmative therapy was practiced openly with professional endorsement, making evidence for or against the efficacy of reorientation treatments less important than ethical pronouncements against these practices. Spitzer’s view of homosexuality as “suboptimal but not harmful” enabled him to support deletion, but the forces unleashed by this change eventually placed him on the margins. By the late 1990s, being unable to see homosexuality as a normal variant of human sexuality, Spitzer found himself in league with those holding more extreme anti-gay views of homosexuality as pathology.

In the reconfigured field of sexual reorientation, where it was not possible to make homosexuality a disorder again, people seeking change found religion. Socarides’ claims that homosexuality was a disorder in need of treatment were no longer credible, so those seeking change would need to find a new rationale. Beginning with the testimonies of Kent Philpott’s *The Third Sex?*, stories of finding Jesus and leaving the homosexual lifestyle circulated within the religious ex-gay movement and ultimately onto pages of major newspapers and roadside billboards. Psychoanalytic reorientation therapists, accustomed to the expert written case study, would find themselves in competition with the personal and theological expertise of ex-gay ministers testifying to his or her personal story of change as a result of religious experience. Robert Spitzer’s study, a scientific study of retrospective self-reports, would bridge the propensity for testimony among ex-

gays with the role of the scientific expert, making it a study championed by all in the ex-gay movement.

Spitzer's involvement in the 1973 demedicalization of homosexuality and the 1999 decision to conduct a study on therapy of homosexuality are certainly both cases of controversy, but this is not all that unites these seemingly contradictory events. Across these events lies a common thread—Spitzer's view of homosexuality as non-harmful abnormality. While his characterization and theoretical understanding of that abnormality may have shifted, homosexuality has always been seen as “suboptimal” and “irregular” for Spitzer—never a “normal variant” of human sexuality. While his perspective on the efficacy of reorientation between 1973 and 1999 remains disputed, his crusade to maintain SOD, EDH, and Sexual Disorder not Otherwise Specified as diagnoses in the *DSM* suggest that he wanted to maintain some kind of potential for reorientation practices within professional psychiatry. While he made claims that these diagnoses served as professional compromises, these were compromises that kept pathologizing views within scientific psychiatry until EDH and all references to homosexuality were removed from *DSM*. However, “Sexual Disorder Not Otherwise Specified” (SDNOS) is arguably still a potential means to legitimate pathologizing views.

Following the labyrinth of movement-counter-movement dynamics that occurred over this three-decade period reveals how such dynamics influenced epistemic practices in the field of sexual reorientation therapy. Through the work of the hybrid gay liberation movement, mental health disciplines became generally averse to reorientation practices. In psychiatry, the case reports and group studies based on the analysts' judgment became entirely discredited as the very assumptions upon which these treatments were based

became suspect. In psychology, the assertion of an ethical point of view came to dominate the presentation of evidence, as behavior therapy itself became equated with torture. Faced with these prospects, reorientation proponents had to find another arena: the field of religion. Recasting homosexuality as sin rather than disorder permitted the continuance of reorientation practices, ultimately leading to a “hybrid” ex-gay movement consisting of lay expert ex-gays providing personal testimony of their change, theological experts who were often ex-gays themselves, and secular reorientation therapists who found ways to blend their theories and practices with religion. The epistemic practices of research within the ex-gay movement shifted to accommodate the predominance of religious testimony as the way to know God’s work in one’s life, and as such, reorientation research shifted to self-report methodologies. Skeptical of such testimonials, anti-reorientation activists began to call for phallometric testing. Activists and researchers also began to “match testimony with testimony”—assembling the life stories of harm told by “ex-ex-gays.” These epistemological shifts all would shape the Spitzer study, based on retrospective self-report of ex-gays, and complete with caveats discussing phallometric testing and concerns about harm of subjects.

This chapter has provided a sketch of the backdrop for Spitzer’s ex-gay study, including some discussion of the author’s motivations and how the study came to be conceived. This chapter has also explained Spitzer’s important role within struggles for gay rights, but it has also pointed out his ambivalent and complex relationship with those struggles. The next chapter will examine Spitzer’s study of ex-gays along with two other studies that emerged at the same time, all of which addressed the phenomenon of people experiencing conflicts over their same-sex attractions. The next chapter also examines the

flurry of controversy brought on by the publication of Spitzer's study in the *Archives of Sexual Behavior* in 2003. Whether Spitzer's love for controversy was indeed his true motivation, controversy was certainly what he found.

Chapter 3

To Represent Those who Represent Themselves:

Spitzer's Ex-gay Study, Rapidly Marginalized, Has Impact Nonetheless (2001-2003)

Setting out to challenge the 1998 American Psychiatric Association Position Statement that there is “no evidence” for the efficacy of reorientation treatments, Robert Spitzer began gathering a sample for his study of ex-gays in January of 2000. He put out a call for participants with ex-gay ministries and with NARTH, and also appeared on a nationally syndicated radio show with conservative commentator Dr. Laura Schlessinger, known for her opposition to gay rights. According to NARTH, while on the “Dr. Laura” show in early 2000, Spitzer made the following statements, promoting the study and reporting preliminary results:

I'm convinced from people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual...I think that's news.

I came to this study skeptical. I now claim that these changes can be sustained.

I agree that a homosexual who is not able to be aroused heterosexually...I think, implicitly, there is something not working (NARTH 2010b).

In addition to filling public airwaves with change claims, these public statements appealed to the worldview of ex-gays, facilitating the creation of a link of trust between Spitzer and his subjects. Through these recruitment efforts, he gathered a sample of 200 people (143 men and 57 women) who met his inclusion criteria. Forty-three percent of the participants learned of the study from religious ministries, while 23% learned about it through NARTH, and rather than being selected by these organizations, Spitzer claims that participants chose to participate on their own (Spitzer 2003a: 406).

At the turn of the 21st Century, unable or unwilling to accept homosexuality as a normal variant of human sexual expression, Robert Spitzer found himself on the margins of science, despite decades of being a central figure in psychiatry. In one sense, joining forces with ex-gays, NARTH, Exodus International, and even Dr. Laura might seem natural for him, given his record of listening to outsiders, challenging orthodoxy, and having a penchant for controversy. He was uniquely poised to take reorientation further than perhaps anyone else, with his symbolic stature as the person credited with removing homosexuality from the *DSM*. Furthermore, he knew that his study could not be ignored by mainstream science—it would have to be either accepted or refuted.

To produce evidence for the efficacy of reorientation therapies, Spitzer chose a research strategy, used by others before him (e.g., Nicolosi, Byrd, & Potts 2000b), that built on the propensity of ex-gays to provide personal testimony of change. In a single 45-minute interview, subjects answered survey questions to report on their attractions, identity, and behaviors, both before and after therapy. Spitzer set out to prove that “core features” of sexual orientation could change, including attraction and fantasy, not just the “surface elements” of behavior and identity. By collecting reports in his survey, he could present 200 testimonies simultaneously in graphical and tabular form. Like the “meta-analyses” that aggregate results from a series of distinct clinical trials, Spitzer’s data—what we might call a “meta-testimony” of change—laid claim to a higher degree of scientific credibility. However, no matter how high he stacked this edifice of evidence, or how complex his statistical analysis may have been, it was always based on the foundational assumption that ex-gays could credibly report their sexual attractions. Building his study on this cornerstone left the entire study vulnerable to collapse—and

collapse it did, at least within the scientific community. By 2003, following a barrage of criticism, Spitzer rapidly recanted the claim that his study provided definitive evidence for the efficacy of reorientation therapies.

A legal analogy is helpful for conceptualizing the relationship between Spitzer, his subjects, and his detractors. In a court of criminal law, a defense attorney represents his or her client on the assumptions that the client is presumed innocent and, if the plea is “not guilty,” this plea is trustworthy. The lawyer’s job is not to represent himself or herself, but rather, to represent the client’s position. Through cross examination, the prosecution attempts to poke holes in the client’s account of events, effectively severing links between the defense attorney’s claims and the testimony of his or her client. If the prosecution is unsuccessful, the defense attorney’s representation stands. In science, as Bruno Latour theorizes, scientists act as spokespersons for those things or people in the world that they represent. Latour calls these represented things “actants” (Latour 1987: 70-74). If a dissenter is to disprove the scientist’s claims, the dissenter must sever links between the scientist and those actants, showing that the spokesperson does not really represent them properly. In this sense, actants can be “made to betray their representatives,” by revealing ways in which they really support alternative facts or other points of view (Latour 1987: 83). Building evidence for efficacy on the self-reports of ex-gays, Spitzer’s study was vulnerable to collapse if the links between his claim and those reports could be severed. If the self-reports of attraction change could be revealed to be something else, like lying, self-deception, or an uncommon understanding of “attraction,” then Spitzer would have no credible claim at all. Such was the danger inherent in Spitzer’s method: gathering self-reports—representing those who represented

themselves—left Spitzer’s conclusions vulnerable to the “cross-examination” of his subjects by detractors.

The scientific controversy over the Spitzer study is influenced by opposing social movements, gay rights and ex-gay, clashing within one of many institutional arenas in which these movements have clashed before. Yet, within science, the construction of scientific facts requires building consensus on shared standards such as best measurement techniques, and criteria of proof. Melinda Miceli (2005) argues that when gay rights and Christian Right movements clashed over sex education in schools, they produced frames and counterframes that led them to “talk past each other.” In the case she describes, claims for recognition of homosexuality within sex education were based on the rhetoric of civil rights and social tolerance, while opposition was based on a discourse of family morality. While these seemingly incommensurate forms of rhetoric were certainly present in the clash over the Spitzer study, such concerns became redirected into frame disputes over the various constructs used in research, especially the definition of “heterosexuality” and how to measure sexual attractions. Rather than talking past each other, opposing scientists, and eventually opposing social movements, argued head on about the content of scientific constructs.

In this chapter I argue that Spitzer’s study, developed in partnership with ex-gays, had tremendous rhetorical force in the public as an unpublished conference presentation. However, the study was not well received within science because, when it was presented, the study was met with opposing research that attempted to create what I call a “preventive context”—an intellectual opportunity structure characterized by circulating facts that render certain claims less credible. This previous research made preventive

claims about why ex-gay testimony is generally untrustworthy, rendering the Spitzer's study more difficult to believe. The publication of Spitzer's paper with accompanying responses revealed how the study was built on the weakened cornerstone of ex-gay testimony, leading Spitzer to step back from his bold claims. While the ensuing discussion reinforced the idea that attraction is the "core feature" of sexual orientation, it led to a contest over how to define the appropriate pattern of attractions within the category of "heterosexuality." Following this controversy, while self-reports of attraction were discredited, phallometric testing began its ascendance within the hierarchy of evidence in the field.

The chapter begins with the story of Spitzer's presentation, the media storm that his unpublished study unleashed, and how he tried to contain it. This is followed by a description of the production of "preventive context" by gay affirming researchers within science, who were attempting to undermine the credibility of Spitzer's study before it was even complete. Using Latour's approach in *Science in Action*, the chapter follows with a textual analysis of Spitzer's study and the responses, all published in a special issue of *Archives of Sexual Behavior* in 2003.

Becoming a Formidable Spokesperson for Evidence of Change

In March 2001, Spitzer presented his results at the American Psychiatric Association convention in New Orleans with remarkable press coverage. While the mainstream scientific community remained skeptical of his research, Spitzer was taken quite seriously in the public because of his history with the issue of homosexuality. Without a published study, but rather a conference presentation, no one could really

scrutinize the inner workings of his research. Nonetheless, with his broad claims circulating in the media, the position statements of mental health professional organizations were suddenly placed in jeopardy of being publicly undermined. Consequently, joining forces with the ex-gay movement, Spitzer initially generated a tremendous amount of attention to the issue of sexual reorientation and diverted the agendas of pro-gay scientists and activists who would now have to respond to these widely circulating claims.

When designing his study, Spitzer devised a way to conveniently transform the views of his sample into a consolidated form that he could use to represent them as a group. The study used a standardized self-report questionnaire, asking subjects to rate their levels of sexual attraction, identity, and behavior before and after treatment. There were 114 close-ended questions in all, but ten of them were the most crucial for the study, asking clients to rate measures of sexual orientation on a 100-point modified Kinsey scale (0=heterosexual, 100=homosexual). The criteria for entry into the study included having a predominantly homosexual orientation before therapy (at least 60 on the attraction scale), and having achieved a 10-point shift toward the heterosexual side of the attraction scale for at least five years after therapy (Spitzer 2003a: 405).

This method allowed Spitzer to increase the rhetorical strength of his and his subjects' claims in a number of ways. Whereas a single ex-gay or even a group of ex-gays providing testimony of change can be dismissed as anecdotal, bringing together a large number of standardized responses permitted Spitzer to transform testimonies into numerical forms that could be displayed in graphs and tables and consolidated into easily quoted statistics. Each telephone call in the survey produced an "inscription," a written

set of responses, which can be thought of as what Bruno Latour calls an “immutable and combinable mobile” (Latour 1987: 227). That is, each inscription rendered the testimony mobile, bringing the ex-gay experience to Columbia University where Spitzer was constructing his facts. It also rendered the testimony stable—a snapshot in time—so that it could not transform with each subject’s new insight, relapse, or other life changes. Finally, in a standardized form, inscriptions could be combined for calculations and “shuffled like a pack of cards” as needed (Latour 1987: 223). Statistics, graphs, and tables based on these collected responses gave Spitzer a condensed and potent way to present the testimony of his 200 new “allies,” the subjects whose personal claims of transformation would each have to be refuted if Spitzer’s claim of efficacy was to fall.

With Spitzer working with subjects who rated themselves, the study followed what Vololona Rabeharisoa calls a “partnership model” of research expertise (Rabeharisoa 2003). In constructing knowledge about reorientation therapies, Spitzer’s study combined the experience-based knowledge of ex-gays with his own mental health expertise to produce evidence of change. In some ways, this was an awkward partnership, especially between Spitzer and his most religious subjects. Tanya Erzen described attending a religious Exodus International event with Spitzer, an atheist Jew, and observed him awkwardly participating in religious rituals with members of the ministry, uncomfortably grasping hands with others in prayer (Erzen 2006: 130). Sexual orientation measures at “PRE” and “POST” may take on a different significance for Spitzer as a researcher than for a subject, who may be reporting on the power of his or her faith. For example, reporting on the publication of the Spitzer study in 2003, Exodus International Executive Vice President Randy Thomas downplayed its significance as

“secular.” However, he provided an explanation as to why the testimony he and Exodus President Alan Chambers provided would be credible, as they were honoring the Lord:

Exodus Executive Director Alan Chambers and I were two of the people (Exodus and non-Exodus) interviewed for Dr. Spitzer’s study.

When I learned that the very doctor who had removed homosexuality from the DSM (Diagnostic and Statistical Manual) list of disorders wanted to research those of us living beyond homosexuality it was one of those uh-oh moments. I thought *Is this a set up? Or is this a fair interview?* As with all interviews, those of us that participated in the Spitzer study sought to honor the Lord by being completely honest. He only calls us to give an account; we are not responsible for what is done with our testimony by other people.... So what is a nice faith based ministry like us doing hanging out with secular therapists? We were giving testimony to the righteousness of Christ of course [emphasis in original] (Thomas 2003).

In this case, the survey response is what Star and Griesemer define as a “boundary object.” These are “objects which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites” (Star & Griesemer 1989: 393). As such, the sexual orientation rating may be considered a boundary object across Spitzer’s atheist scientific worldview and the religious worldview of his subjects, who attach a spiritual and supernatural significance to their experiences. While perhaps an awkward partnership, the blend of expertise produced powerful rhetoric nonetheless.

Outside of science, the “meta-testimonial” strategy worked perhaps too well. Spitzer’s study on ex-gays transformed the sexual reorientation debate in the US into a widely publicized technical dispute even before he had the chance to present his unpublished paper. This is because a few days before the conference, the results of the study were somehow leaked to the press. The leak resulted in an Associated Press story published internationally the day before the conference—a story which would

overshadow all other news coming out of the APA convention that year (Lund & Renna 2006: 278). In the AP story pithily titled “Some gays can go straight, study suggests,” journalist Malcolm Ritter began, “An explosive new study says some gay people can turn straight if they really want to. That conclusion clashes with that of major mental health organizations, which say that sexual orientation is fixed and that so-called reparative therapy may actually be harmful” (Ritter 2001). According to media analysts Lund and Renna (2006: 278) from the Gay and Lesbian Alliance Against Defamation (GLAAD), this story was accompanied by several press releases from anti-gay groups stating that the new study confirmed their views. In Lund and Renna’s analysis of the media response to Spitzer’s preliminary findings, the study got reported this way because reporters tend to emphasize conflict and controversy over scientific nuance (287).

On the day of the presentation, the *New York Times* reported the headline, “Study Says Gays can Shift Orientation.” This headline gave the impression that Spitzer’s conclusions were stronger than he actually claimed, as he believed that the possibility of change was “rare.” Journalist Erica Goode wrote:

A psychiatrist at Columbia University who contends that the mental health profession has ‘totally bought the idea that once you are gay you cannot be changed’ will report today that some ‘highly motivated’ gays can become heterosexual. The researcher, Dr. Robert Spitzer, said his study was based on 45-minute telephone interviews with 143 men and 57 women who had sought help to change their sexual orientation. He and his colleagues found that 66 percent of the men and 44 percent of the women had achieved ‘good heterosexual functioning,’ he said (Goode 2001).

Goode’s story suggests that Spitzer’s study was based on a representative sample, with very high rates of “success.” The AP story also reported this same statistic in the same suggestive manner. Goode’s reporting is typical of a broader tendency—many reporters

took Spitzer's study to be about how all gays could change if they were sufficiently motivated.

This trend continued in the media, prompting a response from mainstream psychiatry. Indeed, the very vagueness of the media reporting, often suggesting that all gays could change, compelled gay-affirming psychiatrist Jack Drescher to make public statements. According to Drescher, some reporters in the media were even stating that Spitzer had broadly "changed his mind," potentially misleading the public into believing that Spitzer actually favored putting the diagnosis of homosexuality back into the *DSM* (Drescher 2010). To quell what was perceived as a potential disaster, Drescher and others encouraged APA Medical Director Steven Mirin to issue a statement on behalf of the American Psychiatric Association. The statement reiterated the 1998 and 2000 APA Position Statements, claiming, "There is no scientific evidence supporting the efficacy of reparative therapy as a treatment to change one's sexual orientation" (quoted in Besen 2003: 235).

Very soon, Spitzer felt compelled to regain control over the public interpretation of his study, especially to explain his position that change was "rare." Writing an Op-Ed in the *Wall Street Journal* on March 23rd, two weeks after the presentation of his paper, Spitzer clarified his views for the public:

What I found was that, in the unique sample I studied, many made substantial changes in sexual arousal and fantasy – and not merely behavior. Even subjects who made a less substantial change believed it to be extremely beneficial. Complete change was uncommon.

My study concluded with an important caveat: that it should not be used to justify a denial of civil rights to homosexuals, or as support for coercive treatment. I did not conclude that all gays should try to change, or even that they would be better off if they did. However, to my horror, some of the media reported the study as an attempt to show that

homosexuality is a choice, and that substantial change is possible for any homosexual who decides to make the effort.

In reality, change should be seen as complex and on a continuum. Some homosexuals appear able to change self-identity and behavior, but not arousal and fantasies; others can change only self-identity; and only a very few, I suspect, can substantially change all four. Change in all four is probably less frequent than claimed by therapists who do this kind of work; in fact, I suspect the vast majority of gay people would be unable to alter by much a firmly established homosexual orientation.

I certainly believe that parents with homosexually oriented sons and daughters should love their children – no matter how their children decide to live their lives – and should not use my study to coerce them into unwanted therapy (Spitzer 2001).

Following this expression of his views, Spitzer went on in the Op-Ed to defend the practice of reorientation treatment, using rhetoric commonly found in NARTH statements. He provided the hypothetical case of a man who wanted to save his marriage, which was in jeopardy because of his homosexual attractions. Spitzer also attempted to create a separation between the ethical issue of gay rights and the scientific question of whether or not some people could change their sexual orientation. He claimed that the decision to enter into reorientation treatment could be a “rational, self-directed goal” rather than merely giving in to societal pressure. Drawing on NARTH framing of client rights, Spitzer stated, “such a choice should be considered fundamental to client autonomy and self-determination” (Spitzer 2001). Thus, Spitzer attempted to correct the misconception that change was possible for all gay people, while simultaneously reconciling an affirmation of gay rights with an affirmation of reorientation in “rare” instances. This Op-Ed, however, was a very public claim that some ex-gays, if only a few, could change core features of sexual orientation. With no published study, the public had to take his word.

Despite attempts to prevent misinterpretation, reorientation proponents and gay rights opponents pointed to the study, often augmenting the force of Spitzer's claims for their own purposes. As far away as Finland, opponents of civil unions used it to characterize homosexuality as an immoral "choice," and almost killed the civil unions bill. Members of the Finnish Parliament suggested that Spitzer had "changed his mind" about whether homosexuality should be a mental illness diagnosis in the *DSM*, in addition to reporting his claims about efficacy (Stålström & Nissinen 2003). To attempt to reign this in, Spitzer wrote an open letter to Member of Parliament Kari Kärkkäinen just days before the Parliamentary vote when the bill was predicted to lose:

I am disturbed to hear (although not surprised) that the results of my study are being misused by those who are against anti-discrimination laws and civil union laws for gays and lesbians.

My study, based on a very unique sample, indicated that—contrary to the current view of most mental health professionals—some homosexuals can change their sexual orientation to a significant degree. However, I also indicated in the discussion section of my presentation, that such results are probably quite rare, even for highly motivated homosexuals. I also said that it would be a serious mistake to conclude from my study that any highly motivated homosexual can change his or her sexual orientation, or that my study shows that homosexuality is a "choice."

Whether or not some homosexuals can change their sexual orientation is a scientific issue that to me, is totally irrelevant to the ethical issue of whether homosexuals are entitled to anti-discrimination laws and civil union laws. As a citizen (not as a scientist), I personally favor anti-discrimination laws and civil union laws for homosexuals (quoted in Stålström & Nissinen 2003).

Following Spitzer's clarification, the Finnish Parliament did pass the same-sex partnership bill, but in a close vote (Stålström & Nissinen 2003).

With professional mental health organizations defending strongly worded position statements in opposition to reorientation therapies, the media coverage of Spitzer's study

was a major boon to NARTH and ex-gay ministries. According to Meyer and Staggenborg (1996: 1641-1642), the propensity of media coverage to emphasize conflict allows for the perpetuation of opposing movements themselves. When the media seeks “balance” in reporting issues, it can enable organizing around a marginalized view. Coverage of the Spitzer study, with all these inaccuracies, opened up political opportunities for the ex-gay movement more broadly. From the public’s point of view, there seemed to be a controversy among scientists when in fact there was next to none. These political opportunities were more important in the public than within science, where mainstream mental health professionals were generally dismissive of Spitzer’s research.

Creating a “Preventive Context” for Efficacy Research

Once a fact is established, it travels discursively without qualification. People usually do not care how it was constructed, and they merely use the fact as part of common sense. In Bruno Latour’s metaphorical terms, the fact has become “black boxed,” as people no longer look “inside” the fact to scrutinize how it was made. In order for this type of closure to be accomplished, the content of a fact must be severed from the context of that fact’s production (Latour 1987: 2-4). Ultimately Spitzer hoped to create the fact that some gays could change and to establish that, contrary to the American Psychiatric Association, there is evidence for the efficacy of reorientation therapies. To prevent this from happening, mainstream scientists and anti-reorientation activists went on a counter-offensive.

Among the strategies of reorientation opponents within science was to document a “bigger picture” of the clients who seek these therapies. While anti-reorientation scientists and activists did not attack the Spitzer study outright, they indirectly challenged the study—producing research that would explain why ex-gays might make dubious claims, or why some reorientation clients experienced such harm that any claims of change would be irrelevant. In this context, Spitzer may find people who claim “success,” but given the bigger picture, such claims would not be believed, or at best, disregarded. In other words, scientists produced facts that would provide a “preventive context” for claims of efficacy. By “preventive context,” I mean an intellectual opportunity structure characterized by the production of contextual facts that would make it more difficult to forget how Spitzer’s efficacy claim was constructed. The factual content could not be severed from the context if the context included elements that made efficacy claims lack credibility. This research could later be a resource for those debunking the Spitzer study or any other research like it. If scientists, therapists, and members of the public did not trust the claims of ex-gays, then Spitzer could not forge the necessary links to produce evidence of change. If people thought reorientation was reprehensibly harmful for enough people, claims of change could be rendered irrelevant because the risks would outweigh the “rewards.” Producing a “preventive context” in the field of therapeutics required gathering testimonies of harm, gathering information on the propensity of ex-gays to misrepresent their feelings, and exploring and questioning the meaning of ex-gays’ experiences of what they called “heterosexuality.”

Emblematic of the anti-reorientation strategy of this time period, in 2001, psychologists Ariel Shidlo and Michael Schroeder, along with psychiatrist Jack Drescher,

co-edited and published a volume which highlighted ethical problems and harms of reorientation therapies. The volume, *Sexual Conversion Therapy*, was published simultaneously as a special issue of the *Journal of Gay and Lesbian Psychotherapy*, and was addressed to a range of audiences including research scientists, therapists, and the general public. In the introduction to the volume, the editors claim that their purpose includes describing the “sociocultural matrix” of reorientation therapies. Countering what they claim is the “infomercial approach” of ex-gay ministries and reorientation therapists, the authors state:

[W]e believe that to better understand the fuller psychological and social dimensions of conversion therapies, it is necessary to give voice to the range of individuals who have sought them out. This allows the accumulation of social scientific data to go beyond reductionist questions of efficacy and outcome and to shed light on what exactly is involved in undertaking the process of fighting against one’s homosexual orientation (Shidlo, Schroeder, & Drescher 2001: 2).

While the volume served to challenge reorientation therapies themselves, the production of a “sociocultural matrix” provided several assertions potentially useful for challenging the Spitzer study. Speaking on behalf of what they claim is a fuller “range” of reorientation clients, the editors included reprinted testimony of historian Martin Duberman, psychologist Jeff Ford, and psychoanalyst Richard Isay, all of whom described the harms they experienced in failed conversion attempts. Psychologist Doug Haldeman also described experiences of his ex-ex-gay clients. Jack Drescher and Marshall Forstein discussed history and ethics, both raising concerns about the harms of reorientation treatments. After quoting from Rev. Mel White’s story of failed reorientation in which he described excruciating guilt and fear after not changing, Drescher stated: “Although anecdotal evidence may be insufficient to satisfy scientific

demands, those experiences should give reasonable pause to clinicians before referring anyone to a reparative therapist” (Drescher 2001a: 193). It would take additional research to establish scientific evidence of the existence of harm. In the reader, two studies provided preliminary scientific research, including questions about harm, on large samples of reorientation clients.

The first of these large research studies, conducted by New York psychologists Ariel Shidlo and Michael Schroeder, began as a study to “document the damage.” Shidlo and Schroeder presented their work on the same panel as Spitzer in 2001. Like Spitzer’s, the study was developed in partnership with social movement organizations. This one was supported by the National Lesbian and Gay Health Association (NHLGA) and the National Gay and Lesbian Task Force (NGLTF) in addition to a grant from the H. van Ameringen Foundation, a private grant making foundation in New York City. Shidlo and Schroeder recruited a convenience sample, placing announcements on gay and lesbian websites and e-mail lists, and with additional funds from the Ameringen Foundation, they created advertisements in national gay and mainstream press venues (Schroeder & Shidlo 2001: 139). Their study was initially titled, “Homophobic Therapies: Documenting the Damage,” but after the first twenty interviews, they found that even among people who claimed that treatments had failed and were harmful, these clients still found some benefits, such as an increased sense of belonging in a community of ex-gays (Shidlo & Schroeder 2002: 256). As a result, they renamed the study “Changing Sexual Orientation: Does Counseling Work?” This more inclusive name was reflected in their calls for participants.

The first publication from this dataset in *Sexual Conversion Therapy* was not a report of harms from their research subjects, but rather a study of probable ethics violations³³ by reorientation therapists, suggested within the reports of former patients. In this paper, Schroeder and Shidlo (reversing the order of authorship in this article) raised several concerns, suggesting that the change claims of ex-gays should not be trusted. One that was particularly important for creating a “preventive context” was the coercion and pressuring of reorientation therapy clients to promote the ex-gay movement. The authors raised the possibility that clients in therapy are coerced to provide therapists with claims of sexual orientation change, especially when religious beliefs are introduced into the therapeutic setting. The authors state:

Several participants spoke of pressure by their therapist to go to the media to tell of their success in changing sexual orientation. For example, one participant said: “We were encouraged a lot to tell the media about our alleged change. We were encouraged to go on Jerry Springer... he [the therapist] was a media-hound.” Another participant, who ultimately failed conversion therapy, reported that his clinician, a nationally known conversion therapist, encouraged him to take part in a panel in an ex-gay conference to present his successful struggle with homosexuality. When we asked what it was like to be asked to appear with his therapist on a panel, the participant said: “I was very honored. I wanted to be poster child for NARTH. I believed in the cause so strongly.” The same participant reports that his therapist referred him to our research project on conversion therapy, but was told not to reveal that he had been referred by this NARTH clinician. “He wanted people who would give a good report... [He said] call this number and say a friend sent you, don’t say NARTH sent you” (Schroeder & Shidlo 2001: 152).

³³ By chronicling these potential ethics violations, the paper responded directly to an essay written by NARTH director Joseph Nicolosi in 2000 titled “Imagine...,” in which Nicolosi described a hypothetical class action lawsuit filed against both APAs for not disclosing that homosexuality is a treatable condition, and that homosexuality leads to mental health problems like suicide, anxiety, and failed relationships, and also STDs like AIDS (Nicolosi 2000).

Here Schroeder and Shidlo establish that ex-gays are people under pressure from their therapists, and the ex-gay movement more broadly, to provide “good reports.” The various public venues—the *Jerry Springer Show*, the ex-gay conference, and even Schroeder and Shidlo’s study—are all places where ex-gays are pressured by their therapists and the broader ex-gay movement to provide personal testimony about their successful change. Schroeder and Shidlo emphasize another source of coercion—religious universities that threaten to expel students if they do not change their sexual orientation. Students forced into therapy under these conditions ended up in reorientation counseling after confiding in an advisor, being identified by another student as gay, being caught by campus police having gay sex, or being entrapped by campus police (Schroeder & Shidlo 2001: 153).

Another potential ethical violation found in the reports was the lack of informed consent, suggesting that ex-gays had been duped by their therapists and are likely to be untrustworthy. They were misinformed that homosexuality was either a psychological disorder or non-existent, drawing on “purportedly scientific, fraudulent information about gay lives and relationships which characterized them as unhappy and dysfunctional” (Schroeder & Shidlo 2001: 159). In addition, the authors claim that clients were misinformed about the efficacy of therapy: “Many clients were told that high motivation and hard work in the treatment would assure a change in sexual orientation” (159). They also point out that clients were not informed about gay affirmative therapy as a possible alternative treatment. Given this misinformation, their study suggested that ex-gay claims of change might take a different form if clients had all the available facts.

Following this initial publication in 2001, Shidlo and Schroeder published their full outcome study, “Changing Sexual Orientation: A Consumer’s Report,” in 2002, in the journal *Professional Psychology: Research and Practice*. In this article, the authors developed a model of developmental pathways for clients of conversion therapies, including routes to both self-perceived success and self-perceived failure, and they point out that members of their sample experienced a wide variety of therapeutic interventions.³⁴ Twenty six of the 202 participants perceived themselves as “successes,” and of these, twelve were “successful but struggling” (experiencing repeated “slips” into homosexual behavior), six were “successful but not struggling” (celibate), and eight had experienced a “heterosexual shift.” The accounts of success raise questions about the meaning of heterosexuality for ex-gays.

When describing the heterosexual “successes,” Shidlo and Schroeder provided facts that raised doubts about the veracity of their claims. All of the “successes” continued to use what the authors called “Homosexual Behavior Management” (HBM) techniques, cognitive and behavioral tools learned in reorientation therapy to minimize homosexual desire and to maximize heterosexual desire.³⁵ Describing those in the “heterosexual shift” category, the authors state:

³⁴ The interventions included clinical interventions: “individual psychotherapy—type not specified (132); behavior therapy/cognitive–behavior therapy (27); psychoanalysis (25); aversive conditioning (18); clinical/religious individual (17); clinical group therapy (9); hypnosis (9); couples therapy (4); psychotropic (5); clinical/religious group therapy (4); and inpatient psychiatric (3). The numbers of nonclinical interventions were as follows: peer group (85); peer individual (81); Homosexuals Anonymous (9); Aesthetic Realism (2); peer couple counseling (1); and residential program (Exodus affiliate) (1).” (Shidlo & Schroeder 2002: 250)

³⁵ The HBM techniques they list include: “(a) the cognitive reframing of homosexual desire as a symptom of emotional distress in order to explain away such desire while lessening fear and guilt; (b) imagining getting AIDS or another aversive image when aroused by the same sex (covert sensitization); (c) abstaining

Participants in the heterosexual shift period who experienced same-sex desire described it as fleeting and manageable by using HBM cognitive reframing. Seven of the 8 participants in the heterosexual shift period provided ex-gay counseling. Four of the 7 had paid positions as ex-gay or conversion counselors. This finding needs further research. We failed to identify what other psychosocial variables distinguished this subgroup from all other subgroups in our sample. Thus, it is unclear why this small group reported a significantly different experience from other participants in managing and modifying their sexuality (Shidlo and Schroeder 2002: 253).

These findings seem to raise suspicions about the veracity of self-report claims by ex-gays. Subjects still experienced same-sex attractions, and they had potential incentives to misrepresent their heterosexual attractions. However, the authors do not claim the clients were lying or deceiving themselves, but instead, the authors call for “further research” about people who make such change claims.

Even in the description of “failure” cases, the study casts doubt on the veracity of change claims. As part of their model of pathways through reorientation therapy, Shidlo and Schroeder theorize a “dissatisfied asexual period” experienced by some treatment failures, characterized by celibacy, anxiety, depression, and numbness. The authors report:

[S]ome participants who reported having failed conversion therapy indicated that if they had been asked at this stage of their therapy, they would have presented themselves as successful. This kind of self-report, when limited to a single-point data collection that is obtained in the midst of the developmental journey, can skew conversion success data (Shidlo & Schroeder 2002: 253).

from masturbation; (d) using opposite-sex sexual surrogates; (e) using another person for accountability (like an Alcoholics Anonymous sponsor); (f) forming relationships with heterosexual persons of the same sex; (g) playing team sports; (h) going to the gym; (i) immersing oneself in one’s work; (j) reading the Bible; and (k) praying” (Shidlo & Schroeder 2002: 256).

The propensity for these clients to shift their stories provided further grounds for doubts about the self-report methodology used by Spitzer—the single-point data collection and the use of ex-gay self-reports. Like the 2001 study, Shidlo and Schroeder were subtle in this 2002 Consumers’ Report. They did not directly challenge the Spitzer study, but rather, provided a view of a population of former reorientation clients that made Spitzer’s data unreliable—“successes” may change through time.

To assess harms, the authors used an open-ended qualitative interview format rather than a quantitative instrument. As a result, they claim that they assess *meanings* of harm attributed by clients to their own experiences, and subsequently, “the accuracy of these attributions remains to be determined by future process-and-outcome research” (Shidlo & Schroeder 2002: 254). The authors grouped harms and benefits reported by

Table 3.1. Meanings of “Harm” and “Benefit” attributed by former clients of reorientation therapies in Shidlo and Schroeder 2002.

	Psychological	Social and Interpersonal	Spiritual
Harms	Depression, suicidal ideation and attempts Self-esteem and internalized homophobia Distorted perception of homosexual orientation Intrusive imagery and sexual dysfunction Monitoring of gender-deviant mannerisms	Family of origin Alienation, loneliness, and social isolation Interference with intimate relationships Loss of social supports when entering and leaving the ex-gay community Fear of being a child abuser Delay of developmental tasks due to not coming out as gay or lesbian earlier	Complete loss of faith Anger at religious leaders Anger at clinicians who introduced punitive and shaming concepts of God Excommunication
Benefits	Relief from just talking Increased sense of hope Insight into relationship with parents General psychological insight Coping strategies Improvement in self-esteem	Increased sense of belonging Improvement in social relationships with friends and family and social skill building	Improvement in religious and spiritual life

consumers into three main categories: psychological, social, and spiritual (see Table 3.1). The value of reporting these perceptions of harm, in the authors' view, is to help consumers to make more informed choices about therapeutic options. The research is directed at the scientific community, but also to the therapist making referrals and to potential clients themselves. In effect, Shidlo and Schroeder provided the first large study documenting claims of harm, and these claims were significant enough for some to deem questions of efficacy to be irrelevant.

The meaning of "heterosexuality" for ex-gays was further explored in another large research study in *Sexual Conversion Therapy* by psychologist A. Lee Beckstead. However, instead of working with a particular social movement organization, his research emerged from his experience passing through multiple social worlds in the Mormon community. In contrast to those seeking to demonstrate "cure" or "damage," he claimed to seek a general understanding of what was happening in these therapies, why people sought them out, and how they operated. Beckstead was a psychology graduate student at the University of Utah when the advertisements came out in 1998 promoting sexual reorientation ministries, and these ads contributed to the motivations for his work. However, unlike Spitzer, Shidlo, or Schroeder, Beckstead had himself been through an ex-gay ministry. He attempted sexual reorientation in Evergreen International, a Mormon reorientation program, but had dropped out to live as a gay man after he was dissatisfied with the program. His experiences prompted him to explore the topic of sexual reorientation therapies in his doctoral dissertation, upon which the article in *Sexual Conversion Therapy* was based.

The article in *Sexual Conversion Therapy*, “Cures Versus Choices: Agendas in Sexual Reorientation Therapy,” is based on a subset of subjects from his dissertation.³⁶ The twenty subjects in his sample reported a “heterosexual” outcome. However, Beckstead noted that respondents made a distinction between “being” homosexual and “doing” homosexual that was common in the LDS church. Words like “homosexual,” “lesbian,” and “gay” are reserved for thoughts, feelings, and behaviors, while people are born heterosexual. Beckstead stated:

Participants reported, however, that their sense of peace and contentment did not indicate a change in sexual orientation but a change in self-acceptance, self-identity, focus, and behavioral patterns. *No substantial or generalized heterosexual arousal was reported, and participants were not able to modify their tendency to be attracted erotically to their same sex. Yet, these same participants continued to self-identify as heterosexual.* That is, as they became converted to the reparative therapy model that defined them as heterosexuals *and* as they decreased their homosexual behaviors, participants could label themselves “resolved” about their homosexuality...Overall, a change in how to define sexual identity seemed to occur rather than a direct change in sexual orientation. If anything, participants in this study may have reoriented toward asexuality (i.e., an absence of fantasies for either sex) rather than toward heterosexuality [emphasis in original] (Beckstead 2001a: 103).

³⁶ Beckstead’s dissertation (Beckstead 2000b) is a study of 50 people who had been through a sexual reorientation intervention of some sort, and included “opponents,” “proponents,” and people in between these positions. These individuals had undergone a range of reorientation therapy treatments, including behavior therapy interventions with chemical aversion, electric shock, rubber band snapping on the wrist, and orgasmic reconditioning, as well as psychoanalytic counseling interventions and religious ministries. Conducting his research in Salt Lake City, Beckstead decided to limit his sample to people who had been part of the LDS community. In addition, due to the demographics of this population, the sample was primarily male (45 of the participants) and white. The dissertation explores the meanings of sexual orientation, therapeutic benefits, and therapeutic harms among the participants in his sample. Beckstead describes a trajectory common to all participants that includes motivations for entering therapy, a sense of feeling “different,” and finding initial relief within the environment of reorientation therapy and support groups.

Beckstead provided vignettes which illustrated how ex-gays could be heterosexual while still experiencing same-sex attractions. “John” was married 5 months after the interview with Beckstead and stated:

My sexual orientation is heterosexual. I am not what I would say cured. I believe that any kind of addictive behavior creates patterns in the brain that take a long time to change, whether it’s drinking or taking drugs, or whatever. I had established a pattern. . . . I feel now like I’m a heterosexual who has not been [hetero]sexually active (quoted in Beckstead 2001a: 102).

Thus, “Cures versus Choices” presented a picture in which self-proclaimed “heterosexual” ex-gays experienced no substantial heterosexual arousal—a view of ex-gays that Spitzer was trying to refute.

Beckstead’s skepticism of ex-gays’ change claims also stems from his training. At the University of Utah, Beckstead gained experience in clinical psychology and qualitative research. However, work at the Center for Addiction and Mental Health in Toronto significantly influenced his views on sexual orientation, especially as this is where he worked with renowned sexologist Ray Blanchard in a phallometric laboratory. This work, and encountering the work of Kurt Freund, instilled skepticism with regard to self-reports of sexual orientation change. He stated:

In the ‘70s [Freund] actually did a phallometric assessment with those individuals who said they were cured from their homosexuality, and it was that that was really helpful for me to see this objective data, and the discrepancy between what they were saying, or what they thought was going on within them, and the data that was saying, your sexual arousal pattern has not changed (Beckstead 2009).

Crucially, this work led Beckstead to define sexual orientation as Freund had done, in terms of arousal pattern to a sexed body type, measured with the phallometric test. Working especially with sex offenders in this clinic also heightened Beckstead’s

awareness of the discrepancies between self-report and physiological measures in research on sexual orientation, significantly impacting his views on the physiological assessment of sexual attraction as the best measure of sexual orientation. Considering that, for all intents and purposes, ex-gays are treated like “sex offenders” in their conservative communities, Beckstead thinks the propensities for misrepresenting attractions are quite similar (Beckstead 2009).

Beckstead and Spitzer met in New York in October 2002 to discuss the discrepancies in their research. Through this discussion it became apparent to both that they had a different understanding of who would qualify as “heterosexual.” One vignette, not included in “Cures versus Choices” but part of Beckstead’s dissertation, illustrates this discrepancy, and became part of the debate in 2003. “Clint” is a respondent in the larger dissertation who was married and experienced a form of emotional other-sex attraction, only with his spouse. In the dissertation, Beckstead describes:

Overall, participants noted that a generalized heterosexual arousal was not as important to them as closeness to their partner or spouse. Clint discussed a common theme reflected by others who experienced their intimacy with their partner as “warm and comfortable”:

I use the comparison of a campfire versus a forest fire. That maybe my emotional response to men would be like a forest fire and that it’s very... it’s been very intense and dangerous and out of control and perhaps damaging or hurtful. But my relationship with my wife is more like the campfire. It’s warm and comfortable and happy and reassuring and protective and although it probably doesn’t have the same emotional intensity that the physical relationship with a man might bring, you know, I think maybe it’s good (Beckstead 2001b: 284).

Clint’s characterization of his heterosexual attractions as an emotional, warm, happy, reassuring, and comfortable “campfire” as opposed to an out of control “forest fire”

meant for Beckstead that he really did not achieve a heterosexual result, but an asexual result at most. Spitzer, who would consider Clint a heterosexual conversion success, dedicated a long section of the conclusion of his published paper in 2003 to a discussion of Beckstead's views.

The *Sexual Conversion Therapy* volume and the Shidlo and Schroeder study in 2002 encompassed a range of strategies for challenging the ex-gay movement and making change claims less credible. Pro-gay authors used their position from within mainstream science to establish a "preventive context" for change claims. Harm claims were not yet established science, but they could render efficacy research ethically suspect. There were now a litany of reasons in the literature to not trust the change claims of ex-gays. The "sociocultural matrix" presented by these authors created a credibility-environment less conducive for the acceptance of Spitzer's claims, but it certainly did not prevent him from publishing his article.

Building an Edifice that would Prove Efficacy: The Spitzer Publication

Spitzer published his study in the *Archives of Sexual Behavior* in 2003, producing an even more powerful resource for the ex-gay movement than his unpublished study. While the paper had already been influential in the public, publication in a peer-reviewed journal would elevate the status of his study to "science" and enable reorientation proponents to use it for a variety of purposes in policy and other public arenas. The editor of the journal, Kenneth Zucker³⁷, invited the article, and he claims that it went through

³⁷ Zucker is most well known for his work on "curing" gender-variant children with Gender Identity Disorder. While his work has been widely criticized as being unnecessary and harmful (Burke 1996), his

“several revisions”³⁸ before publication (Zucker 2003: 400). To provide a forum for controversy, Zucker also called for peer commentaries on the study with Spitzer’s response to be published in the same issue with Spitzer’s study. In the published article, Spitzer used some common tropes of scientific literature to transform the testimonies of ex-gays into consolidated evidence for the efficacy of reorientation treatments. He positioned himself as an objective researcher challenging professional mental health organizations that he portrayed as overly stringent in their evaluations of reorientation outcomes. He also assumed an ideal reader who was a neutral bystander, uninvolved in the controversy, who needed to be protected from the potential influence of reorientation opponents. Using graphs, tables, statistics, Spitzer combined the “immutable mobiles” of his survey data to attempt to build a fortified edifice of established fact.

In the published paper, “Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation,” Spitzer portrays himself as not only disinterested, but as a “converted” researcher. Spitzer claims that he was “initially skeptical” that core features could be changed, but “in the course of the study, the author became convinced of the possibility of change in some gay men and lesbians” (Spitzer 2003a: 412) (see Chapter 2 for a discussion of Spitzer’s belief in the possibility of change prior to 2000). He sets up his study as a matter of testing the hypothesis that “[s]ome individuals whose sexual orientation is predominantly homosexual can become predominantly heterosexual

theories align readily with those of many reorientation therapists who see gender conformity training as a cure or preventative for homosexuality.

³⁸ From this description, it is unclear the degree to which this “invited” article can be called a “peer-reviewed” study in the traditional sense.

following some form of reparative therapy” (Spitzer 2003a: 405). He portrays the force of his data as so immense that it changed his skeptical mind.

Spitzer positions himself as an open-minded researcher in relation to inflexible national mental health associations. After quoting the 1998 American Psychiatric Association Position Statement on reorientation therapies, he states:

Is this seemingly authoritative position statement true, that there is “no published scientific evidence” supporting the efficacy of reparative therapy to change sexual orientation? The answer depends on what is meant by “scientific evidence.” If scientific evidence requires a study with randomized assignment of individuals to a treatment condition, reliable and valid assessment of target symptoms before treatment, when treatment is concluded, and at follow-up, then it is certainly true that there are no such studies of reparative therapy. However, the same can be said about many widely used types of psychotherapy, including gay affirmative therapy, whose efficacy has never been subjected to a rigorous study (Spitzer 2003a: 404).

This statement depicts the APA as overly stringent, applying an unfair standard to reorientation therapies that it does not even apply to gay affirmative therapy.

Suggesting that, when it comes to the standards of evidence, the bar has been set too high, Spitzer attempts to render existing reorientation research, including studies by Bieber and coauthors and Socarides, to be scientific and thus relevant. As a form of boundary work (Gieryn 1999), Spitzer attempts to redraw the boundaries of science, citing research as additional evidence which he believes his article will improve upon. Fortifying his own position, he connects his article to a number of previous studies, such that refuting his paper would require refuting all of these “allies” (Latour 1987: 35-38). The review includes behavior therapy studies (reviewed by Adams & Sturgis 1977) as well as psychoanalytic studies (Bieber et al. 1962, Socarides 1978) and another unpublished review. Discussing this latter review, Spitzer highlights a study by van den

Aardweg (1986), a Dutch researcher who developed a psychoanalytic “anticomplaining” therapy with ideas that parallel Edmund Bergler’s views on homosexuals as “injustice collectors” (Spitzer 2003a: 404-405). In providing a backdrop for his case, he offers further legitimacy for much of this research based on a disease model of homosexuality—quite an irony considering that Spitzer is the person celebrated for removing homosexuality from the *DSM*.

In addition to amassing these allies in the article, Spitzer also brought together the testimony of all 200 of his participants to support his claim of evidence for efficacy. Bruno Latour claims that scientific literature becomes stronger the more it is “stratified,” with the addition of elements and allies that a dissenting reader must confront if he or she is going to make a successful challenge. The article is stronger if the dissenting reader is confronted not only with the author’s claims, but also those things the author represents (Latour 1987: 45-49). In this case, the meta-testimony of 200 participants appears in the article first in the compact form of bar graphs. In this distilled form, the reader bypasses stories of religious conversion or the internalization of therapists’ worldview, seeing only a bare result: attractions before and after treatment. If changing “core features” of attraction is the necessary condition for demonstrating efficacy, then Figure 3.1 below shows Spitzer’s strongest evidence. He also included a bar graph of homosexual sex, with all but one person reporting “never” having sex with a person of the same-sex after therapy, as well as graphs showing what he called “marked” shifts in categories “bothered by homosexual feelings,” and “sexual identity scale.” If encountering these representations of the voices of ex-gays is insufficient, Spitzer invites readers to see for

themselves: the recordings of the telephone calls are all available “on request” (Spitzer 2003a: 407).

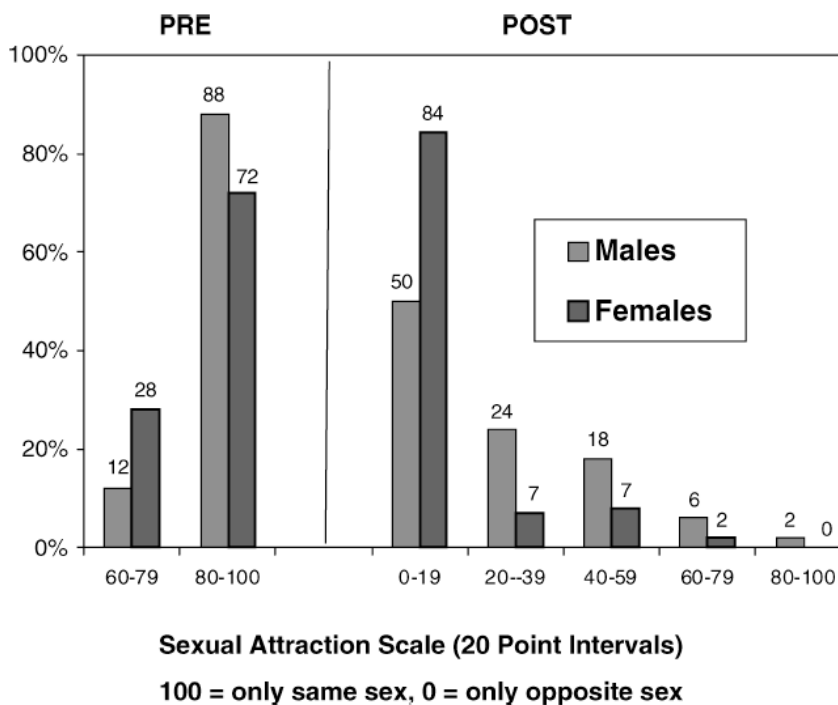


Figure 3.1. Spitzer’s bar graph labeled “PRE and POST frequency of 20-point intervals of the Sexual Attraction Scale.” (Spitzer 2003a: 408)

Another way in which the consolidated voices of the 200 subjects appear in the article is in a table of “Dichotomized Homosexual Measures.” This table (see Figure 3.2) provided Spitzer with the evidence to make his most definitive claim:

It can be seen that there was a marked reduction on all change measures. This was not only on the three measures of overt behavior and sexual orientation self-identity, as critics of reparative therapy might expect, but also on the seven variables assessing sexual orientation itself (Spitzer 2003a: 410).

