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Unsettling Science: How Activists Deployed Science in the Conversion Therapy Debate

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in Sociology

by

Alex Maresca

Dissertation Committee:
Professor David S. Meyer, Chair
Professor Francesca Polletta
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2023

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ABSTRACT OF THE DISSERTATION

Unsettling Science: How Activists Deployed Science in the Conversion Therapy Debate

by

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Activists often claim that science is on their side, even when scientists themselves seem to disagree. This dissertation explores when, why, and how activists make science claims in political venues. When science is used to challenge a movement, activists must demonstrate that their claims are scientific to a broader public—including people with little knowledge of the relevant research. To do so, activists seek out *scientific resources* as proof that their claims are scientifically sound. How activists form their claims is shaped by the movement's access to mainstream scientific resources: the experts, publications, and statements that are seen as credible by mainstream scientific institutions. These institutions function as scientific gatekeepers, determining what does and does not qualify as science. Thus, resources approved by these sources can reassure lay audiences that a claim is backed by real science.

When movements enjoy mainstream scientific resources, activists rely on these resources to make their case. When movements lack scientific resources, they must find or create new resources that support their stance. But critically, what is considered mainstream science can change over time. Thus, activists can cultivate new mainstream resources. If these

attempts fail, activists will create alternative scientific resources: experts, publications, and associations that are not recognized by scientific gatekeepers, but may be seen as scientific by lay people. Since movements can develop their own scientific resources, they are unlikely to concede. Instead, the use of science by one movement encourages the creation of new scientific resources by its opponents.

I explore these dynamics using the case of LGBT conversion therapy. Critically, the position of scientific gatekeepers on conversion therapy has changed over the past sixty years. As a result, both sides have been in the position of enjoying mainstream scientific resources, and of lacking these resources. Thus, the case illuminates how activists deploy scientific resources, develop new resources, and adapt their strategies in response to changing scientific and political contexts.

INTRODUCTION: SCIENCE AS A SOCIAL MOVEMENT RESOURCE

From climate change (McCright and Dunlap 2000) to creationism (Binder 2007), activists have claimed that science is on their side on a variety of issues. At times, it is difficult to tell what is meant by “science” in these debates. After all, science is a method of research, a profession, a venue, and a resource.

First, science is a *method of research*. In the classic formulation of science, the scientific method is what sets scientific research apart from other forms of inquiry. Research conducted through the scientific method is “science.” Second, science is a *profession*. Those who achieve specific academic credentials are designated as scientists. As a result of their training, they may be able to claim special knowledge of the state of scientific research. Third, science is a *venue* of contention. Within scientific institutions, such as professional associations, academic conferences, and research institutes, scientists may debate how to interpret existing scientific research. These disputes about what science says are also part of science. Finally, science is a *resource*: a tool which can be used to justify both personal and political decisions. Scientific research, professional scientists, and the agreements brokered in scientific venues can all become forms of evidence that serve as resources in political disputes.

Activists, in particular, have long recognized that invoking science can bring political benefits. In the courts, activists attempt to tap into the “cultural authority” of science, aligning themselves with a recognized and often respected source of knowledge (Cole and Aronson 2009; see also Jasanoff 2006). Activists have brought in scientific researchers and other “experts” to support their claims in court, with some success (Stambolis Ruhsturfer 2018). Elsewhere, activists have used science to draw attention to human rights abuses (Iturriaga 2019), to promote (Allen 2003) or challenge (McCright and Dunlap 2000) regulation; and to acquire government funding for medical treatment (Zavestoski et al 2002; Shriver, Chasteen, and Adams 2002).

An important body of scholarship has explored how movements confront or collaborate with scientific decisionmakers, particularly on issues related to medicine and health (Epstein 1998; McCormick, Brown, and Zavestoski 2003; Kahn Best 2012; Waidzunas 2015). These studies explore how activists, as laypeople, engage and persuade scientists on matters of science. In these studies, science is the *target* of movements and the *venue* of political action. However, it is clear that activists also make claims about science—what I call “science claims”—to persuade non-scientific audiences. Activists enlist science to support their preferred positions in venues where scientific expertise is not required, including legislatures, the press, and the courts. Yet less is known about when, how, and why activists deploy science to persuade lay targets.

When science is a venue for movement activity, activists need to make their claims in ways that appeal to scientists. In particular, they may learn how to speak about the science in ways that scientists find informed and legitimate (Epstein 1998). When science is deployed outside of these venues, however, activists face a different challenge: persuading people who do not know the science that their claims are actually scientific. To accomplish this task, activists seek out evidence that their claims are scientifically sound. They may publicize the claims or findings of scientific researchers (Epstein 1998; Stone 2019) or highlight “consensus statements” by relevant experts or professional associations (Adams and Light 2015). These experts, articles, and statements serve as *scientific resources* for social movements. By deploying these resources strategically, activists attempt to demonstrate to lay audiences that their science claims are credible.

Some scientific resources stake their claim to science through their connections to mainstream scientific institutions, such as universities, academic journals, and the major professional associations representing scientific disciplines. *Mainstream scientific resources* are the articles, experts, and statements that are recognized and approved by these institutions. Mainstream scientific resources may be particularly helpful for movements because scientific institutions function as gatekeepers that establish who is a scientist and what qualifies as science.

For instance, a person who earns a psychology degree through an accredited university is a psychologist; a person who studies psychology through YouTube videos is not. As a result, the approval of scientific institutions can be cited as evidence that a movement's views are shared by scientists themselves. Activists may even use these resources to claim there is a "scientific consensus" in favor of their side, effectively delegitimizing any science claims made against them. In this way, a movement's access to mainstream scientific resources shapes how activists engage with and deploy science in policy disputes. Movements that have these resources will incorporate them into their claims-making, arguing that "the science" is on their side to the public, politicians, and courts.

Critically, however, movements vary in their access to mainstream scientific resources. While some movements enjoy ample support from credentialed scientists and professional associations, others have fewer tools in their scientific arsenal. Nonetheless, movements that lack mainstream scientific resources still need to respond to opposing science claims in some way. To prove that the science is not against them, these activists seek out scientific resources of their own. Just as activists can acquire new sources of revenue or new volunteers, they can acquire new scientific resources. However, these resources may vary in their credibility and legitimacy. While some movements can cultivate new mainstream resources, others will resort to alternative resources.

Some movements will successfully acquire new *mainstream* scientific resources. This is possible because the views of scientific gatekeepers can change over time. Previous studies have shown that activists can influence the decisions of scientific gatekeepers, including the conduct of medical research trials (Epstein 1998), the criteria used to fund medical research (Kahn Best 2012), and the language of reports by the professional associations (Waidzunas 2015). Through these efforts to influence science, activists may acquire new mainstream scientific resources, such as

relationships with experts or published reports that address their concerns. These resources may then be deployed in other venues, including those far removed from the science.

Other movements will be unable to acquire mainstream scientific resources. In particular, the receptiveness and openness of scientists to a movement's claims—what Waidzunus (2015) calls the “intellectual opportunity structure”—can make it easier or more challenging for activists to win scientific support. If activists cannot acquire resources from mainstream sources, they may resort to *alternative scientific resources*: resources which are not endorsed by scientific gatekeepers but give an impression of scientific legitimacy, at least to lay audiences. To cultivate alternative scientific resources, activists may identify and amplify experts who have been marginalized by their fields, and they may found their own journals, associations, and think tanks to spread their message.

In short, when movements lack support from mainstream scientific institutions, activists do not cede the science to their opponents. Rather, activists cultivate and deploy their own scientific resources: mainstream resources if they are available, and alternative if not. In this sense, deploying mainstream scientific resources may actually encourage the development of new fringe science claims, as activists who lack mainstream support attempt to defend their position with alternative resources.

While mainstream resources can be particularly helpful, they are not determinative. Outside of scientific venues, a movement's targets are typically unfamiliar with the latest developments in the science. Tobacco companies, for instance, knew the serious dangers of smoking long before the average smoker (Oreskes and Conway 2010). This gap between how scientists understand science and how lay people understand science can be exploited by activists. First, science claims that support culturally resonant beliefs are difficult to dislodge, even in the face of compelling evidence (Karkazis and Jordan Young 2019). Thus, when mainstream scientific resources go against the

grain, they may seem less plausible or trustworthy to lay audiences than alternative resources that uphold their beliefs. Second, even lay people who “believe” in science may not recognize (or care about) the difference between evidence approved by scientific gatekeepers and evidence that is not. Thus, the impact of a movement’s scientific resources hinges on the target’s trust in scientific gatekeepers. If the target accepts these gatekeepers as the arbiters of science, then they will take mainstream resources seriously. However, if the target is more skeptical of these gatekeepers—or of science itself—then they may be more receptive to alternative resources. In the latter scenario, the difference between mainstream and alternative resources collapses, and both types become equally effective (or ineffective).

Previous studies have explored the relationship between science and social movements. However, because these studies tend to treat science as the target of activism, less is known about how activists use science to achieve their goals in other venues. I seek to address this gap. Specifically, I consider how activists develop and deploy scientific resources under three conditions: when their movement has mainstream scientific resources; when it lacks mainstream resources; and when both the movement and its opponents enjoy some mainstream resources. By exploring how activists deploy science under different conditions, we can better understand when, how, and why movements engage with—and sometimes manipulate—science.

The case of LGBT conversion therapy can illuminate how activists develop science claims under different scientific conditions. “Conversion therapy” refers to any course of treatment intended to change a person’s gender identity or sexual orientation. Critically, the balance of mainstream scientific resources pertaining to conversion therapy has fundamentally shifted in the past sixty years. In the early 20th century, modern conversion therapy was pioneered by psychologists and psychiatrists. Today, however, it is condemned by the relevant major professional associations, such as the American Psychiatric Association and the American Psychological Association. These associations have issued formal statements against the practice

and even testified in favor of statewide conversion therapy bans. As a result, activists on both sides of the issue have a tradition of scientific research and a community of licensed professionals they can enlist to bolster their claims. Thus, the case of conversion therapy allows us to examine how the *same* movements make science claims with *different* types of resources at their disposal. Moreover, because the position of scientific gatekeepers on the issue evolved gradually, we can see how activists adapted their science claims over time, in response to new developments in science and in society.

I begin with a review of the literature on science and social movements. I explain how activists deploy mainstream and alternative scientific resources, how they can cultivate new mainstream scientific resources, and how and why they make science claims even if they lack mainstream scientific resources. Next, I offer an overview of the case of conversion therapy, highlighting how the position of scientific gatekeepers on the issue can be divided into three historical periods for analytical purposes. Third, I propose a theoretical framework for how activists will respond to gaining or losing mainstream scientific resources. Fourth, I explain the study design and methods. Finally, I provide a chapter overview, addressing the key findings of each chapter and how they fit into the dissertation as a whole.

LITERATURE REVIEW

In this review, I explore how and why activists develop and deploy scientific resources. First, I build on resource mobilization theory (McCarthy and Zald 1977) to explore how science functions as a resource for movements outside of scientific venues. Drawing on research into the ways lay activists and other non-scientists deploy science outside of scientific venues, I sketch two ideal-type categories of scientific resources— *mainstream scientific resources* and *alternative scientific resources*—and explain how each type can benefit social movements.

Next, I show that resources aren't static; new resources can be cultivated and created over time. I draw on the health movements literature to illustrate how movements can cultivate new *mainstream* scientific resources. This literature traces the ways that social movements have influenced the construction of scientific knowledge, particularly as it pertains to health and wellness. However, because the literature prioritizes how activism affects *science*, it does not fully consider how campaigns to change science can become new resources for movements—resources which can then be deployed outside of scientific venues.

Third, I discuss how movements construct *alternative* resources when they lack mainstream scientific resources and are unable to acquire them. I show how these resources use “signifiers” of science (Cross 2004) to foster the perception of scientific legitimacy, in spite of lacking formal institutional approval. I suggest that this strategy is easier to implement for movements that seek to reinforce traditional views than for movements that seek to challenge cultural norms and assumptions.

Finally, I consider why movements might choose to invest time and effort in cultivating scientific resources. I suggest that activists will develop and deploy scientific resources when a target or countermovement has made science claims that delegitimize their movement, even if they lack mainstream scientific resources. Thus, applying science to political problems tends to encourage the creation of new alternative resources.

Resource Mobilization Theory and Scientific Resources

Activists across the political spectrum claim that science supports their position in policy disputes and public debate. Nuclear freeze activists cite scientific concerns about a nuclear winter (Meyer 1995); death penalty abolitionists highlight research on youth brain development to oppose the death penalty for minors (Cole and Aronson 2009); and proponents of yoga in schools emphasize research into the physical and mental benefits of the practice (Gunther Brown 2019). On the

opposite end of the spectrum, anti-vaccine activists (Reich 2018; 2014), creation science advocates (Binder 2007), and climate change skeptics (McCright and Dunlap 2000) challenge how conventional authorities, such as doctors, academics, and climate scientists, interpret the science, and offer their own alternatives.

I refer to claims about what science says, proves, or disproves as *science claims*. Some of these claims may raise eyebrows; nonetheless, it is not surprising that activists would make them. Evidence of scientific support, such as sympathetic statements from scientists or scientific reports, can be a resource for activists (Meyer 1995). When activists have evidence of scientific support, they can use it to back up their science claims. In this way, any evidence that scientists agree with a position can become a *scientific resource* for movements.

Scientific resources are critical for movements that make science claims, whether for scientific or lay audiences. Scientific audiences may be more likely to consider a movement's claims when activists can demonstrate "lay expertise," or scientific knowledge (Epstein 1998). In contrast, lay audiences may not know what science holds to be true on a subject, or if science has reached a conclusion at all. However, by deploying scientific resources, activists attempt to prove to lay audiences that their science claims are actually scientific—and therefore worth taking seriously.

Scholars have long recognized that movements make strategic choices about how to deploy the resources available to them, whether those are financial, human, or ideological (McCarthy and Zald 1977). Although McCarthy and Zald's (1977) theory of resource mobilization is frequently applied to the ways in which movements use financial resources, movements may also deploy human and ideological resources. Just like financial resources, these human and ideological resources can have important consequences for social movements. For instance, following the election of Donald Trump, the Resistance movement attracted scientists (Fisher 2018) and lawyers (Dorf and Chu 2018) who used their credentials and skills to challenge Trump's policies. Similarly,

Spanish human rights activists were able to draw attention to human rights abuses by giving forensics presentations on mass graves (Iturriaga 2019). Activists used forensic science to illustrate that violence had been committed against those buried in these graves (Iturriaga 2019). This tactic was made possible by the specialized skills of the activists, who had the knowledge to apply scientific principles to the grave sites.

Although it is not surprising that activists would use the resources available to them, it is surprising that even movements with few scientific resources make science claims. Just as movements differ in their access to material resources, movements differ in their access to scientific resources. The idea that anthropogenic climate change should be addressed, for instance, enjoys widespread support among scientists, as well as international agencies such as the Intergovernmental Panel on Climate Change (McCright and Dunlap 2000). Activists who believe the government should address climate change have thus argued that scientific evidence supports their position. In contrast, their opponents have little support from climate scientists. Nonetheless, these activists highlight the support of a handful of researchers and studies to legitimize their concerns, and suggest that the *real* science is on their side (McCright and Dunlap 2000). At first glance, these disparities in scientific resources would appear insurmountable. Still, both movements invoke “science” as legitimizing their work.

These science claims are made possible by the existence of both *mainstream* and *alternative* scientific resources. *Mainstream scientific resources* are the resources that are most likely to be seen as scientific by (professional) scientists. Critically, these resources are recognized and legitimated by scientific gatekeepers: institutions that determine what qualifies as science. Some examples include researchers with degrees from accredited universities, peer-reviewed journal articles, or statements by a major professional association representing a scientific discipline. However, if activists lack mainstream resources, they may also deploy *alternative* scientific resources. These resources are not backed by scientific institutions. Nonetheless, they can still

create the impression of scientific legitimacy, often by modeling the form, language, or structure of mainstream scientific resources. Alternative resources may include papers published in fringe or non-peer reviewed journals, researchers who are not in good standing with their disciplines, or statements by associations which do not represent a majority of members of a scientific discipline.

Mainstream scientific resources are particularly helpful for movements. Because these resources are authorized by scientific gatekeepers, they enable activists to claim that scientists find their views legitimate, or even that there is general support for their preferred position on the science. In particular, being able to claim that there is a “scientific consensus” is a powerful weapon for movements. When same-sex marriage was debated in the courts, for instance, the debate revolved around the question of whether there was a scientific consensus on the impact of two same-sex parents on child development (adams and Light 2015). Indeed, evidence of scientific consensus may be particularly valuable in the legal system. As Cole (2017) explains, the possibility that the science will change carries particular risks in the courts. Because their decisions establish precedent for future cases, judges fear that a change in the science may delegitimize past rulings and require old cases to be reopened (Cole 2017). If activists can prove that the science is settled, then judges can feel more confident that applying the science to a case will not result in disaster down the road. Similar logic may apply in legislatures. Lawmakers would likely prefer to tout science that will not become embarrassingly out-of-date in coming years. Though the risks of scientific change are less extreme for politicians than for judges, the possibility of criticism from constituents may still be a compelling reason to seek out evidence of a scientific consensus. In other words, the belief that a claim is backed by a scientific consensus can help to assuage fears that the science may change.

Stambolis-Ruhstorfer’s (2018) comparison of the gay marriage debate in France and the United States illustrates the value of mainstream scientific resources for movements. Stambolis-Ruhstorfer (2018) argues that access to supportive experts—or “expert capital”—facilitates and

constrains activism in the courts. Critically, he finds differences in the ability of activists to successfully deploy expert capital between nations. In the US context, opponents of gay marriage struggled to find experts to speak on their behalf. In the French context, however, experts were more evenly split between the two sides. This context made it easier for gay marriage activists to make their case in the US setting than in France. In this way, activists that have access to supportive experts have a powerful resource in legal and policy disputes. At the same time, not all movements have equal access to supportive experts and other mainstream scientific resources. In other words, the distribution of mainstream scientific resources is often asymmetrical. Movements may be up against opponents who enjoy have more mainstream scientific resources at their disposal—and face greater resistance as a result.

Indeed, activists who are unable to access mainstream scientific resources may struggle to prove the legitimacy of their claims. The case of mobilization by Gulf War veterans illuminates these challenges. After the Gulf War, many combat veterans developed strange, undiagnosable symptoms. These veterans mobilized, seeking a formal diagnosis that linked their illness to chemical exposure during the war. However, they struggled to acquire this diagnosis, in part due to the government's tight control over wartime records (Shiver et al 2002; Zavetoski et al 2002). This lack of access to data made it difficult for them to prove that their illnesses were related to chemical exposure. Without data, scientists tended to conclude that the cause of their illness could not be established. Ultimately, these veterans were unable to persuade lawmakers that their symptoms were attributable to wartime service. In short, mainstream scientific resources are an asset in many political contexts, and may even be essential to a movement's goals. When movements lack access to these resources, they may find it difficult to gain traction for their position—especially when their opponents do enjoy mainstream scientific resources.

In contrast, alternative resources lack backing from mainstream scientific institutions. As a result, they are unlikely to be compelling to credentialed scientists. Without the backing of known

scientific gatekeepers, they may also be less persuasive to lay audiences, especially if those audiences want to avoid the risk of scientific change. Nonetheless, these resources have been shown to be effective in certain cases. As Oreskes and Conway (2010) have argued, creating confusion about the state of the science may be enough to impede action on an issue. When movements create and disseminate alternative resources, they muddy the waters. Observers then need to wade through all the material to determine which claims have merit—or at least, the backing of mainstream institutions. In some cases, alternative science claims may be persuasive because they better fit with pre-existing cultural beliefs and expectations than mainstream science claims. Karkazis and Jordan-Young (2019) demonstrate that certain ideas about science tend to linger in spite of compelling evidence that they are false. These ideas persist because they align with commonsense and widely held cultural beliefs, the things that people already believe to be true (Karkazis and Jordan-Young 2019). Movements arguing for positions that align with traditional beliefs may thus benefit from alternative resources “proving” these beliefs to be true.¹ Finally, some audiences may be skeptical of mainstream scientists, but more receptive to alternative scientific resources. In some cases, they have good reason to be skeptical, particularly if scientists have made false predictions in the past, or failed to incorporate relevant lay perspectives (Wynne 1992).

In short, both mainstream and alternative scientific resources can benefit movements. Although mainstream resources may be preferable, they are not essential. Movements can achieve some success even with alternative resources.

When characterizing resources as “mainstream” or “alternative,” it is important to not to make assumptions about the veracity or accuracy of these resources. It is tempting to treat “mainstream” resources as the “real” resources, and to discount “alternative” resources as mere

¹ Notably, this effect is not restricted to lay people’s perceptions of the science. Karkazis and Jordan-Young (2019) emphasize that scientists themselves also tend to make assumptions based on pre-existing cultural beliefs. Indeed, they demonstrate that testosterone research is plagued by assumptions about testosterone and masculinity with little basis in the scientific literature.

lies. However, taking such a stance ignores the fact that what is a “mainstream” scientific view can change. As this project will demonstrate, ideas that are widely accepted within a discipline can later be turned on their head. Some scholars propose that these changes are the natural result of scientific progress and advancement (Merton 1973). From this perspective, science changes because it gets *better*. Kuhn (1962), however, cautions against discounting old scientific theories outright:

If these out-of-date beliefs are to be called myths, then myths can be produced by the same sorts of methods and held for the same sorts of reasons that now lead to scientific knowledge. If, on the other hand, they are to be called science, then science has included bodies of belief quite incompatible with the ones we hold today. Given these alternatives, the historian must choose the latter. Out-of-date theories are not in principle unscientific because they have been discarded. (Kuhn 1962: 2-3).

In short, although these views may not be widely held today, they were also the product of scientific processes of inquiry in their time. This observation alone must give us some humility about the veracity of the pronouncements of “mainstream” science. For this reason, I use the terms “mainstream” and “alternative” in a purely descriptive sense. By “mainstream,” I refer *only* to the acceptance of a resource by scientific gatekeeping institutions—not to the accuracy or trustworthiness of the resource.

Cultivating New Mainstream Scientific Resources

As Kuhn’s observations suggest, science is not static. The prevailing views and “paradigms” within a scientific discipline are subject to change (Kuhn 1962). As a result, movements that lack mainstream scientific resources in the short term may acquire these resources in the long run. Nor must activists merely wait on the sidelines, hoping for the winds to change in their favor. When they lack mainstream scientific resources, activists may be able to cultivate new ones. Indeed, an

important body of scholarship has shown how a subset of movements—sometimes known as “health movements”—has influenced the decisions of scientific gatekeepers and the course of scientific research. Of course, movements deploy scientific resources for a variety of causes, many of which have little to do with health. However, drawing on insights from the health movements literature can illuminate how other movements may acquire mainstream scientific resources.