While there is no statistical analysis of change in the table beyond the evaluation of “marked reduction,” the caption of the table reveals how Spitzer’s analysis of gender differences

Homosexual measure	Males (%)		Females (%)	
	PRE	POST	PRE	POST
20 or higher on the Sexual Attraction Scale (0 = exclusively heterosexual, 100 = exclusively homosexual)	100 (n = 143)	53 (n = 143)*	100 (n = 57)	16 (n = 57)*
20 or higher on the Sexual Orientation Self-Identity Scale (0 = exclusively heterosexual, 100 = exclusively homosexual)	98 (n = 133)	22 (n = 139)*	96 (n = 52)	5 (n = 57)*
Homosexual sex at least a few times a month	50 (n = 143)	1 (n = 143)	56 (n = 57)	0 (n = 57)
At least moderately bothered by homosexual feelings	91 (n = 143)*	11 (n = 143)	68 (n = 57)*	5 (n = 57)
Yearning for romantic emotional involvement with same sex at least a few times a month	78 (n = 143)	8 (n = 143)	88 (n = 57)	4 (n = 57)
Looking with lust at same sex or daydreaming about having sex with same sex at least a few times a month	99 (n = 143)	31 (n = 143)*	98 (n = 57)	5 (n = 57)*
Same sex fantasies on 20% or more masturbatory occasions among participants who masturbated	94 (n = 138)	45 (n = 112)	92 (n = 50)	18 (n = 39)
Opposite sex fantasies (without trying) on 20% or more of masturbatory occasions among participants who masturbated	9 (n = 138)*	69 (n = 112)	26 (n = 50)*	72 (n = 39)
Same sex fantasies during 20% or more of heterosexual sex occasions among participants who had heterosexual sex	51 (n = 51)	6 (n = 111)	54 (n = 24)	13 (n = 31)
Use of gay pornography at least a few times a month	38 (n = 143)*	1 (n = 143)	11 (n = 57)*	2 (n = 57)

^aAll measures have been dichotomized at a point that the author would regard as indicating more than a slight level of homosexuality.

*Male versus female rates that are significantly different, two-tailed, at $p < .01$.

Figure 3.2. Table labeled “Percentage of Male and Female Participants at PRE and POST on 10 Dichotomized Measures.”

allows him to use symbols indicating statistical significance (e.g., $p < .01$). The inclusion of gender differences, not necessary to answer his research question, provides additional opportunities to use statistical symbols, including chi-square with one degree of freedom, and probability of representativeness:

Most of the participants reported that they “often” or “very often” had same sex attraction as teenagers (males, 85%; females, 61%; $\chi^2(1) = 11.5$, $p < .001$). In contrast, many participants as teenagers “never” or “only rarely” had opposite sex attraction (males, 62%; females, 42%; $\chi^2(1) = 5.9$, $p < .025$) (Spitzer 2003a: 407-8).

While demonstrating gender difference is not necessary for providing evidence of efficacy, were it not for the inclusion of that investigation the study would have no statistical tests at all. Yet, these comparisons were not superfluous, as they enable Spitzer to observe that women experienced more substantial change than men, “consistent with the literature suggesting greater female plasticity in sexual orientation” (Spitzer 2003a: 413).

Spitzer’s article presumes an ideal reader who is a passive observer, uninvolved in the issue of homosexuality and questions of its treatment. He refers to “critics of reorientation therapy” as an external group of experts who might influence the reader, but the article is not directly addressed to those critics. In addition to introducing the reader as bystander to the testimonies of 200 ex-gays, Spitzer attempted to preempt potential dissenting views, especially those that the reader might come across if ever encountering reorientation critics. Latour uses the term “captation” to refer to this feature of scientific literature: strengthening the article by keeping the reader on track of the paper’s logic. For example, one potential point of dissent Spitzer addressed was the possibility that he himself was biased, seeing change where there was none. To stave off this critique, Spitzer had another researcher code the tape recorded numerical responses and found an inter-rater reliability score of ninety-eight percent (Spitzer 2003a: 407). Another potential dissenting view was that the respondents were lying or deceiving themselves. Spitzer claimed this could not be the case because the respondents did not report complete change, something they would have done if they were under pressure to lie (Spitzer 2003a: 412). In addition, Spitzer explained that he could not use a control group because

this was impossible given the length of therapy, and he could not use genital arousal testing because respondents were scattered throughout the country and this test would be too expensive (Spitzer 2003a: 412-413).

Finally, in the discussion section Spitzer tries to prevent the neutral reader from being persuaded by the alternative view of Lee Beckstead. Just as he had portrayed the American Psychiatric Association, Spitzer portrayed Beckstead as too stringent about the standards for heterosexuality in his research. Based on the discussion that he had with Beckstead in October of 2002, Spitzer explained:

Apparently, many of his participants did report increased heterosexual attraction following reparative therapy. However, after listening to how they described their heterosexual arousal, Beckstead concluded that it was not “generalized heterosexual arousal” for two main reasons: either because the arousal was limited to one person (e.g., only the subject’s spouse), whereas typically heterosexuals are attracted to more than one person of the opposite sex; or because the opposite sex arousal in his participants didn’t have the “intensity” that is typically present in heterosexuals (Spitzer 2003a: 414).

Using an arbitrary definition of heterosexuality, Beckstead set the threshold too high in Spitzer’s view, especially when considering the standards for research on any other form of therapy. In any other type of therapy, incomplete change would not mean transformation should be ignored. Furthermore, Spitzer claimed that the majority of participants in his own study did experience heterosexual arousal toward more people than just their spouse (Spitzer 2003a: 414).

In fact, Spitzer’s study explicitly defines a variable that he called “Good Heterosexual Functioning,” which is important for understanding his framing of heterosexuality in relation to Beckstead. Sixty-six percent of the men and forty-four percent of the women in his sample were declared to have met this standard. According

to Spitzer, this was an improvement over previous research which failed to adequately define a full success. Good Heterosexual Functioning includes the following criteria:

(1) during the past year, the participant was in a heterosexual relationship and regarded it as “loving”; (2) overall satisfaction in the emotional relationship with their partner (at least 7 on a 1–10 scale where 10 is *as good as it can be* and 1 is *as bad as it can be*); (3) heterosexual sex with partner at least a few times a month; (4) physical satisfaction from heterosexual sex at least 7 (the same 1–10 scale); (5) during no more than 15% of heterosexual sex occasions thinks of homosexual sex [emphasis in original] (Spitzer 2003a: 406-7).

Spitzer constructed this variable based on criteria that he intuitively would provide face validity, and it does not include generalized arousal to the other sex (Spitzer 2008). His construct reveals particular norms about ideal heterosexual relationships, including their emotional content, their fantasy life, and their minimum ideal sexual requirements—and their eternal monogamy. It stands in contrast to what he claims is Beckstead’s poorly defined and arbitrary definition of heterosexuality. However, it also stands in contrast to Beckstead’s use of Freund to define sexual orientation in terms of sexual arousal to a sexed body type, measured with a phallometric test.

The publication of the Spitzer study was a watershed event, as it moved a published article purportedly demonstrating the efficacy of reorientation into the mainstream scientific literature in the post-1973 era. The rhetoric of the article was fortified by connections to allies through citations and the consolidation of the testimonies of his subjects. It constituted a notion of sexuality in which one’s orientation could be known through the self-report of arousal, and this notion came into being along with a modified version of the Kinsey-scale: a 100-point rating system. Spitzer also set a threshold for “good heterosexual functioning” that could include lingering same-sex

attractions, as long as one is fantasizing about one's spouse 85% of the time. While the article was carefully designed to make the claim that there is evidence for the efficacy of sexual reorientation in some cases, mainstream scientists found weaknesses in his position that made the whole edifice come tumbling down.

Tearing the Edifice Down: Scientists' Responses to the Study and Spitzer's Retreat

Spitzer made two primary conclusions in his published paper. First, contrary to the position statements of professional mental health organizations, he provided evidence for the efficacy of reorientation therapies. Second, he made an ethical claim. He stated that pursuing sexual reorientation can be a rational choice made by clients, and should be allowed based on clients' rights to autonomy and self-determination (Spitzer 2003a: 414). Twenty-six mental health professionals read Spitzer's paper with these conclusions, and responded to Kenneth Zucker's call for commentaries with responses deemed worthy of publication. Table 3.2 provides a broad summary of the positions taken in these commentaries. The overwhelming majority of mental health professionals disagreed with Spitzer's claims. Table 3.2 also shows how concerns about methodology became important in these commentaries. Whereas opposition to reorientation since the 1970s had largely taken the form of ethical opposition, the Spitzer study commentaries show how the debate became technical—a feature of escalated controversies.

Commentators who expressed full agreement with Spitzer's conclusions about efficacy included NARTH president Joseph Nicolosi, A. Dean Byrd, who would become NARTH president in years to come, and California State University, Long Beach (CSULB) psychologist Scott Hershberger. In addition to agreeing with Spitzer, each of

Table 3.2. Twenty six commentaries in the *Archives of Sexual Behavior*, published along with the Spitzer study, offered disagreement or agreement with Spitzer's conclusions (there is now evidence for the efficacy of reorientation therapies, they should be pursued if desired by the client) on the bases of methodology and ethics.

DISAGREE			AGREE, but with a weaker position*	AGREE	
Methodology	Methodology & Ethics	Ethics		Methodology	Methodology & Ethics
Carlson Cohen & Savin- Williams Diamond Friedman Gagnon Hill & DiClementi McConaghy Rodriguez Rust Strassburg Vasey & Rendall	Bancroft Beckstead Hartmann Herek Rind Wainber et al. Worthington	Dresher Tye	Krueger Klein Wakefield Yarhouse	Hershberger	Byrd Nicolosi

*These commentaries do not fully agree with Spitzer's conclusions, but claim that his study supports a weaker position. Thus, they include some methodological critique. Wakefield and Klein claim the study provides prima facie evidence of efficacy, but more research is needed. Yarhouse and Krueger claim the study provides evidence that some people report that they have changed through therapy. All of these commentaries support Spitzer's research program, and thus, agree with the ethics of his work.

these commentaries attempted to further fortify his position in some way. For example, Byrd's essay added additional allies through citation, including those typically found on the other side of the debate. He cited Doug Haldeman as a gay affirmative therapist who acknowledges the need to respect religious diversity even if it means, at times, helping clients to live lives that are not congruent with their sexual orientation. He also cited neuroscientist Simon LeVay, who supports respecting the autonomy of clients, even if that means letting them pursue the misguided decision to reorient their sexuality. Finally, Lisa Diamond and Kurt Freund have both provided evidence that sexual orientation can be plastic for some (Byrd 2003a: 424-425).

Using another approach to fortify Spitzer's position, psychologist Scott Hershberger enhanced Spitzer's statistical analysis to add a level of analytical complexity to his claims. Because Spitzer's data was not yet available for analysis, he simulated it to see if it formed a "Guttman scale." For the data to form a Guttman scale, Hershberger explains, self-reports of attraction should be predictors of self-reports of identity and behavior. Providing a clear endorsement of attraction as the core feature of sexual orientation, Hershberger states:

We can quantify the close match between the expected pattern of change with the observed pattern of change by thinking of sex, self-identification, and attraction and fantasies as three items whose order conforms to that of a Guttman scale. For the items to form a Guttman scale, everyone who has significantly fewer homosexual attractions and fantasies should also be more likely to self-identify as a heterosexual, and all those who now self-identify as a heterosexual should be more likely to have reduced the number of their homosexual sex experiences (Hershberger 2003: 440).

Hershberger simulated Spitzer's data to calculate a "Coefficient of Reproducibility" (CR),³⁹ ranging from 0 to 1, as a measure of the Guttman scalability of the dataset, where 1 is a perfect Guttman scale. After performing this analysis on 1000 bootstrap samples of 133 of Spitzer's participants, Hershberger provided a statement useful to reorientation proponents:

The orderly, law-like pattern of changes in homosexual sexual behavior, homosexual self-identification, and homosexual attraction and fantasy observed in Spitzer's study is strong evidence that reparative theory can assist individuals in changing their homosexual orientation to a heterosexual orientation (Hershberger 2003: 440).

³⁹ The Coefficient of Reproducibility (CR) is calculated with the following equation: $CR = 1 - \sum e / Nk$, where e is the number of people in the sample not conforming to the Guttman Scale, N is the sample size, and k is the number of items.

Hershberger provides statistical evidence that attraction predicts identity and behavior in the dataset, but it is based on all of Spitzer's ontological assumptions and epistemological decisions made in the original study. Nonetheless, by transforming Spitzer's data, Hershberger attempts to add to the thicket of complexity that dissenters would have to work through if they were to express dissent.

Finally, NARTH President Joseph Nicolosi fortified the position on efficacy by offering his own experience as a reparative therapist, providing additional evidence in the tradition of the expert case study. In particular, his discussion offers Spitzer support in his dispute with Beckstead over whether the fact that other-sex attraction, of lower intensity and different type compared to homosexual arousal, is meaningful evidence of heterosexuality. Quoting a male former client who is now heterosexually married with grown children:

The sexual experience with a man is like taking an opium drug. It's soothing, it's anesthetizing, and it's a "quick fix." This can make it very difficult to leave homosexuality. When we have sexualized those emotional needs—when we have already learned to get those needs temporarily met in a sexual way—we've taken a normal, legitimate, God-given need [same-sex bonding and affection] and met it with a "drug." That's one of the things that I've had to recognize and admit to myself; a same sex relationship wasn't meant to have that kind of zing. The "zing" is artificial, but it is very compelling—and it is what keeps a lot of men in the gay life (quoted in Nicolosi 2003: 446).

Here gay male sexuality is represented as being devoid of emotional content and immature, but powerful and addictive—perhaps another reading of what "Clint," Beckstead's subject, called a raging forest fire. From Nicolosi's perspective, a "campfire" is more desirable than a "forest fire." He continues:

Almost all the clients I have known who transition away from homosexuality describe a more subtle heterosexual response, one which

has, as my former client says, less “zing.” But even though they are of less intensity, these experiences are richer, fuller, and more emotionally satisfying. These men describe a feeling of “rightness” and a natural compatibility. As one ex-gay and now-married client said, “When I compare my intimate experiences with my wife to my homosexual experiences, it seems like we were little boys playing in the sandbox.” Rather than feeling depleted, he is renewed, feels good about himself, and experiences himself as an integral part of the heterosexual world (Nicolosi 2003: 447).

Thus, heterosexuality in this view includes a feeling of rightness, natural compatibility, renewal, integration, and self-esteem.

The reasons why heterosexual sexual attractions do not take the form of generalized arousal, according to Nicolosi, is due to their past experiences. Drawing on psychoanalytic concepts of pre-Oedipal etiology of male homosexuality, he states:

For many years, I was unable to understand why, nor did I know why ex-gay men typically say they are sexually attracted to their wives, but much less so to other women (good news, of course, for the wives). I came to realize that this was not so much a problem of arousal, as of trust. Male homosexuality is often associated with the boy’s narcissistic emotional enmeshment with the mother, where the son feels responsible for the mother’s feelings (Socarides, 2002). The resulting fear and anger is projected onto all women, whom he expects will be manipulative and engulfing, and will take away his masculine power. The challenge for the ex-gay man is to enter into a relationship with a woman while maintaining a sense of self-possession. As he gets closer to a woman, this anxiety manifests itself as a fear of sexual performance. Therefore, almost without exception, the ex-gay man cannot develop a sexual relationship with a woman unless he first develops a friendship. Only when he knows he can trust the woman with his vulnerability will his latent heterosexual feelings become manifest (Nicolosi 2003: 447).

With men’s heterosexuality framed as an experience that does not require generalized arousal, but can include general good feelings when with a spouse, Nicolosi provided an etiological basis for Spitzer’s side in his debate with Beckstead. Thus, Nicolosi, Byrd, and Hershberger all attempted to fortify Spitzer’s position with different strategies.

Adding statistical analysis and enrolling additional allies through citation both rested on the edifice that Spitzer had built from the standardized self-reports of his 200 subjects. Nicolosi attempted to corroborate that evidence with a case study built on a discredited pathology model of homosexuality.

However, four of Spitzer's supporters were more tentative in their agreement. Realizing that retrospective self-reports by ex-gays were not particularly credible proof, these commentators praised the study for demonstrating weaker claims. NYU Social Work professor Jerome Wakefield said that the study showed *prima facie* evidence of success, a necessary step in an exploratory or preliminary study. He drew an analogy to alcoholism research that was used to challenge a universal claim (such as the idea that gays can never change through therapy):

Comparably weak studies have influenced other areas subject to universal hypotheses. For example, when some alcoholism researchers maintained that alcoholism is a universal disease with a predictable course of deterioration, methodologically weak studies using newspaper ads to find people who self-reported having recovered from alcoholism without treatment had substantial impact. Despite their inconclusiveness, the studies raised *prima facie* doubts regarding the universal disease entity hypothesis and thus challenged attitudes about treatment derived from it (Wakefield 2003: 458).

On this basis, the Spitzer study has value because it raises important doubts that may lead to more research. Another tentative position was expressed by Evangelical psychologist Mark Yarhouse. While Yarhouse praised Spitzer for giving a voice to ex-gays, he compared Spitzer to Evelyn Hooker, who also demonstrated "a possibility" (that gays could be mentally healthy). However, Yarhouse was vague in his wording:

Spitzer's study accomplishes something akin to this: whether it is ever possible for a person with a homosexual orientation to report change in the

direction of a heterosexual orientation. His study suggests that the answer to this question is “Yes” (Yarhouse 2003: 463).

At this time, Yarhouse was developing his “sexual identity therapy” in which sexual attractions do not change but identity can. Thus, he agreed with Spitzer’s findings in part.

While these seven commentaries expressed agreement with Spitzer, at least in part, the remaining commentaries articulated disagreement, often very forcefully. Going for the cornerstone of Spitzer’s argument, most commentators directly questioned the veracity of self-reports of sexual attraction change. Criticizing “subject selection bias,” Cohen and Savin-Williams pointed out that Spitzer had chosen a sample of people that he knew would be the most likely to agree with his hypothesis, and he excluded people who would disagree (Cohen & Savin-Williams 2003: 427-8; see also Diamond 2003: 430; Wainberg et al. 2003: 455). Commentators criticized various qualities of the members of the sample, most notably, the tendency of a religious sample to be pressured into exaggerating claims of change. This was often couched in terms of “cognitive dissonance” theory, where respondents must resolve psychological distress brought about by the conflict between religious values and same-sex attractions by denying those attractions (Beckstead 2003: 423; Hill & DiClementi 2003: 441; Rind 2003: 448; Strassberg 2003: 451; Vasey & Rendall 2003: 453). At times, the tendency to misrepresent sexual orientation change was understood as due to “internalized homophobia” (Hill & DiClementi 2003: 441), but more often it was due to religious pressures to demonstrate change, witness to others, and affirm faith (Bancroft 2003: 420; Carlson 2003: 426; Cohen & Savin-Williams 2003: 428; Herek 2003: 438; Hill &

DiClementi 2003: 441; Rind 2003: 447-8; Wainberg et al 2003: 456; Worthington 2003: 460-1). In this regard, psychologist Gregory Herek stated:

Spitzer's data are ultimately the testimonials of a highly select sample of activists from groups whose *raison d'être* is to promote efforts to change homosexuals into heterosexuals. It is difficult to imagine how his recruitment strategy would have yielded anything other than reports of substantial shifts to a heterosexual orientation (Herek 2003: 438).

Furthermore, psychologist Bruce Rind commented on the propensity for religious figures to develop abilities to deny physiological states of being:

Volumes could be written on the power of religion to overcome one's basic nature. Suffice it to say that because of religious beliefs, men have frequently overcome survival instincts (e.g., Muslim suicide hijackings and bombings). In sexuality, men have frequently yielded to antibody, antisex religious philosophies (e.g., Christian priests and monks, including the three most conspicuous early theorists: Origen, who cut off his testicles with a rock to destroy his sexual urge; Augustine, who abandoned sexual pleasure completely despite having enjoyed it so much previously; and Chrysostum, who lived as an ascetic hermit in the desert to avoid all temptation). In short, beliefs about the value of one's life and one's sexuality can readily become subservient to strong religious beliefs (Rind 2003: 448).

Thus, the conservative religious sample, gathered through Spitzer's particular recruitment method, was widely seen by critics as prone to self-deception and motivated to misrepresent sexual orientation to meet external demands.

Taking a different approach to the veracity of self-reports, six critics called for "objective" physiological measures of sexual attraction to accompany untrustworthy self-reports (Beckstead 2003: 422; Cohen & Savin Williams 2003: 428; Hartmann 2003: 436; Rind 2003: 448-9; Worthington 2003: 460). These calls for physiological testing were bolstered by Spitzer's own admission that physiological measures would have improved the study:

The study relied exclusively on self-report, as is almost always the case in psychotherapy treatment efficacy studies. The study would have greatly benefited by also using objective measures of sexual orientation, such as penile or vaginal photoplethysmography. This was judged to be not feasible as funds were not available for the high cost of regional testing and of having a large number of individuals travel long distances to the testing sites (Spitzer 2003a: 412).

Spitzer was the only person to call for the vaginal photoplethysmograph specifically. All others called for objective tests or specified penile plethysmography in men. The two most adamant critics calling for physiological testing were psychologists Rind and Beckstead. Criticizing self-report measures in a hypothetical case of a male subject, Rind stated:

In short, these measures, it seems, assess surface rather than core change. The man's beliefs are tied to the surface, to the role he feels compelled to play, and to the extent that the core differs, his self-reports are self-deception. What is needed are measures of involuntary response to various actual stimuli, rather than just self-reports that reflect essentially volitional behavior. Put the man back into tempting situations of the kind that formerly aroused him or expose him to gay pornography of the type that used to excite him. Measure his arousal with plethysmography. Expose him to heterosexual situations that he claims attract him or expose him to heterosexual pornography and then measure the arousal in the same way (Rind 2003: 448-9).

Similarly, Beckstead called for penile plethysmography, comparing the case of ex-gays to sex offenders:

As Spitzer noted, self-reports are unreliable measures. Freund (1960, 1977) and Conrad and Wincze (1976), for example, found that clients' self-reports of favorable reorientation outcomes tended to be imprecise, deny certain facts, and were not supported by objective data. Spitzer seemed to believe that he has assessed sexual attraction; yet, he has only measured participants' subjective experiences of their attractions. Phallometry would be a more reliable and valid measurement of sexual orientation because it distinguishes erotic arousal patterns in men. In addition, men can suppress responses in such assessments but not produce false ones (Kuban, Barbaree, & Blanchard, 1999; see also Chivers, 2000). A person who is primarily attracted to children and who wants to avoid

punishment would more than likely tell others that he has changed, but measuring the degree of his arousal may indicate otherwise (Beckstead 2003: 422).

Drawing on studies by Kurt Freund and Conrad and Wincze, all of whom found discrepancies between phallometric data and claims of change in the 1960s and 1970s, Beckstead claims phallometry would be a better measure for men. While this technology has been challenged because of potential for “faking” responses, Beckstead calls on research that suggests that clients can only fake their responses by suppressing arousal, but not by artificially producing erections. Those who called for “objective” physiological measures were from fields of psychology (Beckstead, Cohen, Savin-Williams, Rind, Worthington) and psychiatry (Hartmann, Spitzer), but this was certainly not the position of all critics of the study.

For example, Gregory Herek is a prominent research psychologist who has played an important role in helping to produce various position statements for the American Psychological Association’s Office of LGBT Concerns, including supporting gays in the military and gay marriage. However, he does not support phallometric testing in this instance. When asked about this technique, he stated, “I do recall that a number of people did raise [phallometric testing] as a possibility. It’s not where my head goes...” (Herek 2008). Rather, Herek leans toward better self-report techniques:

There’s some research that suggests that by using different kinds of questioning techniques we can get more honest self-reports of sexual attraction and sexual behavior. For example, when people are interacting with a computer, they are more likely to disclose their own stigmatized sexual behaviors as well as other kinds of stigmatized behaviors than when they are interacting with a person. So there are techniques like that that we can use... (Herek 2008).

While expressing this view about sexuality research more broadly, Herek is skeptical of reorientation efficacy research in general: “I am not sure that I see great value in devoting a lot of research resources into the issue in the first place. So, in a way, coming up with the gold standard is several steps removed from that” (Herek 2008). While many mainstream critics did call for phallometric testing on this issue, Herek’s response is a rejection of the research program altogether. Herek rejects self-report measures in the study because of the sample-selection bias, and makes other methodological critiques, but does not call for further research with physiological measures. Instead, his position against further research is based on ethics. In particular, he believes the only way an ethical study could be conducted on reorientation therapies is if people were moving in both directions, some from homosexual to heterosexual and others from heterosexual to homosexual (Herek 2008).

Herek’s chief complaint about the methodology of the study was that it could not show causality, and he was joined by many others with this concern. In Herek’s version of this complaint, he compares the Spitzer study to personal testimonials about the healing properties of crystals:

The question at issue is not whether sexual orientation can change but whether interventions can be designed to bring about such change. Spitzer’s methodology is incapable of answering this question. Even if we were to accept the respondents’ self reports as valid, simply asking people why they changed their behavior cannot establish what caused that change. Personal testimonials for the benefits of useless treatments abound. Some people genuinely believe that crystals healed them, laetrile cured their cancer, a psychic foretold their future, or a fad diet reduced their weight. Scientists, however, recognize that testimonials do not prove that an intervention works. People who undergo an intervention are often highly motivated to attest to its effectiveness. Their willingness to overstate (or actually lie about) its benefits is greater still when they have a financial or ideological stake in the intervention’s success. Even when

respondents sincerely attempt to be accurate, they (like all of us) remain unaware of many of their mental processes and, consequently, their accounts of the causes of their behaviors are not always reliable (e.g., Jacoby, Lindsay, & Toth, 1992; Nisbett & Wilson, 1977). This is why we use experimental designs to determine causation.

At most, Spitzer's data could demonstrate a correlation between reporting change and undergoing an intervention. Spitzer argues that a rigorous experimental study would be expensive and would take a long time to complete. These inconveniences, however, do not justify his ignoring the fact that a correlation does not establish a causal relationship (Herek 2003: 439).

In addition to the comparison to these fad treatments, Herek claims that retrospective reporting cannot prove causality, as an experimental design is needed. Others called for elements of experimental design that would show causality such as including a control group (Carlson 2003: 426-7; Hartmann 2003: 436; Hill & DiClementi 2003: 441-2).

Other critiques were more conceptual and theoretical. Psychologist Lisa Diamond criticized the sexual orientation "taxonomy" built into Spitzer's research question that asked if homosexuals can be turned into heterosexuals. This, Diamond claims, divides the world into "sheep" and "goats" in a way that Alfred Kinsey had warned against, as sexuality is much more complex (Diamond 2003: 429). Also drawing on research by Laumann and coauthors (1994) which shows sexual desire can change within particular contexts, she quotes: "[I]t makes more sense to ask about specific aspects of same-gender behavior, practice, and feelings during specific periods of an individual's life rather than a single yes-or-no question about whether a person is homosexual" (quoted in Diamond 2003: 429). Drawing on this idea of spontaneous fluidity, Diamond suggests that research might alternately focus on "domain specific changes" rather than some underlying "sheepness" or "goatness" that Spitzer has tried to operationalize. Diamond states:

[T]he phenomenon of plasticity in sexual desire over time has already been documented in several prospective studies, and is not newsworthy in and of itself (Diamond, 2000, 2003b; Pattatucci & Hamer, 1995; Stokes et al., 1997; Weinberg et al., 1994). Spitzer, however, is more concerned with *effortful* changes effected through cognitive-behavioral strategies, such as “thought stopping,” avoidance of situations that trigger same-sex attractions, and social support mobilization. Can these techniques actually alter one’s subjective desires? Of course they can—just as attending Weight Watchers meetings and keeping “forbidden” foods out of the house can attenuate a dieter’s natural, evolved cravings for salty, fatty, calorie-dense foods. Furthermore, any reader of Shakespeare or Jane Austen will recognize that these cognitive and behavioral techniques have been used for hundreds of years by individuals who had the misfortune of becoming attracted to partners of the right sex, but the wrong family, wrong social class, wrong nation, etc. (Diamond 2003: 429-30).

The distinction between spontaneous and “effortful” changes is important for Diamond, whose work on spontaneous sexual fluidity has been repeatedly appropriated by NARTH members to bolster their claims that sexual orientation can be changed (Diamond 2009).

In another conceptual critique, two sociologists raised the question of whether sexual orientation can be a property of a person, or if it this entity is always inextricably linked to a sociocultural context. Sociologists John Gagnon and Paula Rodriguez Rust conceded that Spitzer did likely find evidence of change, although these claims must be qualified. First, John Gagnon compared changing sexual orientations to becoming an American after immigrating from another country:

[W]hat does [the example of becoming an American] have to do with sex, particularly that aspect of sex which has to do the gender of the partner one prefers (a.k.a. homosexuality and heterosexuality)? If one believes that sexual partner preferences are fundamentally different than all other preferences, a position marked by the choice of the phrase “sexual orientation” or the belief that there is direct pathway from a gene (or complex of genes or mixture of chemicals) and the like to desiring to have sex with someone who has similar genitals, the answer is nothing. But, if you believe, as I do, that the complex of sex practices is learned in a particular historical and cultural situation, then the idea of comparing

sexual practices with other social practices is not very mysterious (Gagnon 2003: 435-6).

However, Gagnon placed sexual reorientation therapies within a sociopolitical context, in which dangerous anti-gay forces are instrumental in shaping peoples' desires for change and sexual desires over the course of therapy. He raises doubts about the ethical status of these therapies, as they are complicit with oppressive power regimes. Gagnon stated:

If you believe, as I do, that language, religion, and gender learning are as deeply embedded in a person (as un-chosen, if you will) as the specific sexual preference of the gender of the sexual partner, then in adulthood when some ways of life seem uncomfortable and choices are apparent (sometimes hard choices), it is not surprising that changes take place. It is the politics of the change that shape most of the debate. The actual process is quite understandable and expectable. Whether such change should happen, what direction it should take, whether it should be encouraged, and who should decide whether it is a good or bad thing for either individuals or communities is the political question (Gagnon 2003: 436).

While Gagnon does acknowledge that Spitzer found meaningful changes, and questions whether those changes should be undertaken, he largely sidesteps the particulars of the debate over how to measure change and the content of sexual orientation.

Similarly, sociologist Paula Rodriguez Rust questions the content of sexual orientation as a construct. Her position is similar to Diamond's in this regard, questioning Spitzer's ontological assumptions about sexual orientation, but unlike Diamond, Rust does not claim that Spitzer's research tells us nothing about the possibility of change. She states:

The real challenge Spitzer poses, therefore, is not the assertion that changes in sexual identity, feelings, and behavior occur, but the assertion of a core sexual orientation that is, although core, amenable to change. If a core orientation can change, what defining characteristic renders it "core"? The proposition that a malleable core sexual orientation exists is untestable. Its function is not scientific, but psychological; it allows individuals undergoing reparative therapy to hope that they will,

ultimately, be able to live without fear that their same sex desires will resurface (Rodriguez Rust 2003: 450).

The idea that a “core” sexual orientation is untestable, with a psychological and nonscientific function, partly undermines Spitzer’s conclusions. However, Rust theorizes a possible scenario for how attractions shift:

I see this as evidence of the social malleability of sexual feelings; life as a gay man or lesbian might be unsatisfying for Spitzer’s respondents because same-sex relationships lack social recognition and do not fit the family image they covet. The lack of emotional satisfaction is social in origin, but leads to a perception of one’s same-sex attractions as ego-dystonic, which motivates a reconstruction of the self as heterosexual. One might be attracted to one’s own sex, but also to a heterosexual lifestyle, and one might generalize one’s attraction to a heterosexual lifestyle into an attraction to an other-sex person (Rodriguez Rust 2003: 450).

However, Rust adamantly criticizes Spitzer’s lack of responsibility for not criticizing the notion of “reparative therapy” or for not taking more care regarding the ways that his work might be appropriated (Rodriguez Rust 2003: 450). Therefore, because attraction is always sociocultural and not merely a property of sexual orientation for Gagnon and Rodriguez Rust, the content of ex-gays’ other-sex attractions must always be understood as connected to an anti-gay context. While they trust the self-reports in Spitzer’s study, they do not see these reports as evidence of a changed core feature, but rather, as evidence of internalized anti-gay bias.

While critics expressed an array of methodological concerns, these often overlapped with strong disapproval of the ethics of Spitzer’s research. Perhaps the most condemnatory ethical critique was put forth by Wainberg and coauthors in their essay titled “Science and the Nuremburg Code: A Question of Ethics and Harm.” After criticizing the methods of the study, the essay turned to Directive 4 of the Nuremburg

Code—“The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury” (quoted in Wainberg et al. 2003: 456)—and then pointed to a number of ways that the Spitzer study did not avoid unnecessary harms, especially since it avoided looking for them. Spitzer did not include anyone for whom reorientation treatments failed, so he neglected to assess harm (Wainberg et al. 2003: 456). Also calling the study design unethical, Gregory Herek was particularly forthright in asserting that Spitzer did not fulfill his obligations as a researcher. Describing his self-report method, Herek claimed:

This represents a curious abdication of the scientist’s obligation to design a study in a way to avoid known sources of bias. Recognizing that even subtle and unintentional biases can affect the data, researchers routinely adopt elaborate safeguards to prevent their own expectations and those of their research subjects from affecting a study’s outcomes. Spitzer’s study lacked such safeguards, despite the obvious threats to validity inherent in his sampling procedure (Herek 2003: 438).

Along with this concern, Herek claimed that Spitzer had an obligation to investigate harm before testing efficacy:

To be sure, the risks associated with interventions to change homosexual orientation have not been experimentally demonstrated either. Concerns about such risks are based on anecdotal accounts from clinicians and self-reports by individuals who were subjected to the interventions (e.g., Haldeman, 2001; Shidlo & Schroeder, 2002).

Nonetheless, the standards for demonstrating harm are different from those for demonstrating efficacy. If harm seems to be at all likely, we have an ethical obligation to investigate the actual risk to patients before offering them an intervention. Indeed, clinical trials are structured to establish a treatment’s safety before testing its efficacy. And if risks of harm exist, we must consider whether they are offset by the intervention’s potential benefits (Herek 2003: 439).

The unwillingness to look for harm and the reliance on untrustworthy subjects were ways in which Spitzer was deemed to be unprofessional by these critics.

Critics of the ethics of the Spitzer study also pointed to the fact that it involved a treatment for something that is not a mental illness. Psychiatrist (and former reorientation therapist) John Bancroft condemned reorientation treatments as an imposition of moral values:

If there were any grounds for regarding homosexual orientation as a pathology rather than a variant of human sexual expression, then treating the pathology might be justified. I would assert that there are no such grounds, and hence providing treatment on that basis is professionally unethical and, according to my value system, immoral. There is a long and disturbing history of medical practitioners imposing their moral values through their professional practice. The imposition of moral values, explicitly or implicitly, that is, urging someone to undergo change because their current sexual orientation is immoral, should not be regarded as “therapy,” and in any case raises other ethical and moral issues (Bancroft 2003: 421).

Along these lines, psychiatrist Lawrence Hartmann complained that Spitzer never put “reparative therapy” in quotation marks, but he should have because for many it is a destructive “pseudotherapy” (Hartmann 2003: 437). Sociologist Paula Rodriguez Rust also criticized Spitzer’s use of the term “reparative therapy,” and thought he should have criticized the idea that homosexuality was a sexual addiction (Rodriguez Rust 2003: 451).

Harkening back to an ethical position taken by Gerald Davison in his 1976 speech as president of the Association for the Advancement of Behavior Therapy (see Chapter 2), many critics claimed that the study was unethical because reorientation therapies, and Spitzer’s study, are harmful for gay and lesbian people in society. Psychiatrist Jack Drescher centered his response around this idea, as he linked the Spitzer study to larger forces at work in the “culture wars” over homosexuality. Drescher explained that because Spitzer symbolizes the removal of homosexuality from the *DSM*, he is a particularly strategic person to publish this study. However, Drescher claims that Spitzer really never

changed his mind about anything because he was an advocate for the diagnoses “ego-dystonic homosexuality” (EDH) and “sexual orientation disorder” (SOD) in the interim years between these events. Drescher recalls a meeting that he attended in 1984 when Spitzer publicly advocated for reorientation treatments (Drescher 2003b: 431-2).

Because of Spitzer’s stature as a symbol of gay emancipation, Drescher expresses concern that the study is poised to be a powerful tool for anti-gay forces in the culture wars. He points out that NARTH members have been involved in political battles by filing affidavits in support of anti-gay legislation, including Colorado’s Amendment Two, and defenses of sodomy laws in Tennessee and Louisiana (Drescher 2003b: 431). Spitzer has not considered the political consequences of his study, and to reiterate this point, Drescher quotes a lyric from the song “Wernher von Braun” by Tom Lehrer, about a scientist who is unconcerned with the consequences of his work: “Once, the rockets are up who cares where they come down/that’s not my department” (quoted in Drescher 2003b: 432). One of these “rockets,” Drescher points out, was the incident in the Finnish Parliament, but while Spitzer was able to clear up this situation, he will not be able to address all uses of his study (Drescher 2003b: 432). Drescher was joined by others in raising concerns about the wider political implications of the Spitzer study and the dangers it poses for the rights of sexual minorities more broadly, especially as it implies that homosexuality is a “choice” (Bancroft 2003: 421; Beckstead 2003: 423; Friedman 2003: 434; Gagnon 2003: 435-6; Herek 2003: 439; Wainberg et al 2003: 456; Worthington 2003: 461).

After considering these ravaging critiques, Spitzer backpedaled, and the edifice of evidence came tumbling down. In the same journal issue in which the study appeared,

Spitzer published a response to the commentaries. Essentially taking a position amenable to Wakefield's, Spitzer said that he had asked the wrong research question. He stated:

Instead of the research question "Can some gays change their sexual orientation?" the primary question should have been "Contrary to conventional wisdom, do some ex-gays describe changes in attraction, fantasy, and desire that are consistent with true changes in sexual orientation?" The credibility of the subjects' self-report, as it is in all treatment efficacy studies that use self-report becomes an additional issue to be considered (Spitzer 2003b: 470).

Spitzer conceded that the absence of extreme responses does not guarantee that self-reports can be trusted, although critics had not proven that there was bias. In the wake of the commentaries, Spitzer refined his conclusion:

In the paper, I wrote, "The study provides evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians." With the benefit of time and the many thoughtful commentaries on my study, a more accurate assessment is the following: The conventional wisdom in the mental health profession is that reorientation therapy can get some gays to identify themselves as "heterosexual" and therefore "ex-gay," but few, if any, will report changes in sexual attraction, fantasy, and desire consistent with true changes in sexual orientation. The study findings call this view into question. In a sample of 200 ex-gays, the majority reported changes in sexual attraction, fantasy, and desire that are consistent with what would be expected if true changes from predominantly homosexual to predominantly heterosexual orientation had occurred. Although some response bias could have occurred, it is unlikely that it can explain all of the reported changes in sexual orientation.

The study provides the level of evidence appropriate to the initial stages of therapeutic evaluation with regard to an important and controversial issue. What is needed is a prospective outcome study in which a consecutive series of volunteer subjects are evaluated before starting reorientation therapy and after several years (Spitzer 2003b: 472).

From the point of view of the author of the study, there was no longer evidence for the efficacy of reorientation therapies, but rather, *prima facie* evidence. This evidence was

consistent with true evidence. It was preliminary and potential, but not definitive. The position statements for mental health professional associations remained intact.

This was not the end of published debate of the study in 2003, as the *Journal of Gay and Lesbian Psychotherapy* produced a special issue on the study and NARTH responded. Some of this exchange took on a less restrained tone, illustrating how tensions were at their peak. Drescher opened the issue of *JGLP* with a discussion of the larger “culture wars” in which supporters of a “normal/identity model” (regarding homosexuality as a normal variant) are pitted against supporters of an “illness/behavior model” where homosexual feelings and behaviors are considered learned and changeable behaviors (Drescher 2003a). Critiques of methodology and ethics of the study were written by Drescher, Silverstein, and psychiatrist Theodorus Sandfort. The issue also included a chapter about Spitzer written by Human Rights Campaign activist Wayne Besen, from his new book *Anything But Straight*. Besen summarizes a letter that he wrote on behalf of HRC to Spitzer in 1999, warning him that conducting his study would be “scientific suicide” and the data would be useless unless he used physiological measures including the penile plethysmograph and the polygraph (Besen 2003). He also discusses how Spitzer consulted him after the study was first publicized, asking him how to handle the problem that the Religious Right was using his work for political purposes. After debunking the study, Besen provocatively concludes:

In the end, however, the real loser is Dr. Spitzer. Whether he was an over-the-hill stage horse galloping toward the limelight or a court jester hoodwinked by a scheming religious right is unimportant. What matters is that Spitzer’s embarrassing travesty of scholarship will surely go down as his defining work, a professional pockmark that will indelibly taint his once splendid career (Besen 2003: 206).

Jack Drescher, in his position as editor of *JGLP*, claimed that Besen's article was included in the journal issue to provide a sample of how Spitzer's study was received in the gay community.

Foreshadowing how NARTH would use the study as a resource, A. Dean Byrd attacked the professionalism of the *JGLP*, taking issue with not only Besen's characterization of Spitzer's motives, but also Drescher's depiction of the culture war. By describing science and politics as interwoven, Byrd argued, Drescher set a polemical tone for the journal and proved that it was not scientific. Lambasting *JGLP* authors for impugning Spitzer's credibility, Byrd talked about meeting with Spitzer in 2000 at a dinner, and described him as genuine, mild-mannered, and trustworthy. His more than 275 publications prove that he was more than capable of conducting this study, and he used the most rigorous methods that were available. Byrd states:

It appears that the activist-authors of the *Journal of Gay and Lesbian Psychotherapy* were outraged that the study was published at all, a sad commentary for a professional journal. Spitzer's motives were questioned, his credibility attacked and his research subjected to a kind of scrutiny unparalleled in any scientific arena. As a scientist, I find the journal's approach in this issue to be both disingenuous and intolerant. Disagreement among scientists is healthy. Name-calling and intimidation tactics are not. It is unfortunate that the journal's editorial board, some of whom are respected scientists, would lend credibility to this issue by their affiliation with the journal (Byrd 2010).

Byrd also pointed to Hershberger's analysis as further support for the strength of its evidence. Appealing to an idea of benign and objective science, Byrd quoted the psychologist Michael Bailey in *The Man Who Would be Queen*: "...it is difficult to argue that good scientific studies, or rational open discussion [will harm homosexuals]" (quoted in Byrd 2010). Thus, even though Spitzer had toned down his claims, NARTH could still

tie the published Spitzer paper to a notion of objective science and claim that those who ignored it were just driven by politics.

The Ruins of the Edifice Remain: A Publication in a Mainstream Scientific Journal

In the end, the connections between Spitzer's fact and the self-reports of his subjects were severed and discredited within the scientific community. Although Spitzer had carefully crafted an edifice of fact, removing the cornerstone upon which the structure rested—the veracity of self-reports—made the claim collapse, leaving Spitzer with suggestive evidence rather than anything solid and definitive. Not even a Guttman Scale analysis could save the study. The position statements for professional mental health organizations stood, but within the larger field of therapeutics, outside the scientific community, the published Spitzer study created a real problem for opponents of reorientation therapies. Spitzer's study had been reported widely, and regardless of Spitzer's views, he was a very credible person to point to as the author. No matter how many Op-Eds or follow up papers that Spitzer published, he still left behind an article in a scientific journal purportedly demonstrating the efficacy of reorientation therapies written by the person who removed "homosexuality" from the *DSM*.

Overall, the focus of the study on "core features" of sexual orientation reified the centrality of measures of sexual attraction as more important than behavior and identity for detecting sexual orientation. With sexual orientation defined on these terms, the way to define and measure attractions became a central point of contention. Mainstream researchers concluded that self-reports of ex-gays are not a window onto true sexual attractions. While there was by no means consensus about genital arousal testing for men

or women, these commentaries mark the beginning of the ascendance of penile plethysmography within the hierarchy of evidence for measuring sexual orientation in men. Although some psychologists, including Greg Herek, did not find the technique particularly credible, several mainstream psychologists and psychiatrists did.

The attempts of Beckstead, Nicolosi, and Spitzer to frame the meaning of heterosexuality especially illustrate how the moral dispute over reorientation became redirected into a technical question. For Beckstead, heterosexuality required a pattern of generalized arousal, but for Spitzer and Nicolosi, it required a close intimate connection with one's spouse regardless of erotic content. Each side of the debate implicitly appealed to a wider cultural understanding of heterosexuality, involving very different values placed on the experience of pleasure, as well as the experience of conformity. These are very different ways of "drawing the straight line" indeed.

Following the special issue of *Archives*, the Spitzer controversy had reconfigured the hierarchy of evidence for sexual orientation in the field of therapeutics. Within science, self-report of attractions was clearly insufficient evidence for the efficacy of reorientation therapies. Building on the "preventive context" offered by the *Sexual Conversion Therapy* volume and other publications, critical commentaries in the *Archives* established that self-reports of attraction change were not credible. However, openings in science remained for reorientation proponents to still make their case. While most position statements of professional mental health organization declared that there was no evidence for the efficacy of reorientation therapies and they were potentially harmful, the 1997 Position Statement of the American Psychological Association still said that the evidence of efficacy and harm was up for debate. Thus, it cannot be said that these

commentaries established an “intellectual opportunity structure” that made claims of efficacy impossible. A lack of consensus about how to measure sexual orientation meant that reorientation proponents could capitalize on this uncertainty. After all, although Spitzer downgraded the force of his claims, he did say that the study provided prima facie evidence and should not be completely dismissed. To solidify an intellectual opportunity structure that excluded evidence for the efficacy of reorientation therapies, opponents within science would have to divert further resources.

Outside of mainstream mental health institutions, things were much different. Even though the study did not provide definitive evidence of the efficacy of reorientation therapies, the results had been reported widely. Media coverage of the Spitzer study opened up a wider space for the growth and sustenance of the ex-gay movement. As Lund and Renna described, the tendency for the media to emphasize conflict and controversy overrode attention to scientific detail. And as Meyer and Staggenborg describe more generally, the emphasis on controversy and “balance” maintains a cultural space for the continued mobilization of a marginalized opposing movement. If Spitzer’s study was readily dismissed in mainstream science, it was not readily dismissed in the public arena. In effect, Spitzer and the ex-gay movement amassed a great deal of attention to their cause in the public domain, requiring reorientation opponents to divert resources to address these issues. Like in 1998 when gay rights organizations had to create ads countering the ex-gay ads, now they needed to address this new challenge. The next chapter follows this controversy through the years 2003-2005, as the Spitzer study became a resource for reorientation proponents in multiple arenas. While gay activists like Wayne Besen continued the campaign to discredit the ex-gay movement, gay

affirmative psychologists took a different approach to try and depolarize the debate. Meanwhile, NARTH, ex-gay ministries, and the Religious Right seized on the opportunity to “take the study and run.”

Chapter 4

Take the Study and Run:

Making and Unmaking “Effectiveness” in the Wake of Spitzer’s Publication (2003-2005)

“My sense is that *now is the time* for NARTH to battle the establishment and win.”

–from “NARTH: On Track for the Future,” A. Dean Byrd,
National Association for Research and Therapy of Homosexuality,
2003.

“We applaud Dr. Spitzer for having the courage to examine and then expose the myth of inevitability.”

–James Dobson, Focus on the Family, 2002.

“The fate of facts...is in later users’ hands; their qualities are thus a consequence, not a cause of collective action.”

–Bruno Latour, *Science in Action*, 1987, p.259

When Robert Spitzer conducted, presented, and published a study in the early 2000s purportedly demonstrating that some highly motivated people could change their sexual orientation from homosexual to heterosexual, he dramatically changed the intellectual landscape for proponents and opponents of reorientation treatments. Even though he toned down the force of his conclusions in his response to peer commentaries (Spitzer 2003b: 472), his original article was there—published in a scientific journal—with a claim that there was definitive evidence for the efficacy of reorientation therapies. For supporters of therapies and religious ministries, new resources were available to be mobilized when making claims about these interventions. Not only Spitzer’s paper, but his role in spearheading the removal of homosexuality from the *DSM* in 1973, his personal characteristics as a Jewish atheist, and his political views in favor of gay rights were all resources that proponents could draw on to try to convince people of the realities of orientation change. For opponents of reorientation, the Spitzer study presented a

serious problem—a highly credible source and gay community ally had publicly challenged the idea that there is no evidence for the efficacy of treatments for homosexuality, and his study was a resource available to reorientation proponents. This problem had to be managed. The very person widely credited with removing homosexuality from the *DSM* could be portrayed as though he “switched sides,” and this was dangerous on many fronts.

In addition to these concerns, the question of whether same-sex attracted people could be reoriented became caught up in the politics of gay marriage and other gay rights issues. Many political positions for and against gay rights had been built in relation to standpoints concerning the nature of same-sex desire; supporters of gay rights generally continued to view innateness and immutability of homosexuality as a basis for rights, while opponents claimed that homosexuality was a chosen behavior, and consequently, should not be a basis for “special rights” (Knauer 2003: 3). In the political struggles that followed, proponents of reorientation treatments drew on the Spitzer study as they opposed gay marriage in courts and legislatures, even as major mental health associations filed briefs to courts supporting gay rights.

In these political and intellectual struggles, proponents and opponents of reorientation therapies engaged in what science studies theorist Bruno Latour calls “fact-making.” In this process, claimants strive to change the ways people talk about a statement of belief. When a belief is not yet a fact, people refer to it with a qualified claim. For example, in 2003, most people involved in this controversy would have agreed that “according to Spitzer, reorientation is possible for some people.” Spitzer held a particular belief and had made his views publicly known. However, fact-builders strive to

transform qualified claims into unqualified claims, rendering the conditions of a claim's production invisible (Latour 1987: 22-3).⁴⁰ As such, Spitzer, as an aspiring fact-maker, hoped people would just agree that "reorientation is possible for some people" with no qualification.

While Spitzer had been invested in building the fact that reorientation was possible in some cases, and had made caveats that change was rare, proponents were invested in constructing a related fact: reorientation therapies and religious ministries are *effective*. While these claims seem similar, they are subtly different. Spitzer's study was developed to disprove the American Psychiatric Association's position statement that no evidence exists for efficacy of reorientation therapy. He purportedly showed that change was possible in a self-selected convenience sample, and his claims of efficacy included the caveat that it was very difficult to recruit this sample. Spitzer speculated this might have been because change was rare, or it may have just been due to the reluctance of therapy clients and therapists to come forward (Spitzer 2003a: 413). However, reorientation proponents, invested in recruiting clients and promoting reorientation in legal arenas, struggled to prove the merits of reorientation more broadly. By building the fact that reorientation programs were effective—that they generally "worked" in many cases—proponents could provide support for the claims that homosexuality is a choice, can be changed, and cannot be a basis for legal rights.

⁴⁰ Latour describes qualified claims as "modalities," since they are statements which modify a definitive statement. "Positive modalities" move a statement closer to a fact, as they begin to make the conditions of production less visible. "Negative modalities" render visible more and more aspects a statement's conditions of production, moving it further from the status of "fact" (Latour 1987: 22-23). Once a fact is established, Latour refers to it as a "black box." It is a box that people do not look inside to try to understand the inner workings—instead the inner conditions of production are invisible (Latour 1987: 2-3).

In this chapter, I argue that while Spitzer tried to get people to accept the fact that change was possible in rare cases, he lost control of how his study was used once it was unleashed into the public and other scientific arenas. Reorientation proponents seized on Spitzer's study, his historical accomplishments, and his reputation to promote the fact that reorientation interventions are generally effective and that they are not harmful; in other words, these proponents opted to "take the study and run," using it to pursue their own goals. However, secular reorientation therapists and ex-gay ministries ran with the study in somewhat different directions. Using Spitzer's work as evidence, secular reorientation therapists claimed sexual reorientation therapies were generally effective, ignoring the caveat that this was rare. Meanwhile ex-gay ministries shifted the meaning of "effective" to encompass a broader concept of sexual identity change, minimizing the importance of attractions in defining that identity. Ex-gay ministries accepted that attraction change was rare, but shifted the emphasis of reorientation toward religious pursuits.