Studies of health movements tend to build on work from sociologists of science and science and technology studies. These fields emphasize that scientific knowledge is constructed through social processes, in social contexts. Cultural assumptions, preconceptions, and biases influence the development of scientific knowledge, including the research agenda, how results are interpreted, and which theories are accepted over alternatives (Fausto-Sterling 1985; Karkazis and Jordan Young 2019; Roberts 1997). Scientific ideas, in turn, influence culture. Scientific classifications and categories have social consequences, such as reproducing or perpetuating inequality (Bowker and Star 2000; Hacking 2006). These core interests—the impact of culture on science and the impact of science on culture—drive the research agenda on health movements. In particular, this literature investigates the ways in which movements engage with scientific institutions, and how these interactions shape the conduct of science and the construction of scientific knowledge.

Health movements form when patients organize around a shared diagnosis or set of symptoms. Health movements tend to target institutional science in order to petition for recognition of their symptoms (Shriver, Chasteen, and Adams 2002; Zavetoski et al 2002), access to treatment options (Epstein 1998), or simply more research into certain topics (Kahn Best 2012). Such movements have clear reasons for targeting scientists in scientific venues. A patient’s access to diagnosis and treatment is mediated by scientific authorities. Indeed, when activists urgently require treatment, they may have little choice but to engage with these authorities; doing so can be a matter of survival (Epstein 1998). Thus, HIV/AIDS activists (Epstein 1998), breast cancer patients (Anglin 1997), and participants in a cancer research study (Dawes 2011) have all sought to engage

with medical and scientific authorities in order to give patients a greater voice in the research and/or treatment process.

One reason these activists target science is to challenge or promote new scientific classifications. Some patients, for instance, organize to acquire a diagnosis for their symptoms, particularly if compensation or medical expense reimbursement is on the line. Brown (1995: 39) observes that although diagnoses can be a “tool for social control,” they can also validate the complaints of marginalized social groups. The diagnosis serves as a form of recognition from scientific authorities; it legitimizes the group’s complaints to audiences who might not otherwise take them seriously. Thus, while some activists resist diagnosis by medical authorities (Lewis 2016), others may see the recognition of scientific authorities as essential to reaching their goals. Studies of veterans seeking government reimbursement for medical care after the Gulf War (Shriver, Chasteen, and Adams 2002; Zavetoski et al 2002) and the Vietnam War (Scott 1988) have illustrated this dynamic. After the Gulf War, many veterans faced medical symptoms that puzzled their doctors. These veterans came to believe that their symptoms were caused by chemical exposure during the war. However, they faced resistance from both government and scientific officials, who insisted that the chemicals in question had not been proven to be dangerous. In order to procure health care coverage, veterans sought an official diagnosis linking their symptoms to chemical exposure (Shriver et al 2002; Zavetoski et al 2002). The need for a diagnosis pushed veterans to organize, and drew them into dialogue with scientific experts (Zavetoski et al 2002).

Activists in health movements may also organize to encourage further research into the treatment or causes of illness. Kahn Best (2012), for instance, has explored how disease advocacy organizations altered the way that disease research funding is allocated. These activists argued that certain diseases deserved more funding by emphasizing that disease patients would benefit from the funding (rather than researchers) and by highlighting the inadequacy of the amount of money spent per patient. Through these efforts, “dollars-per-death” became a new metric for disease

funding (Kahn Best 2012). This new metric shaped how disease funding was distributed; high mortality diseases received more funding, but stigmatized diseases received less. In this way, these activists altered the field of disease research. While some movements promote research into medical treatment, others are more interested in research into alternative causes of illness—especially if they believe these causes are being ignored or suppressed. Breast cancer activists (Klawiter 1999; McCormick, Brown, and Zavestoski 2003) and Gulf War veterans (Shriver, Chasteen, and Adams 2002) have all advocated for research into possible chemical and environmental causes of their illnesses. In each case, activists felt that these chemicals were a plausible explanation for their ailments that had not been sufficiently studied, and hoped that scientists would conduct serious studies of these chemicals as a contributing factor to illness. In other words, they sought to shift mainstream scientific research in a new direction.

Through their efforts to influence science, activists may develop connections to and relationships with scientific researchers. Movements seeking to influence science or scientific authorities often involve “citizen/science alliance” in some form (McCormick, Brown, and Zavestoski 2003). Critically, these relationships between scientists and lay activists do not have to be hierarchical or deferential. Rather, they tend to blur the distinctions between experts, laypeople, and activists, as experts engage in political activity (Joffe, Weitz, and Stacey 2004), as lay activists develop scientific knowledge (Epstein 1998); and as people shift between the two roles (McCormick, Brown, and Zavestoski 2003).

These relationships can become contentious. Conflict may emerge between experts and laypeople, especially if lay activists regard experts with suspicion or suspect that the scientists have different objectives and priorities (Allen 2003; Joffe, Weitz, and Stacey 2004; Zavestoski et al 2002). Physicians who supported abortion rights, for instance, faced skepticism from feminist activists. Feminist activists recalled the American Medical Association’s support for the criminalization of abortion, and rejected the notion that physicians have the right to authorize or reject an abortion

(Joffe et al 2004). Even within the same movement, different activist groups may have different postures towards science. In the California Bay Area breast cancer movement, different activist groups took different stances towards the role of scientists in the fight against breast cancer (Klawiter 1999). One group emphasized the expertise of scientists and declined to challenge their authority; another criticized the pharmaceutical industry and advocated for research into environmental causes of breast cancer, particularly chemical exposure (Klawiter 1999). In this way, science-related activism often encourages complex and dynamic relationships between scientists and activists. Activists and scientists may not agree on the facts or on the solution, and conflicts over how activists should relate to science and scientists may emerge within movements.

Although these relationships between scientists and activists can be challenging, they are often critical to movement success (Allen 2003). These relationships can facilitate science-targeted activism in several ways, such as by giving activists input on scientific decisions or by boosting the public image of a movement. HIV/AIDS activists, for instance, engaged medical researchers in order to expand access to experimental medical treatments to more patients (Epstein 1998). Over time, researchers came to respect the perspective and knowledge of the activists, including on issues of science. Some of these activists were then placed on committees within scientific decision-making bodies, assuming a role closer to scientific insiders (Epstein 1998). In this way, relationships with experts allowed some HIV/AIDS activists to gain a degree of influence over HIV/AIDS policy. Relationships with scientists and other experts can also help movements to appear more credible or legitimate. In the mid-20th century, for instance, physicians and laypeople joined forces to found an abortion law reform organization (Joffe, Weitz, and Stacey 2004). Although the organization had a mixed membership, members intentionally appointed a physician as president (Joffe et al 2004). The public support of experts for a movement's position can be leveraged to enhance the movement's image and authority.

Of course, not all movements that seek to influence the course of science will succeed. Many achieve mixed or ambiguous results, at best. Moreover, it is likely that many will be unable to even form meaningful “citizen/science alliances” (McCormick, Brown, and Zvestoski 2003). Two factors seem to contribute to the likelihood that activists will succeed in building these relationships: the receptiveness of scientists to the movement’s claims (Waidzunas 2015), and the ability to speak about the science in an informed manner (Epstein 1998).

First, Waidzunas (2015) argues that movements seeking to influence science face an “intellectual opportunity structure” that may be more open or closed to their efforts. The concept extends the notion of a “political opportunity structure” that movements face when targeting political institutions to movements that target scientific institutions. One critical component of the intellectual opportunity structure is the presence of allied or otherwise sympathetic researchers within scientific institutions. Just as elite allies make a movement more likely to achieve its policy goals, allied researchers make a movement more likely to achieve its scientific goals. For instance, allied researchers may commission a report into a subject of concern to the movement, or a sympathetic journal editor can create an opening for supportive studies to be accepted and published in academic journals (Waidzunas 2015).

Second, activists who can demonstrate scientific knowledge—even if it is self-taught— may be taken more seriously by scientists. By framing their concerns in terms of science, activists encourage researchers to reassess their previous positions. Some activists develop sophisticated knowledge about the science, deploying what Epstein (1998) calls “lay expertise.” In the early years of the HIV/AIDS epidemic, for instance, activists sought to persuade researchers to make experimental treatment options accessible to more patients (Epstein 1998). One point of contention was whether double-blind research trials were necessary to establish the efficacy of new treatments. Because of the high lethality of HIV/AIDS, activists argued that this research design essentially forced patients assigned to the placebo group to quietly wait for death. In order to

persuade researchers to change their practices, they learned the fundamentals of research design and framed their concerns in those terms. They noted that because of the desperation for a cure and fear of receiving the placebo, many participants in clinical trials studies took alternative treatments in conjunction with the treatments provided by researchers, skewing the accuracy of the trial results (Epstein 1998). Lay expertise may also serve activists by encouraging researchers to take them seriously as a group, especially if they might otherwise be dismissed. McCormick, Brown, and Zavestoski (2003) note that breast cancer activists believed their knowledge of the science helped to dispel assumptions that they were just “hysterical women.” In addition to scientific knowledge, activists who develop lay expertise may also incorporate other forms of expertise into their claims-making. They may highlight their personal experience with an illness (McCormick et al 2003; Zavestoski et al 2002) or knowledge of and access to the affected community (Epstein 1998) to persuade scientists that they have something to contribute to the scientific conversation. In this way, activists can couple their scientific appeals with personal experience, arguing that they bring a unique and valuable perspective in spite of their lack of formal credentials.

There is nothing inherently corrupt about such relationships. Scientific knowledge is never produced in a vacuum; scientists, like all humans, bring certain assumptions and preconceptions into their work. Thus, science conducted without the input of those affected is no more objective or “pure” than science that fails to consider the perspective of affected parties. Moreover, non-scientists may have valuable knowledge or observations that can contribute to the work of scientists. Wynne’s (1992) study of sheep farmers in the United Kingdom demonstrates how the dismissal of outside, lay perspectives can impede the development of scientific knowledge. The Chernobyl incident devastated hill sheep farmers in the UK’s Cumbria region. The radioactive fallout contaminated their sheep populations, threatening the farmers’ livelihood. Although scientists attempted to study the contamination, they ignored the advice of the farmers about sheep behavior and its impact on their study design. As a result, their research became unusable.

Similarly, activists tend to bring personal experiences and observations that complicate or challenge existing scientific narratives. By engaging with affected parties, scientists may learn new information or gain new perspectives that can make their work more, rather than less, accurate.

However, these relationships between scientists and activists become more troubling when they are prescriptive, rather than collaborative. In most cases, activists are unlikely to be able to demand that scientists conform to their way of thinking. However, some particularly well-funded movements may be able to establish relationships in which they are the patrons of scientists, rather than community partners. The tobacco industry, for instance, funded scientific institutes to study lifestyle causes of cancer, such as stress (Oreskes and Conway 2010). There is nothing illegitimate about such studies; although lifestyle was not a major area of study at the time, it was also not discredited as a possible cause of cancer. In this sense, the studies were a mainstream resource. At the same time, it is clear that the industry funded this research with specific outcomes in mind. Ultimately, the industry was able to use these studies to promote their interest in undermining the smoking-causes-cancer narrative in the courts. When the industry faced lawsuits from tobacco users who had developed cancer, it brought in experts to describe lifestyle causes of cancer as an alternative explanation for the plaintiff's symptoms. This strategy was used to considerable success, as the courts found it impossible to prove that in the absence of tobacco use, the plaintiff would not have developed cancer (Oreskes and Conway 2010). These prescriptive relationships are qualitatively different from the collaborative relationships identified in the health movements literature. While one attempts to produce science with a predetermined outcome, the other attempts to make science address the perspective and concerns of those affected by research. Thus, the former tends to entrench existing interests; the latter can make science more inclusive and more expansive.

Taken together, this literature demonstrates that movements can meaningfully influence the direction of science and the decisions of scientific authorities. In particular, the production of

scientific knowledge can be influenced by the relationship between activists and scientists. In order to engage with scientific audiences, activists form collaborative relationships with scientists and blend scientific knowledge with their personal experience (Epstein 1998; McCormick, Brown, and Zavestoski 2003).

Critically, these studies are designed to assess the impact of activists on science: the extent to which activists succeeded or failed in influencing the decisions of scientific authorities and experts. Because they treat science as the *target* of activism, they often conclude with the response of scientific authorities to the movement's claims. However, this approach obscures the fact that targeting science may only be the first step in a longer movement campaign. Activists may seek to change science not only to protect their own health, but to support their preferred policies outside of scientific venues.

Some scholars have begun to investigate how activists leverage relationships with scientists and experts in order to achieve political goals. Allen (2003)'s study of environmental justice movements in Louisiana, for instance, examines how citizens and scientists formed an alliance, and how this alliance contributed to successful policy outcomes. Similarly, Stambolis-Ruhsturfer (2018) investigates how movements can use the authority of experts in the courts, and Waidzunas (2015) has shown how activists used scientific resources to promote anti-gay laws in Uganda.

Building on these insights, I suggest that more attention should be paid to what happens *after* movements target scientific venues: in particular, how the relationships and other resources they develop are deployed in other venues. For many movements, changing science is not the ultimate goal. Rather, if activists succeed in influencing science, they will then deploy this "new science" in other venues. A new diagnosis, study, statement, or report can be cited in legislatures or courts. Even if activists do not achieve such a tangible result, the relationships they form with scientists may serve them in future fights. These scientists may serve as expert witnesses in court,

or offer statements about the science to the press. Thus, when activists target scientists, they not only influence the course of science, but gain new sources of support for their movement. In this way, activists can cultivate new evidence for their claims about what “science” says—what I refer to as *mainstream scientific resources*.

Alternative Scientific Resources

Mainstream scientific resources may be particularly useful for social movements. However, movements that lack mainstream resources do not need to cede the science to their opponents. Instead, activists can respond by challenging the mainstream scientific resources used against them and by cultivating new, *alternative* scientific resources.

When a movement faces delegitimizing science claims, activists look for ways to challenge the credibility of these claims. Since mainstream scientific resources are used to bolster these claims, they are a frequent target of activist attacks. Activists may use several strategies to undermine the mainstream scientific resources of their opponents. One strategy is to identify and amplify gaps and limitations in mainstream scientific research (Oreskes and Conway 2010). By highlighting lingering questions in the science, critics foster the perception that *none* of the science is certain (Oreskes and Conway 2010). This strategy is well-suited to generating media coverage. Media norms encourage reporters to identify and cover “both sides” of a conflict as a measure of objectivity and fairness; if the science appears unsettled, then these norms encourage reporters to include the critical view (Boykoff 2007). This strategy may also be useful if the goal is to avoid governmental action or legislation. After all, if scientists are still debating the existence of a problem, then lawmakers and courts have little reason to address it. Indeed, Oreskes and Conway (2010) show how the fossil fuel industry used this strategy to block legislation that would undermine the industry. In this way, activists who lack mainstream resources can level the playing field between themselves and their opponents. By making the mainstream resources appear

incomplete, they make it difficult for outsiders to tell the difference between mainstream and alternative resources.

A second strategy is to challenge the legitimacy or competence of scientists themselves, raising questions about the accuracy of mainstream resources. Instead of addressing the quality of the research, critics may imply that the research serves some selfish or nefarious purpose that casts doubt on its findings (Cann and Raymond 2018). By identifying ulterior motives, activists can cast doubt on mainstream science claims. Anti-vaccine activists, for instance, note links between the pharmaceutical industry and the government as a reason to distrust vaccine mandates (Reich 2018). Similarly, some breast cancer activists have drawn attention to the pharmaceutical industry's control over Breast Cancer Awareness month; a pharmaceutical company has editorial control over the printed materials used by participating groups (McCormick, Brown, and Zavestoski 2003). Activists may also suggest that scientists are simply unreliable, because they change their minds too frequently. This strategy has been attempted by global warming skeptics, who have claimed that there was once a scientific consensus that global *cooling* was a serious issue (Peterson, Connolley, and Fleck 2008). This approach undercuts mainstream resources by suggesting that these resources are not actually credible or trustworthy.

Finally, activists may *reinterpret* mainstream scientific resources to suit their own position. When their opponents cite scientific research, activists may reinterpret the evidence to their own advantage. In the courts, activists who deploy science have faced “biteback effects,” or the use of their own evidence against them, when their opponents reinterpret the science (Cole and Aronson 2009). Death penalty abolitionists, for instance, have argued that genetic testing proves that innocent people had been put to death by the courts. Their opponents countered that genetic testing actually made convictions more reliable, which would ensure the death penalty would only be given to guilty people in the future (Cole and Aronson 2009).

This strategy is not limited to the legal system. In the media, some opponents of climate change legislation argue that global warming could have net benefits, challenging the view that the issue should be addressed (McCright and Dunlap 2000). In academic journals, white supremacists have reinterpreted the “human biodiversity” approach to genetics. This framework was intended to demonstrate the inadequacy of racial categories for analyzing differences between human populations. However, because this approach involves analyzing genetic differences between populations, white supremacists have used it to justify research into genetic differences between people of different races (Panofsky, Dasgupta, and Iturriaga 2020). This strategy has been successful enough that some white supremacists have been able to publish their views in some Open Psych journals (Panofsky et al 2020). In effect, these activists were able to use their reinterpretation of mainstream scientific resources to acquire a new mainstream resource of their own. In this way, the scientific resources first deployed by one movement may be recycled by its opponents. Rather than challenge mainstream resources directly, activists piggyback on these resources to gain some mainstream credibility for their own side.

Activists who lack mainstream scientific resources may also develop new *alternative* scientific resources. Critically, these resources lack the approval of scientific gatekeeping institutions. Nonetheless, they can still be used to persuade lay audiences that a movement’s claims are backed by science. What makes these resources “scientific” is usually more about form than content. Just as a person who puts on a lab coat and goggles looks like a scientist, alternative scientific resources resemble their mainstream counterparts—at least to the untrained eye. Notably, alternative resources may vary in the plausibility of their claims to scientific authority. While some alternative resources use academic degrees or affiliations to legitimize their claims, others only mimic the form of scientific institutions.

On one end of this spectrum, dissenting scholars and scientific experts can become alternative scientific resources for social movements. These researchers may be on the fringes of

their fields, but they have earned terminal degrees in a scientific discipline. Because these researchers have mainstream credentials, they are difficult to discount outright. For instance, Peter Duesberg, a biologist and tenured professor, endorsed the idea that the gay “lifestyle” causes AIDS *after* the virus causing the disease had been identified (Epstein 1998). Epstein (1998) describes how Peter Duesberg’s claims that AIDS was not caused by the Human Immunodeficiency Virus were treated seriously by the media because of his degree, as well as prestigious awards he had won in the past. Notably, Duesberg was a celebrated scientist, specializing in cancer research. However, he had never directly studied the Human Immunodeficiency Virus. Some scholars may have even less direct experience a topic. William Happer, a lauded emeritus professor of Physics at Princeton University, specializes in optics research. His background in an unrelated field has not stopped him from publicly claiming that climate change is not a serious concern.

Similarly, movements may deploy experts with relevant credentials who are willing to skew or misrepresent research in their field. During the same sex marriage debates, opponents made extensive use of the work of sociologist Mark Regnerus in court cases (adams and Light 2015; Stone 2019). Regnerus argues that children are harmed by being raised in same-sex households; thus, gay people should not be allowed to get married or to adopt children. However, his analyses misrepresented the relevant data. In his testimony, he cited scholarly literature on the benefits of having married parents to claim that children benefit from having heterosexual parents (adams and Light 2015). In his own research, he compares straight and gay households, but only controls for factors known to be associated with adverse outcomes (such as divorce or single parenthood) in the straight group. Despite critiques of his analyses by the American Sociological Association, Regnerus is still a tenured sociology professor at a major research university. These credentials make it easier for him to claim expertise on the subject of parenting to audiences without a sociology background. Although he has lost legitimacy within American sociology, he has become a valuable resource for conservative activists hoping to challenge gay rights in the courts.

Movements can identify and amplify the claims of such scholars to serve as alternative scientific resources. Both Duesberg's and Regnerus' studies were funded by anti-LGBT think tanks. Similarly, the fossil fuel industry finances scholars who, like William Happer, suggest that climate change is overblown or not taking place. By doing so, the industry can generate papers that attribute global warming to natural environmental changes, or that identify upsides to global warming (Oreskes and Conway 2010; McCright and Dunlap 2000). Such papers need not be published in academic journals to have an impact, particularly on non-scientific audiences. Activists may publicize and disseminate alternative resources through a movement's networks. In particular, using existing movement infrastructure, such as think tanks or associations, or developing new infrastructure, can get alternative scientific resources in front of sympathetic audiences. Indeed, movements have used this tactic to construct and spread alternative perspectives, both scientific and non-scientific. For instance, some activists have attempted to construct a conservative version of Martin Luther King Jr's memory. This version of King could be used to support conservative ideals such as opposition to affirmative action. Although this version of King has little basis in King's words, actions, or beliefs, activists were able to construct and disseminate their version of King's memory through a network of conservative think tanks (Polletta and Maresca 2021). Activists may deploy scientific resources in a similar way. By distributing these resources through think tanks, activists can construct an alternative version of the science. In the process, they also give these resources an institutional origin, making them appear more "official" and credible.

On the other end of the spectrum, activists and others may develop alternative scientific resources with no real connection to mainstream scientific institutions. These resources may not cite specific experts or data; nonetheless, they give the impression that the claim has scientific support. This impression is usually created by imitating the language, form, or structure of science. For instance, Cross (2004) demonstrates how UFO enthusiasts have developed a set of "signifiers" (Cross 2004) that mimic mainstream scientific institutions. UFO enthusiasts developed training

institutes that instruct participants in the scientific method; participants receive a certification for their trouble. They hold their own conferences and publish their own journals. Even the name they call themselves—Ufologists—implies that they are specialists in a scientific discipline (Cross 2004). Anti-vaccination activists have deployed similar tactics, such as giving the largest national organization opposing vaccine mandates a clinical and authoritative sounding name: the National Vaccine Information Center (Reich 2018). These activists may not explicitly cite science, but use language that suggests affiliation with or knowledge of science. By “blending science and intuition,” activists suggest that their claims are reasonable and well-supported (Reich 2014). In this way, groups with little mainstream scientific support may deploy language and other signifiers that attempt to capture some of the legitimacy of science.

Why Make Alternative Science Claims?

At first glance, arguing against mainstream scientific authorities might appear to be an irrational decision. After all, activists who lack scientific resources must demonstrate that the mainstream scientific authorities are wrong, and that their interpretation is correct. However, the decision to make alternative science claims makes sense given what we know about the ways that movements make strategic choices. As Meyer and Staggenborg (1996) explain, movements do not always get to choose the venue in which they act. When a movement’s interests are directly opposed, the movement is compelled to respond to that challenge. In particular, when a countermovement acts in one venue, the original movement has little choice but to respond in the same venue (Meyer and Staggenborg 1996). Building on this model, Fetner (2005; 2008) shows how the gay rights movement responded to challenges to gay marriage from the anti-gay Christian Right, even though doing so was not ideal. The issue of gay marriage was not a top priority for gay rights activists, and challenging the Christian Right on the matter would require lengthy and expensive legal battles. Still, gay rights activists determined that it would be more damaging *not* to respond to their opponents’ challenge.