Furthermore, in response to these developments, anti-reorientation activists and LGB-affirming therapists strove to defend the fact that there is no evidence for the efficacy of reorientation treatments, but did so with different approaches. Activists disparaged Spitzer, Spitzer's study, NARTH, and ex-gay ministries in a campaign to "unmake" the facts that proponents were trying to build. Meanwhile, LGB-affirming therapists mobilized research that purportedly demonstrated harm of these treatments, and they proposed a "middle path" of compromise intended to "depolarize" the debate over efficacy in a way that ruled out trying to change sexual orientation. The cumulative effect of these various rhetorical moves in this period was to constitute and reinforce a

notion of sexual orientation rooted in sexual attraction. From the point of view of proponents of reorientation, sexual attraction could be known through self-reports, but for opponents, attraction could be known only through physiological measurement (if at all) when subjects are under extreme social pressure to represent sexual orientation in a particular way.

To make this argument, I first describe various terms outlined by Bruno Latour to describe fact-building tactics, including the concepts of “enrollment” and “translation,” and I use these terms to describe how Spitzer lost control of how his research was interpreted. I then describe the tactics used by secular reorientation therapists, ex-gay ministries, and the Religious Right to mobilize new resources offered by Spitzer’s findings. Finally, I describe the initial responses of anti-reorientation activists and LGB-affirming therapists to these developments.

Fact Making Strategies, and Spitzer’s Precarious Maneuver

In *Science in Action* (1987), Bruno Latour describes science and technology as processes, as scientists and engineers go about the business of making facts and artifacts. His approach is largely built on war metaphors, depicting opponents strategizing to defeat one another through building alliances, influencing others, and attacking the work of opponents.⁴¹ While this theory is not tied to structural factors that may motivate these

⁴¹ In her book, *Disrupting Science* (2008), Kelly Moore criticized Latour (and Bourdieu) for his depiction of actors’ motivations as solely seeking “the monopolization of expertise and authority” (10). Moore argued that we must understand a full range of motivations for scientists besides self-interest, which might include spiritual pursuits. However, describing actions in Latour’s terms need not imply specific motivations for those actions or personal meanings of those actions. Some actors in this story appear to seek the monopolization of expertise and authority, while others appear to very graciously attempt to reach out to people with opposing views and seek reconciliation. But even within these latter reconciliation

struggles, and does not pose alternatives to this agonistic state of affairs (for alternative visions see proposed feminist approaches to science (Haraway 1988) and technology (Suchman 2002), as well as Latour (2004) on technoscience), it is a very useful system of analytical concepts for rendering visible and comprehensible the dynamics of fact-making in scientific controversies. Rendering these tactics visible and comprehensible, as well as uncovering their logic, is an essential first step in understanding the constitutive effects of these claimmaking practices.⁴²

In Latour's analytical scheme, the fact-builder faces a crucial task: getting other people to agree with their point of view. In the terminology of Latour, a fact-builder will attempt "*to enrol others* so that they participate in the construction of the fact" (108). However, fact-builders must also "*control [others'] behaviour* in order to make their actions predictable" (108). In order to accomplish these goals, the fact-builder engages in strategies of "translation," influencing "the interpretation given by the fact-builders of their interests and that of the people they enroll" (108). Latour later reiterates, "Translating interests means at once offering new interpretations of these interests and channeling people in new directions" (117). Thus, to translate interests means to convince others that their interests include believing in a particular claim as fact.

Latour identifies various strategies fact-builders may utilize to translate interests.

The easiest way to enroll others, Latour claims, is for the fact-builder to present his or her

attempts, actors still struggle to develop facts, even if those facts are negotiable, and must do so through collective projects that win hearts and minds.

⁴² By utilizing Latour's war metaphors, I do not mean to imply that this is a study of a "culture war." Many people across the political spectrum will frame debates over homosexuality as part of a larger culture war. On the contrary, rather than a war between fixed cultures, this study reveals how cultural forms such as notions of "sexual orientation" are the outcome of knowledge struggles.

own interests as being in alignment with others to be enrolled. However, this strategy is precarious because the fact-builder does not have control over what others will do with the claim (109-111). For example, in 19th Century France, scientist Louis Pasteur informed the public about a vaccine he created against fowl cholera that cured some hens. When this happened, Latour states, “[H]e interested so many powerful groups of health officers, veterinary surgeons and farmer interests that they jumped to the conclusion that ‘this was the beginning of the end of all infectious diseases in men and animals.’ This new claim was a *composition* made in small measure from Pasteur’s study of a few hens and in much larger measure from the interests of the enrolled groups.” (110). Thus, in this example, the French government blended Pasteur’s findings with their interests and created a new fact that supported their legitimacy as great rulers. According to Latour, a more successful translation strategy for fact-builders would involve altering the interests of others, convincing them to see things in line with the fact-builder.

Applying Latour’s insights to the Spitzer case, Spitzer used a precarious strategy when he enrolled reorientation proponents in his project of fact-building. When he enrolled NARTH and ex-gay ministries into his project of demonstrating that reorientation was possible in only some cases,⁴³ he did so by aligning with their interests in sustaining reorientation therapy practices and client bases. In his 2003 publication, Spitzer claimed that his study had a number of implications for clinical practice:

⁴³ Clarifying his position in an op-ed in the *Wall Street Journal* in 2001, Spitzer stated, “In reality, change should be seen as complex and on a continuum. Some homosexuals appear able to change self-identity and behavior, but not arousal and fantasies; others can change only self-identity; and only a very few, I suspect, can substantially change all four. Change in all four is probably less frequent than claimed by therapists who do this kind of work; in fact, I suspect the vast majority of gay people would be unable to alter by much a firmly established homosexual orientation” (Spitzer 2001).

First, it questions the current conventional view that desire for therapy to change sexual orientation is always succumbing to societal pressure and irrational internalized homophobia. For some individuals, changing sexual orientation can be a rational, self-directed goal. Second, it suggests that the mental health professionals should stop moving in the direction of banning therapy that has as a goal a change in sexual orientation. Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions. In fact, the ability to make such a choice should be considered fundamental to client autonomy and self-determination (Spitzer 2003a: 414).

Thus, claiming that clients may be rational in choosing reorientation, and opposing bans on therapy, Spitzer aligned himself with the interests of reorientation therapists and proponents. However, when supporters of reorientation therapy took up his study, he lost control of how his study was interpreted. NARTH, ex-gay ministries, and the Religious Right brought Spitzer's study and his accomplishments into their own fact-building projects, depicting reorientation as generally effective.

When proponents referenced Spitzer's study, they engaged in a practice of citation that is commonplace in knowledge controversies. For Latour, the practice of invoking former texts is especially necessary for fact-builders when controversies become heated. When trying to build a fact, it becomes useful to assemble a set of allies through citation, fortifying one's position. To challenge a claim dressed with these citations requires also addressing all of those allies that have been assembled. Thus, when proponents of sexual reorientation therapy attempted to convince people that reorientation therapy is effective, they cited Spitzer as an ally. But when referencing a former text, Latour states, "[T]he general strategy is easy to grasp: do whatever you can to the former literature to render it as helpful as possible for the claims you are going to

make” (37). Thus, by citing and portraying Spitzer in ways that support the idea that reorientation therapy is effective rather than merely possible, proponents rendered the study much more helpful for their position. In addition to sidestepping the point in Spitzer’s study that change could be rare, proponents ignored the fact that Spitzer had stepped back from his most forceful conclusions (Spitzer 2003b: 472). Reorientation proponents portrayed Spitzer and his study in ways that would translate the interests of multiple audiences, mobilizing his past accomplishments, political views, and other personal qualities to make the acceptance of reorientation’s effectiveness seem more palatable.

Secular Reorientation Therapists Mobilize New Resources

NARTH’s use of the Spitzer study to promote its own claims about the general effectiveness of reorientation was evident in the group’s initial reporting of the study. Writing on the NARTH website in 2003, Roy Waller and Linda Nicolosi carefully presented the details of the study under the title “Spitzer Study Published: Evidence Found for the Effectiveness of Reorientation Therapy.” Despite the fact that Spitzer claimed that change was rare, the authors wrote, “Spitzer’s findings challenge the widely-held assumption that a homosexual orientation is ‘who one is’ – an intrinsic part of a person’s identity that can never be changed” (Waller & Nicolosi 2003). By setting Spitzer’s study in opposition to a general claim about all homosexual people, the authors shifted the meaning of the Spitzer study to supporting the fact that reorientation can be generally effective, not only effective a small set of cases. After summarizing the inclusion criteria of the study, the authors report:

Although examples of “complete” change in orientation were not common, the majority of participants did report change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year as a result of reparative therapy.

These results would seem to contradict the position statements of the major mental health organizations in the United States, which claim there is no scientific basis for believing psychotherapy effective in addressing same-sex attraction. Yet Spitzer reports evidence of change in both sexes, although female participants reported significantly more change than did male participants (Waller & Nicolosi 2003).

By opposing the Spitzer study findings to the claim “there is no scientific basis for believing psychotherapy effective in addressing same-sex attraction,” and by claiming Spitzer “reports evidence of change in both sexes,” the study is drawn into building the broad fact that there is a scientific basis for believing that reorientation therapy is effective for men and women.

In another 2003 article on the NARTH website titled “NARTH: On Track for the Future,” then member of the NARTH scientific advisory committee A. Dean Byrd reviewed the proceedings at the 2003 NARTH conference in Salt Lake City and framed the Spitzer study in ways that could be particularly palatable to skeptical audiences. Among the factors underlying NARTH’s momentum, Byrd claimed that the size of the organization was “approaching 1500 and rapidly growing,” that the Utah Psychological Association endorsed their conference, and that the annual NARTH conference provided fifteen hours of continuing education credits for mental health professionals. In his description of the story of Spitzer’s research, Byrd utilized key facts about Spitzer to portray his research as extremely compelling:

Our conference highlighted the just-published study by Dr. Robert Spitzer. This is the same Spitzer who was instrumental in removing homosexuality

from the DSM in 1973. His study was published in the prestigious *Archives of Sexual Behavior*.

“Like most psychiatrists,” says Dr. Spitzer, “I thought that homosexual behavior could be resisted-but that no one could really change their sexual orientation. I now believe that’s untrue-some people can and do change.”

And Dr. Spitzer correctly noted that the “...desire for change cannot always be reduced to succumbing to society’s pressure. Sometimes, such a choice can be a rational, self-directed goal” (Byrd 2003b).

Spitzer’s reputation as having been instrumental in removing homosexuality from the *DSM*, the prestige of the journal *Archives of Sexual Behavior*, and his position within the mainstream of psychiatry are all resources that Byrd drew upon to bolster the credibility of Spitzer’s study, the self-reports of attraction change made by his subjects, and the rationality of the decision to enter reorientation therapy. Spitzer’s historical achievement of spearheading the removal of homosexuality from the *DSM* makes him an ideal spokesperson to represent the possibility of reorientation change. As a central builder of the fact that homosexuality is not a mental illness, his reputation is instrumental in deflecting claims that reorientation is a form of bigotry, or that the claims of change should not be trusted. The article also quotes a story in the *London Times* in which Byrd portrayed Spitzer as simultaneously supporting gay rights and believing in the possibility of conversion: “But Dean Byrd, a clinical professor at the University of Utah School of Medicine, said Professor Spitzer’s courage had broken a barrier of silence to start a long overdue debate. ‘A commitment to the basic civil rights of gays and lesbians does not require a belief in the false notion that homosexuality is [invariably] fixed in all people’” (Byrd 2003b). Portrayed as an ally of most opponents of reorientation, Byrd effectively forces Spitzer’s betrayal of those allies, bringing him into the reorientation camp. In his

appeal to the public in the *London Times* article, Byrd attempts to translate the interests of opponents of reorientation by disconnecting that opposition from support for gay rights. In effect, Byrd was saying that if Dr. Robert Spitzer, the person responsible for removing homosexuality from the *DSM*, believes reorientation is possible and still supports gay rights, why shouldn't everyone else?

The story of Spitzer supporting gay rights but being forced to acknowledge the possibility of reorientation was further dramatized when the organization gave Spitzer its annual Sigmund Freud award in 2004, but Spitzer declined. According to then NARTH vice president A. Dean Byrd, “[Spitzer] has told us that his differences with NARTH on socio-political positions such as gay marriage, gay adoption, and gays in the military prevent him from accepting NARTH’s award” (Byrd 2004b). NARTH claimed to have given the award on the basis of the scientific merit of Spitzer’s work, and Byrd states that it is unfortunate that Spitzer would succumb to concerns over politics, even though NARTH has taken no official position on these gay rights issues. In a typical rhetorical tactic of this organization, Byrd draws a distinct line between pure science and politics, and places NARTH outside of the boundaries of politics to bolster the credibility of the organization. Byrd goes on to state that possibly Spitzer is unable to separate his politics from his science.

These same themes were present in attempts by NARTH to oppose gay rights initiatives in courts and legislatures as NARTH representatives presented themselves as scientific authorities on the malleability of homosexuality and the pathology of homosexual behavior. Political and legal struggles over gay rights continued to be deeply intertwined with claims about the nature of homosexuality. Gay rights groups were

advancing claims that the innateness and immutability of homosexuality should be a basis for rights, while organizations opposing gay rights advanced claims that homosexuality is a chosen behavior and it thus, not a basis for “special rights” (Knauer 2003: 1-4).⁴⁴ Public opinion polls at the time showed that members of the public also generally followed this logic (Knauer 2003: 4 n31), leading public discussions of this issue and personal testimonies of change or harm with broad political implications. In courts, a key question was whether or not lesbian, gay, and bisexual people constitute a “suspect class,” for if this is so, then a law treating LGB people differently from heterosexual people must pass a higher level of judicial scrutiny under application of the Equal Protection Clause of the 14th Amendment. To achieve “suspect class” status, groups must establish that they are historically disadvantaged due to their group status, that they are politically powerless, and that they possess a defining characteristic that is “obvious, immutable, or distinguishing” (Knauer 2003: 65). Legal scholar Nancy Knauer notes that at this time,

⁴⁴ Studies of the effects of these strategies have explained why the “innate-immutability” gay rights strategy has not been successful. Hegarty (2002) studies the relationships between beliefs in immutability and positions on gay rights views among heterosexuals in the US and UK, He finds that some people with condemnatory views still believe that homosexual people have an immutable sexuality. Studying legislative debates in the mid-90s, Mucciaroni and Killian (2004) claim that legislators did not take up science in gay rights debates because they relied on their own “ordinary knowledge,” based on common sense and personal experience (72). Writing from a perspective in support of gay rights, Knauer (2003) criticizes the innate-immutability strategy, stating, “The group cohesion fostered by the identity model is a necessarily exclusionary project where stable gay subjects are coded white and male and definitely not bisexual or transgendered. The production of stable gay subjects who are firmly disassociated from their sexuality, or any suggestion of physicality, fails to provide a transformative vision of sexuality and simply reinscribes the existing hetero-homo binary. Moreover, the retreat of the gay political narrative to biological theories and claims of immutability presents an understanding of homosexuality with a nonvolitional core that is ultimately disempowering and thoroughly abdicates the claims of individual autonomy and self-determination that animated the early gay rights movement in the period immediately following Stonewall. In the end, even if the argument that gay men and lesbians cannot help who they are, and presumably what they do may win points in opinion polls, the cost of popular support for gay civil rights should not be the acceptance of a fiction regarding the fixity of object choice and the immutability of sexual orientation. This approach denies the power of human agency and the many vagaries of the human heart” (8-9).

“[t]he gay political narrative relate[d] that gay men and lesbians have been historically disadvantaged, are politically powerless, and share an immutable characteristic. Not surprisingly, pro-family organizations counter[ed] with arguments of nonequivalence and invariably conclude[d] that ‘homosexuals are upwardly mobile, politically powerful citizens who have chosen to involve themselves in sexual behavior that is neither inborn nor unchangeable’” (Knauer 2003: 65).⁴⁵ Representing themselves as scientific experts, NARTH intervened in courts and legislatures to help buttress the assertion that homosexuality is immutable. While demonstrating the effectiveness of reorientation treatments was a resource that NARTH used to attempt to disprove the immutability of homosexuality, the group also drew on reputable research that described sexual fluidity as occurring spontaneously.

NARTH’s interventions in the Massachusetts gay marriage legal battle before and after the Spitzer study was published show how the study became a key resource in their rhetoric within the legal domain. In the 2003 Massachusetts Supreme Court case *Goodridge v. Department of Public Health*, an amicus brief was filed by Massachusetts lawyer Berton Emmons on behalf of numerous pro-reorientation organizations including NARTH, Focus on the Family, Jews Offering New Alternatives to Homosexuality (JONAH), the International Healing Foundation, the Massachusetts Physicians Resource Council, the Catholic Medical Association, the Catholic ex-gay ministry Courage, the Evangelical ex-gay ministry New Creations, and reorientation therapists Dean Byrd, Joseph Nicolosi, and Christopher Wolfe. This brief was filed in 2002, before the Spitzer

⁴⁵ A common occurrence in both sides of debates over homosexuality is to conflate innateness (caused by genes or hormonal exposure in utero) with immutability (sometimes called the “innate-immutability” argument), and to conflate socially produced (caused by family dynamics or chosen) with changeable.

study was published, and did not address the question of mutability. Instead, the brief drew on studies that challenged the idea that same-sex relationships are equivalent to “opposite-sex” relationships, describing same-sex relationships as pathological (Emmons 2002). In this particular case, the court sidestepped the question of immutability, stating in a footnote of the majority opinion, “We have not previously considered whether ‘sexual orientation’ is a ‘suspect’ classification. Our resolution of this case does not require that inquiry here” (Marshall 2003: 38).

By contrast, in 2003, Dr. Jeffrey Satinover, member of the NARTH scientific advisory committee, testified before the Massachusetts Senate Judicial Committee studying gay marriage and deployed the newly published study. His testimony, available on the NARTH website, first challenged the idea that homosexuality is an inborn trait, and then presented Spitzer’s study to refute the idea that homosexuality is immutable. In the testimony, Spitzer was again presented as the most unlikely person to believe that reorientation would work, given his stance within psychiatric orthodoxy and support for gay rights:

Dr. Robert Spitzer, the prominent psychiatrist and researcher at Columbia University has been the chief architect of the American Psychiatric Association’s diagnostic manual and he was the chief decision-maker in the 1973 removal of homosexuality from the diagnostic manual. He considers himself a gay-affirmative psychiatrist, and a long time supporter of gay rights. He has long been convinced that homosexuality is neither a disorder nor changeable. Because of the increasingly heated debate over the latter point within the professional community, Spitzer decided to conduct his own study of the matter. He concluded:

“I’m convinced from the people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual...I think that’s news...I came to this study skeptical. I now claim that these changes can be sustained” (Satinover 2003).

A key move made by Satinover in this portrayal of Spitzer is to locate controversy over whether homosexuality is a disorder or changeable “within the professional community.” Rather than acknowledging a consensus reflected by position statements of major mental health professions that homosexuality is not a disorder and that there is no evidence for its malleability, Satinover presents professions as fragmented—riddled by a controversy that leads Spitzer to question his own personally held convictions. Satinover attempts to dislodge the notion of homosexuality as a healthy variant of human sexuality from a professional consensus by locating this notion within Spitzer’s personal viewpoint. Satinover goes on to describe the political pressure Spitzer faced within the American Psychiatric Association:

When [Spitzer] presented his results to the Gay and Lesbian committees of the APA, anticipating a scientific debate, he was shocked to be met with intense pressure to withhold his findings for political reasons. Dr. Spitzer has subsequently received considerable “hate mail” and complaints from his colleagues because of his research (Satinover 2003).

In this portrayal, Spitzer’s personal viewpoint was changed by the force of his data and then sustained despite “hate mail” and the pressure asserted on him by his allegedly politically motivated colleagues. Satinover attempted to translate the interests of lawmakers, interested in making law with good scientific grounding, by representing science first as deeply divided, and then as moving in the direction of accepting reorientation therapy.

Later in the testimony, Satinover utilized quotations from other “pro-gay” researchers and theorists to advance his claims that homosexuality is not an immutable trait. For example, Satinover uses a quotation from psychologist Doug Haldeman to

suggest that pro-gay scientists will not look at Spitzer's data because of their political investments:

Douglas C. Haldeman, Ph.D., an independent practitioner in Seattle, WA, is a prominent gay-affirmative theorist. He comments, "From the perspective of gay theorists and activists. . . the question of conversion therapy's efficacy, or lack thereof, is irrelevant. It has been seen as a social phenomenon, one that is driven by anti-gay prejudice in society..." (Satinover 2003)

Thus, the political motives that underlie gay-affirmative therapists' unwillingness to considering Spitzer's data appear to be confirmed by a credible source—the prominent gay-affirmative theorist Doug Haldeman. Satinover also uses a statement by reputable scientist Simon LeVay to suggest that homosexuality was declassified as a mental illness on the basis of political pressure, leading people to mistakenly believe that homosexuality is a fixed trait in an individual:

But the American Psychiatric Association, like most other professional-practitioner associations, is *not* a scientific organization. It is a professional guild and as such, amenable to political influence in ways that science per se must not allow itself to be. Thus, the decision to de-list homosexuality was not made based on scientific evidence as is widely claimed. As Simon LeVay acknowledges, "Gay activism was clearly the force that propelled the American Psychiatric Association to declassify homosexuality" (Satinover 2003).

Portraying professional psychiatry as an association rather than a scientific organization, Satinover represents reputable scientist Simon LeVay's assertion as a concession that removing homosexuality from the *DSM* was a political decision. Again drawing on a reputable pro-gay scientist for a citation, Satinover cited University of Utah psychologist Lisa Diamond who has studied the fluidity of women's sexuality. To confirm that sexual orientation is not fixed, Satinover quoted Diamond saying, "Sexual identity is far from fixed in women who aren't exclusively heterosexual" (Satinover 2003). In a final

example of drawing on reputable research to bolster his points, Satinover cites the National Health and Social Life Survey conducted in 1994 by University of Chicago sociologist Edward Laumann and colleagues to claim that their study contradicts the idea that homosexuality is immutable. The NHSLS data show that a significant proportion of men who have sex with other men before age eighteen no longer continue this behavior afterward, thus purportedly demonstrating that homosexuality is not immutable:

The most comprehensive, most recent and most accurate study of sexuality, the National Health and Social Life Survey (NHSLS), was completed in 1994 by a large research team from the University of Chicago and funded by almost every large government agency and NGO with an interest in the AIDS epidemic. They studied every aspect of sexuality, but among their findings is the following, which I'm going to quote for you directly:

- “7.1 [to as much as 9.1] percent of the men [we studied, more than 1,500] had at least one same-gender partner since puberty. ... [But] almost 4 percent of the men [we studied] had sex with another male before turning eighteen but not after. These men. . . constitute 42 percent of the total number of men who report ever having a same gender experience.”

Let me put this in context: Roughly ten out of every 100 men have had sex with another man at some time - the origin of the 10% gay myth. Most of these will have identified themselves as gay before turning eighteen and will have acted on it. But by age 18, a full half of them no longer identify themselves as gay and will never again have a male sexual partner. And this is not a population of people selected because they went into therapy; it's just the general population. Furthermore, by age twenty-five, the percentage of gay identified men drops to 2.8%. **This means that without any intervention whatsoever, three out of four boys who think they're gay at age 16 aren't by 25** (Satinover 2003).

By this logic, because some men experience spontaneous changes of their sexual identity and behavior over the life course, then homosexuality should not be considered “immutable.” By using these reputable sources, Satinover portrayed Spitzer as part of a growing number of mainstream researchers whose work supports the fact that

homosexuality can change, and he portrayed NARTH as a group of experts who were part of this growing consensus in the mainstream.

In addition to intervening in the legal arena, reorientation therapists also deployed the Spitzer study in the field of medicine, challenging the American Medical Association's *Complete Medical Encyclopedia* entries on homosexuality, and they did this to help build the fact that reorientation therapies are generally effective. In April of 2004, NARTH President Joseph Nicolosi sent a letter to the AMA president asking him to correct four "factual errors" on homosexuality within its *Complete Medical Encyclopedia*. The Spitzer study was used to correct the third "error," "Therapeutic efforts to change homosexuals into heterosexuals rarely if ever succeed."⁴⁶ Again presenting a narrative of Spitzer's change of position, the letter read:

This is clearly incorrect. In fact, Dr. Robert Spitzer, a leading American Psychiatric Association member, was one of the pivotal psychiatrists back in the 1970s who was responsible for the removal of homosexuality from the DSM. Dr. Spitzer was, at that time, convinced that homosexuals could never change.

In 2003, however, Spitzer published the results of a study he conducted on individuals who had overcome homosexual attractions and were functioning successfully as heterosexuals. We have published the details of this study from the prestigious *Archives of Sexual Behavior* on the NARTH web site.

As Dr. Spitzer has observed, "...the mental health professionals should stop moving in the direction of banning therapy that has, as a goal, a

⁴⁶ Nicolosi "corrected" the first two "factual errors" by using claims made by pro-gay opponents of reorientation. The first "error," "It is generally thought that about one in every ten persons is homosexual," was corrected using an amicus brief submitted by gay activists to the Supreme Court in *Lawrence v. Texas*, citing the National Health and Social Life Survey findings that 2.8% of the male and 1.4% of the female population identify as homosexual. The second, "...homosexuality appears to result from an inborn physiological predisposition, not from sexual abuse, poor parenting, or contact with homosexual people" was "corrected" referring the reader to an article on the NARTH website in where "homosexual researchers" are shown to correct this notion, denying a biological basis for homosexuality.

change in sexual orientation. Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions” (Nicolosi 2004a).

It is noteworthy here that the American Medical Association did not claim that change was not possible, but instead the AMA claimed that change efforts “rarely if ever succeed.” Nonetheless, NARTH was trying to establish that therapy was effective. Nicolosi’s use of Spitzer’s claims that therapy should not be banned and that “[m]any patients ...can make a rational choice to work toward developing their heterosexual potential...” both imply that change is not rare.

Later in the letter, Nicolosi corrected the “factual error” that “[a]lthough some religious groups condemn homosexuality as morally perverse, it is considered a normal sexual orientation, not a disorder or a sign of a disorder.” The letter acknowledged that homosexuality itself is not a disorder, but he pathologized homosexual behavior. Nicolosi stated:

But the implication of that statement is that the religious proscription against homosexual acts ought to be considered simply prejudicial (or absurd)... We disagree. A person who is not disordered in some way will not experience high rates of drug and alcohol abuse, attempted suicides, promiscuous relationships, or engage in self-destructive sexual behaviors that place the person at high risk of acquiring an incurable STD or HIV (Nicolosi 2004a).

The letter then concluded:

Thus it would seem that the natural-law worldview about gender and sexuality held by the world’s traditional Jews, Christians, and Muslims, for example, must be based in some sort of wisdom about our human design—and should not be so cavalierly and disrespectfully dismissed by your publication (Nicolosi 2004a).

Pathologizing homosexual behaviors through conflating them with high risks—as though the behaviors themselves were the sole sources of health affliction—is written in a way that would appeal to the sensibilities of doctors. Here, Nicolosi attempted to translate the doctors’ interests, already based on curing health problems, to include acknowledging the effectiveness of reorientation therapy by linking homosexual behavior with poor health.

The American Medical Association did not modify any of the claims cited as “factual errors” by NARTH, and the AMA Director sent a response letter later that year. In September of 2004, Nicolosi tried again, emphasizing the Spitzer study with its own sub-heading in the letter, reiterating that reorientation therapy is effective. This time, Nicolosi used statistics to build this fact:

Dr. Spitzer found that, contrary to most psychiatric opinion, individuals who have undergone reorientation therapy can experience positive changes from homosexual to heterosexual orientation. Of those he studied, most indicated that they still struggled with homosexual attractions to some degree, but 11% of the males and 37% of the females indicated a complete change from homosexual to heterosexual orientation (Nicolosi 2004b).

And again Nicolosi presented Spitzer as a model for accepting reorientation while still believing in gay rights, stating, “Dr. Spitzer—who has long been (and still is) a strong ally of the gay community—is now convinced that change is possible and can be beneficial” (Nicolosi 2004b). Reminiscent of media coverage of the Spitzer study, Nicolosi used Spitzer’s data as though the study were a representative sample of people going through treatment. The outcome data “11% of the males and 37% of the females indicated a complete change from homosexual to heterosexual orientation” is only meaningful in a longitudinal random sample of people attempting therapy—not a retrospective study of a convenience sample of people who claim that their therapy

worked. In this letter, Nicolosi's presentation was much more technical, providing citations to various NARTH papers rather than referring Nelson to the NARTH website, and the letter concluded with an endorsement buttressed by the force of multiple professionals: "This letter has been endorsed by 39 professionals in the fields of medicine, psychology, psychiatry, social work, as well as lay leaders who are members of NARTH" (Nicolosi 2004b).

The years 2004 and 2005 were important for NARTH as they garnered support and built stronger ties with former American Psychological Association presidents, two of whom spoke at NARTH conventions in these years. First, in 2004, Robert Perloff was the keynote speaker at the NARTH conference in Washington DC. Perloff, who was president of the APA in 1985, gave a controversial speech during his presidency on the psychological benefits of pursuing self-interest. At the NARTH conference, Perloff described NARTH as a "voice in the wilderness," stating, "It is ironic that NARTH is such a small organization, considering the large percentage of the national population that apparently shares the same views" (quoted in Byrd 2004a). Perloff's address emphasized the theme of client autonomy in choosing reorientation treatment. Said Perloff: "I am here as the champion of one's right to choose...It is my fervent belief that freedom of choice should govern one's sexual orientation...If homosexuals choose to transform their sexuality into heterosexuality, that resolve and decision is theirs and theirs alone, and should not be tampered with by any special interest group — including the gay community..." (quoted in Byrd 2004a).

The next year, at the 2005 NARTH conference, former American Psychological Association president Nicholas Cummings gave the keynote address along with his co-

author, psychologist Rogers Wright. They spoke about their new book *Destructive Trends in Mental Health*, which describes the problem of excessive “political correctness” within psychology and psychiatry, leading to stifling of research. In his speech, Cummings described an incident in which he himself confronted this excessive bias within the American Psychological Association:

This was aptly demonstrated...during an interchange that took place in a large meeting assembled by the then-current president to address the future of the APA. I was just about to agree with one of the participants, when she stopped me before I could speak: ‘I don’t know what you are going to say, but there is nothing you and I can agree on, because you are a straight white male and I am a lesbian.’ Such blatant reverse discrimination was overlooked by everyone else in the room, but I was dumbfounded. This woman is prominent in APA affairs, is extensively published, and has received most of the APA’s highest awards. The APA continues to laud her, even though recently she had her license suspended for an improper dual relationship with a female patient! What would be the response had it been a straight white male in an improper dual relationship with a female patient? (quoted in Nicolosi 2005).

Having built alliances with these former APA presidents, having developed and expressed a critique of the bias of mental health organizations, and having developed an interpretation of the Spitzer study to support the fact that reorientation therapy was generally effective, reorientation therapists were poised to take their case to the American Psychological Association the following year in 2006.

Finding themselves on a new landscape transformed by the Spitzer study, NARTH members drew upon new resources to construct the fact that reorientation is generally effective. Through these efforts, they reinforced Spitzer’s idea that sexual orientation has “core features” of sexual attraction, as NARTH continually claimed that “complete change” was possible. The idea that attractions could change for all gay people was coincident with psychoanalytic theories that these therapists continued to utilize.

Along the way, NARTH also helped constitute notions of homosexual behavior that were inherently pathological, including relationships and sexual practices. Pathologization of behavior was presented as a justification for the rational decision that one might make to enter into a reorientation treatment, as opposed to a decision motivated by internalized anti-gay bias or by external anti-gay pressures. While many of these elements of understanding sexual orientation were shared with ex-gay ministries, there were some crucial differences as these ministries root their authority in theology rather than science.

Ex-gay Ministries, Evangelical Researchers, and the Seeds of a Sexual Identity Emphasis

Compared to NARTH, ex-gay ministries and Evangelical researchers had a somewhat different relationship with the Spitzer study. Rather than sidestepping the claim that attraction change was rare, ex-gay groups began to work this into their claims that religious ministries were effective in delivering people from homosexuality. However, they defined “success” more broadly to encompass behavior and identity change—even if attractions do not change. Incorporating the Spitzer study into their claims in this way created, in Latour’s terms, a “composite” between Spitzer’s findings and the goals of religious ministries of maintaining followers even in the absence of attraction change. Downplaying the power of reorientation to change the “secular” concern of sexual orientation, ministries and Evangelical researchers tended to emphasize the goals of pursuing Jesus Christ and leaving the homosexual lifestyle. While these groups did support the idea that complete sexual reorientation change, including attraction change, was possible for some, they began to emphasize identity change as the most important goal. But feeling a new momentum from the Spitzer study, ten of these

organizations formed the conglomerate group Positive Alternatives to Homosexuality (PATH) as an umbrella organization to advance the ex-gay cause, and ex-gay ministries developed a new emphasis on recruiting youth.

Indeed, ex-gay leaders pointed to the positive trend of increased visibility of ex-gays brought on by the study. In January of 2002, Mike Davies, outgoing president of Exodus International, discussed the Spitzer research in an interview in *Christianity Today* titled, “Ex-Gay Sheds the Mocking Quote Marks: The retiring head of Exodus says gay transformation ministries are more respected and effective than ever.” In the interview, Davies upheld Spitzer’s history of credibility and multiple publications, and expressed hopes that Spitzer would be able to get his paper published. But given the amount of press and visibility that the study and other efforts had produced, Davies celebrated the wide recognition of ex-gays within the gay community:

I’m noticing now that the major gay media no longer waste even one sentence explaining what Exodus is. They assume that their millions of readers know exactly what Exodus is or what ex-gay is. We always used to have quote marks around ex-gay, and a lot of times now they don’t even bother with that. It’s common knowledge in the gay community that we exist (Leblanc 2002).

In this interview, Davies also lauded the launching of “Exodus Youth,” a new department of Exodus International targeting teenagers with ex-gay ministries.

Writing about the Spitzer study, Exodus International Executive Vice President Randy Thomas acknowledged its importance, but described that the secular concerns it expressed were not the main emphases of their ministry. After describing the Spitzer study as “secular,” Thomas then explained that Exodus only supports sexual reorientation treatments that have Biblical goals:

Exodus believes that Jesus is the answer in and of Himself. God has been setting people free for thousands of years before professional counseling associations ever existed. Appropriate reparative therapy is a wonderful tool that God uses for many to really come to grips with core identity, relational and sexual issues. As long as it is submitted to the Authority of Christ and His word, it can be a very liberating catalyst in a person's life. If the authority of scripture is undermined or a counseling approach is unbiblical then Exodus does not support its implementation.

Unlike what the media and gay activism would want you to believe, orientation shift is not *the* goal of Exodus. Jesus Christ Himself is the goal worth pursuing; loving and Serving Him is it's own reward (Thomas 2003).

Finally, with this goal of following Jesus Christ established, Thomas reinforced the idea that "complete orientation change" may happen in Exodus International, but this should not be seen as the primary measure of success:

We do believe that orientation shift or complete orientation change can happen as a by-product of pursuing holiness but is not in and of itself the only barometer of success (Thomas 2003).

In this final claim, the idea of "complete orientation change" implies the inclusion of attraction, as Spitzer claimed to have demonstrated this component of change in his study, but it offers a wider scope of "success," including freedom from homosexual behavior and identity even if attractions do not change.

By 2004, Evangelical psychologist Warren Throckmorton created a pro-ex-gay documentary film titled *I Do Exist*, featuring an interview with Spitzer about the study and testimony of ex-gays. While providing testimony of ex-gays who claim changes in attractions, the interview with Spitzer includes the caveat that change is rare, and the testimony includes the caveat that change is not the same for all people. This documentary was used in ministries, ex-gay programs, and churches across the country.

While Throckmorton no longer distributes the DVD,⁴⁷ a shorter version remains available online, including an interview with Robert Spitzer and the testimony of ex-gay Noe Gutierrez, Jr. The complete film featured testimonials of five ex-gays talking about their change to heterosexuality, including attraction change. Throckmorton released the video to coincide with an event organized by gay activists, National Coming Out Day 2004. On his website page, “I Do Exist FAQs,” he explains this decision in a way that portrays ex-gays’ victimization:

It was released the same weekend in 2004 as National Coming Out Day which critics have pointed to as evidence that I intended the film to be an anti-gay statement. Actually, I meant the film to give voice to those who at the time were not being heard. Some took that as anti-gay; I took it as documenting a set of stories that were important (Throckmorton 2004b).

In the short version available online, Gutierrez Jr. and Spitzer are presented as having gone through parallel transformations: Gutierrez Jr. from gay to straight, and Spitzer from a skeptic to believer. Gutierrez Jr. testifies that he began as a firm believer in the idea that he was born gay, but through reorientation, he came to experience heterosexual feelings. Gutierrez describes how he became aware of his homosexual attractions:

The way I discovered homosexuality was, I went to the public library. My parents were very conservative so they never told me anything about sex. I never even had the talk, like “the talk,”—we never had it at all. I found a book, and I remember opening the book, and this book, this was way back when, I don't know, it was like a 70s book, had pictures of men and women naked. And instead of being attracted to the, or curious about the page that had the women, I looked at the men. That whole feeling of otherness and difference just really stood out when I looked at these pictures of men, and just right then, my curiosity crossed over from being

⁴⁷ Throckmorton no longer distributes the DVD because he no longer believes that attraction change happens in sexual reorientation. Noe Gutierrez, Jr, the ex-gay in the short version of the documentary, has since recanted his testimony and now lives as a gay man (Throckmorton 2004b).

a curiosity about the strengths that I saw in these guys that were on the football team and the basketball team to being a curiosity about the male body (Throckmorton 2004a).

This experience of sexual interest is rather vague, as Gutierrez describes his initial experiences of sexual feelings as a “curiosity.” When he describes his experience of change, it includes a testimony of attaining “heterosexual feelings,” although the content of these feelings is not defined. The testimony is also given with the caveat that change is not the same for everyone:

Narrator: According to those who told their experience, change was not quick or easy. They also say it is not the same for everyone.

Gutierrez, Jr.: Well, at that point, at 24, I started again. I decided OK, well, this isn't enough. What is, then? What is enough? I took a harder look at the roots of my decisions and my decision to become gay identified. When I started looking at that and opening myself up to that, I discovered my own heterosexuality. I discovered that I had heterosexual feelings. Every single person who is gay identified has a completely different story. There might be similarities but they're different people in different parts of the world, and they've got different stories. They arrived there differently. So I don't think that it's safe to expect to arrive at change in the same way (Throckmorton 2004a).

While Gutierrez is rather vague about the content of “feelings,” Spitzer is more definitive about what he found in the study:

Narrator: Can change in these feelings and attractions happen once they are established?

Spitzer: Well, within the mental health profession there's almost a unanimous consensus that homosexual orientation is pretty fixed, and that when you hear of a person that says that they were gay and they've become ex-gay, that if you really interview them, they will acknowledge that the change is really in the way that they view themselves, but their actual feelings and fantasies have not really changed. And that's the accepted view and I kind of accepted that view.

Narrator: Clearly the idea of change is controversial. One highly esteemed psychiatrist that believes change is possible was once skeptical about the

possibility that people could reorient their sexual feelings. Dr. Robert Spitzer of Columbia University recently conducted research to address the question of sexual orientation change from gay to straight. Dr. Spitzer is well known in the mental health community for his involvement in the American Psychiatric Association's decision to drop homosexuality from its list of mental disorders in 1973.

Spitzer: But as soon as I spoke to a few of the people, it seemed pretty obvious to me that these were people who gave a very credible story of how they had changed. So the real purpose was to see whether it was true that essentially no one could change. Now it was not a study of how often people can make that change, but it was a study of whether there are some people who can make a change in more than just how they view themselves, but also in their fantasy and their arousal (Throckmorton 2004a).

While Spitzer contended that both fantasy and arousal had significantly changed for people in his sample, he claimed that the Position Statements of the national mental health organizations would not likely be revised because of entrenched pro-gay interests in these groups. But in this video, Spitzer's caveat that change is rare was preserved, while a notion of sexual orientation with "core features" of sexual attraction was advanced.

In the same year, Throckmorton helped Mark Yarhouse to establish the Institute for the Study of Sexual Identity (ISSI) at Regent University, a Christian College founded by Evangelical minister Pat Robertson in Virginia Beach, VA. Yarhouse, who continues to direct ISSI, had spearheaded the development of "Sexual Identity Therapy"—a technique for managing sexual identity in an Evangelical Christian framework when same-sex attractions persist. In their book *Sexual Identity: A Guide to Living in the Time Between the Times* (2003), Yarhouse and his co-author Lori Burkett provide their own definitions of sexual orientation and sexual identity. While sexual identity, attractions, and behavior are often considered to be components of sexual orientation in sexuality

research, these authors change these relationships making identity the encompassing concept rather than orientation. For Yarhouse and Burkett, sexual identity consists of: “(1) sense of gender as male or female, (2) sexual preference, for example, toward the same- or opposite-sex, and (3) behaviors or intentions in light of their sexual attraction” (Yarhouse & Burkett 2003: 4). They define sexual orientation as “the *directionality* of a person’s attractions toward the opposite sex, the same sex, or both” (Yarhouse & Burkett 2003: 4) and claim that “[b]y writing a book to help people who struggle with their sexual identity, we are not primarily focusing on helping people change their sexual orientation, though sexual orientation or sexual preference is one of three main things that make up sexual identity. So we do not ignore sexual orientation, but we are not focused exclusively on changing it” (Yarhouse & Burkett 2003: 4). The impetus for this type of therapy was that sexual orientation change is often unsuccessful, as Spitzer had shown. Conservative Christians needed a way to manage their lives when same-sex attractions lingered. In the fall of 2004, Throckmorton and Yarhouse both gave papers on a panel at the American Psychological Association, presenting research that purportedly demonstrated that individuals from religious backgrounds could overcome same-sex attractions through Sexual Identity Therapy. The NARTH website stated:

According to Dr. Throckmorton, “Mark and I presented the side that argued that a same-sex attraction does not obligate a person to declare a gay identity. We argued that sexual identity management was a very viable option for young people whose beliefs and values do not endorse homosexuality” (NARTH 2004).

Although this appears on the NARTH website, these therapists had remained unaligned with NARTH. Unlike NARTH leaders, these therapists developed a framework in which sexual attractions generally did not change.

In legal arenas, while NARTH members had emphasized citations of research, ex-gays tended to emphasize their own personal testimonies of change. In 2003, during the Massachusetts Supreme Court deliberation on *Goodridge*, Exodus International President Alan Chambers provided testimony to a legislative committee on behalf of the Massachusetts Marriage Affirmation and Protection Amendment. In his testimony, Chambers claimed:

[H]aving grown up with a homosexual orientation, having lived as an openly gay man, I once dreamed of living in a monogamous same sex marriage relationship. Today, having experienced sexual reorientation, now living a heterosexual lifestyle for the past 11 years and enjoying the bonds of heterosexual marriage for over 5 years, I can attest firsthand to the fact that same-sex marriage is not needed. I can also attest to the fact that same-sex marriage is not what those seeking it are ultimately after (Chambers 2004b).

And in an ad for Exodus International run in battle ground states during the 2004 presidential

election, Chambers used his status as an ex-gay to declare:

Here's the truth. *If I had a gay marriage option 10 years ago, I'd never have dealt with the root issues of my homosexual behavior.* I'd probably be in and out of half a dozen 'marital' relationships. And I'd never know the complete peace I now have about my past. Leslie is not my diploma for 'healing,' nor is she a prop that shows how I've abandoned a sexual identity. She *is* my perfect complement and completes me in ways no male relationship can ever do... physically or emotionally.

I'm living proof that change *is* possible. And there are tens of thousands of other men and women like me who also questioned homosexuality and found answers that challenged and changed them. EXODUS was there to help with those answers...plus the vital knowledge and tools for them to find their own way out [emphasis in original] (Exodus International 2004).

While these testimonies were rather vague about the content of change, together they included elements of both behavioral and attraction change. Chambers portrayed his male homosexual behavior as immoral and pathological, driven by unnamed "root issues," and

same-sex relationships were portrayed as unsustainable. Chambers described changed behavior, now “living a heterosexual lifestyle.” However, he also mentions elements of attraction change, as he is now “enjoying those bonds,” both physically and emotionally. Still, these are not clear statements of the meaning of change or sexual orientation. In legal struggles, it appears that ex-gay ministries had left the advancement of research studies and definitive claims about the meaning of change to secular reorientation therapists and Religious Right leaders, while relying on their own vague personal testimony of change. In the case of gay marriage these dual strategies amount to a division of labor between ex-gays and secular experts—ex-gays attest to personal experiences of change while secular therapists advance research that is based on and buttresses such claims.

Through these rhetorical moves, ex-gay ministries and Evangelical researchers incorporated Spitzer’s notion of sexual orientation rooted in sexual attractions, but minimized its relevance. The emergence of “sexual identity” as a concept that encompasses sexual orientation allowed ex-gay ministries to create a composite between Spitzer’s study and their own claims of effectiveness. With these discourses, ex-gay ministries attempted to translate the interests of potential followers by lowering their expectations of attraction change, and by encouraging them to accept the rewards of religious faith as the primary goal. An explicit emphasis on sexual identity and downplaying of sexual orientation would continue to grow in religious ministries.

Religious Right Groups Promote “Change,” NARTH, and Ex-Gay Ministries

Unlike ex-gay ministries, Religious Right organizations such as Focus on the Family relied heavily on the Spitzer study and the expertise of NARTH to build the fact that all gays could change through reorientation therapies and religious ministries. Pointing to Spitzer’s study, as well as offering referrals to NARTH and ex-gay ministries, Religious Right groups made public statements implying that all gays could change. However, harkening back to the advertisements of the late 1990s (see Chapter 2), the Religious Right relied on vague pronouncements of the possibility of “change” without explaining what this meant. Early on, Focus on the Family leader Dr. James Dobson pointed to these resources to challenge a general “myth of inevitability” for all gay people. In a newsletter article titled “Can Homosexuality Be Treated and Prevented?” Dobson stated:

Dr. Robert L. Spitzer, a psychiatric professor at Columbia University, created a firestorm in May 2001, when he released the results of his research at a meeting of the American Psychiatric Association. Spitzer, who had spearheaded the APA’s decision in 1973 to declassify homosexuality as a mental-health disorder, says his findings “show some people can change from gay to straight, and we ought to acknowledge that.” This was not what his critics wanted to hear. We applaud Dr. Spitzer for having the courage to examine and then expose the myth of inevitability (Dobson 2002).

Opposing Spitzer’s work to the general myth of inevitability, Dobson expanded the implications of the study to be applicable to all gay people. This interpretation of Spitzer’s study was even more strongly expressed in a referral made by Focus on the Family on their website: “There is hope for those trapped in homosexuality. Noted psychiatrist Dr. Robert Spitzer and other experts discuss the results of a secular study that shows that it’s possible to change sexual orientation, in the Focus on the Family

broadcast entitled, ‘Homosexuality, Why Change Is Possible’” (Atwood 2005). In these claims, Focus on the Family maintains a vague undefined claim of “change,” much like the advertising campaign of the late 1990s (discussed in Chapter 2).

Another prominent depiction of the possibility of change, vaguely conceived, for all gay people occurred in 2005 in the Evangelical magazine *Christianity Today*, when editor Douglas Leblanc interviewed Spitzer. The interview was titled “Therapeutically Incorrect: Atheist psychiatrist argues that gays can change.” In the introduction, Leblanc introduced Spitzer as an unlikely spokesperson for reorientation: he had argued that homosexuality was not a disorder in 1973, and he was a “Jewish atheist” from Columbia University and chief of the New York State Psychiatric Institute’s Biometrics Research Department. In this framing, as a “Jewish atheist,” Spitzer could not simply have been a Christian sympathizer, so his findings must have been quite convincing. When asked what made the “patients” in the study seem credible, Spitzer stated, “You talk to people and you get a sense of whether they’re being candid or not. I had the sense that they were. Also, there was a consistency, the fact that the change was described as slow and not immediate” (Leblanc 2005). While the interview provides a sequence of reasons why Spitzer’s study should be believed, the interview makes no pronouncement of what change meant for Spitzer, for secular therapists, or for ex-gay ministries.

By contrast, within legal struggles, Religious Right groups provided more specific details of the meaning change in their rhetoric opposing gay rights.⁴⁸ For example, a

⁴⁸ These uses of Spitzer have been documented in a video produced by the blog Ex-Gay Watch, published in 2007. This documentary will be discussed in the next chapter, but this video is credited with gathering these uses of the study. While many of these websites are undated, because they are part of the documentary produced in 2007, they can be placed between the report of the study and the documentary production year (Gonzales 2007).

group called the Idaho Values Alliance used the Spitzer study to oppose gay marriage, responding to the question on their website, “Isn’t prohibiting gay marriage a violation of civil rights?” In response, IVA provided this talking point specifying attraction change: “A leading psychiatrist in the American Psychiatric Association, Dr. Robert Spitzer, said in 2003 that those who had undergone reparative therapy made major changes that “encompassed the core aspects of sexual orientation” such as “attraction, arousal, [and] yearning” (Fischer n.d.). However, in Nebraska, the Nebraska Family Council used the Spitzer study to counter the claim “Homosexual activists want us to believe that they are born with this sexual orientation.” This group makes a hyperbolic claim about all research supporting reorientation, drawing on early studies, and their perspective on homosexuality harkens back to the views of experts before the demedicalization of homosexuality (see Chapter 1):

Claims that orientation change is possible are supported by every piece of published research that was released from 1958 to 1994. The most recent study, in May 2001 at the American Psychiatric Association, Dr. Robert Spitzer, reported that his research demonstrated that at least some gays successfully changed to satisfying heterosexuality. Evidence confirms that homosexuality is a sexual behavior (Nebraska Family Council n.d.).

While the perspective “homosexuality is a sexual behavior” contradicts other views during this period, it does align with moralizing arguments of ex-gay ministries and pathologizing claims of NARTH about homosexual behavior.

In addition to the issue of gay marriage, Concerned Women of America used the study to advocate against the Employment Non-Discrimination Act, which would outlaw job discrimination against gay and lesbian people. CWA claims that protection from job

discrimination is a “special right” for this group, because homosexuals do not constitute a minority group as traditionally understood by courts. CWA claimed:

Dr. Robert Spitzer spearheaded the American Psychiatric Association's declassification of homosexuality as a mental disorder in 1973. Recently, he reconsidered his position. His study, entitled “200 Subjects Who Claim To Have Changed Their Sexual Orientation From Homosexual To Heterosexual,” shows that most of his subjects had testified to a significant change in their sexual attractions over a five-year period. For example, while 78 percent of the men studied said they once yearned for romantic emotional involvement with a member of the same sex, after five years only 8 percent still did. Spitzer concluded that he now believes that some people can change their sexual preference (Knight & Ervin 2002).

Like NARTH, Religious Right groups drew on Spitzer's study to promote the idea that all gays could change, but did this differently depending on the arena. In general discussions of reorientation with the public, Religious Right groups referred to general concepts of “change” but in legal arenas, these groups were more specific about attraction change and condemning homosexual behavior. With this cavalcade of claims about the possibility of change for all lesbian and gay people, built on Spitzer's past accomplishments and status as an unlikely spokesperson, pro-gay activists and LGB therapists had a major problem to manage. Immediately, gay activists began to mobilize.