Science claims operate in a similar fashion. If a movement has mainstream scientific resources, it is likely to use them, because there are few potential costs and much to gain. Once the movement makes science claims, a countermovement may feel compelled to respond—even if it lacks mainstream scientific resources of its own. The idea that “science” opposes a movement’s claims, especially when backed up by scientific resources, is too damaging to ignore. Critically, the countermovement may have preferred not to engage in a scientific debate. For instance, opponents of yoga in schools base their objections on the grounds that yoga is a religious practice (Gunther Brown 2019). By framing the practice as a violation of the establishment clause of the Constitution, these activists emphasize legal concerns, rather than scientific ones. Nonetheless, yoga opponents do not eschew science completely. Supporters of yoga emphasize research into the health benefits of the practice, and opponents of yoga respond with critiques of this research.

In other cases, movements may be compelled to deploy scientific resources by their *targets*, rather than a countermovement. Gulf War veterans facing an undiagnosed illness after their service, for instance, initially argued that their treatment should be covered by the government on moral grounds, not scientific ones. However, government and medical authorities insisted on scientific evidence proving that the illnesses were war-related as a condition of treatment. As a result, these veterans resorted to science claims about the nature of their illness, and sought out evidence that chemical exposure could have caused their symptoms (Zavetoski et al 2002). Binder (2007) similarly suggests that creation science and “intelligent design” are responses to the decision to teach the theory of evolution and to reject the teaching of creationism in public schools. First, the Supreme Court rejected the efforts of creationists to ban the teaching of evolution. In response, opponents of evolution developed “scientific creationism” to argue that their ideas should be taught as a competing scientific theory in schools. When the Supreme Court rejected this argument as well, creationists developed “intelligent design”: the argument that the theory of evolution cannot sufficiently explain the development of life on earth. This approach focuses on perceived scientific

limitations of the theory of evolution. In other words, when the state rejected the creationists' preferred policy on scientific grounds, they responded by constructing alternative scientific resources to suggest that their views *are* scientific and that their opponents' views are *not*.

Certain venues may further incentivize the use of scientific resources. An extensive literature, for instance, has considered the use of science in the courtroom: why the use of science has increased, and what the consequences of this trend might be. Since the 1990s, one major concern of this literature is the impact of the *Daubert* decision. Courts establish formal rules for determining whether expert testimony is admissible in court. In 1993, the Supreme Court's ruling in *Daubert v. Merrell Dow Pharmaceuticals, Inc.* attempted to clarify the standards for expert witnesses and scientific evidence (Omenn 1994). In theory, the ruling was meant to *reduce* the use of unqualified experts and expert testimony in court. In practice, the new standards led to a significant increase in the number of expert witnesses called in trials. It also raised new concerns about the proliferation of "junk science"—views of the science that are not shared by scientific gatekeepers— in the courtroom (Rustad and Koenig 1994). As Jasanoff (2006) explains, the *Daubert* standard asks trial judges to act as "surrogates" for scientists. Judges are asked to ascertain whether a science claim is credible and legitimate. Yet the court is an institution with its own culture and goals; judges are unlikely to evaluate scientific evidence by the same standards as scientists. Thus, judges who follow the *Daubert* rules make decisions about which experts to admit based on their understanding of what is scientific and what is plausible, rather than what scientific gatekeepers might believe. As a result, the range of scientific resources that can be admissible in court has expanded. Under these conditions, judges may determine that alternative scientific resources are actually *equally* or *more* trustworthy than mainstream scientific resources. Thus, both parties have an incentive to introduce expert witnesses, even if such experts do not reflect the general position of their fields.

In this way, science begets science. When one party to a conflict invokes science, the other tends to respond by finding science (or “science”) of its own. This “dueling scientists” effect has important implications beyond any single policy dispute. Many scholars have observed that applying science to political problems often fails to resolve the original dispute, even when the science appears to be well-supported and widely accepted by scientists. Sarewitz (2004), for instance, argues that “scientizing” political problems only makes them more difficult to resolve. He notes that scientists from different disciplines are likely to focus on different technical aspects of the problem; they may then reach different, contradictory conclusions. As a result, both parties to a conflict may have science on which they can draw to support their claims, and the conflict ends in a stalemate.

One approach to this puzzle focuses on the perceived or real differences between the practice of science and the practice of politics. Many scholars have proposed that what separates science from politics, at least in the popular imagination, is the appearance of objectivity (Eyal 2019; Harvey Brown and Malone 2004; Sarewitz 2004). Evidence from certain scientific disciplines may, in some venues, even be seen as equivalent to the “truth” (Jasanoff 2006). Politics, in contrast, is not seen as an objective process (Eyal 2019). The different parties are often explicit about their motivations and values; people are more aware that claims are made to support particular positions (Sarewitz 2004). Thus, people tend to assume that politics will corrupt science, undermining its ability to discern the truth (Eyal 2019; Harvey Brown and Malone 2004).

Eyal (2019), in particular, argues that the use of science in political disputes tends to “symbolically corrupt” science—to taint it by association. To explain why this occurs, he proposes a simple model. First, politicians bring scientists in to justify a political decision. They do so because science is symbolically separate from the political process; thus, scientists speak as credible and seemingly objective third parties. However, the more that scientists are invoked in policy disputes, the more that science comes to be seen as part of the political process. As science becomes

associated with politics, it loses the appearance of neutrality that made it so persuasive. This cycle chips away at the legitimacy of science as an institution. In the end, the process backfires on science itself, and science comes to be seen as a mere extension of politics.

Eyal's model does not include activists as participants in this process. However, activists may further exacerbate these issues. First, activists have an incentive to counter the science claims of their targets or opponents. They do so by deploying scientific resources, such as experts, into the dispute. In the process, they draw science into political disputes in a similar way to the government officials and politicians in Eyal's model. Second, through their activism, activists may develop "citizen-science alliances" (McCormick, Brown, and Zavestoski 2003). If Eyal is correct that science can be "symbolically corrupted" by association with politics, then alliances between scientists and activists may have a similar effect. Critically, Eyal's model does not linger on the reasons why science comes to be seen as political and unreliable. Rather, it suggests that this impression will inevitably arise as science becomes enmeshed in political disputes. However, it is plausible that activists themselves might draw attention to these dynamics, particularly if they lack mainstream scientific resources. Indeed, as noted above, some movements have sought to undermine the mainstream resources of their opponents by suggesting that they have been corrupted in some way (Cann and Raymond 2018). Emphasizing the political dimensions of science can be an effective way to achieve this end. In other words, activists have an incentive to draw attention to the political usage of research, as well as to relationships between scientists and their opponents. By doing so, they can suggest that the other side's science is not "real" science, but merely politics in disguise.

In short, even science claims that appear zany or fringe can serve a strategic purpose. By developing and deploying alternative scientific resources, movements meet their opponents head-on and demand that their perspective be taken seriously.

THE CASE OF CONVERSION THERAPY

In this dissertation, I explore how activists make science claims when the “science”—as understood by scientific authorities—does not seem to be on their side. I suggest that activists form science claims differently depending on whether they have, or do not have, mainstream scientific resources that support their views. While activists that have mainstream scientific resources will use them, activists who lack these resources may attempt to cultivate new mainstream resources. If activists are unable to acquire new mainstream resources, they will turn to alternative resources that can give the impression of scientific legitimacy to laypeople.

The case of LGBT conversion therapy allows me to investigate these arguments. “Conversion therapy” refers to any medical or therapeutic intervention intended to change a person’s gender identity or sexual orientation. Today, the issue is hotly debated by two opposed movements. Historically, activists on both sides have claimed that science supports their position—regardless of what was written in the Diagnostic and Statistical Manuals. On one side, LGBT activists argue that conversion therapy is ineffective, unscientific, and actively harmful, contributing to high rates of suicide and mental illness among the LGBT community. On the other, anti-LGBT activists insist that all people are naturally straight and cisgender, and that, with the proper therapeutic interventions, LGBT people can be “restored” or “healed.” Both sides deploy a range of expert testimonies, academic studies, and organizational statements to support their claims.

LGBT and anti-LGBT activists are not unique in their use of scientific resources. A wide variety of movements have deployed scientific resources, both mainstream and alternative, to support their political goals. However, these movements tend to fall firmly on one side of “the science” or another. In other words, these movements either have always possessed mainstream scientific resources, or they have always relied on alternative scientific resources. As a result, studying these movements makes it difficult to see how activists determine which types of scientific

resources they will deploy, how they choose to deploy these resources, or how they develop new resources when none are available.

Put differently, studying such cases creates the impression that movements passively cite whatever resources are available to them: mainstream if available, and alternative if not. This approach obscures the role of activists in *creating* scientific resources. Activists do not merely accept that scientific authorities oppose them; they actively engage with developments in science and, at times, construct new scientific resources to support their claims. To see the use of science by movements as a dynamic process, we need to be able to see how movements respond when the distribution of mainstream scientific resources changes from one side of a debate to another. By investigating how movements adapt to these changes, we can better understand when, how, and why movements develop and deploy different types of scientific resources.

The case of conversion therapy allows us to see how movements adapt as they gain, or lose, mainstream scientific resources. Over the past 50 years, scientific gatekeepers have fully reversed their position on the efficacy and utility of conversion therapy. While conversion therapy was once an accepted psychiatric practice, it is now condemned by the relevant professional associations. Today, the American Psychiatric Association (2018), American Psychological Association (2021), and the Association for Behavioral and Cognitive Therapies (2022) have all issued statements opposing conversion therapy. As a result, opponents of conversion therapy have gained mainstream scientific resources over time. Proponents of conversion therapy, in turn, have lost mainstream scientific resources over time. Professional conversion therapists died or retired, research into new conversion therapy techniques dried up, and the professional associations turned against the practice. Conversion therapy supporters now have far fewer resources to legitimize their claims. Over the years, these activists have had to pivot to alternative sources of scientific legitimacy.

Because the position of scientific gatekeepers on conversion therapy has changed over time, the debate over conversion therapy offers a window into the way that activists adapt to gaining or losing mainstream scientific resources. On one side, allows us to see how activists on the “losing side” of the science developed new mainstream scientific resources, and how they deployed these resources. On the other, it allows us to see how activists mobilized in response to losing the science, and how they adapted by creating alternative resources.

In this section, I provide a historical overview of the science in this case, highlighting how the distribution of mainstream scientific resources changed over time. I show how this shift can be divided into three time periods: a period in which opponents of conversion therapy lacked mainstream scientific resources, a period in which conversion therapy was contested within scientific venues, and a period in which opponents of conversion therapy enjoyed mainstream scientific resources.

Period 1: The Rise and Fall of the Homosexuality Diagnosis, 1950 to 1973

Conversion therapy began as a scientific practice to treat a mental disorder. Professional psychiatrists, psychoanalysts, and other mental health professionals developed the intellectual foundation for conversion therapy, as well as means of practicing conversion therapy. In the 19th century, scientists began experimenting with methods to change a person’s sexual orientation, such as surgeries (Waidzunas 2015). However, more modern approaches to conversion therapy can be traced to Sandor Rado, a 20th century psychoanalyst. Rado argued that all people were naturally heterosexual; thus, heterosexuality could be restored in gay patients.

Following Rado, psychoanalysts in the United States published case studies to demonstrate how they had restored heterosexuality in their patients. Psychoanalysts paid particular attention to the patient’s childhood experiences and relationship with his or her parents. As the influence of psychoanalysis began to wane in the 1960s, behaviorists developed their own forms of

conversion therapy. Behavioralists typically applied aversion techniques, such as electric shocks or inducing vomiting, to deter patients from “homosexual” attraction (Radiolab 2018a).

Until the 1970’s, the major professional associations supported the notion that being gay or bisexual was a symptom of mental illness or disorder. When the first edition of the American Psychiatric Association’s Diagnostic and Statistical Manuals (DSM) was published, Rado’s views were particularly influential in the United States (Drescher 2015). Indeed, the DSM included “homosexuality” in its list of mental disorders until 1973. The DSM represents the discipline of psychiatry’s position on what constitutes a mental disorder, as well as the criteria that must be met for each diagnosis. Thus, the inclusion of homosexuality as a diagnosis in the DSM establishes that conversion therapy, as the treatment for this disorder, was seen as acceptable and legitimate by scientific gatekeepers in this time period. Although some mainstream researchers were skeptical of the “homosexuality” diagnosis, proponents of conversion therapy had the DSM to justify their work.

In other words, opponents of conversion therapy clearly lacked mainstream scientific resources. Notably, establishing which positions enjoy the majority of mainstream scientific resources is likely to be a challenging task in many cases, requiring the researcher to conduct a thorough literature review. In the case of conversion therapy, however, the homosexuality diagnosis offers a simple and straightforward way to measure mainstream scientific acceptance of conversion therapy.

Many gay rights activists saw the homosexuality diagnosis as an obstacle to their political goals. In the 1950’s, early gay rights organizations sought out experts sympathetic to their cause (Bayer 1981). In particular, their collaboration with psychological researcher Evelyn Hooker produced a series of peer-reviewed publications that supported their claims that homosexuality was not a mental disorder (Bayer 1981). However, these publications alone were insufficient to

change mainstream scientific thought; the “homosexuality” diagnosis would remain in the DSM for nearly two decades more.

In the 1960’s, gay rights activists began to take a more confrontational stance toward psychiatry and other mental health research. Activists increasingly saw psychiatry as a corrupt institution that offered scientific legitimacy to discriminatory laws and policies (Bayer 1981; D’Emilio 1983; Lewis 2016). While some activists believed the movement should eschew psychiatry altogether (Lewis 2016), others argued that the stigma of the homosexuality diagnosis underpinned all other anti-gay discrimination and must be eradicated (Bayer 1981; Drescher 2015). Through a combination of direct action and private outreach, gay rights activists captured the attention of key decisionmakers within the American Psychiatric Association. Activists interrupted presentations on conversion therapy; critiqued the methodology of existing studies; presented supportive research studies; and demonstrated that closeted gay people were successfully practicing psychiatry (Bayer 1981). These efforts proved persuasive. In 1973, “homosexuality” was officially removed from psychiatry’s Diagnostic and Statistical Manual (DSM), shaking the scientific foundations of conversion therapy. If “homosexuality” wasn’t a sickness, then there would be little need for a cure.

Period 2: Conversion Therapy is Contested, 1973-2009

The removal of the “homosexuality” diagnosis did not resolve the issue of conversion therapy. In its decision, the American Psychiatric Association stopped short of accepting homosexuality as a “normal” sexual orientation (Cohn 1973). Moreover, in a gesture of compromise to psychiatrists who opposed the decision, the APA adopted a series of diagnoses that legitimized the continued practice of conversion therapy for patients who desired it (Drescher 2015). In short, while “homosexuality” was no longer a mental illness, conversion therapy was still an acceptable treatment.

Thus, starting in 1973, a period of contestation over the status of conversion therapy emerged within mainstream science. As a result, activists who opposed conversion therapy enjoyed some mainstream scientific resources. Still, they were opposed by conversion therapists themselves and an entire body of scientific research. Conversely, conversion therapy supporters maintained some scientific cachet, but their position was no longer incontestable, as a new generation of scientists and scholars would take up gay-affirming research.

For gay rights activists, the campaign to remove the homosexuality diagnosis was a way to challenge the cultural stigma of being seen as “crazy,” as well as the discriminatory policies this stigma supported (Kunzel 2018). For opponents of gay rights, however, the removal of the diagnosis was a disaster. In response, a new “ex-gay movement” emerged to offer a Christian alternative to secular conversion therapy. This movement consists of “ex-gays,” or gay people who claim to no longer be gay, as well as straight pastors and other counselors. In practice, ex-gays often still experience gay attraction, but have renounced a gay identity in favor of a religious Christian identity (Erzen 2006). Rather than be deterred by the loss of scientific resources, the ex-gay movement was energized. Its leaders emphasized that Christians should fill the void left by secular conversion therapists.

Meanwhile, in the 1970s, the “New Right,” or Christian Right, emerged as a prominent political force. Despite its name, the New Right built on pre-existing religious networks to mobilize conservative Christians around issues of race, gender, sexuality, and family (Adam 1995; Diamond 1995). Almost immediately, the Christian Right embraced opposition to gay rights as a key part of its platform (Adam 1995; Diamond 1995). As the Christian Right grew and expanded, it cultivated alternative scientific resources—in the form of think tanks, fringe experts, and reports—to bolster its political message (Diamond 1995, 1998; Herman 1997; Schulze and Guilfoyle 1998). As the major professional associations turned away from conversion therapy, opportunities for professional conversion therapists in mainstream academic settings and public discourse began to

disappear. However, the alternative institutions of the Christian Right offered these professionals a new, if less prestigious, place to land.

By the 1990s, the three camps opposed to gay rights—the ex-gay movement, the Christian Right, and professional conversion therapists—would become increasingly intertwined. The coalition would succeed in persuading a mainstream researcher to study the successes of the “ex-gay” movement (Waidzunas 2015), and in promoting conversion therapy in a national media campaign (Fetner 2005; 2008).

Despite these efforts, the opponents of gay rights were not able to restore the scientific status of conversion therapy. In fact, professionals who opposed conversion therapy responded by pressuring the major professional associations to take a firm position (Waidzunas 2015). Through the 1990s, professional associations began to make statements opposing conversion therapy. In light of the controversy, the American Psychological Association organized a task force to examine the scientific evidence about conversion therapy. In 2009, the Task Force published its report. Although the report made some nods to the concerns of ex-gays (Waidzunas 2015), it largely supported the position of conversion therapy opponents. The report concluded that there was no credible scientific evidence to support the idea that conversion therapy was effective, and that there was evidence to suggest the practice was harmful. Between the statements of the professional associations condemning conversion therapy and the publication of the Task Force report, the distribution of mainstream scientific resources shifted decisively towards LGBT activists.

Period 3 and Recent Developments: Achieving a “Scientific Consensus”? 2012 to 2014

Although the debate continues to revolve around science, it no longer takes place in scientific venues. The decision by the major professional associations to oppose conversion therapy in a series of increasingly blunt statements has effectively closed the door to further challenges within institutional science. As a result, the conflict has shifted to the legislatures and the courts, which

must weigh the relevance and accuracy of each side's science claims. In 2012, LGBT activists in California promoted legislation (SB-1172) to ban conversion therapy in the state of California. In light of the statements of the major professional associations and the 2009 Task Force Report, these activists enjoyed extensive mainstream scientific resources. Nonetheless, they confronted two obstacles. First, the professional associations expressed some reservations about the ban's language. However, once these concerns were resolved, they reversed their position and supported the bans. Second, they faced conversion therapy's supporters, who sought to prove that the science was less settled than the bill's supporters claimed.

When the bill was adopted, these opponents sprung to action with two lawsuits: *Pickup v Brown* and *Welch v Brown*. While one court granted a preliminary injunction, another found that the bill passed constitutional muster. The cases were then combined and heard by a federal circuit court. Ultimately, California's bill was upheld by the court, and has survived subsequent legal challenges. Following its adoption, California's SB-1172 became a model for other states. Since 2012, 20 states have adopted similar bans on conversion therapy for minors, either through legislation or executive order (Movement Advancement Project 2023).

The debate over the California conversion therapy ban illuminates how activists deploy scientific resources to achieve their preferred policies. In this case, activists successfully lobbied for a new law based on the notion of a scientific consensus against conversion therapy. However, the political dispute over conversion therapy continues. Notably, the California bill and similar bans prevent licensed mental health professionals from practicing conversion therapy on their minor patients. Yet conversion therapy today often takes place outside of formal clinical settings, and may be led by religious leaders or religiously-affiliated laypeople who, by virtue of the lack of qualifications, are not subject to the same professional scrutiny. Conversion therapy bans do not apply to these unlicensed practitioners. Thus, even in states that have conversion therapy bans in place, conversion therapy is still practiced (Mallory, Brown, and Conron 2019).

These religious conversion therapy advocates still promote some of the same theories and methods pioneered by secular conversion therapists, although usually with a religious bent. In particular, psychoanalytic theories about the origins of sexual orientation remain popular with conversion therapists and the ex-gay movement. Psychoanalysts of the 1960s, such as Charles Socarides and Irving Bieber, are cited favorably in ex-gay literature. Socarides, in particular, continued to be visible in the defense of conversion therapy through the 1990s. In a twist, modern conversion therapists sometimes decry the work of the 1960s behaviorists as inhumane, and favorably contrast their own, psychoanalytic work to the barbarism of these practices (for instance, see Nicolosi 1999). Moreover, since the bills have passed, they have not been meaningfully enforced. Even licensed professionals who continued to practice conversion therapy have rarely faced serious professional consequences.

In recent years, even these narrow bans on conversion therapy have stalled. Although supporters have sought a federal ban, it has never been adopted. More critically, a different circuit court found two local bans in Florida unconstitutional in 2020. In addition to free speech concerns, the court in *Otto v. Boca Raton* challenged the use of scientific resources to support the bill. While proponents of the ban highlighted the support of the professional associations, the court argued that the professional associations were unreliable sources. Because the professional associations had once condemned homosexuality, they could not be trusted on the issue now. This decision has left the fate of conversion therapy bills in legal limbo; they are permissible in some states, but blocked in others.

In this legal climate, opponents of conversion therapy have slowed their efforts to pass conversion therapy bans, and in some cases have narrowed their bans to avoid legal challenge. For their part, proponents of conversion therapy have largely redirected their efforts away from anti-gay conversion therapy. Instead, a new wave of bans on gender affirming care for transgender youth is the latest frontier in the conversion therapy debate. Proponents of these bans have

recycled or revised many of the same scientific resources they used in the conversion therapy debate. By banning gender transition, these activists attempt to force conversion therapy onto transgender people by blocking their ability to live as their authentic selves.

Taken together, this history illustrates how the stance of scientific authorities towards conversion therapy has shifted over time. Gay rights activists, who once had virtually no scientific resources, today enjoy the support of the major professional associations. Opponents of gay rights, who once had the bulk of the scientific resources, can no longer rely on mainstream experts to legitimize their views. Instead, they have increasingly sought out alternative sources of scientific legitimacy.

This history highlights both the benefits and the limitations of scientific resources. Mainstream scientific resources helped opponents of conversion therapy to justify bans on the practice in many states. However, they did not persuade certain decisionmakers, most notably conservative judges. On the other hand, alternative scientific resources have made it possible for proponents of conversion therapy to insert the issue into the news cycle, and to win some victories in state legislatures and the courts. However, in the long run, they do not seem to have persuaded the general public. As a result, proponents of conversion therapy have put their scientific resources behind a related anti-LGBT cause—with considerable success.

STUDY DESIGN

Thus far, I have argued that the distribution of mainstream scientific resources will influence how movements make science claims. When a movement has the support of recognized scientific authorities, its members will highlight the support of these authorities at every opportunity. When a movement lacks mainstream scientific resources, its members will attempt to cultivate new mainstream scientific resources. If mainstream scientific resources are not available, activists will

cultivate *alternative* scientific resources: experts, institutions, associations, and publications that promote an alternative version of the science.

To explore these claims, I divide the debate over conversion therapy into three time periods. Each time period reflects a different distribution of mainstream scientific resources.

Period 1 (1950-1973) explores the relationship between the gay rights movement and science when “homosexuality” was an official diagnosis in the Diagnostic and Statistical Manual (DSM). In this period, gay rights activists lacked any scientific resources, as mainstream science viewed conversion therapy as a legitimate treatment for a mental health condition. The period begins with the founding of the Mattachine Society, one of the earliest gay rights organizations in the United States, and ends with the delisting of homosexuality from the DSM in 1973.