Pro-Gay Activists' Initial Responses

In the wake of the Spitzer report, and all of the increased visibility of ex-gays that it produced, gay-affirmative activists and therapists soon stepped into action to respond to the growing presence of reorientation. While both activists and therapists set out to challenge reorientation, they took somewhat different approaches. Generally, activists used the Internet and other media to paint a sinister picture of ex-gay programs as

fraudulent and harmful, and they also challenged the credibility of Spitzer's recent work. While building and defending the fact that there is no evidence for the efficacy of reorientation therapies and that they are harmful, these groups also engaged in tactics directed at "unmaking" the facts advanced by reorientation advocates. In their characterization of ex-gay testimonies as fraudulent, pro-gay activists continued to call for physiological testing as a means to question self-reports of attraction change in reorientation research.

Internet blogs became an increasingly important avenue for activism in this period, with the establishment of blogs by gay affirmative activists and ex-gay leaders alike. This period was one of increasing conservatism in the United States, following the 9/11 disaster, and the Internet provided an important outlet for gay-affirmative organizing, as well as making messages easily available to media outlets.⁴⁹ In 2002, activist Mike Airhart founded Ex-Gay Watch as a watchdog blog to follow the actions of ex-gay groups. Often known as "XGW," the website claims, "Ex-Gay Watch is the most comprehensive and widely read website dedicated to monitoring the ex-gay movement. Ex-Gay Watch can provide referrals to survivors of ex-gay programs willing to speak to media across North America" (Ex-Gay Watch 2009). The blog has acted as a central web presence for anti-reorientation activism, as well as the emergence of the ex-gay survivor movement. During the hostile political climate of the Bush Administration, this website

⁴⁹ Social movement scholars have examined the ways that liberal SMOs have utilized Internet technology during a conservative era. Rohnlinger and Brown (2009), in their study of MoveOn.org, found that the anonymity fostered by the Internet allowed this social movement to organize within a hostile climate. However, Stein (2009) found that established SMOs in six areas (environmental; lesbian/gay, bisexual and transgender (LGBT); anti-corporate globalization; human rights; media reform; and women's movement) primarily used the web for providing information, rather than organizing, promoting dialog, making lateral linkages, hosting cultural works, or generating resources.

served as an important information resource and a means to provide media sound-bites, as well as providing ex-gay survivor testimonials for media outlets.

In addition to the Internet, anti-reorientation activists utilized other media to question self-reports of change made by ex-gays. Filmmaker Tom Murray created the film *Fish Can't Fly* in 2005 to respond to *I Do Exist*, including activist Wayne Besen along with several ex-ex-gays who told their personal stories of failed therapy and harm. As *I Do Exist* was rescreened on National Coming Out Day in 2005, exgaywatch.com called for screenings of *Fish Can't Fly* to match testimony with testimony. The website claimed:

In opposition to the positive nature of [National Coming Out Day], this October, the antigay group Truth Comes Out Project is organizing screenings of their film, "I Do Exist," which touts the success of "ex-gay" therapy. The people in the film boldly claim that through participation in "ex-gay" programs, same-gender loving people can change and become heterosexual and that such a lifestyle is the healthiest and most desirable spiritual choice.

"Fish Can't Fly gives those of us who participated in those 'ex-gay' programs and eventually overcame antigay oppression and self-hatred, a chance to tell our stories. I feel grateful that Tom Murray with his insightful and tender eye, allowed us to transparently share the heartache and confusion we suffered. Amazingly he does so with dignity, hope and even humor," said Peterson Toscano, a former "ex-gay" programs participant for more than 17 years (Airhart 2005).

In addition to stories of failed change attempts and various harms, the video includes the story of Mary Lou Wallner, a mother from Arkansas who had become estranged from her lesbian daughter, and had asked her to enter a reorientation program. Wallner's daughter subsequently committed suicide (Murray 2005).

Adding to work in the media of Internet and film, activist Wayne Besen from the Human Rights Campaign set out to debunk reorientation with a new book. In 2003,

Hayworth Press published his book *Anything But Straight: Unmasking the Scandals and Lies Behind the Ex-Gay Myth*, and Besen began a national speaking tour. He autographed copies of his new book with the adage: “In truth, Wayne R. Besen.” In these speaking engagements, Besen told the story of catching Focus on the Family ex-gay spokesperson John Paulk in a gay bar in 2000, and he charged that ex-gay programs are, in his estimation, a complete fraud because former leaders are now gay (3-16). In addition to the story of Paulk, Besen’s book is an attempt to discredit the ex-gay movement entirely, claiming that it is based on lies, promoted by a powerful right-wing political agenda, and thoroughly misguided. *Anything But Straight* also historicizes contemporary ex-gay ministries and secular reorientation programs as part of a larger right-wing anti-gay agenda to garner the authority of science (99-116). During the 1980s, vitriolic anti-gay science was promoted by psychologist Paul Cameron, who developed the Family Research Council and put forth ideas about homosexuality causing AIDS. Once Cameron’s ideas became untenable, Besen claims that a softer anti-gay approach took its place in the form of ex-gay ministries and the rise of reparative therapists like Joseph Nicolosi (115). Besen claims that NARTH is a “scientific front for the perpetuation of stereotypes and bigotry” (138). Powerful leaders including James Dobson of Focus on the Family and Janet Folger are the “puppeteers” pulling the strings of the ex-gay phenomenon (195-201), and these people were also behind what Bob Knight of the Family Research Council called the “Normandy landing in the larger culture wars”—the ex-gay ads of the late 1990s (quoted in Besen 2003: 201).

In a chapter devoted to the Spitzer study, which was earlier published as an article in the *Journal of Gay and Lesbian Psychotherapy*, Besen attempts to undermine both the

study and Spitzer's current credibility (without undermining his past credibility).

Describing Spitzer in less than edifying terms, Besen states:

Whether he was an over-the-hill stage horse galloping toward the limelight or a court jester hoodwinked by a scheming religious right is unimportant. What matters is Spitzer's embarrassing travesty of scholarship will surely go down as his defining work, a professional pockmark that will indelibly taint his once splendid career (Besen 2003: 241).

While this conjecture about Spitzer's motivations and characterization of his study are both quite derisive, Besen maintains his endorsement of Spitzer's work in 1973, part of a "splendid career." Besen also discusses trying to influence Spitzer prior to and following the American Psychiatric Association conference in 2001. As an activist with the Human Rights Campaign, Besen had written a letter to Spitzer telling him that his study would tarnish his reputation as having committed "scientific suicide" if he did not use physiological testing to measure outcomes, including polygraph and penile plethysmographic testing. To support the use of phallometry, Besen cited a 1996 study conducted by Henry Adams and a research team at University of Georgia. The study, titled "Is Homophobia Associated with Homosexual Arousal?" used phallometric testing to purportedly show that men who harbor homophobic sentiments tend to have homosexual arousal (230). Reflecting on the need for physiological evidence in an interview, Besen stated:

And I will say right now that any future study that does not include physical measures such as the penile plethysmograph...no-lie MRI, and you can throw in a third, whatever you want, polygraph, ...or maybe microexpressions to see if they're lying. To not use physical measures in a test particularly when you have people who have a ... conflict of interests, is to pull the wool over people's eyes. I mean it's not credible, you must, when talking about changing sexual orientation, you must, must, must have physical measures to back it up. If you don't have physical measures

the paper you're writing is not worth the paper it's on unless you recycle it (Besen 2008).

Besen's disbelief in the testimonies of ex-gays is based on conflicts of interest, including the fact that many ex-gays are paid as part of ex-gay ministries. In addition, his work with ex-ex-gays and his work outing ex-gays contributes to this skepticism of testimonies:

[T]here's one thing we know about ex-gay ministries is that people who've said they changed now say they haven't, and they said they [reported change out of] fear of Hell. They were afraid to get rejected by friends and family members, or because they had a religious experience... As we all know, religion can be very powerful for certain people and you can fool yourself or even be brainwashed, some may say, into believing certain things. Based upon that history, ...where the leaders of Exodus, Michael Bussee and Gary Cooper ... married each other, [and where] the founder of Homosexuals Anonymous ... resigned for having sex..., to say that we should just believe people who have been on the cover of magazines and later get caught in gay bars, to say that we should simply believe it because they say it's so, is absurd on its face. One thing that all sides should be able to agree on is that some people who said they had been cured haven't been cured. So based upon that inarguable point right there, you have to have a separate measure other than testimony, that's not strong enough, it's not credible enough. And so, [we need] testimony plus two to three physical measures (Besen 2008).

Thus, Besen's call for physiological testing was interwoven with his campaign to paint the change claims of ex-gays as fraudulent, and to expose the fact that change does not mean attraction change. Overall, the approach of these activists in this period was to undo the fact-making projects of reorientation proponents. They did this by discrediting ex-gay ministries and reorientation therapies as grounded in right-wing bigotry and political power. Regarding evidence, they questioned self-reports of attraction change through advancing physiological measures, and they deployed the testimonies of ex-ex-gays who

believed the therapy is fraudulent and harmful. These projects also reinforced a notion of sexual orientation rooted primarily in sexual attraction.

LGB-Affirmative Therapists Propose a “Middle Path”

While gay activists aimed to discredit reorientation by exposing it as unethical and ineffective, LGB-affirmative therapists who maintained similar views took what seemed to be a more moderate approach. In a special issue of the journal *The Counseling Psychologist* in 2004, several therapists generally sidestepped the question of proving efficacy or inefficacy and presented new research and therapeutic recommendations as a means to “depolarize” the reorientation debate. Commentators Miville and Fergusson describe the overall mission of the special issue, “A primary message of the articles in the major contribution is to focus on the individual client’s conflicts and needs rather than to apply a ‘cookbook’ approach favoring either sexual orientation or religion” (Miville & Fergusson 2004: 761). However, while multiple options are offered for outcomes, none of the authors accepts reorientation as a possible remedy.

The special issue consisted of three research articles making up the “major contribution,” followed by several commentaries providing critique and reflecting on implications. Beckstead and Morrow’s article is based on his complete dissertation, a qualitative study of Mormons (4 women and 38 men) who had undergone sexual reorientation treatments, and broadly describes a developmental process common to all members of their sample, whether the therapy worked or failed for the respondent. Haldeman describes three clients whose lives do not fit easily into the models of gay-affirmative or reorientation therapies, discusses the complexities of their lives, and

describes interventions aimed at handling conflict rather than guiding the client toward a preconceived outcome.⁵⁰ Finally, Tozer and Hayes provide a quantitative analysis of the motivations of a sample of people who participated in reorientation programs; they found that “internalized homonegativity” and the lack of an open-ended “quest” orientation toward religious beliefs contributed to the likelihood of participating in reorientation.

This set of articles and commentaries presented a position on people who experienced conflict between same-sex attraction and religious identity that is far from a hard-line gay-affirmative stance—clients of therapy should not be told that they need to just adopt a gay identity and reexamine their religious views. However, in debunking reorientation therapies, the authors develop a definition of sexual orientation that excludes identity and behavior, making arousal and attraction its definitional basis. This move is, in many ways, in alignment with Yarhouse, at least in terms of defining sexual orientation exclusively in terms of attraction. Rather than a “core feature” of sexual orientation beyond identity and behavior, arousal and attraction became, in effect, the only features of sexual orientation. For example, in their study, Beckstead and Morrow drew on behaviorist and inventor of the phallometric test, Kurt Freund, to theorize sexual orientation. The authors stated:

Sexual orientation was conceptualized by using Freund’s (1974) definition as the relative “erotic preference for the body of one sex over that for the other” (p. 26). Within this definition, sexual orientation consists of degrees of attraction, desire, and arousal toward and repulsion from members of both sexes and diverse age groups (658).

⁵⁰ For example, Phil is an African-American man who does not fit into the gay world due to his race, and feels a strong need to live a celibate life to remain connected to his family and religious community. John is a married Caucasian man who is experiencing homosexual attractions, but does not wish to leave his family. In these cases, Haldeman describes specific treatment goals, such as acknowledging that same-sex erotic feelings do not change.

In the book chapter that the authors cite, Kurt Freund described his failed research on sexual reorientation therapies, and reiterates his physiology-based concept of sexual orientation. Crucially, Worthington provided a commentary which separates “sexual orientation” from “sexual orientation identity.” He states:

...[T]he term *sexual orientation* should refer to a person’s sexuality-related predispositions (especially attraction and arousal) toward and away from persons with specific gender characteristics (whether those predispositions are genetically, biologically, environmentally, socially determined or constructed). In contrast, Worthington, Savoy, Dillon, and Vernaglia (2002) defined *sexual orientation identity* as a more precise term regarding one’s acceptance and recognition of sexual orientation (Worthington 2004: 742).

By cordoning off attraction within the construct of sexual orientation in this fashion, these therapists effectively rule out the relevance of behavior or identity as measures of sexual orientation. Like Yarhouse, Worthington makes sexual orientation a component of sexual orientation identity. But unlike Yarhouse, LGB-affirming therapists do not accept reorientation as an ethical therapy for a client because it is ineffective.

With attraction and arousal established as the basis of the definition of sexual orientation, therapists reinforced the idea that these attractions cannot change with therapy, and thus, reorientation treatments are ineffective. Reinforcing claims that Beckstead had made before about this data, Beckstead and Morrow stated that none of the members of the sample experienced attraction change, whether they believe the therapy worked or it failed. The authors stated:

Participants, even those who identified as heterosexual, reported no generalized or substantial increase in heterosexual arousal and did not deny their tendency to be aroused by the same sex. Participants’ descriptions revealed a more complex explanation for their relief and success besides changing their core sexual orientation, and success was

defined individually as to how well they were able to develop self-acceptance and consolidate an identity that matched their evolving needs, circumstances, and viewpoints (Beckstead and Morrow 2004: 681).

Reflecting on this evidence, Worthington stated:

Based on the findings of Beckstead and Morrow (2004 [this issue]), as well as others (e.g., Shidlo & Schroeder, 2002; Spitzer, 2003; Throckmorton, 2002), proponents of sexual reorientation treatments seem to be confused about the targets of their change efforts. Specifically, sexual reorientation proponents often fail to make the distinction between living with a heterosexual identity (e.g., identifying as heterosexual, getting married, and/or attempting to refrain from same-sex sexual encounters) and more fundamental sexual orientation change (Worthington, 2003). The findings of Beckstead and Morrow (2004) provide some important evidence to support my claim. Specifically, their data indicate that none of the participants provided evidence that they were able to change their core sexual arousal patterns (no matter how hard they tried) and that sexual orientation did not change but that sexual identity and sexual orientation identities were the focal points for these individuals. Ultimately, even the proponents who maintained the most extensive levels of heterosexual functioning appeared to acknowledge ongoing patterns of same-sex attraction, a finding that indicates that changes in sexual behavior clearly do not directly reflect changes in core sexual orientation but rather are more reflective of sexual identity processes involving sexual values, sexual needs, preferred modes of sexual expression, preferences for characteristics of sexual partners, and preferences for sexual activities (see Worthington et al., 2002) (Worthington 2004: 743-44).

Here, Worthington enforced a notion of sexual attraction as central to the definition of sexual orientation, questioning any other possible interpretation of “success” in therapy outcomes. In describing the “confusion” that includes an inability to separate identity from arousal patterns, Worthington asserts that these are separate entities—sexual orientation and sexual orientation identity, with orientation cordoned off to include only attraction. Worthington goes on to associate his position with Yarhouse on this point, but includes a concession from Yarhouse that identity is the primary target of change in reorientation treatments:

This may seem like splitting hairs or restating the obvious, but I believe that the depolarization of the debate over reorientation treatments that the contributors of this major contribution seek must be founded, in part, on this critical set of findings and assumptions. Even some proponents of sexual reorientation treatments have recently acknowledged that their target of change is sexual identity and that sexual orientations are relatively immutable (M. Yarhouse, personal communication, December 2, 2002) (Worthington 2004: 743).

In this passage, Worthington reinforces his attraction-based definition of sexual orientation separate from identity, and he brings in Yarhouse as an unlikely ally in support of the claim that attractions are immutable.

This position on sexual orientation provided a basis for the authors to further debunk the self-report findings of the Spitzer report. Beckstead and Morrow stated:

In general, self-reports can be used as a legitimate source to understand an individual's experiences, realities, and identity. However, results from the present study indicate that some self-reports taken at face value can be misleading. This is an important point to consider because self-reports have been the evidence used to justify sexual reorientation treatments (e.g., Spitzer, 2003). As Worthington (2003) indicated, however, it is difficult to separate research participants' sexual orientation from their socially constructed sexual identities because of the multiple constructs that converge on sexual orientation identity and the influence of personal and societal homonegativity. Similarly, Gonsiorek and Weinrich (1995) proposed that assessing sexual orientation through self-reports can be reliable only in populations that have no need to misreport because of demand characteristics. Self-reports have been known to involve unconscious, self presentational biases because of the need to manage self-impressions and social desirability (Beckstead and Morrow 2004: 684).

Thus, sexual orientation self-reports were seen as interwoven with expressions of identity. While Spitzer's self-report data of attraction changes were painted as misleading, the authors claimed that self-reports in their study should be trusted because "it was specifically the clients' phenomenological constructions of their experiences that were under investigation" (685). Meanwhile, the fact that all of the people in Beckstead

and Morrow's study reported no attraction change was used as support for the failure of the therapy.

With these positions on reorientation established, the authors in the special issue freely disparaged reorientation treatments as unethical, lacking evidence of efficacy, and harmful. Haldeman claimed that it would be unethical to refer a client to reorientation therapy on these bases, and called for the development of support groups for people who experience conflict between same-sex attraction and religious identity (700). Perhaps the most forceful critique was offered by Gonsiorek, who countered reorientation therapists' arguments for inclusion within the mainstream psychological community. He argued that conversion therapists rely on a bogus argument for inclusion based on "diversity," but in effect, their argument fails because their work is not based on science, but rather, theology. Instead, conversion therapists cloak their work in "scientistic drag." Gonsiorek stated:

...I suggest that what is happening with the conversion therapy controversy is that conservative faith-based proponents offer an essentially tautological position—that their viewpoint must be accepted as one of a diverse range of options within psychology in accordance with the psychological principle of diversity. The point being overlooked is that respect for diversity does not require a scientifically based discipline to accept as scientific a position that is not derived from scientific principles. Further, I suggest that conservative faith-based proponents espouse the idea of diversity not truly as an operating principle or a held value but merely as a temporary strategy geared toward the acceptance of a nonscientific, theologically based viewpoint as legitimate science. In fact, such conservative faith based systems operate on the assumption that truth is theologically revealed and that different perspectives must be incorrect. One does not have to read much between the lines in the conversion therapy literature to discover a strong undercurrent of belief that certain others (unconverted homosexuals, unbelievers in general) are second class. The progression, then, seems to be to use a diversity argument to gain acceptance of nonscientific thought as scientific so that diversity of both ideas and people can then be attacked from within psychology.

Conversion therapy, then, is a kind of intellectual virus as it operates within psychology, attempting to trick a host into gaining entry so that it can attack it from within using its own mechanisms (Gonsiorek 2004: 757).

Along similar lines, in the introduction to the special issue, Morrow and Beckstead stated:

...[D]espite our wish to avoid contributing to polarization of religious/spiritual and sexual orientations, all of the authors hold that conversion therapies are based on oppressive, misleading, and unsupportable hypotheses and that such therapies have the potential to cause considerable damage to clients who undergo them. We understand and respect the complexities involved for individuals attempting to integrate their sexual and religious orientations, and we honor the solutions that such individuals find to live congruent lives. However, we do not believe that conversion therapy is an appropriate remedy. Not only does conversion therapy treat a “condition” that is no longer recognized as pathological, it also violates many principles of the APA ethics code, including competence, integrity, respect for people’s rights and dignity, and social responsibility (Morrow & Beckstead 2004: 648).

Thus, these LGB-affirmative therapists carved out a position that stopped short of absolutely mandating a gay identity, but that allowed for complex “integrative solutions.” However, this position still maintained adamant opposition to reorientation treatments. While an effort to “depolarize,” it is not clear that these moves did in fact depolarize the debate but rather, changed its terms, as now a new struggle emerged over therapeutic guidelines with intermediary approaches for individuals experiencing conflicts between their same-sex attractions and religious identities. While this special issue represented the position of LGB-affirming therapists, a set of guidelines including reorientation as an option would later be proposed by Throckmorton and Yarhouse on behalf of the Institute for the Study of Sexual Identity in 2006.

In addition to reinforcing the position that attraction is the primary feature of sexual orientation, gay-affirmative therapists also buttressed the credibility of self-reports of harm experienced by ex-ex-gays who claim that reorientation failed. Half of Beckstead and Morrow's sample consisted of opponents of reorientation who claimed that their therapy failed, and the authors provided an extensive description of the harms reported by these respondents.⁵¹ Citing a position outlined in gay-affirming research psychologist Greg Herek's (2003) commentary on the Spitzer study, Worthington offered a counterargument to skeptics of self-reports of harm:

Proponents [of reorientation therapies] claim instead that the literature suggesting the therapy's significant harms is based on flawed empirical studies or anecdotal reports. Probably the most persuasive argument in response to this claim was offered recently by Herek (2003), who stated that "the standards for demonstrating harm are different from those demonstrating efficacy. If harm seems to be at all likely, we have an ethical obligation to investigate the actual risk to patients *before offering them an intervention*" (p. 439; emphasis added). The ethical obligation to avoid potential harm clearly outweighs all other considerations. Given the numerous reports about actual and potential harms contained in the Beckstead and Morrow study, as well as the findings of Shidlo and Schroeder (2002), it is clear to me that we have an obligation to apply the standard set forth by Herek while continuing to work on alternatives that meet the needs of religiously conflicted SSA individuals (Worthington 2004: 747).

While Shidlo and Schroeder's research had been critiqued as largely anecdotal and based on a convenience sample, Worthington and Herek provided a basis for seriously listening

⁵¹ Beckstead and Morrow report: "The following harms were described by opponent participants: false hopes and disappointments, increased self-hatred, decreased self-esteem, increased denial and emotional distress, dehumanization and being untrue to self, increased depression and suicidality, lost loves and friendships, wasted time and resources, a slowing down of the "coming-out" process, decreased capacity for same-sex intimacy, and lost faith and spirituality. In addition, several described increased anger toward their parents when learning that their homosexuality was created by negative parental relationships. Many participants also stated that their underlying distress persisted because counseling focused only on treating their homosexuality and relating their past negative experiences to their attractions rather than treating the distress caused by these experiences." (671)

to self-reports of harm—if these self-reports exist, they must be taken seriously and investigated before interventions are allowed. This is not to say that the harm reports are true, but their existence provides a basis for ceasing intervention and investigating.

In an important component of this special issue, Miville and Fergusson pointed to the lack of diversity in samples of people seeking out reorientation treatments. As all three authors in the major contribution noted that it was difficult to find members of racial minority groups in their samples, Miville and Fergusson called for research that seeks to understand the role of racial privilege in fostering the process of seeking out reorientation treatments (763-4). Furthermore, more research was needed to understand why women might be deterred from reorientation therapies. The authors posited that the more fluid sexuality experienced by women, combined with the patriarchal belief systems of conservative churches, may deter them (764). Finally the authors pointed out that bisexuality had not been considered a viable identity by many researchers and therapists as a possible outcome of therapeutic interventions, and the specific issues faced by bisexual persons both within gay and religious communities had been neglected in these discussions (766).

Thus, during the years immediately following the Spitzer report, LGB-affirmative therapists and anti-reorientation activists developed strategies for debunking reorientation therapies that were different in their tactics, but that were aligned in their declaration of the inefficacy and poor ethics of reorientation. Both activists and therapists appealed to physiology to debunk self-reports of those who claimed to change their sexual orientation, and both appealed to a notion of physiological attraction as the “core feature” of sexual orientation. While activists openly called for physiological testing, LGB-

affirmative therapists in the special issue cordoned off attraction as the only measure of sexual orientation by changing its definition. This was a powerful force shoring up the credibility of phallometric testing in this period immediately following the publication of the Spitzer study. However, from the public's perspective, *The Counseling Psychologist* was a remote special issue of a journal. Meanwhile the American Psychological Association had not taken a definitive stance on the efficacy of reorientation therapies, as the 1997 position statement said that efficacy and harm were still "under debate."

"Sexual orientation" in post-Spitzer reorientation therapy debates

The events of this chapter show how Spitzer's attempt to translate his own interests to be in alignment with reorientation therapists, ex-gay ministries, and the Religious Right caused him to lose control of how his study was interpreted. Proponents of reorientation opted to "take the study and run," as they drew on it to accomplish their own goals distinct from Spitzer's. Building the fact that sexual reorientation therapies were effective in changing attractions, secular reorientation therapists attempted to advance their goals within professional organizations and challenge gay rights in legal arenas. Ex-gay ministries and researchers maintained the claim that change of attractions was rare but began to minimize the importance of these attractions by placing a new emphasis on sexual identity, even as they used this new framing to challenge laws and recruit new members.

These developments within the period of 2003-2005 have involved a number of tactics observable in the dynamics of opposing movements. Significantly, NARTH folded the claims of credible scientists into its own marginalized claims, and these efforts would

later lead to these mainstream experts speaking out about the misappropriation of their work. Also, the dramatic portrayal of Spitzer being forced to change his mind due to the persuasiveness of his own observations, even while maintaining political views in favor of gay rights, provided a model for opponents to follow, and also provided neutral observers with what seemed to be incontrovertible evidence. Whether presented as a “gay-affirming psychiatrist” in secular circles or an “atheist Jew” in religious circles, Spitzer is portrayed as the most unlikely spokesperson in order to maximize the force of his observations that purportedly speak for themselves.

This period was marked by a strong reinforcement of the idea that sexual orientation is rooted in sexual attractions, whether self-reported or measured physiologically. In asserting the possibility of attraction change that Spitzer had found, NARTH reified this construct as a “core feature” of sexual orientation as Spitzer described. Ex-gay ministries also reinforced the idea that sexual orientation means attraction, but minimized it—subsuming it within a more significant “sexual identity.” Among the opposition, anti-reorientation activists and LGB-affirming therapists reinforced this definition of sexual orientation as attraction in their skepticism of self-reports of attraction change and assertions of physiological testing. For these detractors, self-reports of attraction change are not credible in the presence of strong social pressures to report a particular form of sexual orientation.

As some LGB-affirmative therapists proposed a “middle path” compromise excluding reorientation treatments, it is noteworthy that a new common ground began to emerge between these LGB-affirming therapists and Evangelical ex-gay researchers like Mark Yarhouse and Warren Throckmorton. All of these experts agreed to cordon off

attraction as the only meaningful component of “sexual orientation,” and they began to agree that this orientation did not change much if at all within these treatments. Instead, all agreed that sexual identity was the primary thing that changed. While these positions converged, the overlap should not be exaggerated. While LGB-affirming therapists agreed that gay identities should not be imposed, they did not agree with Evangelical researchers’ beliefs in promoting reorientation therapies and religious ministries.

In the next chapter, I explore how bold moves made by the strengthened reorientation movement in 2005-06 inspired a much larger counter-mobilization effort by anti-reorientation activists and therapists from 2006 through 2008. This counter-mobilization included groups devoted specifically to the opposition of reorientation, as well as a movement of “ex-gay survivors.” While the narratives of ex-ex-gays had been used before to counter ex-gay testimonies, ex-gay survivors created their own organizations, self-help networks, and conferences to help heal the damage that they claimed had been done by reorientation treatments and to develop their own social movement strategies. Spitzer also came forward to complain about how his study had been used by the Religious Right to oppose gay rights. Meanwhile, NARTH continued in its strategy of asserting that attraction change was possible, as its members protested the American Psychological Association in 2006 and assembled meta-analyses to contest position statements that claimed “no evidence exists.” Ex-gay ministries continued to develop their emphasis on sexual identity, as Sexual Identity Therapy became a more formalized program with the publication of a new set of therapeutic guidelines by Throckmorton and Yarhouse. While these claimants could still be grouped into “opponents” and “proponents” of reorientation, differentiated factions on each side

became more pronounced as they began to forge their own particular truths of reorientation.

Chapter 5
Forging Divergent “Truths” of Sexual Reorientation:
Anti-Reorientation Counter-mobilization and Lingering Same-Sex Attractions
(2005-2008)

A sensational media drama began to unfold on November 3, 2006, as Rev. Ted Haggard, President of the National Association of Evangelicals and director of the 14,000 member New Life Church in Colorado Springs, stepped down from his leadership positions due to a drug-fueled sex scandal. Haggard was accused of repeatedly paying a male escort for sex over a three year period as well as purchasing and using crystal methamphetamine (Cooperman 2006). Three days after these shocking allegations, a letter he had written was read to his congregation on his behalf. Haggard confessed to being “guilty of sexual immorality” but he did not give details, saying that some of the charges were untrue (Slevin 2006). Then, following a three month silence, Haggard publicly claimed that “Jesus [was] starting to put him back together” after three weeks of reorientation treatment. Tim Ralph of New Life Church also claimed that Haggard was now “completely heterosexual” (quoted in Baldwin & Washington 2007).

While this claim of complete change was met with predictable skepticism, even some leaders of ex-gay ministries questioned Haggard’s ability to become heterosexual so completely and so rapidly (Baldwin & Washington 2007). President of Exodus International, Alan Chambers, expressed doubt about Haggard’s change, publicly stating “The truth is it’s not my story, and it’s not the story of anyone I’ve ever met... it doesn’t sound like something that is really the case” (quoted in Baldwin & Washington 2007). Chambers’ comment was followed late the next year with Haggard’s public

acknowledgement of his continued struggles with homosexual desires. Promoting a new documentary titled *The Trials of Ted Haggard* (Pelosi 2009) to be released the next month on HBO, Haggard claimed to have never identified as heterosexual, and stated that he still struggled with homosexual desires (Associated Press 2008). In an advance report on the film, the Colorado Springs Gazette quoted Haggard stating, “I am who I am. I am an evangelical, and continue from time to time to struggle with same-sex attraction” (Barna 2008). Haggard’s willingness to be more forthcoming about lingering same-sex attractions, even acknowledging them as a potentially life-long struggle, and Alan Chambers’ public skepticism about complete change, are exemplary of the rhetoric of ex-gay ministries in the latter half of the 2000s. Alan Chambers even disavowed the term “ex-gay,” stating in the *Los Angeles Times*, “By no means would we ever say change can be sudden or complete” (quoted in Simon 2007).

This clarification of the rhetoric of ex-gay ministries, since they were placed on the national stage, can be traced, in part, to the work of anti-reorientation activists and a counter-mobilization beginning in 2005. As the ex-gay movement began to achieve successes under the favorable climate of the Bush Administration, anti-reorientation activists formed new groups in response. These new groups took two distinct forms with overlapping goals but significantly different tactics: organizations directly dedicated to debunking ex-gay programs as fraudulent, as well as a new “ex-gay survivor” group dedicated to providing self-help for ex-ex-gays harmed by reorientation and testifying to the dangers of ex-gay treatment. While the combined effect of these two approaches within the anti-reorientation camp was to make religious leaders more forthcoming about lingering attractions, members of secular reorientation groups like NARTH continued to

assert the possibility of complete change through the treatment of the root causes of homosexuality.

In effect, a divergence of “truths” about sexual reorientation emerged on both sides of the debate in this period. For anti-reorientation activists, those who had not participated in ex-gay programs themselves generally sought to expose ex-gay treatments as completely fraudulent. Meanwhile, “ex-gay survivors” who had been through these programs but did not experience change sought to witness to the potential dangers of harm without invalidating the experiences of people they had associated with in ex-gay programs. For reorientation proponents, ex-gay ministries and researchers openly attested to the fact that same-sex attractions linger, and may not change at all in some cases. Meanwhile many secular reorientation proponents continued to assert the possibility of attraction change.

In this chapter, I argue that critical events brought about by the increasing strength of the ex-gay movement triggered an anti-reorientation counter-mobilization. This counter-mobilization contained new groups with overlapping, but somewhat different goals. While pro-gay activists sought to debunk ex-gay programs as fraudulent, the new ex-gay survivor movement sought to warn people about potential harms of therapies. Among ex-ex-gays, the proclivities for testimony and sympathies for ex-gays were forms of “social movement spillover” (Meyer and Whittier 1994) carried over from the ex-gay movement, as many ex-ex-gays maintained ties with peers in ex-gay programs that gay activists did not share. The result was a differentiated anti-reorientation movement with groups working in partnership to challenge the ex-gay threat. And this counter-mobilization led to a differentiation among reorientation proponents as well, as ministry

leaders began to be more forthcoming about lingering same-sex attractions—not promising too much so that they could prevent people from becoming ex-ex-gays. Meanwhile, secular reorientation therapists maintained their claims about the possibility of complete sexual orientation change. In short, this period is marked by differentiation of understandings of sexuality on both sides of the debate, effectively forging divergent “truths” of sexual reorientation. Finally, a growing emphasis on women’s same-sex attraction emerged during this time period, as researchers on both sides of the debate attempted to end the silence on this topic.

Anti-Reorientation Counter-mobilization in Response to Critical Events

By the middle of the first decade of the 21st Century, the ex-gay movement had gathered significant momentum. The Spitzer study had been a boon for ex-gay ministries and secular reorientation therapists alike, and many mainstream LGB-affirming therapists had moved away from hard-line positions. As a wave of conservatism swept across much of the nation following the 9/11 attacks and under the Bush Administration, reorientation proponents had encountered a favorable political field in which they could not only advance their programs, but also deploy ex-gay testimonies against gay rights initiatives. This momentum would soon provoke an anti-reorientation backlash.

This backlash unfolded as a response to two “critical events” (Staggenborg 1993) that were seized upon by reorientation opponents. Social movement theorist Suzanne Staggenborg describes a wide variety of types of events that can spur social movement mobilization, including major political events such as elections, natural disasters, and public policy changes. The critical events that spurned this counter-mobilization were of

a type that Staggenborg calls “strategic initiatives.” In one version of strategic initiatives, an influential action taken by a movement can spark a reaction from an opposing movement. But in another type of strategic initiative, a movement’s own accomplishment may spark more mobilization within the same movement. Both of these forms of strategic initiative were present in the case of anti-reorientation counter-mobilization.

The first event developed as an outcome of ex-gay ministries’ growing recruitment of teenagers into ex-gay programs. Ex-gay ministries began heavily recruiting younger members around the year 2000, and these efforts grew over the next few years. Marketing campaigns had targeted younger audiences using the kind of imagery that might be used to advertise for a dance party, deploying “hip” graphics and bright colors. As ministries targeted teenagers, parents began bringing their teenage children, at times against their will, raising the issue of minors’ rights to refuse treatment. The coercion of minors into reorientation became a social problem with the 2005 case of teenager Zachary Stark, who was brought to a “Love in Action” ministry by his parents. A blog entry written by 16-year-old Stark described how he came out as gay to his parents and how they then decided to send him to a religious reorientation camp. The Love in Action camp to which Stark was sent was called “Refuge,” located in Memphis, Tennessee. News of Stark’s plight traveled through blogs and through friend networks, and eventually, a filmmaker named Morgan Jon Fox, who knew Stark, formed the group “Queer Action Coalition” to organize protests outside of Refuge.

The protesters generally characterized Love in Action as anti-gay, and they affirmed gay pride with rainbow flags. One protester held a sign with a quote represented as an American Psychological Association Position Statement: “Research findings

suggest that efforts to repair homosexuals are nothing more than social prejudices garbed in psychological accoutrements.” Other signs read “Jesus is no excuse for hate,” “Give these kids their rights,” “Homosexuality is not an addiction,” “This is Love in Action,” “This is Child Abuse,” and “Gays are Great.” (Fox 2007).⁵² Through this activism, the incident became widely publicized, featured in the *New York Times* story “Gay Teenager Stirs a Storm” on July 17, 2005 (Williams 2005). “Good Morning America” and CNN also ran segments on the case and raised questions about whether it was right to force young people into reorientation. These stories featured psychiatrist Jack Drescher, outspoken opponent of reorientation. Activist Wayne Besen also publicized the fact that the incident inspired the co-founder of Love in Action, John Evans, to write a letter to the then current leader of the program, John Smid, stating, “In the past 30 years since leaving the ‘ex-gay’ ministry I have seen nothing but shattered lives, depression and even suicide among those connected with the ‘ex-gay’ movement” (quoted in Besen 2005). These efforts and media exposure led to a legal investigation of Refuge to determine whether it was administering therapy without a license. Ultimately the program was discontinued in 2007.

A key use of the Zachary Stark incident as a critical event was a report published in mid 2006 by the National Gay and Lesbian Task Force titled “Youth in the Crosshairs: The Third Wave of Ex-Gay Activism.” Co-authored by Jason Cianciotto and Sean Cahill, the 78-page paper characterizes the ex-gay movement as consisting of three waves. The first began in 1973 with the founding of ex-gay ministries and the linking of sexual

⁵² The incident is the subject of an independent documentary titled *This is What Love in Action Looks Like* (2009), directed by Morgan Jon Fox, who organized the protest.

orientation change to a “special rights” argument against gay rights (also see Khan 1998), and the second consisted of the wave of advertising and media exposure of the late 1990s.

NGLTF described the “third wave” as primarily youth focused:

[T]his new, third wave of ex-gay activism focuses less on “curing” adults of homosexuality and more on preventing its development by targeting parents, children, and adolescents. Whether through counseling programs like Refuge or through traveling ex-gay conferences like Focus on the Family’s Love Won Out, ex-gay programs are recommending that parents commit their children to treatment even if it is against their children’s wishes. These coordinated campaigns targeting youth warrant a response, as the stakes could not be higher (Cianciotto & Cahill 2006: 2).

More broadly, the authors claim the campaign targeting youth is linked to a larger political agenda to oppose gay rights initiatives like same-sex marriage. In their analysis, the third wave of ex-gay activism has emerged in response to the Massachusetts Supreme Judicial Court decision *Goodridge v. Department of Public Health* establishing same-sex marriage, as well as the Supreme Court decision *Lawrence v. Texas*. They claim that ex-gay organizations place young people in the middle of these larger political struggles:

Ex-gay organizations, in particular, have taken what used to be an intensely personal process (coming out to one’s self, friends and family) and have created dedicated programs and conferences that link the personal lives of young people to battles over same-sex marriage and the election of conservative political leaders (Cianciotto & Cahill 2006: 8).

In effect, the new wave of ex-gay activism is a concerted attempt to manipulate gay youth for the purposes of advancing larger anti-gay political agendas. Ex-gay organizations are being used by a larger set of Religious Right organizations to oppose gay rights. The NGLTF report quotes statements made by Robert Knight, director of the Culture & Family Institute, affiliate of Concerned Women for America, that he made in a debate against the Human Rights Campaign on marriage:

The “gay marriage” debate is being driven by the idea that there is a “gay identity.” Nobody is born “gay.” When homosexuals complain that they are being denied rights, what they’re really talking about is that they want to acquire the same status that marriage has in the law because of the uniqueness of marriage. In other words, they are trying to apply something unique in marriage to other relationships that don’t offer society the same benefits (quoted in Cianciotto & Cahill 2006: 25).

With this framing, the ex-gay movement is portrayed as bullying and victimizing gay youth for nothing but a political agenda.

The NGLTF report begins with the story of Zachary Stark, followed by another case: “In February 2006, 17-year old DJ Butler also reported that his parents forced him to attend LIA’s Refuge program. According to Butler, his father drove him to LIA’s facilities in handcuffs” (Cianciotto & Cahill 2006: 2). In response to the Zachary Stark affair, NGLTF began doing research on the ways that the ex-gay movement had been targeting youth through programs like Exodus Youth and Refuge. Cahill attended a Focus on the Family “Love Won Out” conference in October of 2005 and reported extensively on the content of the presentations. The report points out the rise of the “prehomosexual” boy as a type of person in reorientation literature. Nicolosi & Nicolosi describe this concept in their book *A Parent’s Guide to Preventing Homosexuality* (2002): “[L]ittle boys who have a fascination and preoccupation with feminine activities have at least a 75 percent chance of growing up to be homosexual, bisexual, or transsexual” (Nicolosi & Nicolosi 2002: 33). In author Joseph Nicolosi’s practice, gender-nonconforming children have become targets of ex-gay interventions, at ages as young as five years old, to treat the condition of “prehomosexuality.”

Throughout the paper, NGLTF attempted to link members of the ex-gay movement to anti-gay activist Paul Cameron. In 2004, the Southern Poverty Law Center

designated Cameron's organization, the Family Research Institute, to be a "hate group."

Cameron has published papers that have been widely discredited, purportedly demonstrating the shortened lifespan of homosexuals due to the risks of "the gay lifestyle." Cianciotto and Cahill described the Love Won Out ex-gay ministry as presenting parents with "bogus" research like Cameron's, stating:

Parents are told that if their sons and daughters are in the "homosexual lifestyle," they are destined to lead short lives characterized by depression, anger, substance abuse and domestically violent relationships. This information is presented as fact even though it is based on flawed, ideologically driven "research" that has either not been published in respected, peer-reviewed academic journals, or has been produced by people like Paul Cameron, who was kicked out of the American Psychological Association and publicly condemned by the American Sociological Association for producing bogus research (Cianciotto & Cahill 2006: 8).

Furthermore, the authors attempted to link NARTH President Joseph Nicolosi to Paul Cameron while discrediting the journal *Psychological Reports* where Nicolosi had published:

While Nicolosi claims that *Psychological Reports* is peer-reviewed, it is not viewed as a respectable psychology journal. The Southern Poverty Law Center's *Intelligence Report*, which tracks right-wing groups in the United States, called *Psychological Reports* "a Montana-based vanity magazine that advertises itself as 'The Scientific Manifestation of Free Speech' and will publish practically anything for \$27.50 per page. Unlike a serious academic journal, *Psychological Reports* does not employ a peer review panel of scientists to guard against flawed studies." Among *Psychological Reports*' most frequently published authors is Paul Cameron, the anti-gay activist and discredited researcher we discussed earlier in this report, who was kicked out of the American Psychological Association and publicly condemned by the American Sociological Association (Cianciotto & Cahill 2006: 44).

Thus, the report uses the strategy of linking ex-gay ministries and reorientation therapists to Cameron as a means to paint them as hate-based groups.

While mentioning that the Spitzer study had been challenged in commentaries published in the *Archives of Sexual Behavior*, Cianciotto and Cahill emphasized a different study. Rather than focusing on Spitzer, they spotlighted the research of New York psychologists Ariel Shidlo and Mark Schroeder on ex-ex-gays and the harms they experience when going through reorientation treatments (see Chapter 3). However, they do present some critiques of the Spitzer study primarily involving the biased character of the sample: the sample was self-selected, the majority provided by ex-gay organizations and NARTH, the majority had spoken publicly in favor of conversion therapy, and almost all were deeply religious. Therefore, the authors claim, the sample was too deeply invested in demonstrating change to provide credible self-reports (Cianciotto & Cahill 2006: 62-3). Finally, the authors quote from a letter Spitzer wrote in 2001 after the Finnish Parliament attempted to use his study to ban gay marriage, "...[I]t would be a serious mistake to conclude from my study that any highly motivated homosexual can change his or her sexual orientation, or that my study shows that homosexuality is a 'choice'" (quoted in Cianciotto & Cahill 2006: 63).

While the Stark incident was galvanizing, the second critical event occurred when leaders of Exodus International were invited to the Bush White House in 2006 for a press conference to discuss the Federal Marriage Amendment. The Federal Marriage Amendment was originally written in 2001 to restrict legal marriage to one man and one woman throughout all fifty states (Colby 2008: 537). The original version, introduced into the House of Representatives in 2002, went nowhere, but after the Massachusetts *Goodridge* decision and the *Lawrence* decision in 2003, it gained new momentum in Congress (Colby 2008: 541). President Bush, at the advice of his political advisor Karl

Rove, announced his support for the amendment in February of 2004 in an effort to gain support from social conservatives prior to the 2004 election (Colby 2008: 551). That year, Exodus International President Alan Chambers worked with an organization called the Marriage Amendment Project (MAP), a coalition of conservative leaders seeking to “preserve marriage as it is intended,” and he attended a White House prayer breakfast with his wife Leslie (Chambers 2004a). It was also during that year that gay activist John Burroway founded the blog, “Box Turtle Bulletin”⁵³ as an online resource to track anti-gay activities, which would later contain a special focus on ex-gay ministries and reorientation programs. Despite the efforts of lobbyists, President Bush, and Senate Republicans, the FMA failed in the Senate. Almost immediately, a version of the FMA was renamed the “Marriage Protection Amendment” (MPA) and was introduced in the House of Representatives where it also failed (Colby 2008: 560-563).

A new MPA was introduced in 2005, and in June the following year, when a vote was near, the Bush White House invited Exodus leaders Alan Chambers and Randy Thomas to a press conference (Gonzales 2006). Chambers was also invited to provide testimony in the Senate in favor of the MPA. Earlier that year, Chambers had appeared in advertisements for Exodus against gay marriage, testifying that if gay marriage had existed when he was homosexual, he never would have had the incentive to live the heterosexual life that he lives today (Erzen 2007: 998).

⁵³ The name “Box Turtle Bulletin” is a reference to a speech given by Senator John Cornyn at the Heritage Foundation, in which he stated, “It does not affect your daily life very much if your neighbor marries a box turtle. But that does not mean it is right... Now you must raise your children up in a world where that union of man and box turtle is on the same legal footing as man and wife.” This was at a time when other conservatives were comparing gay marriage to marriage with animals, such as Senator Rick Santorum’s reference to “man on dog” marriage (Burroway 2006).

While momentum of the ex-gay movement had been building for years, Wayne Besen framed the founding of the anti-reorientation organization “Truth Wins Out” as an immediate response to the White House invitation. Truth Wins Out is anti-reorientation advocacy organization and online information source designed to directly target and discredit ex-gay programs. The name of the organization is a reference to Focus on the Family’s ex-gay ministry “Love Won Out,” and Besen has used the platform to organize protests as well as use the Internet to organize a series of video testimonies. He describes the founding of the organization:

I started [Truth Wins Out] after Alan Chambers was invited to the White House from Exodus stumping for the Marriage [Protection] Amendment. But it was actually a very natural process to make because I was still working every single day on this issue whether I cared to or not. People were coming to me whether it was reporters, or shrinks, or victims of this stuff, for advice, and it was just a natural extension of, might as well make an organization out of it (Besen 2008).

Besen’s motivation was to alert the public that organizations like Exodus International are fraudulent so that people will no longer go to them, and so that families will no longer send their children to them. Thus, not only was he concerned about policy, but also the cultural acceptance of gay identity more broadly.

Truth Wins Out thus became a central organizing group for a network of anti-reorientation organizations, including Box Turtle Bulletin, as well as the older groups Ex-Gay Watch and Soulforce. TWO was a central force for helping managing the public image of NARTH following a protest of the American Psychological Association in August of 2006 co-organized by NARTH and Focus on the Family. The protest included ex-gays holding printed signs with slogans such as “Not gay is also OK,” “You don’t have to be gay,” “Change is possible!” and “Self-determination” (York 2006; Besen

2006). NARTH members presented a petition and an open letter to the APA President Gerald Koocher, asking him to talk with ex-gays and respect the right to self-determination. NARTH President Joseph Nicolosi's letter began:

Today, I bring to the American Psychological Association a petition with 75 names on it—including my own. We all are APA member-psychologists who are professionally committed to the right to assist men and women who are transitioning out of their unwanted same-sex attractions. Most importantly, we are committed to protecting client autonomy and self-determination.

As psychologists, all of us need to listen, and listen respectfully, to men and women who turn to us for understanding, support, and professional assistance in their effort to diminish their unwanted attractions and to develop their heterosexual potential (Nicolosi 2006).

Following this introduction, Nicolosi implored to Koocher to meet with the protesters, all of whom had rejected a gay identity. Nicolosi stated:

To simply tell them; “Abandon your hope for change; your biology is your destiny!” or “Keep working or getting rid of your internalized homophobia!” is not only uncompassionate, but scientifically unsupportable. We can no longer reduce the important issues of worldview differences and client self-determination to that glib phrase “homophobia.”

We need to be frank with ourselves as scientists: a gay lifestyle is not for everyone with same-sex attraction. “One size does not fit all” (Nicolosi 2006).

In response to this letter and speaking at an APA President's Town Hall Meeting, Koocher stated, “APA has no conflict with psychologists who help those distressed by unwanted homosexual Attraction” (quoted in York 2006), and according the *NARTH Bulletin*, Koocher emphasized that “therapy to diminish homosexual attractions and to strengthen heterosexual potential must be respected” (York 2006). While these events were important within the APA for the development of a new Task Force (see Chapter 6),

they were also a potential media disaster for anti-reorientation activists trying to manage the ways that ex-gay therapies are perceived by the public. Rev. Lou Sheldon of the conservative Traditional Values Coalition publicly framed the event as highly consequential, stating, “peer pressure came down on the APA president like a mountain cougar and forced him” to retreat from his position (quoted in Price 2006). However, in the same article in the *Washington Post*, Koocher qualified his position, saying that the issue is extremely complicated, patients must be motivated by something other than internalized homophobia, and that although patient autonomy is important, therapists “must balance patient choice with the therapist’s ethical obligation to obtain informed consent for any therapy process.” Furthermore, he reiterated that these therapies “lack a validated scientific foundation and may prove psychologically harmful” (quoted in Price 2006).

In response to these events, Besen issued a press release denouncing the protest. But what was most damaging to NARTH was the facilitation of a scandal in 2006 that portrayed NARTH as a hate group, undermining its credibility, and sending shock waves through the ex-gay movement. The scandal involved remarks made by two experts on the NARTH website. According to the *Los Angeles Times*, Canadian psychiatrist Joseph Berger “called for allowing schoolchildren to shame and ridicule classmates who don’t act according to stereotypical gender roles,” and New York psychologist Gerald Schoenewolf “asserted that slaves may have been better off in chains than in ‘savage’ Africa.” (Simon 2006). These essays have since been taken down from the NARTH website, but the scandal reinforced a public image problem for the group now portrayed

as a bigoted organization. Besen describes how the new network of organizations was useful in facilitating the scandal:

It's a very small community of people who talk about [challenging ex-gay programs], and I think we generally complement each other's work because we can't just all do it ourselves, there's not that many hours in a day. I think it's good that we quote each other's work. If one person comes up with something we all do our thing. A perfect example is the NARTH slavery issue. That first appeared in Ex-Gay Watch, but then I used my PR background to do a PR campaign. I took it to National Black Justice Coalition, got a letter from them, which I could then send to the Southern Poverty Law Center. I got a story placement, and so I have enough to take to the *LA Times*. There you go, NARTH's screwed, just like that (Besen 2008).

Schoenewolf's claims about slavery were couched as a complaint about political correctness: Because of political pressures, he claimed, we cannot point out that slavery may have been less oppressive than experiences of oppressed peoples in Africa, and this same political correctness makes it impossible to talk about reparative therapy and forces us all to believe that homosexuality is normal. NARTH president Joseph Nicolosi apologized for the postings, removed them from the website, and stated that the organization did not support bullying or slavery. However, Alan Chambers of Exodus International expressed concern over how NARTH handled the scandal, noting that he himself, as an effeminate boy, had been bullied, and reiterating that such bullying should never be tolerated (Simon 2006). Religious researcher Warren Throckmorton (creator of the ex-gay testimony video *I Do Exist*; see Chapter 4), pulled out of the NARTH conference because he thought his paper would not get a fair hearing at the conference, and also was quoted in the *Los Angeles Times* article, criticizing NARTH's views on the causes of homosexuality as too narrowly conceived (Simon 2006).

Exodus International strives to distinguish itself from hate groups, such as Fred Phelps Sr.'s Westboro Baptist Church, notorious for protesting at funerals of gay people with signs saying "God Hates Fags." Randy Thomas, Executive Vice President of Exodus, describes his involvement in an event to oppose an anti-homosexuality law passed in Rhea County, Tennessee in 2004, as well as meeting Fred Phelps, Sr.:

[W]e went to Rhea County Tennessee right after they outlawed homosexuality in their county. ... There were some pastors there that just didn't understand a redemptive view of homosexuality. And there was some genuine hatred there. [Some leaders] wanted to bring us in to help bring a more loving redemptive viewpoint to homosexuality, and it was a very interesting cultural experience. ... It was amazing. And I met Fred Phelps in '99, right outside of Jerry Falwell's church, and he spit at my feet by the end of it, and I just don't have any patience for someone like him. I believe he preaches a false gospel. We live in a great country that lets him air his views but his views are detestable (Thomas 2008).

Given the tendency for Exodus to be painted as a form of bigotry, and given their need to maintain a public image that they are not a hate group, it was imperative that Exodus and other religion based ex-gay ministries and researchers distance themselves from anything perceived as hateful within NARTH.

In addition to attempting to paint reorientation organizations as hate groups, activists worked to undermine reorientation proponents' citations of the Spitzer study and other work that is in the scientific mainstream. Using his website Truth Wins Out, and his new on-line initiative RespectMyResearch.org, Besen provided a platform for Robert Spitzer to express his discontent at how his research had been taken up by the Religious Right (see Chapter 4). Started in 2007, Respect My Research asks scientists, "If your research has been deliberately misused to harm the gay, lesbian, bisexual and transgender community, please report these infractions to us. Only by shining a bright light on these

lies, can we hold violators accountable and protect legitimate science from being deliberately skewed” (Besen 2007). The website has video testimonies of researchers, including sociologist Judith Stacey and psychologist Carol Gilligan, talking about how their work has been misappropriated by right-wing organizations. Spitzer agreed to an interview with Truth Wins Out, and used it as an opportunity to speak out against ways that Focus on the Family and other groups had used his research to promote the idea that all gays could change, and to oppose gay marriage (see Chapter 4). Spitzer stated:

It’s understandable that Focus on the Family would be delighted with the results of my study because the study did indicate that there was evidence that some gays can change not only their sexual identity, but also their sexual orientation... What they failed to mention, and I guess it’s not a big surprise, is that in the discussion, I noted that it was so hard for me to find 200 subjects to participate in the study, that I have to conclude that change is possible and does occur, it is probably quite rare and of course they don't want to mention that (quoted in Truth Wins Out 2007).

In addition to correcting what Truth Wins Out calls a “misinformation campaign” promoted by the right, Spitzer goes on to warn potential clients of reorientation treatments that their possibility of change in sexual orientation, defined as arousal and fantasy, is quite small:

As far as the gay person who is thinking about change, the gay person wants to know not only can some people change, but how likely is it if I go into some kind of therapy or program. So my study, I think does indicate that some gays can change, but it also suggests that it's probably pretty rare. So the gay that is thinking about entering some program to change should know that the likelihood of success is probably quite small. And of course, Focus on the Family doesn't want to say that (quoted in Truth Wins Out 2007).

Claiming to be a champion of gay rights and also interested in the pursuit of scientific knowledge for its own sake, Spitzer presented his research in the best possible light, as though he were completely unbiased. However, after all of the work done by opponents

of reorientation treatments to claim that Spitzer's methodology was flawed and that his clients were likely misrepresenting their sexual attractions (see Chapter 4), it is ironic that Truth Wins Out was now presenting Spitzer on its website promoting the idea that some gays can change their sexual orientation. But because the implications of his work had been extended so far by Religious Right groups, just getting an accurate depiction of Spitzer's opinion on his research was a major feat for anti-reorientation activists. Still, Spitzer's study had been largely dismissed in mainstream psychology by this point, so there was likely little danger that his video would change mainstream opinion on the possibility of attraction change.

Thus, in response to the Zach Stark affair and Exodus International activism on the Marriage Protection Amendment, a new counter-mobilization of anti-reorientation groups had emerged that could do considerable damage to the reputations of ex-gay programs, both within the public and within science. By distancing themselves from NARTH, ex-gay ministries would largely be able to escape the designation of "hate group" by mainstream psychology. However, the effects of the Schoenewolf scandal as well as links made between NARTH and Paul Cameron, leader of a group designated a "hate group" by the Southern Poverty Law Center, would continue to undermine NARTH's credibility as an ethical therapy and research organization both in the eyes of the public and within mainstream psychology and psychiatry. Alongside anti-reorientation groups, a new group emerged as an outgrowth of this work dedicated to and led by ex-ex-gays, now calling themselves "ex-gay survivors." While anti-reorientation activists that had not been through ex-gay ministries often sought to debunk ex-gay

ministries as fraudulent, the new survivor group used a new strategy of deploying personal testimony in ways that had not been done before.

The Beginning of an Ex-gay Survivor Movement

Christine Bakke and Peterson Toscano, co-founders of the self-help and advocacy group “Beyond Ex-Gay,” trace the origins of the organization to a single-actor play that Toscano began performing publicly in 2003. While Wayne Besen had gathered ex-ex-gay narratives together for the booklet *Finally Free* (Besen 2000) when he was part of the Human Rights Campaign, it was Toscano’s play that catalyzed the formation of a group led by ex-ex-gays themselves. While gay activists who had never been part of an ex-gay ministry before often deployed ex-ex-gay narratives as evidence of the inefficacy of reorientation programs, ex-gay survivors took a different approach. As the Beyond Ex-Gay website states:

We believe that ex-gay experiences cause more harm than good. Certain people who currently identify as ex-gay say they are content as such. We don’t seek to invalidate their experience. For us such a lifestyle was not possible or healthy (Beyond Ex-Gay 2007a).

Rather than asserting ex-gays are lying, and in some cases sidestepping the question of efficacy altogether, ex-gay survivors strive to warn potential clients, families, and religious leaders about the dangers of reorientation by sharing their own personal testimonies. In this logic, it does not matter if reorientation works for anyone because the dangers are so great that no one should even attempt to change their sexual orientation. Anti-reorientation psychiatrist Jack Drescher sees the effects of such testimony as the only way to end ex-gay programs. In a Truth Wins Out video, he states:

I am afraid that conversion therapies will stop only as a result of their success. Because I think that conversion therapy is not a scientific movement, or a therapeutic movement—it's really a marketing movement serving other purposes—they will increase the number of people who come to their ministries, come to conversion therapists, [and] many people will not change. Many people will be harmed, and those people and their families who will know about it, I think, will eventually generate a backlash, which we're beginning to see now in the formation of ex-gay survivor groups. I think the people who have tried this and they have failed, they, their families, the wives and husbands of failed marriages, when those people come forward and say "I tried it look what it did to me," then I think the movement will stop. Because there is no federal regulatory agency, for example, that could stop them (quoted in Truth Wins Out 2008).

So although ex-gay survivors may have a different message, they are perceived as working in partnerships with other gay activists and professionals opposed to reorientation.

Toscano launched his single-actor play, "Doin' Time in the Homo No Mo' Halfway House: How I Survived the Ex-Gay Movement," in 2003 as a means to work through the anguish of his ex-gay experiences. The title of the play is the source of the term "ex-gay survivor," as Toscano wanted a label that indicated that he had been through a traumatic experience (Toscano 2009). He frequently says that he spent 17 years and over \$30,000 on three different continents trying to eradicate his homosexuality, but failed. His efforts included participating in exorcisms, attempting to conform to traditional gender roles, and marrying a woman. Having left Evangelical Christianity, he is now a devout Quaker, and says that he has worked through the relationship between his sexuality and his faith (Toscano 2009). In his play (which has since been retired), Toscano took on various personas of people in a live-in ex-gay ministry, dubbed the "Homo No Mo' Halfway House"—a phrase that many clients jokingly used during his

stay in the Love in Action live-in ministry in Memphis. While often serious and somber about the struggles of gay people in the time of AIDS, the play is generally a humorous tour through the practices of ex-gay ministries portrayed as absurd: forbidding bananas in the men's dorm kitchen because they are too phallic, limiting time clients can spend in the restrooms to prevent masturbation, conducting exorcisms, and fostering gender conformity to eliminate same-sex desires (Toscano 2008). Toscano described what writing and performing the play meant to him:

It started as a very personal journey for me, in that I needed to process my story. I needed to figure out what I was doing. And when I first started telling people who were not Evangelical Christians, and not ex-gays or even gay about my experience, I was surprised by their reaction. Because they were like, "What? that's crazy, I've never heard of such a thing." And that got me thinking, "Huh, I need to tell the story." So I knew I needed to tell it for myself and I needed to let people know this exists. So that's where I came up with the idea to do a play about it, a comedy, because I thought that was a safer way of saying it because it is funny and I can be a character. ...And so it was through doing the show I began to understand myself (Toscano 2009).

Toscano shores up the credibility of his narrative in the play by framing it as based on a need to process his own experience, a common and legitimate need of clients seeking therapy from psychologists. Through performing the play at various church and activist events, Toscano developed a network of ex-ex-gays interested in sharing experiences:

But that also got me in contact with lots of ex-gay survivors who came to my show and would ask questions like, "Is there any organization? Is there anything we can do? Any place we can go to connect with other people?" And I'm like, "No, there isn't." And they kind of kept looking to me to do something [but I am] like, "No, I have no idea, I just do this play thing" (Toscano 2009).

In an interview in *Glamour* magazine that ran in 2007, Bakke credits the play with raising her awareness about her own ex-gay experience, giving her the courage to come out as a lesbian and eventually co-found Beyond Ex-Gay with Toscano (Fried 2007).

2007 was the banner year for Beyond Ex-Gay, including the founding of the organization, national media appearances, and a national conference in Irvine, California. According to Bakke, it was the *Glamour* magazine article which allowed their organization to get onto the national stage (Bakke 2010). After this article appeared in April, Bakke appeared on “Good Morning America,” and Toscano appeared on “Montel Williams” and “The Tyra Banks Show.”

That summer, Beyond Ex-Gay hosted the first ever national ex-gay survivor conference on the campus of The University of California at Irvine, working in conjunction with the UC Irvine LGBT Resource Center and Soulforce, a gay activist group led by Mel White (a former ghostwriter for Jerry Falwell who came out as gay). The conference included self-help sessions for ex-gay survivors, a session for helping to write personal narratives and place them in the media, and a session devoted to allies of ex-ex-gays. It also coincided with an Exodus International conference that was being held at nearby Concordia University. In one self-help event called a “chalk talk,” ex-gay survivors wrote about their experiences on a large piece of butcher paper. Some reminisced about their therapy experiences, some wrote about harms such as spending years in limbo, while others wrote about the benefits of their therapy experiences (Fieldnotes, Beyond Ex-Gay Conference 2007). Following the conference, survivors brought collages that they had created and framed to the offices of the Thomas Aquinas Psychological Clinic in Encino, California where Joseph Nicolosi practices, and left them

there. While this event achieved press coverage, Toscano hoped that giving NARTH members gifts that were difficult to destroy would be an effective way of raising awareness of the reorientation therapists about the harms of their work (Toscano 2009).

Thus, rather than exposing the ex-gay ministries as frauds, the tactics of Beyond Ex-Gay involve deploying personal testimony, much like the tactics of ex-gay ministries. In the case of ex-gays, Tanya Erzen has coined this practice “testimonial politics,” including “narratives of sin, redemption, and personal transformation” (Erzen 2007, 991). But beyond their concern with religious transformation, ex-gay survivor narratives are also about psychological harm and healing, and in many ways they are what Arthur Frank calls “illness narratives.” According to Frank, modern-day stories told by people who suffer illness and pain and then experience healing have come to serve pedagogical functions, creating emotional affinities as well as social ethics that include moral obligations toward those who suffer (Frank 1995, 153). Ex-gay testimonies found in religious ministries will often include stories of pain due to dissatisfaction inherent in the “homosexual lifestyle,” struggle for autonomy in a world that does not recognize that homosexuality can change, and ultimate healing through deliverance from homosexuality. Ex-ex-gay narratives match these structural elements but have different content: they make emotional appeals that include pain due to therapies characterized as ineffective and barbaric, struggle for autonomy against an oppressive anti-gay culture, and healing that accompanies deliverance from a reorientation program.

The use of testimony as a tactic of ex-gay survivors who had previously participated in religious change ministries is an example of what David Meyer and Nancy Whittier call “social movement spillover.” Meyer and Whittier conceptualized spillover

as a means by which politically aligned groups (for example, feminism and anti-nuclear movements) that address different issues may end up sharing tactics, personal networks, and activism styles, especially when they are part of a social movement community (Meyer & Whittier 1994: 277). In the case of ex-gay survivors, tactics from the ex-gay movement have spilled over into the survivor group, even though the participants have changed ideologies about reorientation. And although it would be incorrect to describe Beyond Ex-Gay and ex-gay ministries as part of a “social movement community,” ex-gay survivors do maintain meaningful ties with people whom they met in these ministries, and therefore, do not wish to undermine the legitimacy of ex-gay experiences or treat them as fraudulent. In a variation on Meyer and Whittier’s idea of the spillover of personal activist networks, the associations of ex-gay survivors with people still in reorientation ministries affects the tactics that they are able and not able to deploy. In this regard, Beyond Ex-Gay (BXG) has been successful in holding meetings with ex-gay leaders that other groups like Truth Wins Out would not be able to arrange, while these associations prevent BXG from engaging in the politics of debunking personal experiences. It should be noted that BXG is not representative of the tactics of all ex-ex-gays, but it is the only national organization representing this group. Christine Bakke observes that those who provide personal narratives in this movement tend to be primarily religious people who had been through ex-gay ministries. Daniel Gonzales, by contrast, is an ex-ex-gay who had gone through Joseph Nicolosi’s secular reorientation treatment, and while he does participate in the BXG organization, he also tends to work with other more hard-hitting anti-reorientation groups, blogging for Ex-Gay Watch (Bakke 2010).

Although the tactics of Beyond Ex-Gay are generally restricted to warning of harm, this group has not always been able to control the ways that the stories of ex-ex-gays are portrayed in various media. For example, in 2006, a documentary titled *Abomination: Homosexuality and the Ex-Gay Movement*, created by psychiatrist Alicia Salzer and produced by the Association of Gay and Lesbian Psychologists (AGLP), used ex-ex-gay testimonies to reinforce the link between ex-gay ministries, reorientation therapists, and hate groups. The documentary opened with images of protesters from Westboro Baptist Church holding signs reading “God Hates Fags” and “Fag Sin,” and then moved seamlessly to a discussion of ex-gay ministries. In the opening montage, a preacher can be heard admonishing, “Be not deceived, neither fornicators nor adulterers nor idolaters nor effeminate...” while angry protesters march against gay rights. Someone yells “Go to Hell, fag!” while protesters hold signs saying “Matt in Hell” (a reference to hate crime murder victim Matthew Shepard), “Turn or Burn,” “Fag Sin,” “God Hates Fag Enablers,” and “You’re Going to Hell.” Finally, protesters shout “Turn or burn! Turn or burn!” as a protester throws a Molotov cocktail into a window. Someone shouts “God hates you.” Then, out of overlaid tracks of whispering, the film title emerges in the phrases “You shall not lie with a man as one lies with a woman. It’s an abomination. This is an abomination”. Along with this dramatic opening, the documentary uses other emotion-evoking devices such as sinister music as background to ex-ex-gays’ descriptions of their therapies, as well as sad music consisting of piano arpeggios to accompany ex-ex-gay harm narratives (Salzer 2006).

As an example of professionals and activists working together in a “hybrid” movement fashion (Epstein 2007b), *Abomination* blends the testimonies of ex-ex-gays

with the expert testimony of psychiatrists to discredit reorientation. The film also features Wayne Besen as well as Mary Lou Wallner, whose daughter committed suicide after Wallner suggested she go to an ex-gay ministry. Ariel Shidlo, co-author of a study of harm from ex-gay therapy (Shidlo & Schroeder 2002), also appeared in the video, describing the unproven and notoriously varied interventions of sexual orientation change attempts. Shidlo stated, “One of the intriguing things that we found was that sexual conversion interventions can include almost anything at all, from faith healing and exorcism to aversive conditioning with electric shocks to psychoanalysis to peer counseling to praying to being sent on a camp to kind of improve your gender conformity” (quoted in Salzer 2006). While using the religion-oriented term “conversion” to describe reorientation, Shidlo portrays the varied forms of treatment as wildly irrational, based on anti-gay sentiment and fringe religious beliefs rather than any sort of credible scientific theory. The therapies are further dramatized as cruel when the narrator reads from the journal of ex-ex-gay Jeff Ford while an actor portrays going through aversion therapy treatment. The narrator reads, “I went through 40 or more sessions twice a week. The psychologist strapped electrodes to my arms and hooked me up to a penile plethysmograph. I can still remember the horror I felt as I sat in that chair. The psychologist would give me an electric shock that would catapult my arm several inches in the air [removing electrodes to reveal burn marks]. When leaving his office I always felt embarrassed and I’d try to hide the burn marks the electrodes left on my arm.” (Salzer 2006).

Despite these hard hitting tactics of psychiatrists and gay activists, ex-gay survivors continued to work in partnership with them even as they maintained a different

vision of the best way to go about challenging the ex-gay movement. As ex-gay survivors reached out to their former religious leaders and associates from reorientation programs, religious ex-gay leaders seemed to reach back, recognizing that they were losing people to the ex-ex-gay path. Ex-gay survivor testimonies were one factor leading to the growing acknowledgement of lingering same-sex attractions in religious ex-gay programs.

Religious Ex-Gay Testimony, Research, and Lingering Same-Sex Attractions

As the debate over evidence over reorientation efficacy escalated, and ex-gays were confronted with calls for physiological testing as well as the existence of ex-ex-gay testimony, ex-gays began to be much more forthcoming with the “truth” that reorientation treatments do not fully eliminate same-sex attractions, and that the most change that can be hoped for in many cases is celibacy. It is true that many ex-gays had been willing to make this claim, as prominent ex-gay John Paulk even confessed that “[he] still find[s] men can be attractive” in an interview in *Newsweek* in 1998 (quoted in Miller 1998). However, admissions of lingering same-sex attractions took a more central place in ex-gay testimonies, replacing vague pronouncements of change. Often couching these physiological desires within the religious framing of continually being “tempted by sin,” religious ex-gay programs became more forthcoming about the low prospects of changing attractions.

One indicator that the firm stand on attraction change was slipping among religious experts on reorientation can be seen in the therapeutic guidelines proposed by religious psychologists Warren Throckmorton and Mark Yarhouse in 2006. Throckmorton, the creator of *I Do Exist* (2004), and his co-author, developed a

framework of “sexual identity therapy” in response to the call for developing therapy options in the 2004 special issue of *The Counseling Psychologist*. Generally, the solution that they offered was quite similar to those outlined by gay-affirmative therapists (see Chapter 4): therapists should not impose an outcome on clients, and should leave the journey of identity exploration up to the client. However, Throckmorton and Yarhouse included reorientation therapy as an option in their guidelines, on the basis of client autonomy. Regarding the evidence for the efficacy of reorientation treatments, rather than saying these treatments work, the authors based their position on the uncertainty surrounding the best way to measure sexual orientation. Throckmorton and Yarhouse state:

Prior to outlining the recommendations, let us define what they are not. They are not sexual reorientation therapy protocols in disguise. Although some investigators (e.g., Spitzer, 2003) have attempted to examine sexual orientation change, numerous criticisms have been leveled at client self-report as a means of assessing such change. Currently, no other means of sexual orientation assessment has found wide acceptance. A consensus about accurate assessment and measurement of sexual orientation would be required in order to empirically test therapies purporting to produce sexual orientation change. At present, such consensus does not exist (Throckmorton & Yarhouse 2006: 4).

Furthermore, rather than measuring sexual orientation as the outcome of reorientation or any other treatment, the authors call for client satisfaction and general mental health as the best outcome measure:

To varying degrees, some clients may come to believe change has occurred in their sexuality while some will believe little or no change has occurred. These perceived changes can be examined but we do not view such change as a determinant for the success or failure of sexual identity therapy. Instead, client satisfaction and overall mental health improvement are more efficiently assessed (Throckmorton & Yarhouse 2006: 5).

Throckmorton and Yarhouse's guidelines for sexual identity therapy emphasize client self-determination, and propose that a person may live an identity that is incongruent with their sexual attractions as long as this makes them satisfied—especially if they belong to a religious community. However, they no longer assert that sexual attraction change is the definitive outcome of reorientation, as Throckmorton had done two years earlier.

By this time, Throckmorton had backpedaled so far on the idea that sexual attractions could change, as portrayed in his 2004 ex-gay testimony video *I Do Exist* (see Chapter 4), that he published production notes in 2006 and created a Frequently Asked Questions page on his website that corrected his position. Noe Gutierrez, one of the ex-gays featured in the video talking about his complete attraction change, had since decided to identify as a gay Christian after the video was released. In his production notes from 2006, Throckmorton addressed this fact as well as his views on the ability of Christians to contend with lingering same-sex attractions. He stated:

[A]ll documentaries become dated the day after they are released. People pass through seasons of change and perspectives shift. I think all who purchase the video should recognize that a documentary is a snapshot in time. I cannot say what each person profiled would say about their situation now. Nor should I.

As with any project of this nature, *I Do Exist* has its critics. As I view *I Do Exist* today, the story I see and hear is how some people determine to live in accord with their total worldview. However, others come away thinking the video suggests that complete change of sexual desires is necessary to be successful in that determination. If there has been a consistent criticism of the film, it has been that perception. Stating the issue as a question, if a person has persistent homosexual feelings, does that mean there is something wrong with their relationship with God? My belief is now and was then that a committed Christian may indeed experience these feelings, without violating their faith. Inasmuch as *I Do Exist* gives the impression that perfection is possible, I want to state clearly that this perspective was not the intent, nor should the video ever be used or shown with that aim (Throckmorton 2006).

On his website for the video, Throckmorton then admits to his changed views on same-sex attractions:

Current research and experience lead me to take a much more cautious view of the potential for changes in sexual attractions. I am persuaded that science may lead us to reexamine our concepts of sexual orientation and we may find that different factors operate differently for different people in the shaping of sexual desire. At this juncture in 2008, the factors leading to the direction of sexual attractions are not known. Furthermore, we may find that some people may be somewhat flexible in their sexual responding and others are likely more fixed. In any event, I believe it is important for me to say that *I Do Exist* is not a current depiction of what I believe to be accurate about sexual orientation (Throckmorton 2008).

And on his “Frequently Asked Questions” website for the *I Do Exist* video,

Throckmorton went further to express skepticism about the possibility of changing sexual attractions:

I now believe durable change in basic attractions is very infrequent. I also believe that some people, women most often, experience change in their attractions quite spontaneously without therapy. I believe therapy to change sexual orientation is not likely to be successful if the objective is complete change of attractions. Clients who desire assistance and support to live in accord with their religious views may find help with a willing therapist but change of orientation seems unlikely (Throckmorton 2006).

This is a very significant shift for the creator of this film, given that Throckmorton’s video had been played across the country in churches and even on television stations.

However, it appears that through the experience of seeing his video participants go back to identifying as gay led Throckmorton to reconsider his position about the possibility of sexual attraction change.

The research to which Throckmorton referred includes a study conducted by Evangelical researchers Jones and Yarhouse (2007). The data from this study also suggested a shift in the willingness of religious ex-gays and researchers to admit to

lingering same-sex attractions. Making up for widely perceived shortcomings of the Spitzer study (see Chapter 3), this Exodus-funded study measured sexual orientation longitudinally, over a two year time period, with a sample of 73 respondents entering an Exodus ministry. Their data, based on self-reports of identity, behavior, and attraction, show significant changes in behavior and identity change, but self-reported shifts in attraction were relatively small. They modify the Kinsey behavior scale (0-6 with 0 being entirely heterosexual and 6 being entirely homosexual) to be a measure of attraction, and report an overall mean shift from a Kinsey 5 to a Kinsey 4 (Jones & Yarhouse 2006: 250-61). They also claim that no one reported harm in their study (Jones & Yarhouse 2006: 330), but several people did leave the study, and no follow up with these participants was done (Jones & Yarhouse 2006: 358). While they claim that one third of their sample has achieved “success,” over half of these successes are people who live chaste lives and continue to experience same sex attractions (Jones & Yarhouse 2006: 368-70). Thus, this interpretation of success reveals a prioritization of identity as the primary form of evidence for sexual orientation. As many critics of Spitzer’s study had called for physiological testing, including genital arousal testing with erotic imagery, Jones and Yarhouse felt the need to preempt this critique. Arguing against physiological testing on the basis of its methodological shortcomings, Jones and Yarhouse add that Evangelical Christian subjects and researchers should not have to work with erotic imagery that violates their values (Jones & Yarhouse 2006: 112-17).

These shifts can certainly be attributed in part to the emergence of public ex-gay survivor narratives, in an effort to compromise and keep people within ministries. But given that calls for physiological testing had been so central and so public, it is likely that

these calls have also contributed to these shifts in rhetoric among ministry leaders and religious researchers. While no physiological tests of reorientation therapy outcomes have been conducted since the 1970s (nor is it likely that such tests will be conducted), the reassertion of the need for physiological measures, both within science and within activism, has likely had a performative effect on the ways that self-report evidence is emphasized within the social world of ex-gays. In an analogous case of a technology that purportedly measures “truth” from the body, historian of science Ken Alder argues that the polygraph has been less of a lie detector, and more an extractor of confessions. That is, rather than actually detecting lies, the polygraph machine is a performative truthing technology—as long as people believe that a device can extract truth from the human body independent of the will to hide it, the polygraph works. Alder tells stories of how the polygraph has been instrumental in extracting confessions in police work, and the threat of the polygraph has been deployed to evoke fear within the souls of government workers and company employees in the interests of maintaining loyalty (Alder 2007). In the case of ex-gays, the phallometric test has also played a performative role, transforming the claims of change within ex-gay activism as well as within conversion therapy science, such that testimonials and self-reports have included claims of lingering same-sex attractions despite transformations in identity. In a personal interview, Exodus leader Alan Chambers offered a response to the idea of using physiological data to test outcomes:

Are there ways to determine whether someone’s attractions are in one place or another? Sure. Some people who have cancer undergo chemotherapy, and it cures them of cancer, whether it comes back or not, people can be cured of cancer. Psychology and therapy cannot cure people of sin. It’s just not possible. Therefore, if someone hooks me up to some

type of an electrode or does a scan of my brain while I am looking at homosexual pornography, they would likely see that it stimulated senses. From the age of 11 I spent so much time giving in to homosexual thoughts and urges that my brain, no doubt, would recognize that stimulus. I would imagine there are numerous stimuli that would do the same thing. In fact, heterosexual pornography would likely produce a reaction. I'm married and I am physically and sexually attracted to my wife. Heterosexuality is something that has been strongly developed in my life. And while I have a wonderfully satisfying outlet for that attraction to my wife, I have to be careful there too now that there has been a reorientation of sorts.... While I think such a study is an interesting way to determine attraction level, I am unsure the purpose of it. I don't think there's any beneficial purpose in it. For me, it absolutely would not redefine who I am or have any bearing on me or the life that I have both chosen to lead and love leading. I don't need a test to tell me what I already know about the strength of my memory and the addictive patterns that I once was beholden to. Nothing invalidates the life that I lead today. Nothing can invalidate the identity change, the radical unbelievable identity change that's happened in me and so many others. It cannot invalidate the change in orientation that's happened in me. It just would simply point to the fact that for a significant period of time I had an unquestionable attraction to the same sex. It's not so earth shatteringly surprising that I might still find the same sexual stimuli appealing today. I will never be as though I never was. Regardless of the stimuli, I believe that is true of all humans and the significant behavioral patterns they have left behind (Chambers 2008).

In this passage, Chambers admits to lingering same-sex attractions, but he also attests to additional attractions directed toward women. Nonetheless, the logic behind Christian conversion and the equation of homosexual desire with a ubiquitous temptation to sin places physiological tests of the body at the bottom of a hierarchy of evidence for sexual orientation in Chambers' worldview. In a world where God created man to always be tempted by sin, of course physiological testing would reveal the pervasiveness of temptation.

Along these same lines of reasoning, Exodus International provided a direct and elaborate statement of the meaning of "change" in the book *God's Grace and the Homosexual Next Door* (Chambers et al. 2006). This book, addressed to the wider

Christian community, largely intended to convince Christians that homosexuality is a sin like all other sins, that homosexuals are capable of redemption and worthy of outreach, and that homosexual attractions are not chosen. As Erzen (2006) argues, ex-gays have been marginalized within the larger Christian community, which often views them as incapable of true change, and which often sees homosexuality as more severe compared to other behaviors labeled as sin. In an essay in the book titled “Is Change Possible?” Mike Goeke, Exodus vice president of Operations, provides an explanation how change should be understood. The essay is written to the broader church, but often addresses the reader as if he or she were seeking reorientation, priming them to give up a narrow human perspective of sexual orientation change for a new identity in Christ, in which glorifying God is the basis of one’s identity. The essay challenges the view that attraction is the primary measure of sexual orientation in several ways. First, the essay encourages trust in God rather than cultural expectations of sexual orientation change. Goeke states:

With regard to homosexuality, change takes many forms. The first step for those struggling and for those of you who choose to walk alongside a struggler is to allow for the truth that God can work change *in whatever way He* desires. It’s important to free one’s mind to experience change beyond imagination and not to limit God based on a narrow human perspective. Unrealistic expectations easily breed and grow doubt (Goeke 2006: 68).

By foregoing a “narrow human perspective” and leaving the outcomes up to God, scientific standards can be subverted. To free one’s mind to experience change beyond imagination and to not limit God based on narrow human perspective is also to forego physiological testing or any other physiologically based indicators as a basis for demonstrating sexual orientation change. From a scientific perspective, this move lowers the bar on change required for there to be a “successful” outcome. Next, Goeke raises

identity to the highest status of change, but rather than changing to a heterosexual identity, what is most important is that a person changes from a “false” homosexual identity to a Christian identity which includes heterosexuality. Goeke claims:

Some Christians believe that change is always evidenced by full deliverance from homosexuality, resulting in complete and immediate eradication of strong homosexual desires and the establishing of heterosexual desires and feelings. This form of healing and change is rare. Most organizations that educate people on homosexuality are careful to state clearly how seldom this type of healing occurs and don't encourage people to expect this sort of change in themselves or their loved ones... For most people who accept Christ and the new life He offers, their true change isn't so much behavior focused, attractions focused, or demon focused. Instead, their true change is *heart* focused. It's a change of *identity* from the inside out. And that identity change will result in behavior change (Goeke 2006: 69).

The change of identity should be toward a Christian identity rather than a heterosexual identity per se:

The goal for change should not be heterosexuality, it should be holiness, or better yet, Christlikeness. Being Christlike has nothing to do with sexual attraction. It means having the mind of Christ, and being focused on living for the Father, and bringing Him glory. For all Christ followers, no matter their affliction, change does happen. The blind are made to see. Lives are transformed” (Goeke 2006: 76).

Like a gay identity, “ex-gay” is also a “false” identity, because, “identity change should not be based on former sin, but rather, identity should be based on the fully holy identity bestowed on them via the Cross of Jesus Christ” (Goeke 2006: 73). Identity change is then said to be a catalyst for behavior change. However, behavior change alone is insufficient as an indicator of change, since one's heart may not be Christ-centered. Once identity and behavior change have occurred, and one has entered into a heterosexual committed relationship, then attraction changes may occur although this is not guaranteed. Goeke states:

As the person leaving homosexuality begins to base his (or her) life on his true identity in Christ, and as he or she begins to be free from the untruths on which he based his former identity, he will usually start to see changes in his attractions. Many (but certainly not all) people who have left homosexuality testify to new and amazing desires for the opposite sex. Sometimes the desire is for simple connection and intimacy. Men and women will, for the first time, find themselves longing for a healthy, intimate relationship with the opposite sex in marriage. But again, this is a *result* of being rooted in a new identity, not a presumptuous and hasty choice one just makes. The road to failure in homosexual healing is paved with wrong expectations and presumptions

For men and women who have *not* dealt with homosexual desires, sexual attraction may be the *first* thing that draws them into a relationship with someone else. But with those who have left homosexuality, the *relationship* itself often comes first. As the relationship grows, new feelings and desires will often grow, as well. At some point, they find themselves sexually attracted to members of the opposite sex for the first time. For people seeking to overcome same-sex attractions who are already married to someone of the opposite sex, the amazing intimacy of a sexual relationship with their spouses is realized for the first time” (Goeke 2006: 73-4).

It is noteworthy that the sexual attractions one is likely to experience are within the confines of a committed relationship and do not translate into sexual attractions for members of an entire sex. Goeke states:

As mentioned previously, many times those dealing with same-sex attraction will share that they spent much time praying for “change” as young teens or adults, but that nothing happened. Often these prayers were entirely focused on attractions. The desire of the people praying was not to submit their struggles to the Lord, or to be changed, as much as it was to “have sexual attraction for the opposite sex.” Someone once rightly said that God will not replace one lust with another. He does not substitute one sin in exchange for an alternative sin. God changes hearts from the core. Sometimes the outcome is what was asked for, and sometimes it is not” (Goeke 2006: 74).

This carefully articulated position is an explanation which supports the Spitzer study, but which preempts critiques based on physiological testing and the existence of ex-ex-gays. Phallometric testing would be quite difficult to undertake within the confines of

marriages of conservative Christians, and ex-ex-gays are cast as people who had unrealistic expectations of change.

In addition to explaining the meaning of “change,” Goeke’s essay challenges the idea that identity based on sexual attraction can be meaningful. He states:

The internet and even mainstream bookstores both have a wealth of information labeling same-sex desires as proof that one is homosexual. Strugglers often read and research, trying to figure themselves out. They are bombarded with the lie that their attractions mean they *are* homosexual and that their homosexuality is unchangeable.

When so inundated, these people will often finally decide to embrace this identity that they have fought against for so long. Understandably, there is often an initial sense of great relief. Almost immediately the identity they originally fought forms the foundation of who they believe themselves to be. The gay identity becomes something around which they can build their lives. Further, in this day and age, they have an entire subculture devoted to reinforcing and strengthening that false identity. Almost every gay person will testify that within the gay community they experienced their first true sense of belonging....

Because of this depth of identity associated with their feelings, gay identified people do not distinguish between who they *are* and what they *do*. Thus the much overused Christian phrase “love the sinner, but hate the sin” simply does not compute for homosexuals. All they hear is the word “hate,” because they do not distinguish between what they *do* and who they *are*. Their behavior is indistinguishable from their identity. When a gay person makes the decision to come out of homosexuality, it can feel like he (or she) is losing his very essence” (Goeke 2006: 71).

According to Goeke, a “false” gay identity is based on a lie: attractions mean one is homosexual, and this position is a direct challenge gay-affirmative psychologists. In addition to casting gay identity as “false” because it is based on attraction, Goeke links it to a form of childhood denigration:

Instead of accepting the labels placed on them by the taunting playground children of their youth (“sissy,” “pansy,” “fag,” “butch,” “dyke,” etc.), or by the message of the world that labels them based on sexual attractions (“you are sexually attracted to the same gender, therefore you are gay”), these changed people gladly accept the identity bestowed on them by their God—new creatures designed for the purpose of glorifying their God,

fully male or female, and fully righteous based on the blood of Jesus shed for their sins (Goeke 2006: 70).

Thus, according to Exodus, gay identity is an understandable response to human events, but it is “false” because it is rooted not in Christ, but rather, in the internalization of childhood taunting and the acceptance of sexual attraction.

The acknowledgement of lingering same-sex attractions and the abandonment of “ex-gay” marked a significant shift in the rhetoric of reorientation ministries since they had been launched on the national stage in 1998. Whether the operative tactic included declaring that there was too much uncertainty and lack of consensus about how to measure sexual orientation, or whether meaningful change was cast in terms of identity, ex-gay ministries and researchers attempted to maintain the legitimacy of their work despite the fact that lingering same-sex attractions could no longer be hidden behind vague claims of “change.” However, while this trend was also observable among some secular reorientation therapists, for the most part, the most vocal members of NARTH held and refined a very different view: complete change, including attractions, was possible if clients could only address the real issues underlying their homosexuality.

Reparative Therapy, NARTH, and the Promise of Attraction Change

While reorientation therapists within NARTH certainly vary on their views of the possibility of sexual attraction change, many of the most vocal leaders within the organization maintain the position that complete change is possible. Among these leaders is Joseph Nicolosi, a practitioner of “reparative therapy,” a particular version of reorientation. A key strategy deployed by NARTH during this period was the compilation

of meta-analyses designed to prove that reorientation works through aligning multiple authors—a technique that Latour calls “enrolling allies” to effectively overwhelm an opponent with a large amount of research that must be invalidated to undermine one’s claims (Latour 1987). It did not matter that many of these studies had been discredited, what mattered most was their number. In this period, NARTH also continued to advance its critique of the American Psychological Association’s structure, working with past APA Presidents.

David Pickup is a reparative therapist who trained under former NARTH president Joseph Nicolosi at the Thomas Aquinas Psychological Clinic in Encino, California. He is part of a new generation of secular reorientation therapists who are themselves ex-gay. Richard Cohen and many therapists under his tutelage also fit into this category. Therapists who are ex-gay not only make claims to be able to change people but also to make personal claims of change. Like the “Gay-PA” group of gay psychiatrists who were instrumental in demonstrating that one could be homosexual and a mental health expert simultaneously during the demedicalization of homosexuality in the early 1970s (Bayer 1981), Pickup seeks to change his marginalized status as an ex-gay by claiming the status of mental health expert.

Regarding scientific evidence for the efficacy of reorientation treatments, Pickup claimed in an interview that any form of evidence would likely support the efficacy of reparative therapy. He first articulated an understanding of psychology as a “soft science,” requiring acknowledgment of the inevitable value orientations among scientists:

[E]very good psychologist knows [psychology] is not a hard science, it’s a soft science. In my opinion we need to talk about these kinds of issues both as scientifically as we can and anecdotally. We can’t, until we can

put a human being literally in the test tube and [have] hard science, figure things out in the classic scientific sense. Everyone knows that. Everyone—gay therapists, non-gay therapists, whatever. But we must be as scientific as possible so that we can be as credible as possible. So that's one reason why there's so much debate on this scientific study or that scientific study. So naturally a gay-affirmative therapist is going to interpret scientific findings [and] scientific studies that we do as skewed or different, and we of course, with our professional bias may, like they, (unless we're really careful) look at their evidence and see that their evidence is not credible. It is incumbent upon each individual to look at the evidence knowing this is a soft science (Pickup 2009).

However, Pickup claimed that the scientific process of looking at evidence carefully is impeded by fear on both sides:

I think ...that gay affirmative therapists are very afraid to look at what might be true. We're—I'll speak for myself—I'm not afraid to look at what might be credible scientific evidence for homosexuality being inborn and natural. [I'm] willing to do that. I'm trying my best to be as scientifically open and non-judgmental as possible. That, in my opinion, is how one finds truth. ...I think some of us, especially Christian therapists get really scared because it's a faith thing, and they ...tend to dismiss even looking or considering a scientific study done by a gay affirmative therapist because they're afraid of what they'd find out. Well both sides have got to quell those fears and just be seekers of truth, and being willing to look at the evidence, and consider it, and then come to conclusions (Pickup 2009).

Pickup claimed that NARTH is willing to consider any kind of evidence to show that complete change is possible. When considering phallometric testing and brain scanning,

Pickup claimed:

No one here is afraid of that. We would love it. In fact, moving towards that is exactly what NARTH is doing. I'm not saying that tomorrow we're going to institute exactly those programs, but we certainly would be open to it (Pickup 2009).

Although psychology may be a soft science, Pickup claims that NARTH is open to a full consideration of evidence that he claims would demonstrate full sexual orientation change. However, the tests are always in the future and not coming any time soon.

Pickup also challenged the effectiveness of religion based approaches, claiming that they do not solve to the core issues that underlie same-sex attraction. Pickup contrasted reparative therapy with ex-gay ministries:

So in general, the Exodus community is dealing more with the spiritual aspects of the soul and so they're going more through techniques of behavioral things. Obviously they're going to be talking the majority of the time about homosexuality as sin, and against God's will and that kind of thing, and so they will seek healing from homosexuality through prayer....Obviously in reparative therapy we don't do that. We believe we go to the underlying causes, and the other organizations don't really do that. What we deal with is the underlying nature of the thing, and then Christianity deals with the spiritual, in terms of the relationships with God and the removal of sin, and that kind of thing. I do think, without realizing it, some very good hearted Christians, call transformation out of homosexuality just stopping of behavior (Pickup 2009).

Pickup also went so far as to claim that the reasons why there are ex-ex-gays is because they go to ex-gay ministries, and these programs are ineffective:

I believe that spirituality really only addresses right and wrong and how one can be in a pure relationship with God, and that's wonderful as it is, if people want to do that, but neither can I call that a fundamental shift in personality, or fundamental shift in one's feelings, in my opinion. That's why a lot of guys are out there who call themselves ex-ex-gays because unfortunately they haven't had that deeply transformative experience that deals with the causes of homosexuality, so they still dealt with temptations, and wondered why God didn't heal them, and there was suffering, because they felt these feelings for other guys and they made a choice to be true to their emotional make up and live a gay lifestyle (Pickup 2009).

Thus, Pickup claimed that ex-gay ministries were the source of the ex-ex-gay phenomenon, as they do not fully address the underlying gender shame issues that he believes to be the cause of homosexuality.

At a NARTH conference in 2007, and an Exodus International regional conference in 2008, the reparative therapist Joseph Nicolosi presented his theory of the

“double-bind/double-loop” approach that he uses with his male reparative therapy clients (Fieldnotes, NARTH Conference 2007, Exodus International Western Regional Conference 2008). This is the technique that Pickup was also learning at the Thomas Aquinas Psychological Clinic in Encino, California, where he interned with Nicolosi at the time of my interview. While Nicolosi’s reparative therapy theory is rooted in the theories of Charles Socarides and Elizabeth Moberly and was developed in the early 1990s (see Chapter 2), the “double-bind/double-loop” technique was developed later as a means to help men struggling with same-sex attractions to manage their daily lives (Nicolosi 2009). Nicolosi believes that “homosexual enactment,” engaging in same-sex sexual behaviors, occurs as a result of shame. When a man is in a healthy “assertion” state, he does not have same-sex attractions. However, feeling inadequate as a man may put him into a “shame” state. In this shame state, he may slide into the “gray zone,” where same-sex attractions occur. Because same-sex attractions derive from feelings of gender inadequacy for Nicolosi, he believes that any gender shaming experience can lead a man to feel same-sex attractions. When a man experiences shame, his mind becomes divided against itself, and he becomes divided from others. This is what Nicolosi calls the “double bind.” In this state, a man feels a lack of masculinity in himself, and seeks masculinity in other men, eroticizing that which seems exotic to him—he is at the mercy of what Moberly called the “reparative drive.”⁵⁴ In order to get out of the “gray zone” and the “shame” state, a client must understand and process the source of the shame by

⁵⁴ While many people assume the term “reparative therapy” means therapy to “repair” homosexuals, in fact, the term refers to therapy of the reparative drive. However, this fact does not prevent the popular understanding of reparative to mean “repairing” homosexuals, and opponents capitalize on this fact. For example, Jack Drescher’s history of reparative therapies is titled “I’m Your Handyman: A History of Reparative Therapies” (Drescher 2001).

grieving. He will then experience a “double loop” in his mind, returning to the assertion state with no same-sex attractions, feeling connected to himself and to others again (Fieldnotes, NARTH Conference 2007).

When I interviewed David Pickup at the Thomas Aquinas Psychological Clinic in Encino, I sat in the same chair where reparative therapy clients sit during their sessions. On the floor in front of me, underneath a coffee table, sat a video camera pointed towards my face next to a television monitor. During the reparative therapy session, clients view themselves on this monitor to be able to observe changes in their facial expressions and posture as they move from the “assertion” state to the “shame” state. Clients can monitor their posture as they deal with their shame and return to the assertion phase. Through this feedback process, reparative therapists claim that clients can learn to deal with all sources of gender shame and ultimately eradicate same-sex attractions altogether. If these attractions return, clients then have a conceptual method for eliminating them on their own.

Nicolosi and other NARTH members continued to assert that they had evidence for the efficacy of these therapies, *pace* the position statements of all professional mental health associations in the United States. In February of 2007, the Governing Board of NARTH adopted the “Leona Tyler Principle” as a means to boost their scientific credibility, making a commitment to scientific data in advocacy. Linda Nicolosi described the principle on the NARTH website:

In essence, the principle states that when psychologists are speaking as members of their profession, any advocacy in which they engage should be based on scientific data and demonstrable professional experience. Perhaps Dr. Tyler, then APA’s president, was able to foresee the day when

organized psychology would be influenced by activism, and she wanted to ensure that psychology as a profession would not be eroded.

“Ironically,” noted NARTH Scientific Advisory Chairman A. Dean Byrd, Ph.D., “since the enunciation of this principle, the national mental health associations seem to have been taken over by ideologues whose activist agendas show little concern for science or professional experience. In fact, this principle seems to have been repeatedly violated by APA itself” (Nicolosi 2007).

Thus, through adopting the Leona Tyler Principle, NARTH portrayed itself as committed to science in its advocacy, and again painted professional groups such as the American Psychological Association as beholden to political forces such as gay activism. From NARTH’s point of view, the meta-analyses of studies that they had compiled, would soon publish as Volume 1 of *The Journal of Human Sexuality*, and would later present to the president of the American Psychological Association constituted a scientifically objective basis for advocating for the recognition of the efficacy and positive ethics of reorientation treatments. Their advocacy, they believed, was based on the Leona Tyler Principle.

Pickup, Nicolosi, and reparative therapists represent one pole of the views of NARTH members with their claims that complete attraction change is possible. There is certainly a wide array of perspectives within the organization, and NARTH has presented more moderate views, such as claims at the American Psychological Association protest in 2006 that protesters had changed their “sexual identity.” Nonetheless, many perceive the entire organization as united in their excessive promises of change. By 2008, fractures within the ex-gay movement had occurred due to a shift toward acknowledging lingering same-sex attractions among religious ministry leaders and researchers, and due to the efforts of anti-reorientation activists effectively painting NARTH as a hate group.

A Growing Emphasis on Women's Sexual Orientation and Reorientation

While women have sought out sexual reorientation therapies since their inception, and have also been reorientation therapists, women have largely been invisible in the literature. Writing in 2004, Morrow and coauthors noticed this trend and speculated on why this might be:

Generally speaking, women have been ignored in the literature on conversion therapies. The reasons for this are unclear, but this may have to do with a greater tolerance of same-sex attraction and behavior on the part of women among the religious and psychoanalytically oriented practitioners who have been the primary advocates of conversion treatments. Male privilege in patriarchal religions may actually be a double-edged sword in that because of that privilege, men (particularly White, economically privileged men) hold a central role in the church structure and may draw more attention when they do not conform; because of women's auxiliary status, their sexuality may be less visible and their deviation less salient (Morrow et al. 2004: 782).

This analysis points not only to the invisibility of women, but also the lack of research on members of racial minority groups. Whether the literature reflects the actual demographics of reorientation therapy clients is unknown, but organization meetings tend to be populated primarily with white men. These demographics are also understood to be reflected in the ex-gay movement as well (Toscano 2009).

This invisibility of women in the literature has begun to change, with the development of new research and theory over the past few years, as movement members have been recognizing subtle differences in messages and strategies among themselves. Within the ex-gay movement, Janelle Hallman is a therapist who specializes in sexual reorientation therapy for women, and has recently authored *The Heart of Female Same-sex Attraction* (2008). She practices therapy with women in Westminster, Colorado. Her book has been prominent within ex-gay ministries as it fills a void, and her work has been

featured in many *NARTH Bulletin* issues. Among reorientation opponents, psychologist Lisa Diamond has published a longitudinal study on women's sexual orientation titled *Sexual Fluidity* (2008), also contributing to this conversation.

In Hallman's theory of women's same-sex attraction, women's sexual orientation is diffuse and complex. The project of therapy is not complete change, per se, but rather, personal growth. Changes of same-sex attractions may be a by-product of that process.

Hallman describes:

Therapy is rarely, if ever, focused on the *direct* eradication of a woman's same-sex feelings or orientation. A woman's SSA is not a neatly compartmentalized aspect within her life that can be easily isolated and simply extricated; it is rarely a behaviorally based phenomenon that can be objectively observed, quantified or controlled, although it certainly has behavioral components. Female SSA is an extremely complex multidimensional biological, cognitive, emotional, behavioral and relational *dynamic* that may or may not reach into a woman's core identity (Hallman 2008: 24).

The change process occurs differently for women because of the innate natural difference between men's and women's sexuality:

[B]ecause female sexuality is more emotionally than physically based, sexual arousal and attraction patterns can and do change as a woman's emotional connections change. Core beliefs that often drive a women's same-sex intimacies—such as the belief that only women are able to emotionally connect—can be challenged and often change. The content and frequency of a woman's sexual fantasies can change. Behavioral aspects of a woman's sexuality, especially if there is a compulsive component, commonly change. Change can occur as a woman heals from sexually abusive experiences. A woman can also change or develop her identity to include a broader definition of her personhood than one solely focused on sexuality. Everybody, including women who struggle with SSA should have the freedom to challenge and change beliefs, break old vows, alter relational styles and heal from past abuses. We are always in the process of becoming. Change itself is not only a part of our inalienable right as human beings, but also a part of the inherent dynamic of natural human growth and development (Hallman 2008: 24-25).

The idea that women's sexuality is more "emotionally based" than men's is widely shared among the ex-gay movement.

Christine Bakke, co-founder of Beyond Ex-Gay, described what this gender difference in understanding of sexual orientation meant for ex-ex-gay experiences. She claimed that ex-gay ministries tend to place more emphasis on the possibility that women will form enmeshed emotional attachments while in ex-gay programs:

[Ex-gay programs] feel like women's relationships are emotionally dependent, unhealthy enmeshed relationships, and so basically we're counseled to not be close to other women, to rely on God as our source of everything, to not even have a close mentoring relationship with another woman in many ways. It is not hard and fast throughout the ex-gay movement but for people who do work with women, you'll hear them talk a lot about emotional dependency issues and enmeshment. These kinds of terms. So what happens ...because of that is... a lot of people feel that they've blocked the ability to maintain good friendships. So for me it a long time, years, to start to repair that and I'm just feeling that in the last couple of years I'm back to where I probably was before the ex-gay movement, where I'm able to be close to somebody and depend on somebody else. I've had to learn a lot about interdependence (Bakke 2010).

For Bakke, the concerns about emotional interdependence that are raised with women in ex-gay groups translates into a hyper-vigilance about emotional connections. When recovering from the ex-gay movement, she found that she had to relearn how to make emotional connections with people.

The idea that women's sexuality is more emotionally based is accompanied by the idea that women's sexuality is more "fluid" than men's. This idea is shared across many social worlds, including the ex-gay movement and mainstream psychology. Lisa Diamond, a psychologist at University of Utah, has written extensively on this topic. Her recent book *Sexual Fluidity* (2008) is a thirteen year long longitudinal study of a sample

of eighty-nine women with same-sex attractions, and she found that these women tended to change their identities and behaviors quite frequently. She defines fluidity:

Sexual fluidity, quite simply, means situation-dependent flexibility in women's sexual responsiveness. This flexibility makes it possible for some women to experience desires for either men or women under certain circumstances, regardless of their overall sexual orientation. In other words, though women—like men—appear to be born with distinct sexual orientations, these orientations do not provide the last word on their sexual attractions and experiences. Instead, women of all orientations may experience variation in their erotic and affectional feelings as they encounter different situations, relationships, and life stages (Diamond 2008: 3).

Thus, women's sexual fluidity exists as a layer on top of a fixed sexual orientation.