Period 2 (1973-2009) examines the response to the American Psychiatric Association’s decision to remove the homosexuality diagnosis. Although the diagnosis was removed, it was replaced by compromise diagnoses that allowed for the continued practice of conversion therapy. Thus, in this period, gay rights activists and opponents of gay rights confronted an environment in which the position of mainstream science on conversion therapy was unsettled.

At the start of the period, both sides enjoyed some mainstream scientific resources. However, towards the end of the period, the major professional associations begin to issue formal statements opposing conversion therapy. Opponents of conversion therapy were left with mostly alternative scientific resources. The period ends in 2009, after the American Psychological Association issued a Task Force report that finds conversion therapy ineffective and potentially harmful.

Period 3 (2012-2014) captures a period in which mainstream scientific resources are largely settled *against* conversion therapy. In this period, LGBT activists enjoy the support of all the major professional associations, while their opponents are essentially limited to alternative

scientific resources. The period begins in 2012, when LGBT activists promoted a ban on conversion therapy for minors in California. In this debate, LGBT activists sought to deploy their mainstream scientific resources in support of the ban. Although they lacked mainstream scientific resources, anti-LGBT activists opposed the ban on scientific grounds. The period ends in 2014, when a legal challenge to the bill was resolved in favor of the ban. As noted above, this legal decision only temporarily resolved the issue. Thus, I address developments following period 3 in the conclusion.

A FRAMEWORK FOR SOCIAL MOVEMENT SCIENCE CLAIMS

Drawing on the case of conversion therapy, I outline a framework for when and how movements develop and deploy scientific resources under different conditions. I emphasize one condition in particular: the distribution of mainstream scientific resources. When activists enjoy mainstream scientific resources, they will deploy them at every opportunity. When activists lack these resources, however, they will still make science claims if science is being used by a target or countermovement to challenge their views. Activists in this position will first attempt to cultivate new mainstream scientific resources. If they are unable to acquire mainstream resources, they will turn to alternative scientific resources. Once science is invoked by one party to a conflict, the other party is likely to follow. Thus, even sincere, well-intentioned science claims can encourage the development of fringe science claims.

To support their preferred policies, activists may make claims about how science supports their side. **Science claims** are statements about what science tells us about a problem or solution to a problem. These claims can vary in their specificity and plausibility. Activists sometimes claim that “science,” “biology,” or “research” are on their side, with no particular evidence. However, in order to justify and defend their science claims, activists often deploy **scientific resources** that support their claims. For instance, they may cite specific experts, analyses, or research studies to

demonstrate that their claims are scientific. When a movement faces science claims that discredit its position, activists will typically respond by offering their own science claims.

While scientists are knowledgeable about the state of research in their field, lay audiences are unlikely to be familiar with the latest scientific developments. Activists who target lay audiences must persuade them that the movement’s scientific resources are credible and authentic. Scientific institutions, such as universities, academic presses, and the major professional associations, can help. These institutions serve a gatekeeping function by establishing criteria for new PhDs, evaluating scientific research, and setting standards for professional scientists, respectively. Thus, the approval of scientific gatekeepers may be used as shorthand for scientific legitimacy. In effect, activists argue, “You may not know much about the science, but the people that do agree with me!”

As a result, how activists formulate their science claims depends on the type of scientific resources at their disposal in the short term, and the likelihood of developing new ones in the long term. In particular, they consider whether the resources available to them are endorsed by the institutions that determine what counts as science. **Mainstream scientific resources** are recognized by scientific gatekeeping institutions, such as universities, academic journals, or the major professional associations. **Alternative scientific resources** make some claim to scientific legitimacy, but are not authorized by these gatekeeping institutions.

Table 1. Examples of mainstream and alternative scientific resources

	Examples
Mainstream Scientific Resources	Major Professional Association panel, paper, or statement; published academic studies, articles, or books; peer-reviewed sources; experts with relevant academic credentials from accredited institutions
Alternative Scientific Resources	Alternative professional association panel, paper, or statement; alternative journals; experts without relevant academic credentials or who have been sanctioned by their disciplines; people who lack formal scientific credentials but cite and interpret research by others

When a movement enjoys mainstream scientific resources, its members are in an advantageous position. These resources allow activists to demonstrate to people who are not knowledgeable about the science that there is good reason to believe a movement’s claims. In particular, the support of one or more major professional associations is a hefty resource. Because these associations claim to represent their respective disciplines, activists can use these associations to argue that there is a “scientific consensus” for their movement’s side. Thus, activists will first attempt to find and deploy mainstream scientific resources. When a movement lacks mainstream scientific resources, activists will attempt to cultivate new mainstream scientific resources. If the movement succeeds, it will then deploy these resources in future policy disputes.

Table 2. Examples of mainstream and alternative resources deployed in the case of conversion therapy

	Mainstream Scientific Resources	Alternative Scientific Resources
Associations and Organizations	American Psychiatric Association’s Diagnostic and Statistical Manual (chapter 1), American Psychiatric Association position statement (chapters 3 and 4), American Psychological Association Task Force Report (chapters 2, 3, 4)	NARTH, the National Association for Research and Therapy of Homosexuality (chapters 2, 3, 4)
Journals and Publications	Publication in <i>Archives of Sexual Behavior</i> (chapter 2)	The <i>Journal of Sexuality</i> , NARTH’s research journal (chapter 2, 3, 4)
Experts	Evelyn Hooker, a psychological researcher (chapter 1); Gregory Herek, a researcher and expert witness (chapter 4)	Ex-gay religious counselors (chapter 2); Paul Cameron, a psychologist sanctioned by multiple professional associations (chapter 2); Joseph Nicolosi (chapters 2, 3, 4)

These examples will be discussed in further detail in the specified chapters.

If a movement is unable to acquire mainstream scientific resources, then activists will resort to alternative scientific resources. **Alternative scientific resources** are associations, publications, and people who claim to speak for science, but lack the approval of institutional scientific authorities. For instance, activists may identify experts and studies that have been cast aside by their disciplines, or create new associations, journals, and conferences outside of the

discipline's gatekeeping institutions. Scientists dissatisfied with the position of a major professional association may be willing to form a breakaway, alternative association to represent their interests. These associations may publish their own journals and hold their own conferences separate from others in their discipline. Similarly, think tanks may be alternative scientific resources, particularly if staffed by people without relevant scientific credentials. Individual researchers and experts can also serve as alternative scientific resources. The official credibility of these claims may vary. At times, the "experts" cited as alternative resources may lack any formal training in science. In others, they are experts who have earned scientific credentials, but have been marginalized in their fields for speaking on issues outside of their expertise, or for misrepresenting their research for political purposes.

Although alternative resources lack the approval of scientific gatekeepers, they can still be effective with lay audiences. They may discourage lawmakers from taking action on an issue, or generate media coverage of a "scientific controversy." Since lay people do not engage with scientific research on a routine basis, their assessments of what counts as good science may be different from those of scientists themselves. The difference between how scientists view the science and how laypeople view the science creates an opening that activists may exploit. Activists must persuade audiences that their claims are scientific; however, when the target is not trained in science, they may do so with either mainstream or alternative resources. Indeed, alternative resources may be particularly effective if they reinforce pre-existing cultural assumptions and beliefs, as ideas about science that reflect these beliefs are particularly difficult to dislodge from popular culture (Karkazis and Jordan Young 2019). Thus, alternative resources may be more useful for movements that seek to reinforce traditional values, rather than movements that hope to challenge them.

In short, even activists who lack mainstream scientific resources will continue to claim that the science supports their preferred position. They will rely on alternative scientific resources to bolster their claims and challenge the mainstream scientific resources used by their opponents.

Table 3. The distribution of mainstream scientific resources, by period

	Mainstream Scientific Resources Favor Anti-Gay Position (Period 1)	Mainstream Scientific Resources on Both Sides (Period 2)	Mainstream Scientific Resources Favor Gay Position (Period 3)
Gay Rights	Cultivate mainstream scientific resources	Cultivate mainstream scientific resources	Deploy mainstream scientific resources
Anti-Gay Rights	Deploy mainstream scientific resources **	Cultivate mainstream and alternative scientific resources	Deploy alternative scientific resources

***In period 1, there was no organized, anti-gay social movement to make science claims. Rather, these claims were made in major media outlets when discussing the subject of gay rights. I would anticipate that an organized anti-gay movement would make similar claims in this context.*

Because science itself can change over time, mainstream scientific resources can become alternative scientific resources. As a result, activists who attempt to cultivate new mainstream scientific resources may end up with mainly alternative scientific resources at their disposal. Thus, some movements may not intentionally set out to cultivate alternative resources, but end up deploying them nonetheless. These movements may also deploy a combination of mainstream and alternative scientific resources. In addition, the lines between mainstream and alternative scientific resources can become blurred because science itself can change over time. This issue is particularly likely to affect individual researchers and scientists, who may find that their fields change around them. Experts who are firmly mainstream at the start of their careers may become alternative resources by the end of their careers.

The fact that science can change poses a risk to movements that make science claims on the basis of mainstream scientific resources. Movements may attempt to manage these risks by offering additional lines of argument that complement their science claims. For instance, they may emphasize a moral imperative to act on an issue, a technical legal reason why a law cannot be adopted, or additional benefits that would result from siding with their position in the argument. Thus, if the credibility of their scientific resources is called into question, they may lean on these other claims.

Critically, the distinction between “mainstream” and “alternative” resources assumes that the target audience respects the gatekeeping role of scientific institutions. The value of mainstream scientific resources depends on trust in science in general, and on trust in formal signifiers of scientific legitimacy, in particular. If a movement’s target does not believe that a PhD confers particular knowledge about a subject, or that peer review effectively excludes low quality research, then these credentials carry little weight, and the difference between mainstream and alternative resources begins to dissolve. Moreover, the impact of professional associations in policy discussions depends on the belief that these associations speak for their disciplines. If the movement’s targets respect an association’s claim to represent its discipline, then they will likely value the association’s input on policy questions. If the association’s authority is called into question, then its statements may no longer serve as an effective resource for social movements. As a result, movements that are unable to acquire mainstream scientific resources have an incentive to challenge the legitimacy of scientific gatekeepers in general, as well as the specific science claims of their opponents.

In short, the impact of scientific resources depends on two factors: the target’s pre-existing values and beliefs, and the target’s faith in scientific gatekeepers. First, science claims with cultural resonance may require fewer resources to defend than claims that go against cultural preconceptions. Second, targets that believe scientific gatekeepers are authorities on science are likely to be persuaded by mainstream resources; skeptical targets may be equally or more receptive to alternative resources.

In this way, activists deploy, and sometimes manipulate, scientific research to suit their own purposes. Once science is invoked by one party to a conflict, the other party is likely to follow. Thus, even sincere, well-intentioned science claims can encourage the development of fringe science claims.

METHODS

As this project spans different time periods and venues, I needed to collect different types of data to understand each period. In periods 1 and 2, I examined both primary sources and scholarly accounts. In period 1, I used sociological and historical publications, scientific publications and reports, published retroactive interviews with activists, and primary source newspapers and other media to reconstruct the public conversation around the homosexuality diagnosis. Due to the COVID-19 pandemic, many archives were unavailable during this time. As a result, I have sometimes analyzed activist materials from excerpts in the works of other scholars, particularly when it comes to the early “homophile” movement. However, the papers of Dr. Evelyn Hooker, located in the University of California-Los Angeles archival collection, helped me to better understand her role in constructing a scientific basis for removing the “homosexuality” diagnosis.