Sexual fluidity may be involve a sexual response to a particular person that a woman has become emotionally invested in, or it may involve an exploratory phase. Diamond distinguishes between the “spontaneous” fluidity experienced by her clients and “effortful” fluidity that one might experience when going through reorientation therapy.

Despite Diamond's attempts to distinguish “spontaneous” from “effortful,” her work has been taken up as evidence for the possibility of change in reorientation programs. For example, Hallman states:

[M]any contemporary studies support the notion that female sexuality in general is fluid or flexible rather than rigid or fixed and that it is structured differently from male sexuality. While the concept of sexual *fluidity*—the *spontaneous* evolution or transformation of one's sexual attractions, behaviors or identity—is not identical to the concept of *changeability*, which involves *intentional* effort directed toward altering or changing one's sexual attractions or behaviors, it does support the notion that *sexual feelings and behaviors are not absolutely immutable or unchangeable*. It does *not* however directly translate into proof that *any* woman with SSA can easily change or alter her same-sex attractions or orientation (Hallman 2008: 27).

Hallman is more careful than many within NARTH when citing Diamond's work, but these types of appropriations have led Diamond to speak out against the misuse of her research (Respect my Research 2008).

Divergence on each Side of the Debate, Convergence in the Middle?

By the year 2008, the intellectual landscape of the reorientation therapy debate had changed considerably relative to the immediate aftermath of Spitzer's publication. While tensions on both sides of the debate may have existed before, those tensions had now grown into differentiation among social movement organizations, including different understandings of what was possible in ex-gay treatment and different ideas about appropriate tactics for challenging opponents in the debate. The counter-mobilization of anti-reorientation forces brought about differentiated roles for hard-hitting gay activists on the one hand, and ex-gay survivors deploying testimonial politics that warned of dangers on the other. On the other side of the debate, ex-gay ministries and researchers clarified that departing from homosexuality will likely be a life-long struggle due to lingering same-sex attractions, but claimed that identity change alone may be sufficient for a mentally healthy life. Meanwhile, secular therapists maintained and refined their position on the possibility of full reorientation.

While there was divergence on both sides of the debate, this situation left some groups farther apart, such as ardent gay activists and secular reorientation therapists. Meanwhile, some opponents seemed to be meeting in the middle in a potential compromise. Ex-gay ministries and researchers, ex-gay survivors, and LGB-affirming therapists who had written in the 2004 special volume of *The Counseling Psychologist*

(see Chapter 4) all seemed to be converging on the idea that sexual attractions do not change, and that sexual identity need not be congruent with sexual attractions for a person to be mentally healthy—especially if that person belonged to a conservative religious community. Even the moderate position that NARTH presented in its letter to President Koocher in 2006 seemed to support this view. But with this convergence, some questions still remained about whether reorientation therapies were ever ethical, whether clients would receive informed consent about the possibilities of change, and whether clients pursued reorientation therapy for valid reasons.

Such issues, along with the questions of efficacy and harm, would be addressed by the American Psychological Association over the years 2007-2009, as Clinton Anderson, Director of the APA Office of Lesbian, Gay, Bisexual, and Transgender Concerns, organized a Task Force to address the APA's position statement on therapeutic responses to sexual orientation. In the next chapter, I discuss the factors leading up to the decision to form that Task Force to revisit the APA's statement and the contentious process of putting together the report. I also examine how the APA revisited its therapeutic guidelines on therapy for LGBT persons. While religious ex-gay perspectives were considered in these discussions, NARTH remained excluded from these negotiations despite the group's efforts to protest the APA and to participate in the organization.

Chapter 6
Mapping the Boundaries of Science and Sexual Orientation:
The American Psychological Association Task Force as Prevailing Cartographer
(2007-2009)

On August 5, 2009, a CNN.com headline got directly to the point: “Programs to change gays to straights don’t work, report says.” The accompanying article explained how the American Psychological Association was unequivocal in its opposition to reorientation programs, now stating, “[T]here is little evidence that efforts to change a person’s sexual orientation from gay or lesbian to heterosexual are effective,” and “such efforts may cause harm” (CNN 2009). The report was the work of a six-member Task Force set up by the APA in 2007, charged with revisiting the 1997 Position Statement on Therapeutic Response to Sexual Orientation. In this CNN article, typical of the mainstream reporting on the APA Task Force’s conclusions, it seemed that science had clearly established once and for all that reorientation is a failed project.

However, in a seeming paradox, Exodus International praised the APA Task Force report for its acknowledgement of religious diversity, and its recognition of people’s choices to live in congruence with their religious values. In a public statement, Exodus President Alan Chambers said, “The role of religion and the importance of faith cannot be understated when it comes to the ongoing dialogue over sexual and gender identity....It is an essential element of many people’s lives and creates great moral conflict and tension for those who struggle with unwanted same-sex attraction. We are grateful that the APA has acknowledged this and hope to see more done to ensure that religious diversity and personal autonomy are respected in the future” (Exodus

International 2009). While Exodus expressed disagreement with some key elements of the APA report in the statement, it is astounding that this organization could express such gratitude given the characterization of the report in the mainstream press.

It is perhaps appropriately symbolic, then, that the bright orange cover of the 2009 APA Task Force Report includes a photograph of two silver jigsaw puzzle pieces that appear as though they could fit together. The puzzle pieces are not connected, but rather, they lean against one another ready to fall into place with a slight nudge or gust of wind. This image seems emblematic of the report's goals of rapprochement—bringing together perspectives from disparate social worlds as though they were pieces of a puzzle to be joined, shedding light on a larger picture. The APA report builds on the compromises proposed in the 2004 Special Issue of *The Counseling Psychologist (TCP)*, attempting to find a middle ground between religious ex-gay ministries and gay-affirming therapists in a common set of therapeutic guidelines and understandings of the nature of sexual orientation. A “dialectical dance of meaning making” (Esacove 2004) involving actors from opposing social movements and professional groups has yielded a “middle road” therapeutic approach for people experiencing conflict between their values and their sexual orientation. That emergent compromise draws on ideas from authors in the 2004 *TCP* Special Issue (e.g., Beckstead & Morrow 2004) as well as Evangelical therapists' proposals for “sexual identity therapy” (Throckmorton & Yarhouse 2006). It proposes that while same-sex attractions cannot be reoriented, clients should have the option to determine what sexual identity they want to develop; indeed, living with an identity that is incongruent with one's sexual orientation may be appropriate and even advisable in some circumstances.

While the APA Task Force report presents this compromise as necessary for respecting religious diversity, it does set some firm limits to the practices it condones. The report downgrades reorientation therapies to the status of “Sexual Orientation Change Efforts” (SOCE)⁵⁵, stripping them of the term “therapy.” Moreover, it recommends that psychologists not engage in SOCE because there is no scientific evidence that sexual orientation can be changed, and there is significant scientific evidence of harm from these attempts. To construct these scientific facts and accompanying recommendations, the Task Force used stringent criteria for allotting research studies the status of science.

Thomas Gieryn describes the practice of setting such limits around science as “boundary work.” Drawing on a set of cartographical metaphors, Gieryn claims that in publicly debated science, various actors will create “maps” of the cultural landscape that distinguish science from other ways of knowing. Such cultural representations include “compelling arguments for why science is uniquely best as a provider of trustworthy knowledge, and compelling narrations for why my science (but not theirs) is bona fide” (Gieryn 1999: 4). In addition to establishing the boundaries of science for the scientific community, boundary work provides maps for the public to know the “genuine scientists” from the “false prophets.” But who draws the prevailing maps of science? Gieryn uses the term “second-order” boundary work to describe the struggles to designate which “cartographers” are deemed credible (Gieryn 1999: 17-18).

⁵⁵ This acronym has taken on an Italian pronunciation (SO'-che), as two members of the Task Force had spent considerable time in Italy (Lee Beckstead as a Mormon missionary, and Jack Drescher as a medical student). (Glassgold 2010)

The story of the APA Task Force report includes boundary work at both of these levels. At the level of “second order” boundary work, NARTH clashed with the APA when none of its nominees were selected for the committee. The APA would have to justify why the members selected were particularly qualified. Excluded from the deliberations, NARTH produced a “countermap”: a review of the scientific literature in support of the position that reorientation is efficacious and not harmful. Within the scientific community this was an arguably weak challenge from the margins, but in the world outside of science, NARTH’s expertise has had a significant impact. To maintain the credibility of the report as scientific and not merely the product of “gay activism,” the Task Force would have to establish that its work was grounded in valid scientific principles.

In this chapter, I argue that the successes of the ex-gay movement in publicizing testimonies and creating research purportedly demonstrating the efficacy of reorientation prompted the APA to clarify its views on reorientation therapies. Effectively, the popularization of dissent and the ensuing concerns raised by gay rights activists required a response from mainstream psychology by exerting pressure from outside. Subsequently, the boundary work of the APA and the Task Force set the cultural boundaries of science through a series of strategic intellectual moves. First, by rooting science in the ethics of multiculturalism and respect for sexual orientation diversity, the APA ruled out NARTH nominees. By requiring that research design include comparison of SOCE to some other experimental condition, and by upholding publication in a peer-reviewed journal as a necessary criterion for designating research as science, the APA was able to justify not selecting NARTH nominees, none of whom had conducted research deemed to be

scientific. Furthermore, the Task Force dismissed most research on efficacy as nonscientific through the application of these criteria. However, they sought out scientific evidence of harm in any SOCE study regardless of methodology. NARTH's countermap inverted these principles, finding scientific evidence of efficacy in almost any SOCE study but finding no evidence of harm. Finally, a crucial ontological distinction between "sexual orientation," defined as an experience of attraction, and "sexual orientation identity," defined as a willingness or ability to accept sexual orientation, allowed the Task Force to reject self-report studies. Through its review of research, the Task Force elevated the physiological testing method of phallometry above self-report and also raised reports of harm to a scientific status never seen before.

This chapter begins with a discussion of why this particular boundary work struggle began at this time in the American Psychological Association even though there was no significant challenge within science, and it follows with the story of "second order boundary work" in selecting members of the Task Force. Excluded from the Task Force, NARTH created a rival "map" of the scientific landscape, and the formation and presentation of that document is discussed. Finally, the chapter describes the process of writing the APA report, its boundary work strategies, and its conclusions. As the "prevailing cartographers" of the boundaries of science in the field of sexual reorientation during this period, the APA Task Force significantly changed the rules of the game for reorientation proponents, rules which further marginalize those who believe homosexuality is a disorder and that sexual attractions can be changed.

Why Form a Task Force?

In 2007, when the APA call for Task Force applicants went out, no mental health professional organization had created a new position statement addressing the issue of reorientation therapies in the United States for at least seven years. For most mainstream professional groups, the fact that there is no evidence that reorientation therapies can change sexual orientation was clearly established, but the American Psychological Association as an organization remained equivocal. The 1997 APA Position Statement, “Appropriate Therapeutic Response to Sexual Orientation” stated that homosexuality is not a mental disorder, and it raised ethical concerns about informed consent and flawed assumptions underlying treatments. However, it claimed the ethics, efficacy, and potential harm of these therapies were “under extensive debate” in science and the media (American Psychological Association 1997). This left the APA without clear positions on efficacy or harm, and the organization remained open to claims on either side that the organization should move in their direction. Clinton Anderson, Director of the Office of Lesbian, Gay, Bisexual, and Transgender Concerns, recalled:

[I]t was an issue that needed to be [addressed], because our [1997] resolution does not deal with the issue of efficacy or harm from an empirical perspective at all. It’s purely grounded in ethics (Anderson 2008).

While the 1997 Position Statement originally began as an attempt to ban reorientation therapies, a series of legal and practical concerns thwarted that effort, and the result was a watered down position statement.

The committee that requested the formation of a Task Force is part of Anderson’s office, which is housed in Washington DC as part of the APA’s Public Interest

Directorate. The Directorate consists of a set of offices whose stated mission is “to apply the science and practice of psychology to the fundamental problems of human welfare and the promotion of equitable and just treatment of all segments of society through education, training, and public policy” (APA 2010a). As part of the Directorate, the Office of LGBT Concerns applies these goals to LGBT populations. It works “to advance psychology as a means of improving the health and well-being of lesbian, gay, bisexual, and transgender (LGBT) people, as a means of increasing understanding of gender identity and sexual orientation as aspects of human diversity, and as a means of reducing stigma, prejudice, discrimination, and violence toward LGBT people” (APA 2010b). A significant part of this mission is to move psychology forward in ways that protect LGBT people, as equal members of the public, from the damaging forces of stigma and minority stress. Thus, it is built into the very purpose of these institutions to oppose those practices, including questionable therapies, that deem homosexuality to be a disorder, that are based on stigmatizing notions of homosexuality, or that harm LGBT people.

In Alan Irwin’s terms, the Public Interest Directorate and the Office of LGBT Concerns are APA offices which foster “citizen science.” In a world where scientific expertise is becoming increasingly central in public debates, “citizen science” is a vision in which scientists and citizen groups engage in open dialogue (Irwin 1995: 33).⁵⁶ With a commitment to honoring gender and sexual diversity and combating discrimination and

⁵⁶ In Irwin’s theory, “citizen science,” including dialogue between citizens and scientists, is offered as an alternative to “science-centered” views, which often see the public as irrational, and “critical” views, which often see science as an overly rational force that is disenchanting the world (Irwin 1995: 31-34). In the conflict over reorientation therapies, the debate never takes this form. No one is complaining that there is too much therapy in the world overly rationalizing peoples’ lives. Rather, opposing social movements both vie for to have their point of view supported by the powerful institutions of science, and each side claims that the opponents’ science is “ideological.”

stigma, the Office of LGBT Concerns facilitates dialogue between groups concerned about these matters and the field of psychology. In addition, the office provides an institutionalized location from which the APA can take policy positions on various issues affecting LGBT people. However, the Public Interest Directorate does not have an office that is designed to facilitate dialogue with people expressing religious or ex-gay concerns. Division 36, on Psychology of Religion, does provide a forum for scholars interested in the intersection of theology and psychology, but it does not have the kind of institutional structure of the Directorate. Groups interested in providing the APA with pro-reorientation views and grievances have approached Clinton Anderson, but in general, many of these groups express frustration with not having a place at the APA. Those opposed to gay rights are often frustrated with the organization's commitment to so-called "political correctness."

Given the mission of the Office of LGBT Concerns, it was not just the ambiguity of the 1997 statement that inspired Anderson's committee to request that the APA Board of Directors form a Task Force and charge it with revisiting the statement. According to Anderson, three major factors contributed to the decision to request the Task Force:

The first was that there had been some empirical publications on the issue since we did our report. And some of them got a good bit of media attention. Secondly, [while] we were probably the first professional association to adopt a position, ...NASW and the American Psychiatric Association and others have as well, and so that was also a consideration, [we wondered] where are we in relation to them? And the third was that community organizations, particularly PFLAG [Parents and Friends of Lesbians and Gays] and the NGLTF [National Gay and Lesbian Task Force], continued to articulate a high level of concern about the issue, about particularly...their belief that the reparative therapy rhetoric was having an impact on young people and on the social climate and context for young people. So those three things. Over time the committee I staff,

the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns decided to propose that APA establish a new Task Force (Anderson 2008).

Thus, new publications, the stronger position statements of other professional organizations, and concerns raised by gay activist organizations were the primary inspirations for Anderson's committee to raise the idea of the Task Force. In February of 2007 the Board of Directors agreed and a call went out for applicants. Emblematic of citizen science, the office facilitated dialogue between gay activists and psychology, prompting the formation of a Task Force to address perceived risks to the mental health of LGBT youth.

One of the activists who approached Anderson about APA revisiting the issue was Ron Schlittler, then President of PFLAG. In the following statement, Schlittler explains the specific political and scientific concerns that brought him to Clinton Anderson:

I was becoming more and more concerned that these folks [reorientation proponents] were becoming more sophisticated and more forceful in how they were presenting this whole reparative therapy thing, and I just expressed my concern. I said, "Clinton, this is really alarming what they're doing, and it is time for the APA to take a look at what you've put out so far, and is there any updating or refreshing that's called for based on the way that the discussion is unfolding? Are there things being claimed that there's no science to back up or vice versa? What's real and what's not?" Because as advocates and activists, what we need is accurate quality information so that we can make our case in the court of public opinion as well as school districts, or wherever it may be (Schlittler 2008).

Schlittler views psychological science as a resource to be used in "the court of public opinion" and in school districts, where claims by the powerful association have sway—as claims that homosexuality was a mental disorder once did in these same public arenas. Schlittler from PFLAG and Jason Cianciotto from the National Gay and Lesbian Task Force (NGLTF), who were both concerned about these issues, could approach the office

designed to hear their concerns and ask it to address this conflict unfolding within the public. Cianciotto and Schlittler expressed alarm over the advancing ex-gay movement and claimed that LGBT members of the public, especially youth, needed the APA's support in the form of a statement. That statement might reinforce the fact that those possibly inflicting stigma and harm were not supported by science. It was this very sort of problem that the Office of LGBT Concerns is designed to address.

From the point of view of Anderson's committee, publicity for reorientation therapies and reorientation studies also played a significant role in the decision to request a Task Force. In this regard, Anderson states:

The NARTH publicity machine is very much connected, [but] NARTH alone would not have ... the capacity to generate [the publicity necessary to inspire a Task Force]. ... [I]t's their linkage to Focus on the Family and other organizations that do have a lot of ability to communicate to their audiences. So there continued to be this idea in certain media that research had proven that conversion therapies worked, and we weren't sure how good the research was... (Anderson 2008).

Because the APA Public Interest Directorate's mission included educating the public about the status of science in psychology, the widespread circulation of efficacy claims was a challenge significant enough to require APA to solidify its position on the matter.

Finally, according to Anderson, the new research publications that inspired the Task Force were significant in their effect, but few in number. Describing this empirical work, including the Shidlo and Schroeder study, Beckstead's dissertation, and the Jones and Yarhouse study, he said, "[W]e're not talking about a vast body of research." (Anderson 2008). It is particularly noteworthy that Anderson did not mention the Spitzer study when asked about this research. He downplayed it, and rather, emphasized other work. His brief mapping of the literature portrays something less than a "vast body of

research,” and thus, is indicative of a sparse landscape.⁵⁷ Emphasizing a dearth of literature on reorientation is a common theme among reorientation opponents, in contrast to proponents who point to hundreds of studies supporting their view; thus, minimizing the body of relevant literature is a boundary work strategy for those who claim there is no evidence for the efficacy of reorientation.

The impetus to request a task force thus arose out of a citizen science dialogue facilitated by the Office of LBGT Concerns in the APA Public Interest Directorate, with its mission of honoring diversity, protecting LGBT people from stigma, and providing the public with accurate information. The weakness of the 1997 position statement, concerns raised by LGBT members of the public, and information produced by the ex-gay movement were all factors prompting the APA to act. This case has some parallels with the case of HIV dissenters and AIDS research in the late 1980s and early 1990s. At this time in the history of AIDS, dissenters had amassed so much popular credibility outside of science that Robert Gallo and other proponents of the HIV hypothesis were forced to respond and provide further proof for their views (Epstein 1996: 141). The formation of a Task Force is a case of popularization of alternative knowledge “feeding back” into the processes of mainstream science (Hilgartner 1990). However, in this case, opposing social movements also played a role. The gay rights groups PFLAG and NGLTF approached APA because the successes of an opposing movement were making their own work more difficult. In effect, the charge for the Task Force was developed within the

⁵⁷ Psychiatrist Jack Drescher also conveyed this general idea of a sparse landscape of research. Before I conducted an interview with him in 2010, I described my project as reviewing debates over the evidence of reorientation treatments. He claimed that such a discussion could probably fit on one page, given that there was so little research on the topic.

context of concerns about the dangers of reorientation therapy programs. The contents of this charge, as well as the APA Code of Ethics, would inform decisions of whom to select as task force members.

Second-Order Boundary Work: Who should be selected?

In 2007, the APA sent out a call for psychologists to submit their CV and cover letter to apply for a position on the Task Force. NARTH offered four candidates. Two of these were from the social world of secular reorientation therapy: NARTH president Joseph Nicolosi, and then president-elect A. Dean Byrd. Two were from the social world of religious ministries: Evangelical researchers Stanton Jones and Mark Yarhouse, co-authors of the study *Ex-Gays?: A Longitudinal Study of Religiously-Mediated Change in Sexual Orientation* (2007). The NARTH website presents the alleged qualifications for each of these candidates, emphasizing their professional credentials and expertise on reorientation. Stanton Louis Jones, PhD is “Provost and Dean of the Graduate School and Professor of Psychology at Wheaton College, Wheaton, Illinois. He is co-author of *Homosexuality: The Use Of Scientific Research In The Church’s Moral Debate*.” Mark A. Yarhouse, PhD is “Professor of Psychology, Doctoral Program in Clinical Psychology at Regent University in Virginia Beach, Virginia. Dr. Yarhouse is co-author of *Homosexuality: The Use Of Scientific Research In The Church’s Moral Debate* and has published many peer-reviewed articles on homosexuality and treatment for SSA.” A. Dean Byrd, Ph.D. MBA, MPH “heads the Thrasher Research Fund and is affiliated with the University of Utah School of Medicine, Department of Family and Preventive Medicine, Department of Psychiatry. Dr. Byrd is considered one of the foremost experts

on same-sex attraction and reparative/reorientation therapy. Dr. Byrd has published numerous articles on SSA and change, as well as gender and parenting issues.” Finally, Joseph Nicolosi, PhD “has been involved in researching sexual orientation and treating individuals with unwanted SSA for more than 25 years. He is a California-licensed psychologist, founder of NARTH and author of *Reparative Therapy of Male Homosexuality*, *Healing Homosexuality: Case Stories Of Reparative Therapy* and *A Parent's Guide To Preventing Homosexuality*. Dr. Nicolosi is a pioneer of reparative therapy and is one of the world’s foremost experts on the successful treatment of same-sex attractions” (Hatfield 2007). From NARTH’s perspective, criteria for being on the APA Task Force would include such things as high positions at an Evangelical university, publications that challenge the moral basis of homosexuality, publications on how to reorient and prevent homosexuality, experience leading a reorientation therapy organization, experience developing reorientation treatments, and experience treating people for unwanted same-sex attraction.

While these candidates might all seem qualified for the Task Force from the point of view of NARTH, this organization has been generally excluded from the APA, so the group’s nominations were very unlikely to be considered. While Nicolosi and Byrd are both APA members, being leaders of a group founded on the idea that homosexuality is a disorder undermined their credibility. Anderson states:

NARTH, since its beginning, has been an organization that we ([meaning] the American Psychological Association as a whole, not just my office) have deliberately worked to avoid any association with. When they had their inaugural meeting, we participated in a press conference in opposition to them... They’ve approached us, there’s a status within our convention called non-affiliated groups, so groups can ask to meet in conjunction with us, even though they’re not affiliated with APA. We

have refused them that status. They have asked to advertise in ... the *APA Monitor* their meetings and their conference, and we've chosen to not allow them to do that (Anderson 2008).

Even though today NARTH may avoid the position that homosexuality is a disorder,

Anderson claims that this view is usually lurking beneath the surface. Anderson stated:

[T]heir founding principle on homosexuality was that it was a developmental disorder, and we have decided that we cannot allow ourselves to be perceived in any way in association with an organization that takes that position. And so that's what we have [done], and we've been very clear in our letters to them: You have a fundamental founding principle. It's inconsistent with our position on the issue, and we will not associate with you, and therefore we will not give you access to any of our services....[W]hat they say is that now their membership includes people who no longer believe that homosexuality is a developmental disorder.... [T]heir rhetoric now is that they're not about trying to stigmatize gay people. If people want to be gay, that's fine. They are now about providing services to an underserved population, which is that population of people who have same-sex attraction but do not want to be gay, and so it doesn't take very long interacting with those people before their pejorative attitudes and sentiments and actions are quickly revealed (Anderson 2008).

Because of perceptions of their pejorative views of homosexuality, it was believed that NARTH members would not be able to comply with the APA Code of Ethics (2002), which requires honoring diversity of various sorts, including that based on sexual orientation. While Task Force members were not part of the selection process, their perspectives provide some insight into why NARTH nominees were not selected. Task Force Chair Judith Glassgold states:

JG: One thing that is foundational is that APA's policies are affirmative of sexual orientation diversity. Anybody who sat on that committee had to be [affirmative], that's its policy, that's where we are coming from. This was not a committee to debate different things. This was a committee that was charged with coming up with affirmative perspectives, and affirmative solutions, and affirmative recommendations on therapy. That helped define who the members were. That was part of the charge.

TW: How does APA define affirmative, what does it mean to be affirmative?

JG: That homosexuality is not a mental illness, or a disability, and is equivalent to heterosexuality, in all those ways (Glassgold 2010).

Thus, since it was presumed that NARTH leaders could not be “affirmative,” they were not selected for the Task Force.

However, Stanton Jones and Mark Yarhouse are not members of NARTH. The fact that NARTH nominated them likely did not help their chances, but Task Force members explained that they were not selected because of their point of view was based on “faulty” scholarship, and because their research was “faulty.” Member Lee Beckstead states:

Our advocacy was grounded in scholarship. And that’s, I think, the criticism: that anybody else that wanted to be part of the club, that their scholarship wasn’t [adequate], or their advocacy wasn’t based on scholarship. Like the Jones and Yarhouse [study], there are problems with it. We had actually quite a lengthy critique of the study (Beckstead 2009).

Similarly, Glassgold explains how Jones’ and Yarhouse’s research is “gray literature,” having never been published in a scientific journal, and that it is methodologically flawed:

[Jones’] book with Yarhouse is pretty poor... The research is awful... I think it’s... their methodology—they don’t know how to do statistics, they don’t know how to do sampling... So if ... you don’t use appropriate statistical analysis to analyze your data, you kind of ruin your credibility. And when you make some errors in how you define sexual orientation... So I’d say that there were some serious flaws in their work that we ended up not going into because of course its gray literature, it’s never been published. No professional articles. Never met those standards of peer review—not that peer review is perfect—but you do have to meet some basic standards (Glassgold 2010).

In addition to problems in the quality of research, Glassgold considers Jones to have an “ideological bent” and accuses him of having an “anti-scientific streak in some of his earlier work” (Glassgold 2010). The “anti-scientific” work to which Glassgold refers draws on the theory of Thomas Kuhn in *The Structure of Scientific Revolutions* (1962) to argue that because science is always based on values, one can propose an Evangelical Christian-based science (Jones and Yarhouse 2000; Jones 1994). Moreover, even Jones and Yarhouse would likely have difficulty complying with the APA Ethics Code, as they “lean towards relativism”:

I think the danger of Yarhouse and Throckmorton is that they’re leaning towards relativism. [They believe] that all ideas are equivalent and equal and that’s not true. One of the things, ...that Larry Summers, the former president of Harvard who now is involved in the Obama administration says is that, in a free society all ideas should be heard, but not all ideas should be adopted because they are not all equal....And that’s what I think they refuse to see. I think that’s what Stanton Jones ...and NARTH refuses to see is that though they have ideas, [it] doesn’t mean their ideas are equivalent. They have to really validate their ideas and so far they haven’t. They clearly haven’t (Glassgold 2010).

Thus, although Jones and Yarhouse were not NARTH members, they were not selected due to boundary work claims about quality of scholarship, views of science, and problematic values.

At the end of the vetting process, APA President Sharon Stephens Brehm appointed six people, selected on the basis of their qualifications, expertise, and ability to work according to the APA Code of Ethics and other policies. The result was a task force with four “clinicians” and two “methodologists.” The clinical contingent included Judith Glassgold as chair, as well as Lee Beckstead, Beverly Greene, and psychiatrist Jack Drescher. The researchers included Roger Worthington and Robin Lin Miller. Five of

these people had prior experience working with the issue of sexual reorientation, generally expressing opposition to SOCE in some form. One person, Robin Lin Miller, was brought in as a neutral methodologist to review the science, as she had not been involved with the issue before.

Those who were selected for the Task Force brought some form of scientific expertise that aligned with the concerns and tasks raised in the charge, including expertise in diversity, as well as familiarity with the issue of sexual reorientation, and they demonstrated an ability to be affirmative in the ways required by the charge. For example, Lee Beckstead is a psychologist with extensive experience working at the intersection of sexual orientation conflicts and the LDS church. His doctoral dissertation was a study of the experiences of people who had undergone reorientation therapy, including opponents and proponents.⁵⁸ He himself had been through the Evergreen International ex-gay ministry, but claimed that the program did not change his sexual orientation, and later he asked to be excommunicated from the church (Beckstead 2009). As a clinician, he has worked in the counseling center of the University of Utah and with the Aspen Grove Counseling Center in Salt Lake City. He has worked with clients experiencing conflicts between their sexual attractions and religious faith. He also has

⁵⁸ Beckstead's research publications (Beckstead 2001a; Beckstead & Morrow 2004) are drawn from his master's thesis and an expansion of this research in his doctoral dissertation. Overall, this is a study of people who have undergone reorientation therapies and who are now either proponents or opponents of the therapy. Proponents may not claim to be fully heterosexual, but they have been "converted" to a reorientation therapy ideology. Beckstead's research outlines the harms and benefits of reorientation therapies for both samples (see Chapter 3). He has provided commentary on the Spitzer study (Beckstead 2003) as well as commentary on reorientation therapies more broadly (Morrow, Beckstead, Hayes, & Haldeman 2004). He was part of a research team including James Cantor and Ray Blanchard that studied pedophilia using phallometric testing (Cantor et al. 2004). Most recently, Beckstead co-authored a chapter in an American Psychological Association handbook on resolving sexual orientation conflicts (Beckstead & Israel 2007).

experience working with an organization called “Healing the Great Divide,” which brings LDS and non-LDS psychologists together to try to talk across belief systems, so he has a strong commitment to reconciliation. He claimed that, in part, his role on the committee was to make sure that an effort was made to try to understand the motivations and concerns of proponents of reorientation therapies, so that these perspectives were not simply dismissed:

I think my role was constantly making sure what they were saying was accounting for the people that I knew either personally or professionally or I knew from this other perspective, so I wanted to make sure that they weren't just going to reinforce this gay affirmative stance, but we needed to find some framework that allowed conservative religious individuals to be part of the tent, to be part of the treatment plan. So I would constantly make sure [to say:] we can't just discard this, we can't just discard this. We have to keep including these viewpoints. I think that was what my role was (Beckstead 2009).

While not an advocate for reorientation therapy, Beckstead still felt that it was imperative that the concerns of reorientation proponents be considered and respected. This emerges from his deep understanding of the power of religious belief in peoples' lives.

Psychiatrist Jack Drescher brought another set of concerns and his own expertise to the Task Force, especially regarding the implications of the issue to the larger political context. Drescher is a psychoanalytically trained psychiatrist working in New York City at the William Aronson White Psychoanalytic Institute, and is author of *Psychoanalytic Therapy and the Gay Man* (1998b) as well as numerous essays and articles critical of reorientation.⁵⁹ Drescher's appointment to the task force raised some concerns among

⁵⁹ In *Psychoanalytic Therapy and the Gay Man* (1998b), Drescher provides a relational theory of psychoanalysis which treats homosexuality as a normal variant of human sexuality. Drescher rejects any etiological theorizing as evidence of anti-gay bias (also see Drescher 2002), and discusses this type of theorizing amongst his clients as internalized homophobia. In addition, Drescher rejects all reorientation therapy as heterosexism. Additional publications by Drescher on reorientation therapy reject reorientation

APA members who wondered why a psychiatrist would be participating in this committee. However, his work as an advocate for psychotherapy within psychiatry, and his publications, were used to defend his appointment (Glassgold 2010). Drescher described his expertise regarding the larger political context:

I think I provided a historical perspective. I probably was the most senior member of the task force. I had been actively involved in the culture war aspect of this issue as a public spokesperson. So my role as it evolved was sort of to bring a kind of awareness of what we were doing within a larger social context. They already understood it was important to do this, but...I brought a kind of historical perspective to...understand this is a clinical issue that has been subsumed for political purposes. And you can't just talk about the clinical issues without having some understanding that there are political agendas being pursued. And so I listened for that part (Drescher 2010).

Drescher visualized his work as part of a larger “culture war,” understanding that the concerns they were dealing with did not end at the clinical setting, but were part of larger political battles. He described the terms of the war as follows:

We're all in the middle of a culture war. I'm just a spokesperson for a certain viewpoint. Homosexuality is not an illness. Homosexuality can be normal. Gay people should have the same rights and privileges as other people, and shouldn't be discriminated against. Those are controversial issues (Drescher 2010).

Other members of the panel expressed the value of this perspective. Beckstead stated:

I think Jack was incredible to give us a history and to give us an analysis of power and what was going on, and not to take things for what [reorientation proponents] were saying that they were (Beckstead 2009).

Thus, Beckstead and Drescher offered complementary forms of expertise: Beckstead was focused primarily on client concerns while Drescher raised the contextual and political ramifications.

on ethical terms (Drescher 2001, 2003). At the time of this writing he is Editor Emeritus of the *Journal of Gay and Lesbian Mental Health*.

The chair of the committee, Judith Glassgold, has developed affirmative therapeutic approaches for lesbian clients. As chair of Division 44, she worked to reconcile differences between that division and Division 39, the Division of Psychoanalysis, as the latter had not completely eradicated psychoanalytic approaches to therapy that pathologized homosexuality. Unlike Beckstead, who focuses primarily on the intersection of sexuality and religion, Glassgold had done some work on this intersection but it was not her primary focus.⁶⁰ She had written an article on Orthodox Jewish women struggling with same-sex attraction. This background provided her experience in leadership and developing compromises, as well as the ability to play an intermediary role balancing the clinical concerns of someone like Beckstead with the kinds of political concerns expressed by Drescher. Glassgold states:

Jack Drescher works more with gay men who are struggling, [but] their struggles with their sexual orientation may be more with personality issues and internalized homophobia. Lee works in Utah and with exclusively religious clients, so that was his point of view.... Just a few years before I was appointed to the Task Force, I worked with Orthodox Jews who were struggling with these issues. I had an article in press at that time on that issue. So I was kind of the middle person, I think, between Lee and Jack. And I had credibility as a gay activist, where Lee may be viewed with suspicion by gay activists.... Jack's a brilliant guy when it comes to understanding dynamics and process, and Lee has the experience of watching people struggle, and I ... had watched that struggle too, so I think it was a great synergy (Glassgold 2010).

⁶⁰ On the intersection of religion and sexual orientation, Glassgold studied the integration of Orthodox Judaism and lesbian identities (Glassgold 2008) and the ethics of screening candidates for clergy on the basis of sexual orientation (Glassgold & Knapp 2008). Other publications relevant to the sexual reorientation therapy debate include a co-authored introduction to a Special Issue of *JLGP* on integrating LGBT activism and psychology (Glassgold & Drescher 2007), an article on gay-affirmative therapy drawing on liberation psychology (Glassgold 2007), an essay on implementing the 1997 APA resolution (Schneider, Brown, & Glassgold 2002), and a letter to editor of *Psychotherapy*, criticizing the Throckmorton and Yarhouse (2002) review of literature on reorientation. She has also co-edited two books on lesbians and psychoanalysis (Glassgold & Iasenza 1995; Glassgold & Iasenza 2004)

In this intermediary role, Glassgold was able to work with Beckstead on exploring literatures like the psychology of religion while still keeping a focus on the larger political ramifications of the report.

According to Glassgold, Beverly Greene seemed to fit into the Task Force “more on the side of Jack [Drescher],” concerned with the larger political context of the report. Greene is a clinician in private practice, and also teaches in the Department of Psychology at St. John’s University in Queens, New York. Her areas of specialization center on understanding ways that people contend with intersecting social inequalities, investigating the ways that people develop multiple identities, and using this knowledge in the context of the therapeutic encounter. One of her goals is “using psychotherapy and psychological science to facilitate social justice” (St. John’s University 2010). As part of her research, Greene has examined psychodynamic theories and criticized them for racist and homophobic content. In addition, she has written about diversity within gay and lesbian communities, as well as therapy with sexual minority clients of color.⁶¹ With her stated specialties of understanding oppression within mental health paradigms and facilitating social justice, clearly Greene’s role on the committee involved challenging oppressive ideas within reorientation therapies. She also brought a perspective on intersectionality and other forms of marginalization including race.

One of the two people that Glassgold describes as “methodologists” on the panel is Roger Worthington, a psychologist and faculty member in the Department of

⁶¹ Among Greene’s vast publications in psychology, she has co-edited two volumes on lesbian and gay psychology (Greene & Herek 1994; Greene & Croom 2000). Her emphasis on multiple identities has included work on diversity among lesbians and gay men (Greene 1997; Greene 1994), African American lesbian and bisexual women (Greene 2000), and African American lesbian relationships (Hall & Greene 2002).

Educational, School, and Counseling Psychology at the University of Missouri.

Worthington has written on the sexual orientation therapy debate, and has developed theories of sexual identity development. His work involves a strong emphasis on diversity, as he holds positions at the University of Missouri as the Assistant Deputy Chancellor for Diversity and the Chief Diversity Officer. His research also emphasizes diversity across “race, class, gender, sexuality, and religion,” and investigates “multicultural counseling competencies” (University of Missouri 2010). In addition, Worthington has written on the topic of sexual identity within psychological research.⁶² Worthington’s role on the Task Force was as an advisor on research methodology, but in addition, as I will describe, he made a consequential contribution to theorizing “sexual orientation identity” as an entity distinct from “sexual orientation.”

Finally Robin Lin Miller was brought onto the Task Force as a “neutral” party, whose expertise was primarily in the area of research methods in psychology. Miller was the least familiar with the sexual reorientation therapy debate. She is a faculty member in the Ecological-Community Psychology program of the Michigan State University Department of Psychology. She also participates in the Consortium of Multicultural Psychology Research at MSU. Miller’s work has involved evaluating community service organizations, including the Gay Men’s Health Crisis in New York, and her work has

⁶² While Worthington has published widely on topics in educational psychology such as campus climate, he has also done extensive work on developing research methods for the study of sexual orientation. This work includes developing a Measure of Sexual Identity Exploration and Commitment (MOSIEC), (Worthington et al. 2008), and using MOSIEC and other instruments to study identity subgroups within sexual orientation groups (Worthington & Reynolds 2009). He has also studied heterosexual identity development (Worthington & Mohr 2002) In the reorientation therapy debate, he has provided commentaries, including advocacy for “sexual orientation identity” as separate from sexual orientation (Worthington 2003; Worthington 2004).

involved HIV/AIDS prevention.⁶³ From 2005-2009, she was Editor of the *American Journal of Evaluation*, and has served on the Editorial Boards of *Health Education and Behavior*, *Journal of Primary Prevention*, *New Directions for Evaluation*, and *American Journal of Community Psychology* (Michigan State University 2010). When asked in interviews about the evaluation of the literature in the APA Task Force Report, Drescher, Beckstead, and Glassgold all referred to Miller as the one who did the primary work of evaluating the sexual reorientation therapy studies for the Report.

When these members of the Task Force were selected, NARTH members expressed strong dissent, claiming that reorientation proponents who applied for the position had been willfully excluded and only gay activists were selected. In a moment of historical irony that echoed the struggles of gay activists in 1970, NARTH President Joseph Nicolosi stated: “The gay-affirmative make up of this task force offers a compelling reason for ex-gay organizations across the U.S. to protest at the annual APA Convention this August in San Francisco” (quoted in Hatfield, 2007). In a piece on the NARTH website written by Mike Hatfield, each of the Task Force members is described with a short biography, highlighting aspects of their work that portray each member as a pro-gay sympathizer. Drescher is a “well known gay-activist psychiatrist, serves on the *Journal of Gay and Lesbian Psychotherapy* and is one of the foremost opponents of reorientation therapy”; Beckstead counsels LGBT people from traditional religious backgrounds and “although he believes reorientation can sometimes be helpful, he has

⁶³ Miller’s work on HIV prevention has included evaluations of AIDS service organizations (Miller 1995; Miller et al. 1998, Miller 2001), developing techniques to evaluate AIDS service groups (Miller & Cassel 2000), and evaluating evidence-based practice in these organizations (Miller 2003). She has also studied ways that African American sexual minority youth manage heterosexism (Wilson & Miller 2002).

expressed strong skepticism”; Greene was “founding co-editor of the APA Division 44 series, *Psychological Perspectives on Lesbian, Gay, and Bisexual Issues*”; Miller “worked with Gay Men’s Health Crisis in New York City and has written for gay publications”; finally, Worthington is Chief Diversity Officer for University of Missouri, won the “‘2001 Catalyst Award’ from the LGBT Resource Center, University of Missouri, Columbia, for ‘Speaking up and often regarding LGBT issues’ and co-authored a piece titled “Becoming an LGBT-Affirmative Career Advisor” (Hatfield 2007).

In public statements, Nicolosi framed the candidates as gay activists who are not really committed to true “diversity.” In a Press Release titled “American Psychological Association Appoints Political Activists to New Committee,” Nicolosi blasted the selections. He described what he saw as political bias among gay activists:

This new APA task force was created to monitor “reorientation therapies” - therapy for people who want to decrease their homosexual attractions and develop their heterosexual potential. *But the APA has sent the foxes to guard the henhouse.* Reorientation therapy is for people who don't want to be gay—and it is now being monitored by gay activists who believe there is no such thing as a formerly gay person! [emphasis in original] (Nicolosi 2007).

Nicolosi also complained about a lack of “diversity” on the committee:

My impression, looking over this list, is amusement—and then anger. First, the amusement: the APA never stops talking about its passion for ‘diversity.’ Where is the worldview diversity on this list?

Next, the anger. We offered a strong list of candidates. All were rejected.

Judging from these members’ backgrounds, I do not believe this task force will be fair in its analysis of appropriate therapies. By rejecting any real reorientation therapist for the task force and stacking it with so many gay-affirmative opponents of sexual reorientation, the committee has already pre-determined what it will find.

I predict that this task force will recommend ruling that reparative therapy is unethical and harmful to individuals and should be banned by the APA.

Such a conclusion will inevitably violate patient autonomy and self-determination, and will silence intellectual diversity.

We will fight this effort with all of our resources (quoted in Hatfield 2007).

Here Nicolosi challenges the exclusion of reorientation proponents by rejecting the APA's unwillingness to incorporate "worldview" or "intellectual diversity" and to acknowledge "patient autonomy and self-determination." These themes resonate through much of NARTH's criticism of the APA, including criticism of the organizational structure.

In pursuing this critique, NARTH has aligned itself with Nicholas Cummings, former president of the APA, who criticizes the structure of the APA as well as the infusion of "political correctness" which has allegedly taken over due to the way the group is organized. In the book *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm* (2005) co-edited by Rogers Wright and Nicholas Cummings, authors express various concerns about how the APA has been hijacked by various leftist political ideologies. In an essay titled "Psychology's Surrender to Political Correctness," Cummings and O'Donohue express dissent over the political structure of the organization:

The field of psychology is fractionated into almost sixty formal divisions and fifty state associations, which compete for seats on the organization's governing body, the Council of Representatives. These divisions range from the subfields within psychology, such as experimental psychology, clinical psychology, counseling psychology, military psychology, and psychopharmacology to the more ideological groups, such as the Society for Consumer Psychology, humanistic psychology, Society for the Psychology of Women, Society for the Psychological Study of Lesbian,

Gay and Bisexual Issues, ethnic minority issues, peace psychology, and international psychology. Originally intended as units organized around special interests and concerns within psychology, they have become power bases and self-interest groups that fiercely vie against one another for the limited number of seats on the Council of Representatives in order to influence the course and commitments of the APA (Cummings & O'Donohue 2005: 9-10).

Because one must be a member of a Division or a state psychological association in order to vote for the Council of Representatives, Cummings and O'Donohue, as well as NARTH leaders, feel that this structure contributes to the development of "politically correct" positions that are not based on science. From the point of view of NARTH, because the Council of Representatives is so biased, it is no surprise the APA would choose Task Force members that reflect a politically correct pro-gay ideology.

At the APA Convention in Boston, in 2008, NARTH leaders raised objections in a direct confrontation at the APA President's Town Hall Meeting. Several NARTH members attended the meeting, including Nicolosi, and expressed to APA President Alan Kazdin their frustration at feeling excluded from the organization as a whole. Several of their people speaking ended their statement with the query, "Is there a place for me in the APA?" One notable NARTH member who voiced this concern was David Pickup, a formerly gay man who was working as a reorientation therapist, training with Nicolosi at the Thomas Aquinas Psychological Clinic in Encino, California. At the meeting, Pickup stood and said, "I am an ex-homosexually oriented man who provides reorientation change therapy for men who want this. I myself have greatly benefited from this type of therapy, so I guess I would ask the same question that the other gentlemen asked that is there a place for me in the APA?" (Fieldnotes, also quoted in CitizenLink 2008). Here Pickup employs a strategy that, in some ways, runs parallel to the Gay-PA strategies in

the 1970s during the struggle to demedicalize homosexuality. In both cases mental health professionals used their own status as simultaneously being mental health professionals and marginalized to promote a viewpoint.

At the height of the tension in the meeting, Arthur Goldberg, Director of JONAH (Jews Offering New Alternatives to Homosexuality) and member of NARTH, asked Kazdin why qualified reorientation proponents, including Nicolosi, were rejected from the Task Force. Kazdin deferred to Clinton Anderson, who was standing in the back of the room with a microphone. Anderson explained that the process of selection involved looking at applicants' credentials, and the most qualified were chosen. Anderson stated, "No one was rejected, rather people were selected, and I think the Board of Directors would agree that the set of people who were selected were highly qualified people." At this moment, Nicolosi cut him off and shouted, "That's the kind of double-talk that turns people off from the APA right there!" In line with Nicholas Cummings, Nicolosi used the strategy of impugning the credibility of the entire APA as a politically motivated "double-speak" organization (Fieldnotes, also see CitizenLink 2008).

While Nicolosi expressed his point of view, the APA Task Force composition did not change to include any NARTH nominees. Engaged in second-order boundary work, the APA and the Task Force members have developed a defense of those chosen for the task of mapping the contours of credible science. Because the APA Ethics Code requires honoring sexual orientation diversity, and the charge required developing "affirmative" recommendations, people associated with NARTH could not be selected for this group. Moreover, the research of Nicolosi, Byrd, Jones, and Yarhouse, often considered within APA to be of poor quality and even "gray literature," was not considered sufficiently

rigorous science. Thus, second order boundary work involved the assertion of a blend of values and scientific standards.

Once the Board of Directors approved the request made by Anderson's committee to form a Task Force, the charge given by the APA leadership included three primary tasks that set boundaries for who would be included on the Task Force. While the first charge was to review and update the 1997 resolution, the second was to generate a new report which discussed "appropriate application of affirmative therapeutic interventions" for people who desire sexual reorientation. Built into this charge was a call to investigate allegations of coercion and the promotion of stereotypes within therapies. The charge asked the Task Force to discuss "[t]he presence of adolescent inpatient facilities that offer coercive treatment designed to change sexual orientation or the behavioral expression of sexual orientation"; it also called for discussion of "stereotyped gender normative behavior to mitigate behaviors that are perceived to be indicators that a child will develop a homosexual orientation in adolescence and adulthood" (APA Task Force 2009: 1). Thus, the charge called for an investigation of alleged ethical violations, and surprisingly, did not call for any review of the scientific literature on efficacy or harm. After completing this discussion of appropriate therapies, the Task Force was directed to inform the APA about how it should respond to groups that promote reorientation and how it should support "affirmative" therapeutic interventions.

Constructing a "Countermap": "NARTH's Response to APA Claims on Homosexuality"

In another dramatic moment at the 2008 APA President's Town Hall Meeting in Boston, Nicolosi challenged Kazdin to take NARTH's work more seriously. He held up a thick, bound manuscript, stood, and stated, "I'm asking you if you would consider

reading this document. As a representative of many dissatisfied APA members, would you look at this document, read this document, and respond to us?” to which Kazdin agreed, “I will read the document” (Fieldnotes, also quoted in CitizenLink 2008). Then, Nicolosi walked up to the panel table and laid it before APA President Kazdin. Nicolosi claimed that this text thoroughly supported NARTH’s positions on homosexuality and reorientation therapy with scientific research. The document paints a landscape of the boundaries of science from the point of view of NARTH, presenting research studies that span 125 years. It was a “countermap” of the boundaries of science, anticipating anti-reorientation conclusions of the forthcoming APA Task Force report. By citing literally hundreds of efficacy studies, NARTH attempted to “enroll allies,” setting up an army of citations that must each be challenged in order for NARTH’s position to be undermined (Latour 1987).

After the town hall meeting episode at the APA in 2008, in a strategic act of performative scientism, NARTH published its literature review as Volume 1 of its newly created *Journal of Human Sexuality*. The cover of the bound journal bears the title, “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality.” The journal responds to three positions taken by the APA in two brochures from 2008 that preceded the Task Force Report: *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators & School Personnel*, published by the “Just the Facts Coalition” and endorsed by the APA; and the APA’s *Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality*.⁶⁴

⁶⁴ While the 2009 *Journal of Human Sexuality* issue responds to these three claims made or endorsed by the APA in brochures published in 2008, it is unclear whether the document Nicolosi presented to President

In Section I of “What Research Shows,” NARTH responds to the claim that there is no evidence for the efficacy of sexual reorientation therapies. This section begins with a discussion of how “change” in sexual orientation has been measured in the literature to follow. Phelan and coauthors state:

Clinicians and researchers typically defined “successful” treatment as an intentional shift in sexual desire from homosexuality to heterosexuality, either through self-reporting or through measurements such as penile plethysmography or the 7-point Kinsey scale (Kinsey, Pomeroy, & Martin, 1948), the multi-item Klein Sexual Orientation Grid (KSOG) (Klein, 1978), or other measures (Sell, 1997). Since there is no consensus of what constitutes a successful outcome, various authors maintain their own autonomy in how to define an outcome as successful (Phelan et al. 2009: 9).

The claim that researchers maintain their own complete “autonomy” to define successful outcomes allows NARTH to include any study with any outcome measure, including the generally discredited measures of therapist assessment and client retrospective self-report. Indeed, the studies they present generally rely on these two forms of reporting.

NARTH’s version of the landscape of scientific studies purportedly demonstrating efficacy is vast, and it covers a broad array of therapeutic interventions and outcome measurements. The document states, “Section I of this treatise is a brief overview of 125 years of clinical and scientific reports documenting that volitional change from homosexuality toward heterosexuality is possible” (Phelan et al. 2009: 37). Leading off the literature review is a summary of seven recent studies conducted over the past decade (Nicolosi, Byrd, & Potts 2000b; Beckstead 2001; Spitzer 2003a; Kartern 2006, Cummings 2007; Jones & Yarhouse 2007). While most of these studies have

Kazdin in 2008 is framed as three “responses to the APA” or just as support for three of NARTH’s positions on homosexuality. The document was not publicly available until it was published as the NARTH journal.

played a prominent role in recent debates (see Chapter 2 for Nicolosi, Byrd, & Potts 2000b; see Chapter 3 for Beckstead 2001; Spitzer 2003a; see Chapter 5 for Jones & Yarhouse 2007), Karten and Cummings studies are lesser known. Karten's study is a doctoral dissertation conducted at Fordham University. NARTH vaguely reports Karten's findings as showing "statistically significant" decreases in homosexual feelings and behavior as well as increases in heterosexual feelings and behavior, based on a retrospective self-report rating on a modified Kinsey scale. In addition, benefits of therapy reported include increased self-esteem and social functioning, and reduced depression, self-harmful behavior, suicidal ideation and attempts, and alcohol and substance abuse (Phelan et al. 2009: 16). Demonstrating the looseness of scientific standards in this literature review, the efficacy claim in the Cummings article is based on a casual estimate of successful reorientation change among the 16,000 clients that had concerns about their homosexuality in Cummings' group practice. That is, Cummings made a ballpark estimate of reorientation among thousands of clients, many of whom he did not treat himself. The document states, "Overall, Cummings estimates that approximately 67 percent of clients had satisfactory outcomes" (Phelan et al. 2009: 17).

The historical review of efficacy research is presented in the format of an inventory of allies. Each short paragraph begins with a name followed by a publication year and a description of the study. For example:

Bergler (1956) reported that in his 30 years of practice, he had successfully used psychoanalysis to help approximately 100 homosexuals change their orientation, and that a real shift toward *genuine heterosexuality* had occurred. Using psychoanalysis, Bergler and his associates reported a 33 percent cure rate—that is, following treatment these patients were able to function as heterosexuals, where before treatment they were exclusively heterosexual. Eidelberg (1956) reported

that two out of five cases were still successfully functioning as heterosexuals three years after treatment (Phelan et al. 2009: 20).

Written in this fashion, the literature review reads like a “roll call,” explaining what support each contributor offers NARTH. At the 2007 NARTH convention in Dallas, James Phelan, lead author of “What Research Shows,” went through this entire list in just this roll call fashion as conference attendees nodded their heads in affirmation (and at times shouted “yeah!”) with the announcement of each new ally (Fieldnotes). Notably, Phelan and coauthors fold together the rates of “fully successful” change from three “recent consumer surveys” (Nicolosi, Byrd, & Potts 2000b; Shidlo & Schroeder 2002; Spitzer 2003a) to compile an overall “success” rate for these studies. Table 6.1 below shows their compilation. By folding results from the Shidlo and

Table 6.1. Data from NARTH’s “Compilation and Overall Average Outcome of Recent Surveys of Reorientation Therapy Consumers” (Phelan et al. 2009: 15).

<i>Survey</i>	<i>N</i>	<i>Number and percent reporting exclusive opposite-sex attraction shift fully successful</i>
Nicolosi, Byrd & Potts (2000)	318	114 (36%)
Shidlo & Schroeder (2002)	202	8 (4%)
Spitzer (2003)	183	96 (52%)
Total	703	28 (31%)

Schroeder study into these other studies, Phelan and coauthors are able to transform it from a study that has generally been used to challenge reorientation therapies into one that helps to demonstrate a near 1/3 success rate.

For all of the allies enrolled in Section I, this part of the report conspicuously downplays the contributions of aversion therapists to the literature. This is ironic given the fact that behavior therapists once were major contenders in sexual reorientation

research and practice. Major aversion therapy studies are separated from the review of the history of behavior therapy, and the authors state, “Although aversion therapists were successful in treating a variety of unwanted homosexual thoughts, feelings, and behaviors,...aversion therapies are no longer used for sexual reorientation because of ethical considerations” (Phelan et al. 2009: 10). To make the case for the efficacy of reorientation, the review lists studies using other techniques, beginning at the end of the 19th century. These include pre-Freudian hypnosis (studies spanning 1882-1898), psychoanalysis (1920-1994), behavior and cognitive therapy (1935-1986), group therapies (1954-1980), sex therapy (1972-1984), pharmacological interventions (1940-2009), religiously mediated reorientation (1992-2007), spontaneous reorientation (1948-2007), and other interventions (Phelan et al. 2009: 19-34).

Section II of the document responds to the claim that reorientation therapies are harmful. In contrast to the vast landscape of studies that purportedly demonstrate that reorientation is effective, NARTH claims that the number of studies that claim to show harm is quite small. They uphold Jones and Yarhouse’s (2007) longitudinal self-report study as the “most methodologically rigorous study to date” where “no evidence was found to support the claim that attempts to change sexual orientation caused harm to participants” (Phelan et al. 2009: 42). The landscape of harm research is so small that it includes only one claim from one study, Shidlo and Schroeder (2002). Whereas Shidlo and Schroeder reported that clients who felt that their reorientation therapy failed experienced high rates of suicide attempts and ideation, Phelan and coauthors cite a paper by Whitehead, presented at the NARTH convention in 2008, which claims that the suicide rates of these clients was “likely lower” after therapy (Phelan et al. 2009: 42-

43).⁶⁵ Sidestepping other concerns of harm raised by Shidlo and Schroeder as well as the research conducted by Beckstead, Phelan and coauthors instead respond to a point posited by Doug Haldeman, that reorientation therapies contribute to homophobia in society. To counter this claim they present evidence that there has been growing belief in the idea that homosexuals are “born that way,”⁶⁶ as well as evidence of improving attitudes toward gays and lesbians in society (Phelan et al. 2009: 45-47). The authors round out the discussion of harm by claiming that even greater harms may befall clients if they are not offered reorientation therapies, a fitting segue to Section III of the document which challenges the idea that homosexuality is not associated with pathology.

In the final section, NARTH challenges a claim attributed to APA that “[t]here is no greater pathology in the homosexual population than in the general population” (Phelan et al. 2009: 53). This claim is an altered version of the claim from the APA brochure that NARTH cites: “Research has found no inherent association between any of these [lesbian, gay, or bisexual] sexual orientations and psychopathology” (quoted in Phelan et al. 2009: 5). The term “inherent” is operative in the APA statement, but notably missing from the NARTH claim. This translation of the relationship between homosexuality and pathology allows Phelan and coauthors to use any correlations in

⁶⁵ This claim is based on the idea that homosexuality is inherently associated with suicide, and this correlation is not due to oppression, a claim that is made in Section III of the NARTH document (Phelan et al. 2009: 53-57; 69-70).

⁶⁶ Phelan and coauthors do not explain why believing that homosexuality is “innate” is an indicator of favorable attitudes toward homosexuality. However, they do suggest in the conclusion of the essay that this belief means that homosexuals cannot be blamed for their condition (Phelan et al. 2009: 51). This indicates the strength of the idea operating in this social world that belief in innateness means support for gay rights, which is not a necessary linkage by any means, if the prospect of genetic screening is considered (see Hamer & Copeland 1991).

research on health disparities for sexual minorities (usually attributed to oppression) as evidence to refute their version of the “APA claim.” However, in their review of this literature, the authors minimize the role of oppression in these health disparities, suggesting (without explicitly claiming) that homosexuality is innately pathological, and consequently, reorientation treatments are a needed remedy. The health disparity literature reviewed by Phelan and coauthors includes mental health disparities (youth suicide, depression, substance abuse, eating disorders, relationship difficulties) and medical health disparities (HIV/AIDS, sexually transmitted diseases). Homosexuals are especially prone to other forms of deviance in their review, including promiscuity, sexual addiction, rape, molestation, and violence.⁶⁷ Finally, the authors point out that some homosexuals participate in risky and unconventional sex practices including scat, water sports, fisting, and bestiality (Phelan et al. 2009: 57-86). Analingus among homosexual men is a risk factor for Hepatitis A, the authors claim, and “[t]he act of analingus is not found among heterosexuals (McWhirter & Mattison, 1984)”⁶⁸ (Phelan et al. 2009: 68).

Once this report was delivered to Kazdin in 2008, it was passed along to the still deliberating Task Force. Beckstead explained how and why the group generally rejected NARTH’s analysis. He stated:

They didn’t even mention my study. . . . That is like, well wait a minute, how can this be based on science if they don’t include science? And they included Karten’s dissertation, it’s an interesting dissertation, but it’s not that many people, and it’s not a rigorous qualitative study. Again they’re

⁶⁷ While many of these types of dubious claims have been associated with the Family Research Institute co-founder Paul Cameron, Cameron’s name is conspicuously absent from the document.

⁶⁸ It is unclear how this claim about the non-existence of analingus among heterosexuals can be made based on a citation of the book *The Male Couple: How Relationships Develop* (1984) by David McWhirter and Andrew Mattison. The book is an interview study of gay male couples.

using data without questioning the data to support their agenda....I love what Robin did....Robin is like the editor of the top statistical magazine or journal. She looked at those studies and saw how flawed they were. You can't do meta-analysis of flawed data. It's like looking at a broken thermometer and asking what's the temperature outside? (Beckstead 2010).

Beckstead's study that he refers to is his doctoral dissertation, which included clients' claims of benefits and harms among proponents and opponents of reorientation. In an interview, Beckstead likened NARTH's refusal to acknowledge the claims of harm made by clients to the dynamics of sexual abuse perpetrators and victims. In these dynamics, the abuser may say to a victim, "Now you're getting angry with me, there's no need to get angry, what's the anger all about?" effectively, in Beckstead's characterization, dismissing any harm and "putting it back on the person with the less power" to deal with. That is, rather than taking responsibility to listen, account for, and respond to their clients' reports of harm, reorientation researchers and therapists say that claims of harm are really trivial or the client's problem. In a sexual abuse scenario, Beckstead claims that this rationalization enables a perpetrator to continue their actions as well as it disempowers a victim. Regarding NARTH, he stated, "If they were truly trying to understand it, they would do studies or investigations of the harm of their approach" (Beckstead 2009). From Beckstead's point of view, the new journal was an attempt to preempt the Task Force's work with a self-serving version of the scientific literature, but one that Robin Lin Miller, the neutral methodology expert on the panel, found to be especially flawed.

NARTH's countermap of the boundaries of science in anticipation of the forthcoming APA report was built on their own fundamental principle of science: defer to

researchers' expertise on efficacy and ignore harm. This allowed NARTH to include even Nicholas Cummings' ballpark estimate of how many people had experienced reorientation in his group practice. According to this perspective, the landscape of scientific research demonstrating the efficacy of treatment was vast: hundreds of studies conducted over a period of 125 years. While the success rate could not be definitively determined by NARTH, they felt they had substantial evidence to challenge the idea that there is "no evidence." The standards of that evidence, however, were left open to researchers' discretion based on the fact that there is no consensus on how to measure sexual orientation. By contrast, the landscape of harm research was reduced to one issue within one study. Finally, NARTH had redeployed health disparity research on sexual minorities, ignoring the effects of discrimination, to suggest that homosexuality itself is pathological. As Beckstead described, Robin Lin Miller rejected this work, largely based on the criteria of scientific method used to review literature in the Task Force report.

Cartography of the APA Report: Mapping the Prevailing Boundaries of Science

The charge for the Task Force did not require a review of the scientific literature to determine whether or not reorientation was effective or safe, but the group decided it was imperative to provide one. The report states, "[T]he debate over SOCE has centered on the issues of efficacy, benefit, and harm. Thus, we believe it was incumbent on us to address those issues in our report" (APA Task Force 2009: 26). In two chapters, one providing an overview of SOCE research and "methodological limitations," and another on "outcomes," the report addresses whether change efforts have been efficacious and whether they are harmful. These chapters are largely the work of the "methodologists,"

Robin Lin Miller and Roger Worthington, who developed the criteria for what studies were considered to be scientific. In studies of efficacy, two key principles seem to govern the boundaries of science: upholding the peer-reviewed, random-controlled trial as the gold standard, and requiring a physiological outcome measure. However, any peer-reviewed SOCE study could provide evidence of harm. Given the circulation of alternative claims about “what research shows,” the Task Force created APA’s map of science as an act of boundary work.

As a first principle of the review of scientific literature, research included in the review had to have been peer-reviewed. This excluded any non-peer-reviewed studies as “gray literature,” such as the Jones and Yarhouse study, published in the religious Intervarsity Press, and seen by NARTH as the “most methodologically rigorous” study supporting their views. The set of articles to be reviewed was found using word searches in scholarly databases, reference lists, and review articles. Using this method of selecting literature, the Task Force reviewed 83 studies published from 1960 to 2007. The majority of these studies were conducted before 1981, and a second smaller set of studies were conducted over the past decade.

The group divided studies into “experimental,” “quasi-experimental,” and “non-experimental” categories depending on their design. Only the experimental and quasi-experimental studies were considered capable of demonstrating causality. In true experimental studies, “participants are randomly assigned to treatment groups such that individual differences are more equally distributed and are not confounded with any change resulting from the treatment. Experiments are also rigorous because they include a way for the researcher to determine what would have happened in the absence of any

treatment (e.g., a counterfactual), usually through the use of a no-treatment control group” (APA Task Force 2009: 27). By contrast, quasi-experimental studies “do not have random assignment but do incorporate a comparison of some kind. Although they are less rigorous than experiments, quasi-experiments, if appropriately designed and conducted, can still provide for reasonable causal conclusions to be made” (APA Task Force 2009: 27). In the review, these two categories were expanded to incorporate studies that made *any* comparison, including the practice of comparing two reorientation therapies. Of the 83 studies collected, only 6 were deemed “experimental” and 3 were “quasi-experimental.” In contrast to NARTH’s vast landscape of hundreds of efficacy studies spanning 125 years, the Task Force found only nine studies that could scientifically speak to efficacy, all conducted in the late 1960s and early 1970s. These studies, as well as all SOCE research, were deemed to be of such “low quality” that psychologists should be extremely cautious when considering the applicability of these findings (APA Task Force 2009: 27)

The nine studies from the “early period” that the Task Force deemed to be of any scientific merit were all tests of aversion therapy, and they all showed general therapeutic failure. These nine studies demonstrated that it was possible to reduce homosexual arousal, but not to induce heterosexual arousal. It is tremendously ironic that the work of researchers who conducted aversion therapy studies, historically seen by gay activists as unethical forms of “torture,” was, years later, now enrolled in a document that challenged all reorientation practices. Based on these “early period” studies, the Task Force claimed that reorientation is likely to fail in all cases:

We concluded that the early high-quality evidence is the best basis for predicting what would be the outcome of valid interventions. These studies show that enduring change to an individual's sexual orientation is uncommon. The participants in this body of research continued to experience same-sex attractions following SOCE and did not report significant change to other sex attractions that could be empirically validated, though some showed lessened physiological arousal to all sexual stimuli (APA Task Force 2009: 2).

The majority of these studies, including ones by prominent researcher Nathaniel McConaghy, used phallometric testing as their outcome measure. Elevating the credibility of phallometry, the report states, "In men especially, physiological measures are considered more dependable for detecting sexual arousal in men and women than self-report of sexual arousal or attraction" (APA Task Force 2009: 31).

The rejection of self-report in studies of efficacy was based not on accusations of lying or self-deception among subjects (see such claims by critics in Chapter 3), but on the scientific determination of insufficient construct validity. Specifically, the claim made by the Task Force was that self-report studies do not adequately distinguish between the construct of "sexual orientation" and "sexual orientation identity." The Task Force defines sexual orientation as "an individual's patterns of sexual, romantic, and affectional arousal and desire for other persons based on those persons' gender and sex characteristics." By contrast, "sexual orientation identity" is defined as "acknowledgment and internalization of sexual orientation and reflects self-exploration, self-awareness, self-recognition, group membership and affiliation, culture, and self-stigma" (APA Task Force 2009: 30). This critique was used to invalidate recent research, such as the Spitzer (2003) and Nicolosi, Byrd, & Potts (2000b) studies, which rely on retrospective self-report. By this logic, a person's report of their sexual attractions cannot be disentangled

from their expression of sexual orientation identity, and thus, can only be understood as an expression of identity. The report states:

Considered in the context of the conceptual complexities of and debates over the assessment of sexual orientation, much of the SOCE research does not adequately define the construct of sexual orientation, does not differentiate it from sexual orientation identity, or has misleading definitions that do not accurately assess or acknowledge bisexual individuals. Early research that focuses on sexual arousal may be more precise than that which relies on self-report of behavior. Overall, recent research may actually measure sexual orientation identity (i.e., beliefs about sexual orientation, self-report of identity or group affiliation, self-report of behavior, and self-labeling) rather than sexual orientation (APA Task Force 2009: 31).

According to the Task Force, recent research, based on self-report measures, cannot provide scientific proof of efficacy, and can only be used for other scientific purposes, such as understanding peoples' motivations for pursuing SOCE or providing evidence of harm (APA Task Force 2009: 37-38).

Granting Additional Credibility to Phallometry and Measures of Harm

Indeed, all of the Task Force members interviewed for this dissertation expressed an affinity for phallometry in studying the outcomes of reorientation therapies. Glassgold stated:

I think if you wanted to have a real empirical study, you hook people up with a plethysmograph.... That would be the only way to study sexual orientation change. Everything else is just sexual orientation identity.... Most of these studies don't study sexual orientation change, they study sexual orientation identity change. And you can measure that by some sort of approach, but to do sexual orientation change you need a plethysmograph (Glassgold 2010).

Beckstead, who previously worked in a phallometric laboratory with Ray Blanchard and co-authored a phallometric study of pedophiles, has been a proponent of this technique

throughout the debate (Beckstead 2003), even if he has also acknowledged some of the limitations of plethysmography. He stated:

I also think there has to be an objective [assessment],...like a phallometric assessment, something that would measure physiologically their arousal pattern. That itself is controversial because some people say that sexual orientation is not just arousal. In fact, for women it's not just arousal.... That arousal patterns for women don't necessarily match their sexual identities or sexual behaviors or sexual relationships. But for men, they tend to (Beckstead 2009).

Finally, commenting on the Spitzer study's lack of physiological testing, Drescher offered an analogy:

The other cavalier thing that [Spitzer] did was, he said something like, we didn't have any money to do phallometric testing. So I said, OK, so let's say there's a Dr. "Spritzer" who's a world famous cardiopulmonary internist who years ago did some of the seminal research on deleterious effects of secondhand smoke, and he was the one who discovered that secondhand smoke could have a harmful effect, but Dr. Spritzer is also a libertarian so when New York City passes its anti-smoking laws prohibiting people from smoking in bars, he's against it for political ideological purposes, so he decides to do a study to see whether or not everybody is harmed by secondhand smoke, and so he stations himself outside a cigar bar, and he asks patrons on their way out the door if they would like to participate in a study, and he asks them have you ever been harmed by cigarette smoke. But he doesn't have any money to do any chest X-rays. That's the Spitzer study (Drescher 2010).

Remarkably, the 2009 Position Statement that concludes the report also includes aversion therapy studies from the 1960s and 1970s that used phallometric testing, but that now are deemed unethical, to demonstrate that sexual orientation is unlikely to change:

There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person's sexual orientation. Scientifically rigorous older work in this area (e.g., Birk, Huddleston, Miller, & Cohler, 1971; James, 1978; McConaghy, 1969, 1976; McConaghy, Proctor, & Barr, 1972; Tanner, 1974, 1975) found that sexual orientation (i.e., erotic attractions and sexual arousal oriented to one sex or the other, or both) was unlikely to change due to efforts designed for this purpose. Some individuals appeared to learn how to

ignore or limit their attractions. However, this was much less likely to be true for people whose sexual attractions were initially limited to people of the same sex (APA Task Force 2009: 120).

Taken together, these statements indicate an elevation of phallometric testing above self-report in the hierarchy of evidence for the efficacy of reorientation treatments in the mainstream scientific view.

These discursive evocations of phallometry by Task Force members amount to what Michelle Murphy, borrowing Judith Butler's term, has called "materializations," practices by which material objects are "granted or not granted existence" (Murphy 2006: 7). In *Bodies that Matter*, Butler calls for an understanding of matter as a "process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter" (Butler 1993: 9). The materialization of bodies must be understood in relation to "the materialization effects of regulatory power in the Foucaultian sense" (Butler 1993: 10). By citing phallometric studies employing physical measures of genital arousal in men during the 1970s, material bodies were brought into being to speak on behalf of the fixity of sexual orientation, located in the physiological process of arousal to visual stimuli. In SOCE research, this discourse effectively reconfigures what Michelle Murphy has called the "regime of perceptibility." Murphy defines this term as "the regular and sedimented contours of perception and imperceptions produced within a disciplinary or epistemological tradition" (Murphy 2006: 24). In this newly established regime, for a subject's sexual orientation to be perceived, the discursively materialized physical body must speak. Subjects' own perceptions can no longer be the sole source of knowledge for research to be considered scientific.

The credibility of another type of evidence in reorientation therapy studies was elevated in the Task Force Report: measures of harm. In contrast to the NARTH review, which addressed one aspect of one study of harm, the APA report expanded the regime of perceptibility to detect harm, finding it in studies that did not even pose this topic as a research question. To perceive suggestions of harm, the Task Force looked for evidence of people dropping out of studies, evidence of iatrogenic effects, client reports of harm, and evidence of indirect harms such as cost (APA Task Force 2009: 26). For example, one early aversion therapy study is characterized as containing examples of harm:

In McConaghy and Barr's (1973) experiment, 1 respondent of 46 subjects is reported to have lost all sexual feeling and to have dropped out of the treatment as a result. Two participants reported experiencing severe depression, and 4 others experienced milder depression during treatment. No other experimental studies reported on iatrogenic effects (APA Task Force 2009: 41).

The nonexperimental studies, not considered capable of providing scientific information about efficacy, were considered fair game for scientific evidence of harm as well. The APA report states:

A majority of the reports on iatrogenic effects are provided in the nonexperimental studies. In the study conducted by Bancroft (1969), the negative outcomes reported include treatment-related anxiety (20% of 16 participants), suicidal ideation (10% of 16 participants), depression (40% of 16 participants), impotence (10% of 16 participants), and relationship dysfunction (10% of 16 participants). Overall, Bancroft reported the intervention had harmful effects on 50% of the 16 research subjects who were exposed to it. Quinn, Harrison, and McAllister (1970) and Thorpe et al. (1964) also reported cases of debilitating depression, gastric distress, nightmares, and anxiety. Herman and Prewett (1974) reported that following treatment, their research participant began to engage in abusive use of alcohol that required his rehospitalization. It is unclear to what extent and how his treatment failure may have contributed to his abusive drinking. B. James (1962) reported symptoms of severe dehydration (acetonuria), which forced treatment to be suspended. Overall, although most early research provides little information on how research

participants fared over the longer term and whether interventions were associated with longterm negative effects, negative effects of treatment are reported to have occurred for some people during and immediately following treatment.

High dropout rates characterize early treatment studies and may be an indicator that research participants experience these treatments as harmful. Lilienfeld's (2007) review of harm in psychotherapy identifies dropout as not only an indicator of direct harm but also of treatment ineffectiveness (APA Task Force 2009: 41-42).

Adding these findings to the more recent studies that explicitly address harm (Shidlo and Schroeder 2002; Beckstead and Morrow 2004), the report concludes, "Studies from both periods indicate that attempts to change sexual orientation may cause or exacerbate distress and poor mental health in some individuals, including depression and suicidal thoughts" (APA Task Force 2009: 42).⁶⁹ Various indicators of harm, previously ignored, were now amassed as a body of scientific evidence. With client self-reports of harm elevated to a scientific status, this regime of perceptibility potentially increases the credibility of harm narratives of ex-ex-gays within the field of therapeutics more broadly.

New Therapeutic Guidelines and Compromise

Although the Task Force's map of the scientific landscape was not required by their charge, it was used as the basis for the report's recommendations on appropriate therapies for people experiencing conflict over their sexual orientation. These recommendations are posed within the framework of "Evidence-Based Practices in

⁶⁹ While not discussed in the Task Force report in terms of harm, Beckstead discussed the Jones and Yarhouse study offered by NARTH as the "most methodologically rigorous" study that demonstrated efficacy and safety of therapy. Beckstead noted that the measures of harm used by Jones and Yarhouse, a depression symptoms checklist, would not capture the specific harms measured in his research (Beckstead 2009). In addition, the Jones and Yarhouse had a significant dropout rate from their study and they did not investigate what happened with these subjects. Instead they declared that there was no evidence of harm (Jones and Yarhouse 2007).

Psychotherapy” (EBPP) defined by the APA as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (quoted in APA Task Force 2009: 14).⁷⁰ Based on the admittedly weak scientific literature on SOCE, the proposals for therapy needed to incorporate the facts that sexual orientation is unlikely to change in therapy and SOCE can be harmful. While the Task Force calls for EBPP, it is noteworthy that there is no evaluation of scientific evidence for the efficacy of gay-affirmative therapies, and it is unclear when EBPP or some other guideline is necessary for therapeutic recommendations. Nonetheless, this was the approach that the Task Force took, incorporating their evidence-based scientific literature review. However, there were additional considerations that the Task Force had to take into account in formulating their therapeutic recommendations, leading them to form a “middle road” position intended to establish rapprochement with the ex-gay movement.

Among these additional concerns was the charge of developing “affirmative” therapeutic approaches for people who experience conflict over their sexual orientation. Whereas the principle of being “affirmative” guided the Task Force to treat homosexuality as equivalent to heterosexuality in terms of mental health, it does not specify the appropriate therapeutic response for people experiencing conflict over their sexual orientation—this was something the group had to establish. In the past, “affirmative” had meant to help sexual minorities adopt a particular identity, but the Task Force considered other research which showed that identity, behavior, and attraction

⁷⁰ EBPP is a less stringent alternative to “empirically supported treatments” (EST), defined as “interventions for individuals with specific disorders that have been demonstrated as effective through rigorously controlled trials” (APA Task Force 2009: 14).

often do not overlap (e.g., Diamond 2008; Savin-Williams 2005). Thus, they define an “affirmative” therapeutic approach as a process of identity exploration without a predetermined outcome:

We define an affirmative approach as supportive of clients’ identity development without a priori treatment goals for how clients identify or express their sexual orientations. Thus, a multiculturally competent affirmative approach aspires to understand the diverse personal and cultural influences on clients and enables clients to determine (a) the ultimate goals for their identity process; (b) the behavioral expression of their sexual orientation; (c) their public and private social roles; (d) their gender roles, identities, and expression; (e) the sex and gender of their partner; and (f) the forms of their relationships (APA Task Force 2009: 14).

While “affirmative” includes respect for sexual orientations, the approach emphasized here is markedly multi-cultural. The report states that human diversity is multifaceted, and therapeutic approaches must attend to “age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status” (APA Task Force 2009: 15). Contrary to Section III of the NARTH report, the Task Force claims that an affirmative approach to therapy must incorporate empirical research that demonstrates the impact of stigma and minority stress in creating distress and health disparities for members of sexual minorities (APA Task Force 2009: 15). Finally, the concept of “affirmative” incorporates aspects of the “self-determination” claims of reorientation proponents, but it includes a crucial caveat: for a client to experience true self-determination, he or she must be provided full informed consent—including being informed of the facts that sexual orientation is highly unlikely to change, and that the attempt may be harmful. Furthermore, true self-determination

requires a community environment and a clinical setting free of anti-gay bias and coercion (APA Task Force 2009: 68-9).

This reworking of the “affirmative” in “affirmative therapeutic approaches” also responds to new developments in the psychology of religion. In their introduction, the Task Force discusses the historic and contemporary relationship between psychology and religion with regard to the issue of homosexuality. In this account, there has been an array of viewpoints on homosexuality across various world religions, and in recent years, psychology has come into conflict with those religious views that see homosexuality as a sin or as immoral. Two competing priorities are relevant for people experiencing conflicts over their sexual orientations. Religion affirming models emphasize “telic congruence,” living in accordance with religious values, while LGB-affirming models have emphasized “organismic congruence,” living in alignment with the experienced self. Understanding these philosophical differences may lead to deeper understanding across worldviews. The report states:

It is important to note that the organismic worldview can be congruent with and respectful of religion... and the telic worldview can be aware of sexual stigma and respectful of sexual orientation.... Understanding this philosophical difference may improve the dialogue between these two perspectives represented in the literature, as it refocuses the debate not on one group’s perceived rejection of homosexuals or the other group’s perceived minimization of religious viewpoints but on philosophical differences that extend beyond this particular subject matter (APA Task Force 2009: 18).

While it is perhaps difficult to bridge the gap described here, passages such as this express a tone of rapprochement that the report attempts to foster in places.

No doubt, the elements of the report proposing rapprochement between competing worldviews of psychology and religion are heavily influenced by the work of

Lee Beckstead. Including scientific views of religion was part of an iterative process that came later in the writing process. Beckstead states:

Judith and I started exploring more about the psychology of religion, again trying to figure out, incorporate this piece, learning more about the other side so to speak... We really were able to integrate a scientific viewpoint of religion... (Beckstead 2009).

The results of this work were to incorporate a discussion of the development of the field of Psychology of Religion, which has grown over the past three decades. The report acknowledges that historically, psychology has viewed religion negatively, but new research demonstrates various ways religion can be a positive coping resource (APA Task Force 2009: 19-20).

Two APA resolutions involving religion were particularly important to these deliberations of the Task Force. The first was the “Resolution Rejecting Intelligent Design as Scientific and Reaffirming Support for Evolutionary Theory” passed by the APA in 2007. Crucial in this position statement was the marker of a boundary between science and religion:

While we are respectful of religion and individuals’ right to their own religious beliefs, we also recognize that science and religion are separate and distinct. For a theory to be taught as science it must be testable, supported by empirical evidence and subject to disconfirmation (quoted in APA Task Force 2009: 19).

Because religious faith cannot be falsified, it cannot be scientific. The Task Force was also significantly influenced by another resolution passed in 2007, the “Resolution on Religious, Religion-Based, and/or Religion-Derived Prejudice.” This resolution provided a general affirmation of religious diversity. This resolution also demarcated psychology and religion as separate epistemological domains:

It is important for psychology as a behavioral science, and various faith traditions as theological systems, to acknowledge and respect their profoundly different methodological, epistemological, historical, theoretical, and philosophical bases. Psychology has no legitimate function in arbitrating matters of faith and theology, and faith traditions have no legitimate place arbitrating behavioral or other sciences (APA 2007).

By stating that psychology cannot arbitrate matters of faith, this resolution prevents psychology from explaining away religious experiences as merely some form of secular psychological epiphenomenon; rather, matters of faith are considered to be a separate domain of inquiry. Vice versa, the statement protects a boundary of science, claiming that religions should not violate psychology's jurisdiction of arbitrating science.⁷¹

Acknowledging the pervasiveness of religious belief and the APA's commitment to anti-discrimination, this resolution condemned discrimination based on religion. However, there are different ways religion can be the basis for discrimination. People may be prejudiced against members of a religion. Alternately, religion itself can be a source of prejudicial views. The resolution provides an abstract condemnation of both of these forms of prejudice. However, in practice (especially regarding sexual reorientation) the line between religion-derived prejudice and religious belief worthy of respect can be difficult to draw. Glassgold described a way in which Clinton Anderson proposed that the Task Force proceed on this distinction:

It's a fine line and it's very hard to tease out. Clinton has struggled with that and came up with this separate idea of the social impact of religion versus judging the validity of the beliefs. And in different individuals the

⁷¹ Indirectly, the maintenance of a strict boundary between the philosophical bases of science and religion in these two resolutions presents a challenge to Stanton Jones' proposed "Evangelical science" in his 1994 article, "A Constructive Relationship for Religion with the Science and Profession of Psychology: Perhaps the Boldest Model Yet." Kuhn's views notwithstanding, to base a scientific research program on the value that homosexuality is sin is to problematically blend two distinct methodological, epistemological, historical, theoretical, and philosophical domains.

beliefs have different impact, and some individuals or beliefs don't have necessarily a negative impact on their sense of themselves, and for other people it does (Glassgold 2010).

Thus, by distinguishing between beliefs themselves and the impact of those beliefs, the Task Force could criticize particular religious beliefs if they had a negative social impact.

The therapeutic recommendations thus provide an “affirmative” approach which respects religious diversity. A client should be allowed to pursue either “telic” or “organismic” congruence in therapy, depending on his or her own wishes. However, in pursuing telic congruence, it is imperative that religious beliefs be based on affirmative ideals rather than stigma. The report specifies, “Many religious individuals desired to live their lives in a manner consistent with their values (telic congruence); however, telic congruence based on stigma and shame is unlikely to result in psychological well-being” (APA Task Force 2009: 4). This position is a compromise: sexual orientation does not change, but pursuing a life in congruence with religious values can be mentally healthy. Some “sexual identity therapies,” thus, now carry a stamp of approval from the American Psychological Association—as long as they do not include SOCE.

The New “Sexual Orientation”: Mainstream Psychology’s Response to Dissent

In the wake of the successes of ex-gay groups in publicizing their messages and creating scientific research, the American Psychological Association, prompted by gay rights groups, faced a strong need to clarify its position on these therapies. Among the many outcomes of this process was a shift in the mainstream understanding of “sexual orientation.” Through boundary work, the Task Force report mapped sexual reorientation efficacy claims outside the bounds of science. Strategically, the report emphasized the

need for quasi-experimental research designs as a minimum benchmark of rigor to demonstrate efficacy. It also called for a clear distinction between “sexual orientation,” defined as attractions, and “sexual orientation identity,” defined as willingness or ability to acknowledge orientation. This ontological distinction was crucial for undermining self-reports of sexual attraction change, now understood as expressions of changes in sexual orientation identity. The new term “Sexual Orientation Change Efforts” (SOCE) even stripped these practices of the claim to legitimacy as “therapy.” These efforts were accomplished through “second order” boundary work, justifying selections of Task Force members that excluded NARTH nominees.

Materializing bodies as physical indicators of sexual arousal, the report definitively shifts the regime of perception for science in this field. Subjects’ self-reports no longer speak for sexual orientation, but rather, for sexual orientation identity. The report also introduces the innovation of drawing evidence of harm from studies not intended to investigate this issue. In effect, the report reflects convergence of the worldviews of ex-ex-gay organizations and gay-affirmative therapy and activism. The former upheld claims of harm as the highest form of evidence, making efficacy claims irrelevant. The latter tended to uphold physiological testing above self-report. The APA report melds these views, providing a document that reorientation opponents can unite behind.

Although the championed Jones and Yarhouse study was rejected as “gray literature,” the APA Task Force report offers several olive branches to members of the social world of religious ex-gay ministries. In many ways, the recommendations for therapy, including the imperative to avoid imposing a priori outcome goals on clients,

significantly overlap with the “sexual identity therapy” program designed by Throckmorton and Yarhouse (2006). However, unlike Throckmorton and Yarhouse, the APA Task Force does not recommend SOCE as a possible therapeutic option. Nonetheless, recognition of religious diversity, acknowledging that “telic congruence” is a priority for many clients, and recognizing that one can be mentally healthy even if one’s sexual orientation does not correspond to one’s sexual orientation identity are significant affirmations of the work of ex-gay ministries, which, conversely, increasingly acknowledge that same-sex attractions linger for former homosexuals. This is a considerable compromise, largely the basis for Alan Chambers’ favorable comments about the report discussed at the beginning of the chapter.

However, the APA Task Force report gives little ground to therapists who claim they can safely reorient clients. The contrast between the landscapes of science mapped by NARTH and the APA could not be more starkly drawn. NARTH offered hundreds of studies conducted over a 125 year time span to purportedly demonstrate efficacy, excluding aversion therapy studies deemed to be unethical; APA found six aversion therapy studies that weakly met standards of scientific rigor, conducted in the late 1960s and early 1970s, all of which suggested that homosexuals could not be turned into heterosexuals. NARTH offered one aspect of one study of harm and countered it, claiming that there is no evidence of harm; APA augmented recent harm literature with an investigation into evidence of harm in previous studies, leading the Task Force to conclude that there is significant evidence of harm for reorientation therapies. Thus these competing cartographers drew strikingly different conclusions from the literature, if indeed they could be said to have examined the same body of literature. At the end of the

day, not only did the APA emerge as the prevailing cartographer, but NARTH emerged even more marginalized from the scientific community.

By the close of the first decade of the 21st Century, mainstream science in the field of therapeutics had completely excluded SOCE efficacy claims as unscientific, and raised many questions about the ethics of these practices. While the APA may be the “prevailing cartographer” of the scientific landscape, legal issues prevent banning reorientation, so clients may still pursue SOCE if they desire. The Task Force report provides particular “recommendations” to psychologists, but these recommendations do not restrict professional behavior. There is nothing legally or professionally stopping an expert from promising complete attraction change, so it is unclear whether clients will be enabled to give their informed consent. Consequently, in the terms of the report, it is unclear whether clients will be provided the opportunity to experience true self-determination, based on access to scientific information and free to make choices in a context free of anti-gay bias. Insofar as anti-gay sentiments reign supreme in pockets throughout the United States, reorientation therapies will continue despite the APA’s claims, and reorientation proponents will continue to say the APA is beholden to gay activism. It remains to be seen what effect the APA report will have in policy arenas or in “the court of public opinion,” but given the cultural authority of science in the United States, the effect is likely to be positive for opponents of reorientation, even if reorientation continues.

Conclusion

The Evidence is Remarkably Queer:

Opposing Social Movements and the Relevance of Trust

Suppose for a moment that NARTH researchers were to conduct a new research study that was scientifically rigorous by all of the standards used in the American Psychological Association Task Force Report of 2009. This hypothetical prospective study would have a control group so that the therapeutic effects on people going through the intervention could be compared to those who did not. Researchers would vigilantly implement a strict policy of providing informed consent based on the best available research, explaining that change rarely, if ever, occurred, and that in some cases clients reported significant harms. The study would use homosexual men as subjects, understood to have sexual attraction patterns that are the most fixed and most resistant to change. To measure outcomes, it would involve sexual attraction measurements before therapy and after, with follow-ups. Like the failed behavior therapy experiments of the 1970s, the study would use phallometric testing with erotic imagery to corroborate men's self-reports of attraction. With these features in place, imagine that the study definitively showed that all the male subjects were aroused only when viewing nude males before therapy, but after therapy a significant percentage of the men were aroused only when viewing nude females. It might seem, by the logic of scientific discovery, that there would now be evidence to challenge the position statements of mainstream national professional organizations.

In my interview with Lee Beckstead, member of the APA Task Force and advocate of phallometry, I posed such a scenario. If NARTH researchers were to conduct

a test with these features and present these results, would there *then* be some evidence for the efficacy of reorientation therapy? To this Beckstead replied:

Keep going further, though, because sex offenders can fake it. I would want to make sure that in the phallometric assessment the participants aren't pumping, or they're not doing mathematics in their heads to not get aroused. I would want to consider the type of phallometric assessment. There's just more to it than that. The data's going to be important, the arousal data, but if they're showing something, I would want to keep making sure that the design took into account all that we're talking about. Not just one view of it. So it is evidence, but there are so many pieces of this puzzle that to really claim something you have to account for all of it (Beckstead 2009).

For Beckstead, this hypothetical study would provide evidence of some sort, but it could not yet be the basis for a definitive claim of efficacy. The terrain of the debate would turn to questions about credibility—in this case the credibility of the subjects under test.

“Pumping” is a form of “faking” in the phallometric test in which the subject produces an erection through voluntary muscular contractions. Might the men under test be faking their erections when viewing the nude females and thinking about math when viewing the nude males? How could we tell? Beckstead says “keep going further,” but it seems we could go on forever. How can we ever really know what is going on in each subject's mind—could he be fantasizing about things other than the erotic imagery he is viewing? Somehow, the credibility of evidence inevitably involves issues of trust between people who produce evidence (including research subjects) and the people who evaluate that evidence.

As scientists go about conducting experiments, the research they produce is always created within a cultural context. Even though science may seem like a transparent window onto the natural world, scientific evidence never stands solely on its

own merits. Rather, for people to recognize scientific evidence as meaningful, there must be established relationships of trust. Epstein states:

One of the important findings of the sociology of science is that experiments do not, in the simple sense usually understood, “settle” scientific controversies. Nothing inherent in an experiment definitively establishes it as the “crucial” test of a hypothesis. Rather, scientists negotiate precisely what counts as evidence, which experiments represent a hypothesis adequately, and whether an instance of replication is a faithful recreation of a prior study (Epstein 1996: 333).

Indeed, in a contentious climate, an allegedly “decisive” experiment can even drive controversy rather than settle it (Epstein 1997: 716). Therefore, we cannot escape a politics of trust and distrust layered upon the production of scientific discourses.

Establishing credibility may involve showing credentials, or it may involve community building, but it always involves convincing people that you and your work are trustworthy. It requires establishing a relationship of “metonymy,” in which evidence stands for something in the real world (Shapin 1995). It may also require convincing people that your research subjects are trustworthy.

In this study, I followed the negotiation of the credibility of evidence for measuring outcomes in sexual reorientation therapy experiments from the 1950s to the present in the United States, examining the accompanied production of technologies and sexual subjectivities. I have examined the effects of professionals seeking jurisdiction over the treatment of clients with conflicts over their same-sex attractions, and I have examined the effects of opposing social movements engaged with science. Here I begin with a summary of findings, starting with a recap of hierarchies of evidence within the “pathology era” (1950-1973) and the “normal era” (1973-present), followed by a comparison of the two. Then I discuss the benefits of blending approaches in an issue-

driven analysis as well as a key contribution of this study: ways in which the dynamics of opposing social movements have shaped the production of scientific knowledge. This is followed by an analysis of the scientific wing of the ex-gay movement as a “science on the margins,” including its tactics of legitimation and the tactics of rejection used by the mainstream. Following this, I utilize queer theory to analyze and critique discourses on both sides of the debate, offering some possibilities for further “queering science” in ways that might parallel Lisa Duggan’s (1994) proposal for “queering the state.” Finally, I discuss possibilities for further research, including broadening this research project to look at reorientation on the global stage, and studying the construction of sexual subjectivities along other axes suggested by queer theory.

Hierarchies of Evidence: The “Pathology Era” (1950-1973)

The pathology era overlaps with a time period in which medical expertise was at its peak of authority in the United States, but began its decline. When medicine was at this height, the authority of experts was generally unquestioned. Medicine, including psychoanalytic psychiatry, had immense cultural and social authority (Starr 1982, Hale 1995). Yet, the 1960s saw many challenges to medical authority. An anesthesiologist named Henry Beecher exposed numerous ethics violations in medical research on the pages of the *New England Journal of Medicine* in 1966 (Rothman 1991), and an anti-psychiatry movement ultimately led to the deinstitutionalization of many patients of mental hospitals (Stroman 2003). It was within the context of these challenges that gay liberation activists and sympathetic professionals successfully removed “homosexuality” from the *DSM*, further eroding expert authority.

During the 1950s and into the 1960s, the psychoanalytic case study bore the highest level of credibility within the field of therapeutics in the United States. Psychoanalysts had acquired such authority that their perspective had become the theoretical basis for psychiatry, and many men and women sought their help to “cure” homosexuality given the repressiveness of the times. Clients were understood to have an innate heterosexual nature, but arrested development prevented its full expression and maturity. Despite the sophistication of these theories, including unconscious drives, Oedipal conflicts, and an elaborate structure of the psyche, professionals generally assessed sexual behavior to determine whether clients were “cured.” However, the expert also had to be convinced that the client had internalized features of the psychoanalytic worldview. For instance, the client had to express understanding that homosexual acts and desires were caused by problems in childhood, such as being weaned too early from the mother’s breast, or having an overbearing mother. These practices treated confessed same-sex behaviors as signifiers of homosexuality understood as a disease, constituting the “cured” heterosexual client as a behaviorally compliant subject who maintained a worldview that devalued and pathologized homosexuality. Within this understanding, those afflicted with the disease of homosexuality participated in behaviors that made them prone to other forms of deviance and criminality.

Beginning in the 1960s, behaviorists offered a challenge to psychoanalytic theory and method, but deployed a different authoritarian technology for the measurement of outcomes in reorientation studies. Basing their claim to professional jurisdiction on the superiority of experimental technique and the efficiency of their therapeutic method, these therapists deployed measurement techniques that would maximize “objectivity” and

specificity. When behavior therapy arrived in the United States at the end of the decade, it was a research program that focused on the reorientation of male homosexuals, defined as having physiological arousal while viewing a particular body type. Behaviorists entertained a range of etiologies of homosexuality including prenatal hormone exposure, gender socialization, and lifetime sexual experiences. They also considered male and female homosexuality to have somewhat different natures, and originally developed their research on men. However, because these techniques were imported into the United States at a time when aversion therapy was widely criticized, behavior therapists developed approaches that sidestepped this particular therapeutic method. However, like their predecessors, they maintained a focus on men in their research. As the bodies of men under test refused to provide data confirming that behavior therapy worked, and as the American Psychiatric Association removed “homosexuality” from the *DSM*, many behaviorists modified their views, and some became advocates for ceasing treatment altogether. A tacit alliance was formed between pro-gay mental health experts and the technology of phallometric testing in men. In male subjects, these measurement practices constituted homosexuality as a diseased sexual orientation defined by a set of attractions, and attraction meant an erection produced while viewing an erotic image. A vaginal photoplethysmograph device was developed for sexology research on women only after these treatments had generally ceased.

While reorientation therapists constituted homosexuality as pathology, the emergent homophile movement developed a sense of collective identity that would gradually grow as a way to make meaning out of and to live with same-sex desire. The homosexual as a type of person who could be healthy came into being, but through the

expert authority of the psychologist monitoring Rorschach inkblots and other projective tests. Within the culture of the McCarthy era and even the radical 1960s, this kind of evidence remained marginal within professions as the pathological view reigned. Both the homophile motto, “Gay is good,” as well as the words of Dr. John Fryer, dressed in disguise at a professional conference in the early 1970s, and saying “I am a homosexual. I am a psychiatrist” (Bayer 1981: 109-110), were important expressions of a new way of thinking about homosexuality. However, these views could not prevail without the efforts of gay liberation activists, gay psychiatrists, and other sympathetic professionals who helped bring scientific research and personal stories to the attention of psychiatrist Robert Spitzer.

In sum, the “pathology era” is characterized by a predominant hierarchy of evidence in the 1950s, in which the case study of the psychoanalyst prevailed. This dominant view was gradually challenged by physiological measures, but this challenge was ultimately disrupted by demedicalization. Meanwhile, in the social world of the homophile movement, where an idea of homosexuality emerged as healthy, the projective test was the prevailing form of evidence that showed the health of homosexuals, defined by the development of a personal identity.

Hierarchies of Evidence: The “Normal Era” (1973-Present)

The “normal era,” defined by the predominant view of homosexuality as a healthy variant of human sexuality, coincides with a general trend in which patients had a growing voice in the production of medical knowledge and the forms of treatment. By the 1990s, a number of health movements, most notably AIDS activism (Epstein 1996) and

breast cancer activism (Klawiter 2008), had empowered patients to make claims about their health experiences. Arthur Frank (1995) describes the rise of “illness narratives,” which circulated throughout the public, as discourses about personal experience with illness. Some illness narratives were “quest” narratives that made meaning out of illness, such as Audre Lorde’s story of her battle with breast cancer and her frustrations with pollutants and the cancer industry (Lorde 1980), or the story of Gilda Radner and how she battled ovarian cancer while maintaining a sense of humor in the face of grave news (Radner 1989). For Frank, testimonies evoke a moral obligation on the part of the listener to understand, and they involve a moral duty on the part of the speaker to warn and help others to prepare for the possibility of suffering (Frank 1995). This cultural prevalence of the illness narrative shaped the forms of evidence created within the sexual reorientation debate during this period.

However, in the 1970s and 1980s, claims against sexual reorientation therapies were largely expressed within the domain of ethics, as in the exemplary speech of behaviorist Gerald Davison. In the dominant professional view, where homosexuality became a normal variant of human sexual expression, the theory and practice of reorientation were seen as demeaning to the gay and lesbian community. In this context, opponents did not deem it necessary to engage on the terrain of evidence at all. With a favorable climate in the professions, the practice of gay-affirmative therapy grew, accompanied by a new literature that included books, articles, and even new journals that addressed the mental health needs of gay and lesbian people. When homosexuality and heterosexuality were not measured by researchers, sexual orientation was understood as a matter of self-realization. In the influential theory of Vivienne Cass (1979) first published

in the *Journal of Homosexuality*, once people realized that they experienced a fixed pattern of same-sex fantasies and attractions, they went through a process of identity development and “coming out”—with the help of a therapist if necessary.

With the idea of homosexuality per se as pathology effectively blocked within mental health professions, some people wanting to change sexual orientation turned to Evangelical Christianity. In this venue, homosexuality was primarily understood as “sin,” a substitute for pathology. Building on the tradition of personal testimony in Evangelical Christianity, ex-gays utilized this genre expansively to bear witness to the extent of their sexual orientation change. Evangelical Christian views were blended with psychoanalytic theories through the 1980s and 1990s. With a variety of theoretical blends circulating in ex-gay organizations, “homosexuality” could be a form of “sin” and/or a “pathology” depending on the therapist’s or client’s perspective and depending on the strategic utility of the particular discourse.

The successes of gay-affirmative therapy within professional mental health disciplines led to the formation of NARTH. Through the 1990s, under the leadership of Charles Socarides, the group maintained a strong belief in the pathological model of homosexuality. Although the psychoanalytic case method was discredited, early research from members of this group did continue to utilize it in the same pattern as in the 1950s and 1960s. The strong positions of this group and the publicity that they attracted triggered reactions from professional organizations, as all produced some form of position statement reiterating that homosexuality is a normal variant of human sexuality, and that reorientation therapies are not supported by evidence. Through the 1990s, this debate escalated, inspiring new research. The 1998 ad campaign sponsored by the

Religious Right and the responses from a prominent national gay rights group, the Human Rights Campaign, launched the personal testimonies of ex-gays onto the national stage.

Whereas ethical arguments against reorientation therapies had prevailed since the removal of homosexuality from the *DSM*, the Spitzer study refocused the debate squarely on evidence. The testimonies of ex-gays, consolidated in the form of the “meta-testimony” of the bar graph and the statistical table, were deployed by a tremendously credible spokesperson, the very person widely known for leading the demedicalization of homosexuality within psychiatry and a long-time supporter of gay rights. Although some researchers had produced similar studies before, no one had the credibility to successfully endorse the personal testimonies of ex-gays within the public like Spitzer did. Although researchers had produced a “preventive context”—scientific research that provided reasons why ex-gay testimony should not be trusted—this would not prevent the global influence of the Spitzer study outside of scientific institutions.

While few were persuaded by the Spitzer study within mainstream scientific institutions, the study did create a public credibility crisis for these institutions that required response. Much like the case of HIV dissenter Peter Duesberg in the late 1980s and early 1990s (Epstein 1996: 141), the popularization of a dissenting view required mainstream scientists to refine and clarify their claims. With Spitzer’s emphasis on attractions as “core features” of sexual orientation, his study reinforced attractions as the defining feature of sexual subjectivities. Among opponents, it marked the beginning of the rise of penile plethysmography as a form of evidence for demonstrating sexual attractions in men, understood as having the most fixed sexual orientations. The

testimonies of ex-gays were not trusted on a number of grounds: a propensity to self-deception, a need to over-represent efficacy to promote ex-gay groups, and financial incentives among other reasons. While Spitzer ultimately reduced the force of his conclusions, his published study became an immense resource for reorientation proponents.

In the wake of the Spitzer study, the Zachary Stark affair, and the invitation of Exodus leaders to the White House to discuss the Federal Marriage Amendment, the field was reconfigured, as movements on both sides underwent a differentiation of strategies and tactics. Among proponents of reorientation therapies, NARTH used the published Spitzer study as a resource and maintained the position that homosexuality could be completely changed, including attractions, if clients could address their true underlying conflicts and issues. However, ex-gay ministries, facing a rising presence of “ex-ex-gays” as well as calls for physiological testing of their attractions, began to be clearer about the reality of lingering same-sex attractions. Being ex-gay did not necessarily mean that one no longer felt same-sex attractions. In part, this was a means to prevent disappointment—to prevent people from having expectations so high that they would fail, become disillusioned, and become an outspoken “ex-ex-gay.” For religious ex-gays, “change” primarily meant rejecting a homosexual identity for a life in Christ, with heterosexuality as a possibility one might hope for with no guarantee.

There was a differentiation of strategies among opponents of reorientation as well. Pro-LGB professionals sought a “middle path” compromise, attempting to find common ground with Evangelical psychologists such as Mark Yarhouse who acknowledge that attractions do not change. In this middle path, men’s sexual attractions were generally

understood to be fixed, while sexual identity might appropriately change depending on a person's social circumstances. Meanwhile, anti-reorientation activists, many of whom had not been through therapy, worked to debunk reorientation practices. Wayne Besen, with his organization "Truth Wins Out" and his book *Anything But Straight* (2003) exemplified this strategy. On the other hand, a new "ex-gay survivor" movement took yet another approach, advancing the personal testimonies of harm in an effort to make the question of efficacy irrelevant altogether.

A new focus on women and sexual reorientation emerged in the late 2000s as well. While women had undergone these therapies for years, research literature and theory overwhelmingly had tended to focus on men, often using men's experiences to stand in for all. In general, spokespersons on both sides of the debate described women's sexual orientation as having more "plasticity." Spitzer had noted that women's self-reported attraction changes were larger than men's and attributed this to the higher plasticity of women's sexuality. Janelle Hallman's book *The Heart of Female Same-Sex Attraction* (2008) also included this idea, and emphasized women's sexuality as having more emotional content. Reorientation also required women to accept a caring gender role. Among reorientation opponents, Lisa Diamond (2008) developed a theory of women's sexual fluidity in which change happened "spontaneously" with increased flexibility for women over the life course. In her theory, women's experience of sexuality is layered, with a fixed sexual orientation as a foundation, and the possibility of fluidity on top of this, especially influenced by person-centered attractions that develop through relationships. While women's sexual orientation might change spontaneously, it is resistant to "effortful" change in her theory. Among ex-gay survivors, Christine Bakke's

story reached the national stage through a major article in *Glamour* magazine (Fried 2007) and appearances on TV talk shows. Thus, while these discourses converged on the idea that women's sexual orientation was more fluid than men's they differed on the nature of that fluidity.

The 2009 *Report of the American Psychological Association Task Force on Therapeutic Response to Sexual Orientation*, with all of its compromises, transformed the field once again, ultimately setting outside the boundaries of mainstream science any research that claimed sexual orientation had changed on the basis of self-reports. Based on a vast review of literature, the APA claimed that the idea that reorientation therapy can change sexual orientation was not supported by any evidence. An ontological divide between "sexual orientation" and "sexual orientation identity" cordoned off attractions as the sole measure of sexual orientation, while self-report of attraction change was read as an expression of identity and nothing more. The Task Force cited behavior therapy studies from the 1970s as evidence that orientation could not likely change, reinforcing genital arousal as a primary indicator of sexual orientation in men. By scouring literature for evidence of harm, the report also increased the credibility of harm reports produced by ex-gay survivors.

In sum, the dominant hierarchy of evidence in the normal era really did not come into being until the emergence of the Spitzer study, which redirected the debate into a technical dispute. Until this time, the prevailing view was an ethical one, but when proponents of reorientation therapies amassed sufficient credibility to create a crisis for opponents, the technical dimensions of the issue could no longer be ignored. The self-reported testimony of ex-gays changing sexual attractions was never seen as credible in

the mainstream view, but some of the “benefits” of therapy, such as feeling a sense of belonging or feeling connected to a community, gained acceptance over time until they eventually became fully acknowledged by the APA. Meanwhile, in the case of men, phallometric testing gradually gained credibility among opponents and activists until finally it became central in the position statement written by the APA Task Force. While certainly there is no consensus about this technique as a “gold standard” for the measurement of sexual orientation, members of the APA Task Force and several activists have deployed it as a necessary means to demonstrate change. Among proponents of sexual reorientation, personal testimony continues to reign supreme in the hierarchy of evidence for change. For religious ex-gays, this is testimony of the power of faith to transform, even though same-sex attractions will likely linger. First and foremost, this is an identity change, out of homosexuality, and often into a religious identity. Within NARTH and some ex-gay ministries, while there is difference of opinion, there are some who still maintain that full attraction change is possible, and rely on self-report to make this case.

Comparing Knowledge Production across Inverted Credibility-Environments

The “pathology” and “normal” eras can be considered to be inverse credibility-environments, as each context overwhelmingly favored one set of discourses over the other in the reorientation debate. The McCarthy era and the civil rights era were immensely repressive times for gays and lesbians, allowing reorientation to flourish. By contrast, once “homosexuality” was removed from the *DSM*, reorientation proponents faced immense obstacles to the construction of facts and the creation of credible

evidence. However, these time periods vary in the degree that they were monolithic. Within the “pathology” era, the political opportunity structure for the homophile movement was extremely repressive. By contrast, the “normal” era is characterized by a much more permissive political opportunity structure for both sides. It has permitted movement/countermovement conflict, with movement successes, failures, and open struggle on both sides. Indeed, as Meyer and Staggenborg (1996) have theorized, the presence of an opposing movement has been part of each movement’s political opportunity structure. Although reorientation therapists have been shut out of mainstream scientific groups, they have had tremendous influence within the public and in policy arenas. Within mainstream science, however, in each era the intellectual opportunity structure was conducive to either one set of discourses or the other—there was little room for debate once one view was established.

The credibility of evidence in these time periods was shaped by prevailing ideas about what types of people could be trusted. In the 1950s and 1960s, when homosexuality was medicalized, criminalized, and often tied to other forms of social deviance, homosexuals themselves were seen as untrustworthy subjects of science. Meanwhile, medical experts were enjoying their highest credibility ever in United States history. Within this context, psychoanalysts spoke on behalf of the sexual behaviors of their clients, while behaviorists applied physiological tests to assess levels of sexual arousal. As reorientation came under attack by gay liberation, the “objective” physiological test supplanted the psychoanalyst’s assessment, with the latter increasingly seen as steeped in subjectivity and even prejudice.

By contrast, in the normal era, personal testimony grew in credibility among reorientation proponents, in the tradition of Evangelical Christianity, but also along with a cultural current of illness narratives. If ex-gays were not trusted by mainstream mental health professions that now accepted homosexuality as a normal variant, many people in the public did trust them. Furthermore, boosted by the credibility of Robert Spitzer, the “meta-testimony” had tremendous influence, even when matched by the testimony of ex-ex-gays, the anecdotal stories of “fallen” ex-gays, and the heart-wrenching statements of jilted spouses. In response to these events, reorientation opponents within science reverted back to the authority of the expert to assert that there was no evidence for reorientation treatments, and in fact, there was some evidence for the fact that they did not work. Reorientation opponents on the American Psychological Association Task Force used rhetoric of neutrality, as the apolitical expert methodologist Robin Lin Miller determined whether studies met a stringent criterion of being experimental. Furthermore, the new ontological distinction between “sexual orientation” and “sexual orientation identity,” and the assertion that sexual orientation could only be credibly measured physiologically in men, meant that ex-gay men could no longer credibly speak on their own behalf about attraction changes, since this would now be interpreted only as an expression of identity. In women, although increased “spontaneous” plasticity has been acknowledged, there has been little discussion of how to credibly measure outcomes except to discredit self-reports of attraction change as a result of therapeutic interventions.

Bringing Together Multiple Literatures and Approaches in an Issue-Driven Analysis

To study the varying ways in which scientists have gone about “drawing the straight line” over time in sexual reorientation therapy debates, this project brings together approaches from sexuality studies, science and technology studies, and the sociology of social movements. An interdisciplinary approach that draws from multiple literatures is useful for a number of reasons. Rather than being preoccupied with the development of any single theory, this approach is issue-centered, requiring the selection of relevant theoretical concepts to attend to the story as it has unfolded. This approach yields a multifaceted explanation of the social construction of knowledge that draws on a unique blend of theory specific to the topic. Because of the diversity of actors that have influenced the construction of knowledge in these debates, including social movements, it has been necessary to draw on theories that help illuminate this diversity, and to draw on essays that already bring different literatures together for this purpose (e.g., Epstein 1996, Rabeharisoa 2003, Epstein 2007b).

This analysis has blended approaches that are generally social constructionist, beginning with Foucault, who has been an influential theorist in both sexuality studies and science studies. Foucault richly theorized the *scientia sexualis* in *History of Sexuality, Vol. 1* (1978), but he did so for a particular historical context, as he was writing at a time before pro-gay discourses became prominent in mental health disciplines in the West. Contemporary reorientation debates require extending his analysis to consider alternate forms of “normality” and “pathology” that have emerged in these debates. While Foucault theorized a “pathologization of perverse pleasures” that defined “the homosexual” as a type of person to be “cured,” contemporary reorientation discourses

deny the existence of “homosexuals.” Rather, groups like NARTH and Exodus believe that there are only heterosexuals, some of whom have “homosexual problems.”

Furthermore, the normalization of homosexuality in mainstream mental health has led to the pathologization of reorientation in one crucial respect—it is considered a dangerous practice, inflicting psychological, spiritual, and social harms upon a significant portion of clients who undergo treatment. Contributing to these harms are theories and practices considered unethical because they are based on stereotypes of gay, lesbian, and bisexual people, as well as stereotypes of gender roles. In sum, this study has built on Foucault’s description of the *scientia sexualis*, as the contemporary “pathologization of perverse pleasures” in the United States has shifted with new understandings of “homosexuality,” and a pathologization of sexual orientation change efforts has emerged as a new strategic discursive unity in mental health fields.

When extending the Foucauldian analysis of the contemporary *scientia sexualis*, science studies approaches have been particularly useful, as these approaches have been developed specifically to examine scientific fact-making and knowledge controversies. Insofar as this analysis has been “archaeological,” (in the sense used by Foucault (1972)), I have found it helpful to characterize the culture at particular historical moments by using science studies theories—especially Steven Shapin’s theory of credibility, which helps to describe an overall credibility-environment. For example, during the 1950s, the context of the McCarthy era was a credibility-environment that made the idea of a healthy homosexual person unthinkable within mainstream mental health disciplines. Insofar as this analysis has been “genealogical” (Foucault 1980: 83-85), science studies theories have been useful to explain the negotiations among experts that have given rise

to discontinuities in the shifting content of dominant discourses about reorientation. SSK insights into the interpretation of experiments and the social dimensions of scientific communities have added depth to explanations of the construction and reception of discourses both within science and among the public. Furthermore, Bruno Latour's approach to studying the construction of facts through the development of scientific literature and the formation of links between scientists and objects under study has been particularly helpful to make sense of the credibility struggles surrounding the Spitzer study, as opponents have worked to undermine truth claims. However, limiting the actors involved to scientists alone overlooks the contributions of opposing social movements to the construction of knowledge (Epstein 1996).

While scientists have certainly contributed to knowledge production in this debate, the role of opposing social movements requires extending the theoretical assortment even further to include theory from the sociology of social movements. This includes drawing on concepts that pertain to single movements, such as framing strategies, resource mobilization, and political opportunity structures. It also requires drawing on literatures that identify ways in which social movements impact the production of knowledge (e.g. Epstein 1996) and have become "hybrid" in their composition of expert and lay actors (Epstein 2007b). Not only has this study shown how social movements themselves have contributed to knowledge production, but it has also shown how the dialectical dynamics of opposing social movements have played an important role, which will be summarized below. In sum, while certainly there is no one way to analyze reorientation therapy debates, in this analysis I have generally looked to

the prominent actors and dynamics in the debates to inspire the theoretical concepts that are most useful to illuminate the process of knowledge production.

As a final note, while the Foucauldian analysis of discourse in this project has been largely post-structuralist, the study has relied on some structural elements when considering the context of knowledge construction. For example, the use of Bourdieu's concept of "field" presumes an emergent structure with "rules of the game" that both enable and constrain what is possible within science. Furthermore, this analysis has been based on the assumption that structures of inequality, including race, class, and gender, have some bearing on the process of knowledge construction, even though these structures are neither rigid nor permanent. Bodies themselves have also played a role in the story as objects with structure. This inclusion of structural elements has been beneficial because it acknowledges, as Joel Best (1995) argues, that no research study can be "strictly constructionist," completely ignoring contextual facts while accounting for the construction of knowledge. Similarly, Daniel Kleinman (2003: 62-63) argues that actors that engage in the construction of knowledge encounter already constructed structures. While structures are constructed historically, Kleinman claims that at any given time they "have an established character, and this configuration has effects" (Kleinman 2003: 62).

The Dynamics of Opposing Movements and their Effects

Over the sixty years that this study spans, opposing social movements follow a pattern predicted by resource mobilization theorists in the 1970s (McCarthy & Zald 1977). Pro-gay movements (homophile, gay liberation, gay rights) rose to challenge the

dominant social order, rising from a position on the margins to make social change. The successes of these movements, including the demedicalization of homosexuality, sparked a countermovement—the “ex-gay” movement, which began within religion, but gradually melded with scientific experts to form the hybrid movement of the 1990s and 2000s. The ex-gay movement’s successes, including influence in public policy arenas and a national challenge to gay identity within culture, sparked the “ex-ex-gay” movement as a “counter-countermovement” that was different from the original gay liberation and gay rights movements. As in McCarthy & Zald’s theory, the very success of each movement provided the inspiration for a response.

In the contested arena of science, pro-gay movements were so successful that they shaped what I have called the “intellectual opportunity structure,” effectively blocking certain opposing views from being considered in the mainstream. The homophile movement, working in partnership with Evelyn Hooker and other researchers, and the later gay liberation movement, working with sympathetic professionals including gay psychiatrists, were successful in making psychiatrists aware of their cause as well as the relevant science that could be the basis of demedicalization. In effect, with “homosexuality” removed from the *DSM*, claims based on the idea that homosexuality per se was an illness were effectively blocked from mainstream professional organizations. Any therapeutic program based on this concept, such as that promoted by Socarides well into the 1990s (Socarides 1995), could not be accepted as credible. This type of “blocking” is typical in policy arenas (Meyer & Staggenborg 1996), where one movement blocks the political efforts of an opposing movement with a victory, but here I have shown how an analogous dynamic can occur within an intellectual arena.

In contrast to “blocking,” the intellectual opportunity structure can include a “preventive context” that makes it more difficult (but not impossible) for a scientific expert, working with a social movement, to consolidate a truth claim. In the case of the Spitzer study, such a “preventive context” was created by generally questioning the credibility of personal testimony of ex-gays. Ex-ex-gays participating in the Shidlo and Schroeder study (2002), explaining how they had been pressured into giving a false report of their change in research studies and on national television programs, contributed to the creation of the preventive context. Beckstead (2001) reported that none of the ex-gays in his study experienced significant changes in same-sex attractions when interviewed. Furthermore, when activist Wayne Besen presented evidence of ex-gays relapsing, he contributed to this intellectual opportunity structure as well. With ex-gays generally discredited, Spitzer would have a harder time making people believe his fact when he presented self-report evidence for the efficacy of reorientation therapies. While Spitzer himself may have been credible, few in mainstream science would believe his claimants. Ultimately, the ontological distinction between sexual orientation and sexual orientation identity became the basis for discrediting self-reports of attractions altogether—reducing them to expressions of identity.

A key way in which social movements shape the production of knowledge in this study is to create a “credibility crisis” for opponents and for institutions. One important example occurred when the ex-ex-gay movement created a credibility problem for the ex-gay movement, leading to the acknowledgement of lingering same-sex attractions ultimately shaping research outcomes (Jones & Yarhouse 2007). With “saving souls” being the most important goal of religious ministries, losing members of the congregation

led to reconsideration of the promises made by ministry leaders. Perhaps celibacy would be the best some could hope for, but nonetheless, one would not be living in sin as an active homosexual. While calls for phallogometric testing and popular beliefs in the ability of this test to reveal “true” arousal patterns in men may have played some role in this shift, ultimately the testimony of ex-ex-gays and the loss of people from religious communities led to more clarity about lingering attractions. In this sense, an opposing movement led to a shift in claim content.

Another example of the creation of a credibility crisis was when the ex-gay movement, working with Religious Right organizations, amassed public support for their views through media outlets. This led to responses from mainstream institutions, including the development of position statements and the need to write commentaries and critiques. Because mainstream professionals must compete with the ex-gay movement over the definition of reality on the terrain of the consumer market, the work of NARTH, the publicizing of ex-gay testimonies, and the Spitzer study all created a credibility crisis for mainstream science such that it was required to respond. Professional groups and mainstream scientists had to divert resources to undermine the credibility of reorientation.

However, once the Spitzer study emerged, these efforts required mainstream scientists not only to challenge reorientation but also to refine and clarify their very understanding of what sexual orientation is. Before this period, sexual orientation may have been loosely measured by identity, behavior, and/or attraction, but now, sexual orientation was sharply defined as attraction, including sexual arousal, fantasy, and emotion. Sexual orientation identity was one’s willingness or ability to internalize this orientation. In the case of men, phallogometry gained a new prominence. Thus, the

popularization of the marginal view required the mainstream to refine scientific claims and methodologies (Epstein 1996: 141; Hilgartner 1990).

People within different social worlds have interpreted “homosexuality” along different axes of “health/pathology,” “morality/sin,” and “sexual orientation,” making this concept into a boundary object. However, contests within science have required opposing social movements to engage in framing and counterframing of new boundary objects. Rather than “talking past each other” in different registers of morality and rights (e.g., Miceli 2005), opposing movements struggled over the meaning of boundary objects including self-reports, phallometric tests, and other objects that are part of scientific methodologies. For example, Beckstead claimed that phallometric testing was a necessary means to demonstrate sexual orientation in men (Beckstead 2003). Meanwhile, Jones and Yarhouse (2007) claimed that it was unreliable due to the problem of “faking,” and it could not be used with religious clients who were likely to be offended by viewing pornography.

The media played a central role in maintaining the dynamics of opposing social movements in this case for a number of reasons. With a propensity for controversy and representing “both sides” of stories, a picture was painted for the public as though science was evenly divided on the issue of reorientation, when in reality mainstream scientists maintained a consensus that there was no evidence for reorientation treatments. Very recently, in April of 2010, CNN included ex-gay reorientation therapist Richard Cohen in a discussion of a California law on the books from the 1950s requiring the state to pursue research on finding a “cure” for homosexuality. Speaking opposite California Assemblywoman Bonnie Lowenthal who sponsored a bill to strike down what she

considered an outdated research requirement, Cohen told his personal story of change, and claimed that research into the “etiology” of homosexuality should continue. He also touted the Spitzer study as evidence of change, and claimed that the law should be used to support NARTH in its mission to help homosexuals pursue self-determination (International Healing Foundation 2010). Like in the “Tobacco Strategy” studied by Oreskes and Conway (2010) where experts used the media to perpetuate the idea that science was not certain about the effects of acid rain, global warming, and the health effects of smoking, the ex-gay movement can perpetuate the idea that science has not reached closure on this issue, thereby affecting culture and having an impact on policy.

The gay rights, ex-gay, and ex-ex-gay movements have all expressed collective identities in strategic ways (Bernstein 1997). The mobilization of “selves” for public consumption, including narratives of self development, has been a central strategy for these movements attempting to shape public opinion and gain legitimacy. Especially as these narratives of self have been important as data in scientific research, it is important to note how they have been produced—not in a vacuum—but relative to one another. Forging gay identity involved not only an affirmation of sexual desire but also an assertion of health in the face of pathologizing claims. While gay liberation saw homosexuality as possible for all, ultimately gay identity came to mean a fixed identity rooted in biology. As a means to make rights claims, essentialist understandings of homosexuality were forged in the wake of other civil rights movements around race and sex, but also in the wake of reorientation. While Bernstein (1997) analyzes movements as deploying identity strategies of “difference from” and “similarity to” the mainstream, it is important to note that when a social movement encounters an opposing movement, this

opposition can shape the movement's collective identity. Thus, ex-gay identity challenges the essentialism of gay identity, but with a new essentialism—all humans are born heterosexual. To be ex-gay is a negation, and this could not exist without gay identity. Ex-ex-gay identity, based on a claim about the harms of attempting to change the unchangeable, provided another means to assert essentialism, and yet another negation relative to an opposing social movement.

A final way in which opposing movements have shaped the production of knowledge is the creation of a consensus around lingering same-sex attractions. As ex-gays have changed their claims to include lingering same-sex attractions, and as there has been growing acceptance of the need for “telic congruence” in some cases, therapeutic guidelines within psychology have converged on “identity exploration” rather than the assertion of outcomes. While this is not exactly like the creation of a “libertarian movement” out of the conflict between the New Right and New Left that Klatch observed (Klatch 1999), it is a sort of agreement that opposing movements working with experts have shaped, as the admission of lingering same-sex attractions has been the product of credibility crises—especially that created by ex-ex-gays. In effect, there appears to be some convergence among LGB-affirmative psychologists and some Evangelical researchers who all claim that sexual orientations do not significantly change during reorientation therapy. These Evangelical researchers include Warren Throckmorton, Mark Yarhouse, and Stanton Jones. While Exodus International and even NARTH praised the 2009 American Psychological Association Task Force report, in part, because of its acknowledgement of the need to respect religious diversity, both organizations claim that change in attractions is possible, and so, did not fully agree. Thus, this

convergence is tenuous at best, primarily because it is built on the view that, at the end of the day, sexual orientation cannot be changed.

Sexual Reorientation as “Science on the Margins”

Although the ex-gay movement has had significant influence in the public domain, within science, reorientation researchers and therapists are clearly located on the fringe. Consequently, many of the patterns of engagement between reorientation and mainstream science can also be seen in the cases of other peripheral sciences such as ufology, parapsychology, and HIV dissent. Yet, there are characteristics specific to this case given the unique history of reorientation therapies, which have moved from the center to the fringe in the United States over the course of several decades. While NARTH and other ex-gay researchers deploy specific tactics to legitimate their work, reorientation opponents have developed particular boundary work tactics to reject these practices and keep them on the margins.

The tactics of legitimation used by NARTH are designed to both gain a public following and try to gain entry into the mainstream. Developing a following among the public is much like the strategy of ufologists that Cross (2004) observed, as mainstream scientists have generally been unwilling to listen to change claims, and scientists seek public participation in their work. NARTH and other ex-gay therapists and researchers have adopted the “symbolic and technical hardware” of science, often for public consumption. Some of this is directly targeted at the public, such as marketing the book *A Parent’s Guide to Preventing Homosexuality* (Nicolosi & Nicolosi 2000), submitting amicus briefs to court cases, making television appearances on talk shows, and

maintaining a website for public consumption. Other work targets science, but also serves to garner legitimacy in the public as well. Members of NARTH have published extensive theories (e.g., Nicolosi 1991; Socarides 1995), and they have published research studies in whatever press will accept them (e.g., Nicolosi, Byrd, & Potts 2000; Spitzer 2003; Jones & Yarhouse 2007). NARTH has created its own journal, *Journal of Human Sexuality*, with its only issue thus far including an extensive meta-analysis of research studies that the group claims supports their position. The organization circulates a scientific newsletter, *NARTH Bulletin*, as a venue for published studies and therapeutic guidelines. Maintaining a professional organization with its own annual conference and scientific advisory board, displaying credentials and professional affiliations, and attending national professional conferences across the country, are also part of this work of legitimation.

As producers of scientific literature, ex-gay researchers often cite mainstream research, especially that which claims that homosexuality is “fluid” (e.g., Diamond 2008), in an attempt to position themselves as part of a growing mainstream consensus. At times, this can involve posing a dichotomy between “essentialist” and “constructionist” perspectives and claiming that reorientation therapists are part of the “constructionist” camp (see Zucker 2003). Mainstream research on health disparities is often cited as evidence that homosexuality, associated with pathology, should be reoriented. This practice discursively erases the possibility that health disparities are caused by oppression. Furthermore, any research which suggests that sexual orientation may change over the life course (e.g., Laumann et al. 1994, Diamond 2008) is treated as fair game to support the premise that homosexuality is malleable and changeable.

As part of representing itself as a scientific organization, NARTH uses a series of framing strategies to promote its legitimacy. First, rhetorically separating “science” and “politics” is a central tactic for this group. Claiming that mainstream mental health organizations have been “hijacked” by the political “gay agenda,” NARTH complains that the politics of political correctness precludes an open atmosphere of objective scientific research. The politics of the gay agenda, in this view, includes an inability to respect complete “diversity”—including “religious” and “worldview” diversity—within mainstream mental health organizations. Any time a pro-gay researcher or therapist claims that science and politics are interwoven, such as Jack Drescher’s claims to be a participant in a “culture war” (e.g., Drescher 2003), NARTH points to this as evidence that the gay agenda is corrupting science with politics.

Conversely, overtly religious researchers such as Stanton Jones and Mark Yarhouse rely on science studies insights to promote their work, calling for an “Evangelical science.” Drawing particularly on the work of Thomas Kuhn, Stanton Jones (1994) has observed that contemporary philosophy of science rejects positivism and effectively blurs distinctions between science and other ways of knowing. Because science and religion share common ground in subject matter and accountability to human experience, Jones argues that the barrier between the two fields can be broken down such that there is more discussion between them. Because all observations are theory-laden, Jones claims that researchers might draw on religion as a source of presuppositions. Thus, in the study coauthored by Jones and Yarhouse (2007), the authors argue that scientific research on reorientation can ethically be based on the presumption that

homosexuality is sin. This strategy stands in marked contrast to the NARTH approach calling for “pure science.”

Some other rhetorical strategies used by NARTH and reorientation proponents include discourses based on “rights”—raising concerns about both the rights of the client as well as the therapist. When NARTH was founded, it was based on the need to protect therapists’ “right to treat” at a time when attempts to ban the practice were being launched. By the end of the 1990s, the ex-gay movement had developed a rhetoric of the client’s “right to self-determination” and “autonomy”—ideas that appear in the ethics codes of national mental health associations including the American Psychological Association. Framed this way, to deny reorientation treatment is to deny a sacred trust within mental health professions. This claim has been a central theme of ex-gay protests of national professional association meetings, with ex-gays holding signs that call for the right to change.

Just as Cross (2004) observed of the tactics used by ufologists, marginalized scientists within the ex-gay movement extend the malleable vocabulary of science, using discredited methods to collect what they call “empirical data.” The testimonies of ex-gays claiming sexual attraction change have been relegated to the same non-scientific status as the testimonies of people who claim to have been abducted by aliens. Such testimonies can be subjected to statistical analysis, but at base, they are discredited forms of data. Nonetheless, researchers in the ex-gay movement take change claims as “empirical data” and dress them in bar graphs and tables, utilizing the malleability of scientific language.

However, unlike ufologists or parapsychologists, NARTH is able to take advantage of the historical fact that homosexuality was once considered pathological by

mainstream scientists. There is indeed a vast literature in credible scientific journals that claims that homosexuality is an illness that can be “cured.” Several of the reorientation books used in this study (e.g. Bergler 1956; Socarides 1968) are available for check-out at most university libraries, as these were once part of mainstream literature; even many of the more contemporary books are available (e.g., Nicolosi 1991; Nicolosi 1993; Socarides 1995). Because of the existence of once-mainstream literature, NARTH is able to put together meta-analyses and claim that those who ignore this scientific work are really driven by politics. The publication of the Spitzer study in a mainstream scientific journal is significant in this regard, even if Spitzer reduced the force of his claims in another essay. Furthermore, the fact that reorientation was once mainstream means that there are still many living supporters in mental health fields, including former American Psychological Association Presidents such as Nicholas Cummings and Robert Perloff, with whom NARTH has joined forces in an attempt to gain legitimacy.

However, while scientists working in the ex-gay movement are excluded from mainstream scientific institutions, they are sustained, in part, by favorable conditions within the public domain. The Religious Right, with its massive infrastructure for fundraising and publicity, has been an immense force moving the ex-gay movement forward. Religious presses, most notably InterVarsity Press in Downers Grove, Illinois, provide an infrastructure for the dissemination of publications when scientific journals reject materials. *Psychological Reports*, which publishes for a fee and ranks low in the eyes of mainstream scientists (Herek 2008), has also been a useful venue for NARTH. Mainstream media, with a penchant for controversy, have given NARTH and other ex-gay therapists and researchers a forum to express their views as though there were a lack

of consensus among mainstream scientists. Finally, the existence of ex-gay science is supported by antigay bias in society, which encourages people experiencing same-sex attractions to become reorientation clients and research subjects in the first place, and which provides an audience in policy debates as well as other public forums. This is not to say that entering reorientation is never a rational choice, but widespread homophobia *does* contribute to people's desire to change their sexual orientation.

For certain, the science of reorientation therapy has been subjected to various "tactics of rejection" (Collins and Pinch 1979) put forth by mainstream scientists since the demedicalization of homosexuality and the advent of gay-affirmative positions. Being the target of the boundary work of mainstream scientists, NARTH and the International Healing Foundation are not permitted to have any kind of organizational presence at any national mental health associations, and they are even forbidden from participating in functions that involve "unaffiliated groups" (Anderson 2008). Ex-gay groups have been subject to condemnation in several position statements published by all national mental health groups that declare unethical any therapies based on the idea that homosexuality is an illness. These statements reiterate that there is no evidence for the efficacy of treatments, and that these treatments are potentially harmful.

The case of Robert Spitzer is particularly illustrative of the effects of boundary work on an ex-gay researcher's career. Before conducting his study on ex-gays, Spitzer enjoyed immense status within psychiatry, heralded as a hero among gay activists, and upheld as an important contributor to the field as a recipient of numerous awards. After years of being a central player in the development of nosology for different versions of the *DSM*, Spitzer was left very frustrated about being shut out of deliberations for *DSM*-

5. Indeed, during my interview with him, he expressed anger about this fact (Spitzer 2008). Described as a typical reaction to the Spitzer study in the gay community, Wayne Besen's derisive commentary on Spitzer's career, published in 2003 in the *Journal of Gay and Lesbian Psychotherapy*, was a major insult. Besen stated, "Whether he was an over-the-hill stage horse galloping toward the limelight or a court jester hoodwinked by a scheming religious right is unimportant. What matters is that Spitzer's embarrassing travesty of scholarship will surely go down as his defining work, a professional pockmark that will indelibly taint his once splendid career" (Besen 2003: 206).

In some ways, Spitzer's experiences are like those of Peter Duesberg in the case of HIV dissent. Like Spitzer, before he became the leading dissenter in a scientific controversy, Duesberg was a renowned scientist. He had received several prizes such as 1971 California Scientist of the Year, an Outstanding Investigator Award from the NIH in 1986, and had been elected to the National Academy of Sciences. He had partial credit for the discovery of the first cancer causing gene ever known (Epstein 1996: 105-106). Yet, after he had publicly advocated that HIV does not cause AIDS and that it is likely caused by AZT and other drugs, he lost his major grant from the NIH (Epstein 1996: 140). The cases of Duesberg and Spitzer illustrate other interesting parallels. Both were able to use their prior credibility to gain media exposure and amass a large public following. As Steven Hilgartner has observed, popularized science can feed back into the research process (Hilgartner 1990), and both of these men helped this to happen. In the case of Duesberg, the popularity that he was able to generate for the HIV dissent theory forced Dr. Robert Gallo and other virologists and immunologists to provide further proof for the fact that HIV causes AIDS. In the case of Spitzer, the press and popular following

that he was able to amass—even larger than what he intended when his study was differently interpreted—became a major factor in the decision of the American Psychological Association to form a Task Force and revisit the issue of reorientation therapies. The refined definition of “sexual orientation” as attraction and the distinction between this construct and “sexual orientation identity” were key outcomes of this episode, as these ideas enabled the American Psychological Association to claim that self-reports of sexual attraction are nothing more than an expression of identity. It is not certain whether this would have happened were it not for Spitzer’s study.

As another aspect of boundary work, the rhetorical strategies of NARTH have been met with counterframes from opponents of reorientation treatments. The APA Task Force Report claimed that the “self-determination” and “autonomy” of clients can only truly exist when clients give informed consent, meaning that reorientation therapists must inform clients that there is no evidence for the efficacy of therapies and that they are potentially harmful. Thus, the ethics of client “autonomy” are made to hinge on additional concerns. In addition, self-determination cannot occur in the context of anti-gay bias, either within therapy or within society more broadly (APA Task Force 2009: 68-69). Furthermore, the claim that organizations like the American Psychological Association have been “taken over” by the gay agenda is met with the argument that NARTH members do not follow organizational codes of ethics, which require respect for diversity on the basis of sexual orientation. Finally, the claim that NARTH separates politics and science is usually challenged by stating that the group is blatantly anti-gay.

However, the tactic of rapprochement has been used by LGB-affirmative therapists, as they have attempted to forge a compromise with the ex-gay movement writ

large. In this careful balancing act, support for religious diversity is honored, and clients who pursue “telic congruence” are respected. However, at the end of the day, this compromise still rests on the fact that sexual orientations are viewed as fixed and incapable of being changed through reorientation therapies. This compromise has been met with mild praise from reorientation groups, but the APA Task Force that used this approach was still faulted by NARTH and Exodus for not recognizing the possibility of attraction changes.

While the claim that psychology should be more respectful of religious diversity has been probably the most successful rhetorical tactic used by ex-gay researchers and therapists, the Jones and Yarhouse “blend” of science and religion has not been particularly successful. A position statement by the American Psychological Association in 2007, “Resolution Rejecting Intelligent Design as Scientific and Reaffirming Support for Evolutionary Theory,” called for a strict separation between science and religion which was reiterated by the APA Task Force report (APA Task Force 2009: 19). Furthermore, Judith Glassgold has suggested that Stanton Jones’ position is actually “anti-science” (Glassgold 2008). The position of mainstream mental health is that religion, while potentially important for clients’ well being, is a separate domain of knowledge production.

As in the cases of parapsychology and ufology, opposition to reorientation therapy within mainstream mental health associations is generally based on certain a priori assumptions. In this case, therapies are assumed to not “work” and this assumption is motivated by the belief that therapies are anti-gay and offensive to sexual minorities. This belief undermined the chances of NARTH nominees, who could not get on the APA

Task Force because they were presumed to not be able to comply with the APA Code of Ethics, requiring respect for sexual orientation diversity. Their research was deemed to be insufficient because it was not peer reviewed, yet the peers who would review it are guided by a code of ethics that would require them to reject the research as anti-gay. This belief extends to the personal testimonies of ex-gays, generally not trusted by mainstream scientists because it is presumed that these people are exhibiting internalized heterosexism. Because ex-gays are involved in political projects that are designed to deprive gay and lesbian people of rights, and because reorientation theories are based on views of homosexuality as immoral, pathological, repugnant, and the like, mainstream scientists do not trust change claims. In general, mainstream scientists hold a higher standard of evidence for the efficacy of reorientation therapies than other therapies because they do not trust the producers of the evidence. Indeed, it is not uncommon in scientific controversies for the credibility of a claim to be closely linked to the credibility of the claimant (Epstein 1996: 333).

Thus, reorientation therapy disputes are not merely differences of opinion about the natural world, but they unfold as matters of trust and distrust between people. Ex-gays want respect for their heterosexual lifestyles, and reorientation therapists want recognition of their work, but the perspectives of mainstream scientists treat “sexual orientation” as fixed. Meanwhile, when ex-gays “relapse,” activists are there to document the transgression and expose the fraud. Pro-gay mental health professionals want equal rights for sexual minorities because of the pain inflicted by oppression and inequality, but gay rights have been thwarted by the public testimonies of ex-gays, the amicus briefs of NARTH and other groups—often based on theories that degrade homosexuality severely.

While these dynamics have been called a “culture war,” one primary conclusion that can be made from this study is that struggles over sexual reorientation do not constitute a war between fixed cultures. Rather, cultural understandings of “sexual orientation” have shifted dialectically over time, as people who do not trust one another have clashed and shaped hierarchies of evidence that define the construct of “sexual orientation.”

Queer Theory and the Application of Symmetry

Within the shifting forms of evidence emerging from sexual reorientation debates, reported mismatches between identity, behavior, and attraction are widespread among many individual subjects. At times there has been a privileging of the exclusive categories “heterosexual” and “homosexual” to define human types in the debate, but this has not always been the case. Insights from queer theory can help us analyze the ways in which scientific discourses in this domain have been queer and ways that they have not. A turn to queer theory is useful here because, like science studies, queer theory questions the attribution of the “natural.” It also raises questions about normalizing views, offering a vantage point from which to apply the principles of symmetry of science studies to the discourses produced on both sides of the reorientation debate.

Queer theory is a field of critical theory that emerged primarily from disciplines such as literary and cultural studies. Based largely on the work of Foucault, queer theory has many affinities with social constructionist theories of sexuality (e.g. Gagnon & Simon 1973). While the latter mostly focused on interactional and intrapsychic levels of the construction of sexual meanings, Foucaultian work took on the study of the bigger picture—the production and deployment of widespread sexual discourses (Epstein 1994:

190-192). Queer theory generally rejects the idea that “sexual identity” should be based upon a discovered natural “sexual orientation” and it is open to notions of sexual fluidity (Epstein 1994: 195). This is because sexuality is understood to be culturally and historically contingent, and because a politics of fixed identity categories privileges those people for whom that category is the only marked or the primary identity—usually white men (Duggan 1994). Identity politics tends to localize and ghettoize homoerotic desire within homosexual bodies, thus letting the larger heterosexual community “off the hook of anxiety about sexual difference” (Duggan 1994: 5). Thus, as Sedgwick has emphasized, a major thrust of queer theory is to study the construction of the homosexual/heterosexual binary in order to denaturalize these categories (Sedgwick 1990: 1).

Sedgwick also criticizes the practice of narrowing down “sexuality” to categories based only on “gender,” as this erases the historical specificity of sexuality. Dividing “sexual orientation” into “homosexuality” and “heterosexuality,” defined on the basis of sex of object choice, is a historically specific construction particular to Western societies in the 20th Century (Sedgwick 1990: 35). Sedgwick provides examples of alternate ways of defining sexual orientation in which object choice can be distinguished, including “human/animal, adult/child, singular/plural, autoerotic/alloerotic,” as well as ways that are not about object choice at all: orgasmic/nonorgasmic, noncommercial/commercial, using bodies only/using manufactured objects, in private/in public, spontaneous/scripted” (Sedgwick 1990: 35). These counterexamples illustrate that organizing identity around a homosexual/heterosexual binary is by no means given, but it has become naturalized in Western societies and needs to be deconstructed.

Queer theory is loosely aligned with queer politics. The term is a reclamation of a derogatory term in order to eliminate its wounding power. These politics generally challenge the assimilationist approaches of lesbian and gay politics, with a politics of provocation that challenges norms (Epstein 1994: 195). Queer politics recognize power as being enforced through the social world in the creation of divides. Furthermore, there is a rejection of civil rights strategies in the pursuit of deconstruction (Gamson & Moon 2004: 49). It is an attempt to unite all people who do not fall into the normalizing regime, and it includes an affirmation of difference. There is no centered “queer” identity, but rather, there is space for people to develop their own identity with openness to sexual fluidity (Epstein 1994: 195).

Lisa Duggan (1994) has applied these insights to the institution of the state, offering an alternative to essentialist politics based on granting rights to a fixed minority. Rather than naturalizing homosexuality, Duggan calls for borrowing from a discourse of the disestablishment of state religion. Applying this logic, she calls for the disestablishment of heteronormativity, challenging the ways in which the state provides “special rights” for heterosexual people. This move reverses a tactic commonly used against gay rights politics, in which gay groups are accused of seeking “special rights” for a lifestyle that is freely chosen. Rather than giving into the temptation to ground gay rights in essentialism, Duggan claims that a “disestablishment” approach would work better in general—the state should not favor one group over any others. She claims that religion is a proper queer metaphor because “it is understood as not biological or fixed; for instance, people can and do convert. But it is also understood as a deep commitment. That commitment is seen as highly resistant to coerced conversion and deserving of

expression and political protection” (Duggan 1994: 9-10). This political strategy sidesteps the need to assert a fixed sexual orientation as a basis for political rights.

Using queer theory insights to analyze scientific discourses promoting reorientation reveal how these discourses are remarkably (but not entirely) queer. This is readily apparent in the theory of NARTH co-founder Charles Socarides, who denaturalized both heterosexuality and homosexuality. His theory claimed that there was no biological basis to either sexual orientation, but the enforcement of social norms produced each form (Socarides 1968). In alignment with queer theory, reorientation therapy discourses challenge the idea that homosexuality is a fixed, biologically based, sexual orientation. They also rely on the idea that sexuality is fluid, and therefore, can be manipulated in the therapeutic context. Because of these particular features of reorientation therapy discourse, proponents borrow from queer theory and constructionist scholarship quite frequently.⁷² Finally, especially among Evangelical ex-gays but also among NARTH researchers, the fact that same-sex attractions do not define one’s sexual orientation aligns with queer perspectives. The claim that one is heterosexual with lingering same-sex attractions disrupts the essentialist view of identity as a labeled essence. Furthermore, some Evangelicals subvert sexual identities altogether, identifying with religious identities such as “in Christ” or “Christian” rather than heterosexual.

⁷² Indeed, in an essay by Kenneth Zucker (2003), Epstein (1991) was among several “constructionist” scholars who were depicted as “strange bedfellows” with reorientation therapists. This mapping is based on an essentialist/constructionist binary that equates “constructed” with “malleable.” Ironically, in the very essay that Zuckerman cites, Epstein is accounting for the experience of fixed sexual orientation by augmenting constructionist theory with an object relations analysis. There is nothing automatic about the association of “fixed” with “essentialist” (or “immutable” with “innate”), but this is a historical product of the genesis of gay identity that was developed within the context of widespread demands for reorientation.

However, reorientation discourses maintain views that can be subjected to queer critique. First, although some believe that heterosexuality is socially produced in the individual, these discourses maintain that heterosexuality is the only natural form of human sexuality, and all others are unnatural, pathological, and/or sinful. Such discourses are not queer in that they enforce heterosexuality as the norm, overtly promoting heteronormativity. In some instances, this heteronormativity has been alleged to be coercive, as in the case of 15-year-old Zach Stark in the live-in ministry Love In Action in 2005. From a queer theory perspective, these features of reorientation are essentialist and normative.

Turning to LGB-affirming discourses in reorientation debates, these discourses have become queer in many ways as well. Most obviously, they challenge a heterosexual norm. But considering the APA Task Force Report and an emerging trend in therapeutic guidelines, it is apparent that there are some new queer developments. Notably, the compromise that guides therapists to leave the choice up to clients as to whether they wish to pursue an identity in alignment with their sexual attractions or with their faith challenges the assertion that identity must be labeled based on a fixed orientation. The pursuit of “telic congruence” despite sexual attractions, as a mentally healthy state of being, is a queer sexual subjectivity. In addition, the acknowledgement of women’s general sexual fluidity in mainstream and pro-LGB discourses aligns with queer theory perspectives.

Yet, various binaries remain within LGB-affirming views. Within the context of reorientation therapies, “sexual orientation” is understood to be fixed. This is especially the case for men, whose sexual orientation is understood to be unchanging in general.

The phallometric test has been granted increasing validity as a measure of that fixed orientation. Self-reports of sexual orientation have been reduced to expressions of identity. However, this perspective extracts the phallometric test and sexual orientation from its cultural context, as though the test were a transparent window into a natural reality. Both the test and the sexual subjectivity are culturally situated phenomena, and they are likely to have popular resonance given widespread cultural understandings of men's sexuality as being based on the viewing of sexual objects. In phallometric testing, homosexuality and heterosexuality are reduced to sexed object choices, defined by whatever erotic images the designer of the test deems appropriate to represent "heterosexual" and "homosexual." The test reduces sexuality to visually-induced genital arousal, with no attention to other features, such as emotions, fantasy, or tactile sensuality, and presumes that erections associated with erotica can represent behavior and desire outside the laboratory. This is not to say that these measurements are irrelevant, but they are not "objective" in the sense that they are a clear window onto a natural phenomenon. Rather, phallometric tests consolidate a particular notion of male sexuality to the exclusion of other possibilities.

Much as Moon (2005) observed, the interplay of gay-affirming and ex-gay discourses in these debates results not only in the constitution of sexual subjectivities, but also in the formation of abject subject positions. In particular, there is little space for the happily fluid sexuality of men or the fixed sexuality of women driven by visual objectification. Scientific discourses in the debate generally rely on a male/female sex binary to produce notions of "homosexuality" and "heterosexuality," so subject positions such as transgender or gender queer are erased, as well as attractions directed toward

such people who transcend sex binaries. Furthermore, as Duggan's critique predicts, basing identity on fixed categories has privileged white men in these discourses, including those within categories "gay," "ex-gay," and "ex-ex-gay." White men have been primary leaders in all of these groups fighting over reorientation therapy, and have taken the featured role in analyses.

With these considerations in mind, Duggan's theory of "queering the state" invites an accompanying vision of "queering science," that is, producing scientific knowledge that challenges heterosexual privilege. According to Sheila Jasanoff (2004) and the idiom of co-production, the natural and social order are produced simultaneously. Therefore, a project of queering the state would be best accompanied by the production of knowledge of queer sexualities. Such a science would focus on the denaturalization of heterosexuality, rather than the naturalization of homosexuality, and would celebrate sexual fluidity, albeit not coerced reorientation. While research on women's sexual fluidity has been developed in psychology (Diamond 2008), there is yet to be much exploration of men's sexual fluidity. Rather, psychology asserts that men's sexuality is categorical and generally fixed.

Where is the sexuality of men that defies a heterosexual/homosexual dichotomy in psychology and sexology research? In a recent study by lead scientist J. Michael Bailey, researchers used phallometric testing with male subjects who self-identified as "bisexual." In the test, erections occurred when subjects viewed images of male nudes, but not female nudes, leading researchers to declare that there is no evidence for the existence of male bisexuality. Rather, these men were pretending in order to live up to social expectations (Reiger et al. 2005). Recently Bailey concluded, "I contend that a

man's category specific sexual arousal pattern is his sexual orientation. Most women lack this strong directional motivation, and so it is not surprising that their sexual behavior is more malleable and sexually fluid" (Bailey 2008). However, in 1996, sexologist Henry Adams observed that heterosexual men who score high on a test of homophobia tended to have both heterosexual and homosexual arousal when given the phallogometric test. This counterexample suggests that male bisexuality, observable by the phallogometric test, exists but has not been "found" by researchers such as Bailey. Furthermore, no longitudinal studies of men's sexual orientation have been conducted that might explore the possibility of fluidity over time as Diamond (2008) has studied for women. A "queer science" would seek to better understand the meanings of bisexuality held by men in the Bailey study. Rather than imposing a particular reality upon their life experiences, it would be open to understanding the meaning of differently directed attractions among specifically categorized men, and it would be open to longitudinal research on men's sexual fluidity.

While these insights about queering science are analogous to the rhetorical moves made by Duggan in her essay on the state, a world with a fully "queered" science is difficult to imagine. Taken to its logical conclusion, queer science would have no gender or sexuality categories at all. Without categories, fluidity, fixity, reorientation, and gay affirmative therapy make no sense. The only viable therapy would be deconstructive, ushering subjects into the unregulated domain of "bodies and pleasures" (Foucault 1978). As Joshua Gamson (1995) points out, the attempt to eliminate gender and sexual identities altogether poses a dilemma because minorities cannot be protected if they are invisible. While a sexual science may not use gender and sexuality categories, there is no

guarantee that these categories will be eliminated in the world, and there is no guarantee that they will cease to be a basis for oppression.

Furthermore, in Duggan's state politics based on the idea of disestablishmentarianism, religion is a metaphor for sexuality, but the parallels between sexuality and religion are limited. While this is a powerful metaphor for challenging the "special rights" afforded to heterosexuals, and could potentially replace the innate-immutability position, it does not account for certain experiences of fixity. Duggan points out that in religions, people can readily convert. While this may not be the case in all circumstances, it is generally accepted that many people can change religions. However, it is not generally accepted that people can "readily" change sexual orientations. Many who have tried to change from homosexuality have experienced their bodies and desires as fixed, despite their desperate attempts to change to heterosexuality. It is not possible to know whether these experiences would be the same in a dramatically different context, but the religion metaphor is presently limited.

Directions for Further Research

This study raises a number of questions for further research. As professional mental health organizations have been making it more difficult for sexual reorientation practitioners to practice in the United States, reorientation groups have been building networks abroad. NARTH has been working to establish chapters in Mexico and Kenya, and has established the International Federation for Therapeutic Choice (IFTC) in 2008. Thus far, the group offers contacts in Canada and throughout Western Europe on their website. Exodus International and other ministries have also been at work abroad. In

2004, the Exodus Global Alliance was formed, bringing together religious ministries offering the message that “freedom is possible” throughout Canada, Mexico, Taiwan, and Australia. It has primarily been members of the International Healing Foundation, led by Richard Cohen, that have been active in Uganda promoting the idea that homosexuality can be changed and that homosexual behavior is pathological. However, this group has also been accompanied by a representative from Exodus International, as well as anti-gay activist and Abiding Truth Ministries president Scott Lively. In these various contexts, the extent to which these groups are understood as being backed by science is unclear.

As this study has been confined to the context of the United States, further research on this topic should examine the relationship between the sexual reorientation debate and the production of sexual subjectivities on the global stage. This research would characterize a complex web of relationships between opposing movement dynamics, transnational and local politics, the construction of knowledges, and the shifting boundaries of science in various locations. This research would explore the extent to which reorientation and anti-reorientation movements are actually composed of transnational networks, and how the knowledge practices embedded within networks are shaped by the challenges of working across nations. This work would draw on Sheila Jasanoff’s concept of “civic epistemologies,” in which different national cultures have different ways of evaluating scientific evidence (Jasanoff 2005), and it would examine the construction of knowledge in relation to local struggles within arenas of public policy. For example, it would be important to better understand the relationship between the efforts of reorientation proponents from the United States working in Uganda and the development and conceptualization of an “Anti-Homosexuality Bill” recently introduced

into the Ugandan Parliament. This bill, rhetorically justified by the ideas that homosexual behavior is inherently pathological and that homosexuals can be “cured,” has included provisions for the death penalty and life imprisonment for homosexual behavior, and has targeted people who are HIV positive with the highest penalties.

On a different note, as this project has examined the construction of sexual subjectivities within the sexual reorientation therapy debate, it invites research, inspired by insights from queer theory, that examines the construction of sexual subjectivities along numerous axes of sexual difference besides those based on sex/gender. For example, the historical rehabilitation of sex offenders has involved the constitution of sexual subjectivities through various correctional and measurement regimes that have been located within particular historical contexts. In the case of pedophilia, genital arousal testing with male offenders continues to be used in some state jurisdictions as a means to predict recidivism and to determine whether parole should be granted. A science studies approach to this topic would examine the ways in which scientific knowledge of pedophile, normal adult, and normal youth sexuality have been constructed over time, allowing for a critical examination of the drawing of boundaries in the interests of justice and public safety. The possibilities for research projects are vast, and one may begin with the “Sexual Disorder” and “Sexual Dysfunction” sections of the *DSM*.

Sexual reorientation therapy debates continue to be struggles over where and how to “draw the straight line,” signifying who is truly heterosexual and who is, to borrow a phrase from Wayne Besen, “anything but straight.” These struggles are central in US culture—indeed Eve Kosofsky Sedgwick claims the “endemic crisis of

homo/heterosexual definition, indicatively male” has structured much of Western thought since the latter nineteenth century (Sedgwick 1990: 1). The future direction of these debates and the ultimate meaning of “sexual orientation” remain uncertain. The recent victories of the ex-gay movement suggest that this movement is here to stay for some time to come. Psychiatrist Jack Drescher has placed stock in the fact that ex-gay survivor groups will ultimately do more than anything else to undermine the credibility of reorientation programs such that they ultimately fade away. By contrast, reorientation groups have been energized by the Task Force Report that acknowledges the benefits of recognizing religious diversity, and they have been working abroad. As the debate proceeds, it is imperative to realize, as many already do, that the politics of establishing credibility always play a role in scientific work. As Evelleen Richards explains:

The... expert must be seen as a necessarily ‘partisan participant’ in a political debate, not as an apolitical arbiter of ... truth, and this implies a radical review of the expert’s role in therapeutic evaluation. It also opens the way to an active and acknowledged evaluative role for non-experts, for patients and the public at large, in the processes of assessment and decision making (Richards 1988: 686).

With this perspective in mind, claims that science has been “corrupted” by politics make no sense, when science is already understood to involve the political project of establishing the credibility of oneself, one’s research, and one’s research subjects. Furthermore, establishing the nature of sexual orientation is inextricably linked with how we live as a society. It is also inextricably linked with the relationships of trust that we build with one another. These things can only change together.

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