For period 2, I similarly drew on both primary sources and scholarly accounts of this period. The books of conversion therapy advocates, such as Joseph Nicolosi, Elizabeth Moberly, and Kent Philpott, were particularly important sources, as they offered an account of the origins and motivations of the ex-gay movement. Tim LaHaye and Anita Bryant’s accounts of the Christian Right’s anti-gay activism served a similar purpose for the Christian Right’s anti-gay activism. Contemporary newspapers, videos, and blog posts made it possible for me to explore the larger conversation, beyond the accounts of individual activists. In particular, a CSPAN recording of the 1983 Moral Majority conference in San Francisco offered information about how the ex-gay movement presented itself to the wider Christian Right. Academic works, particularly sociological and historical studies, helped me to understand the political context of activism on the Right and Left in this period. In some cases, they also contained excerpts from useful primary source materials.

For period 3, I conducted a content analysis of materials related to California's conversion therapy ban. I collected data for two venues: the 2012 California legislature, which debated and adopted the first conversion therapy ban, and two court cases challenging the ban.

To reconstruct the legislative debate, I located and transcribed all available video recordings of the sessions pertaining to Senate Bill 1172. Unfortunately, video was not available for two meetings identified in the legislative record. To better understand the main points of contention, I examined the different drafts of the bill, and the official congressional analyses of the bill prepared for various legislative committees to consider in their debate. The latter documents, which were prepared by congressional analysts to acquaint lawmakers with conversion therapy, illustrate the types of evidence that were considered relevant and legitimate in these discussions. I also collected and analyzed supplemental material from the debate over the adoption of this bill, such as letters submitted in support and opposition by the major professional associations. I uploaded all of these transcripts and documents to the qualitative coding software ATLAS.ti, where I coded them for references to credentials, discussions of "good" versus "junk" science, the criteria that make someone an expert, references to change in science, and other themes of interest. Table 4, below, provides an overview of these documents.

Next, I examined the debate over the legality of California's ban in the state and federal courts. I focused on two similar cases, *Pickup v. Brown* and *Welch v. Brown*, which were filed by conversion therapy patients and practitioners shortly after the ban was signed. While *Pickup v. Brown*'s case was rejected by a California district court, the plaintiffs in *Welch v. Brown* were granted a preliminary injunction. Both cases were appealed to the 9th circuit court of appeals, where the legislation was upheld. In order to understand how science and expertise were deployed in these cases, I analyzed the declarations of experts and other third parties as well as the *amicus curiae* briefs submitted to the courts. I also analyzed the court's ruling in each case, the briefs and memorandums filed by the plaintiffs and defendants, and, where available, transcripts of the

proceedings, to understand when and how these science claims were deployed. Table 4 includes an overview of these data sources.

In some cases, the legal teams on both sides sought to strike part or all of an amicus brief or declaration from the record. While these arguments were often procedural in nature, they also contained helpful information about how each side understood what made someone an expert or what constituted relevant expertise. These documents are included in table 4 as “Motions, Briefs, Memorandums.” As with the legislative transcripts, I coded these documents for themes such as credentials, expertise, and changes in science, using ATLAS.ti.

Table 4. Overview of data sources, period 3

	Document Type	Number of Documents	Approximate Page Count
Legislature	Transcripts	6	32 pages
	Legislative Analyses	11	67 pages
	Letters	6	7 pages
Courts	Amicus Briefs	16	563 pages
	Declarations	13	122 pages
	Briefs and Memorandums	9	154 pages

CHAPTER OVERVIEW

This dissertation is organized into three historical periods, based on the distribution of mainstream scientific resources. In chapter 1, I analyze the deployment of science by gay rights activists from

the 1950's to 1973 (**period 1**). In this period, the gay rights movement enjoyed virtually no scientific resources, as the American Psychiatric Association declared homosexuality to be a mental disorder. To challenge this state of affairs, activists cultivated new mainstream resources, by building relationships with sympathetic mainstream researchers and participating in peer-reviewed research studies. While these scientific resources were necessary, they were not sufficient, as the APA paid little attention to the movement's science claims. A sustained protest campaign with both insider and outsider strategies was needed for the APA to even examine the movement's scientific resources.

In chapter 2, I analyze the aftermath of the APA's decision to delist homosexuality as a mental disorder, from 1973 to 2009 (**period 2**). The decision did not resolve the issue of conversion therapy but merely "unsettled" the science, creating an uncertain environment in which both sides enjoyed some mainstream scientific resources. On the one hand, gay rights activists were able to deploy their new, mainstream scientific resources, but still needed to combine them with moral and ethical appeals to gain traction. On the other hand, the revision of the DSM dislodged conversion therapists from their profession, creating a new pool of alternative scientific resources for opponents of gay rights. The decision also helped inspire a new countermovement, the ex-gay movement, which combined psychoanalytic theories with evangelical Christian forms of testimony. As the Christian Right became a political powerhouse, it was able to draw on these two camps—ex-gay activists and professional conversion therapists—to acquire alternative scientific resources.

In chapters 3 and 4, I examine what happened when the gay rights movement sought to deploy its scientific resources by advocating for a conversion therapy ban (**period 3**). The 2012 California ban was the first of its kind, and brought the gay rights movement and its opponents face to face. This time, the weight of mainstream scientific resources was fully in favor of the gay rights movement's position.

In chapter 3, I consider the legislative debate over California’s bill. I find that mainstream scientific resources—particularly the professional associations—were an essential asset in the debate. In a context with limited discussion and a sympathetic audience, these associations were a helpful shorthand for a “scientific consensus.” By emphasizing that conversion therapy was “junk science”—rather than a legitimate treatment option—activists assuaged concerns about regulating scientific institutions.

In chapter 4, I examine the legal challenges to California’s bill. While both sides advanced similar claims as in the legislature, the legal context offered both sides more space to elaborate on their claims. This context facilitated the science claims of the opponents of the ban, who needed to explain both their view of the science and why their interpretation was more accurate than that of the major professional associations. Although the ban ultimately survived the legal challenge, the scientific resources deployed by the ban’s opponents helped them secure a preliminary injunction.

In the conclusion, I consider the implications of this dissertation as a whole. I offer some suggestions for future research, discuss the utility of scientific resources for social movements, and explore how this dissertation can help us understand a new wave of anti-LGBT activism. I argue that science claims are not determinative, but they are persuasive. Specifically, science claims offer *permission* to decisionmakers and the public: permission to change their position, if they are already inclined to do so, or permission to double down, if they are not.

CHAPTER 1: SCIENTIFIC RESOURCES AND THE EARLY GAY RIGHTS MOVEMENT

When activists began to mobilize for gay rights in the United States, they had few scientific resources at their disposal. On the contrary, experts of the day tended to argue that gay people were fundamentally unwell—*not* a minority deserving of rights or respect. From 1951 to 1973, “homosexuality” was an official diagnosis in the Diagnostic and Statistical Manuals (DSM), the clinical guidebook used by mental health professionals to diagnose patients. Other mainstream scientific institutions followed suit, fostering and promoting conversion therapy research with the goal of preventing and “curing” people of this diagnosis.

Nor did the gay rights movement fare better in the popular press. Mainstream media coverage of “homosexuality” privileged the claims of conversion therapy researchers, and suggested that there was a scientific consensus that “homosexuality” was a treatable mental illness. When gay rights activists did attain media coverage for their movement, their claims were often juxtaposed with those of these experts.

In this period, gay rights activists had few mainstream scientific resources at their disposal. Their opponents enjoyed the lion’s share. Nonetheless, gay rights activists argued that the science of sexual orientation was less settled than it seemed. Research into the subject suffered from systematic sampling biases as well as cultural biases, they explained, and gay people were no more likely to have pathological personality traits than straight people. Thus, the “homosexuality” diagnosis was unnecessary; there was nothing from which gay people had to be cured. While these claims initially gained little traction, they proved decisive in the fight to challenge the homosexuality diagnosis in the early 1970’s. Indeed, when the American Psychiatric Association reviewed the homosexuality diagnosis in 1973, their decision drew on the claims of gay rights activists, and the scientific resources they used to bolster these claims.

In this chapter, I explore how activists deploy science when “the science” does not appear to be in their favor. When activists lack mainstream scientific resources, how do they respond? How do they construct and defend their science claims? To explore these questions, I examine the history of the gay rights movement between 1950 and 1973, focusing on its interactions and clashes with scientific authorities. I suggest that activists responded by cultivating *new, mainstream scientific resources*. They did so by building relationships with open-minded researchers willing to investigate the issue, and by helping these researchers to coordinate new research studies. Because activists sought mainstream scientific resources, this process took time. Studies had to be designed, research subjects carefully screened, and the process of peer review navigated. In the long run, however, activists were able to deploy these new resources to persuade *scientists* to reconsider the science.

Notably, by the end of this period, many activists—in both the gay rights movement and beyond—opposed scientific authority on principle. Rather than engage with scientists, these activists critiqued the institution of psychiatry (Lewis 2016). I discuss this faction below. However, because I am interested in the use of scientific resources, I highlight those activists who routinely engaged with the science of sexual orientation. In particular, I begin my analysis with the founding of the Mattachine Society. Founded in 1950, the Mattachine Society was one of the earliest and most influential organizations in the “homophile” movement, the precursor to the gay rights movement.² Critically, the Society’s strategy cooperation and collaboration with respected professionals in order to improve the reputation of “homosexuals” in society (D’Emilio 1983). For homophile activists, engaging with scientific researchers was a vital component of this mission.

² The first gay rights organization in the United States was the Society for Human Rights, established in 1924. However, the organization disbanded within months due to the hostile political climate. For this reason, the Mattachine Society is sometimes described as the first *sustained* gay rights organization in the United States.

I address this period in four parts. First, I establish that early gay rights activists, known as the homophile movement, lacked sufficient mainstream resources to make their case. I show how most mainstream scientific resources in this period, such as supportive experts, peer-reviewed journal articles, and positions taken by the major professional associations, favored opponents of gay rights. I emphasize that not only did activists lack expert support, but that this lack was widely known among both mental health professionals and the public. The pervasiveness of this narrative made it difficult for activists to achieve their goals in scientific venues and beyond.

Second, I show how homophile activists cultivated new mainstream scientific resources by identifying and building collaborative relationships with open-minded researchers. Working alongside these researchers, activists developed a scientific critique of the existing academic literature, and facilitated new studies that could address the critique. They further assisted these researchers by helping them to locate gay research subjects, which was a difficult task for straight researchers at a time when psychiatry declared that gay people were mentally ill. However, these efforts were not enough on their own to persuade scientific institutions to reexamine the homosexuality diagnosis; activists would need to activate these resources by bringing them directly to the attention of scientific decisionmakers.

Third, I discuss the movement's shift from engaging with scientific authorities to challenging the homosexuality diagnosis in scientific institutions. I identify two factions: a faction that deployed the movement's new scientific resources, and a faction that disregarded scientific authority altogether. I highlight how activists deployed their mainstream scientific resources as well as more personal forms of evidence in order to persuade scientific decisionmakers to reconsider their position.

SCIENTIFIC RESOURCES AND THE "HOMOSEXUALITY" DIAGNOSIS

When the gay rights movement first emerged, it could muster few, if any, scientific resources. From the 1940's through the 1960's, "homosexuality" was widely regarded by mental health professionals as a mental disorder, and conversion therapy its legitimate, even compassionate cure.

The academic conversation regarding the causes and possible cures of homosexuality emerged in Europe in the 19th century.³ However, in mid-20th century America, the most common understanding of homosexuality traced its origins to Freudian psychoanalysis. Freud believed that people were born "bisexual," meaning that they possessed both masculinity and femininity as well as the capacity to be attracted to both men and women (Bayer 1983: 23). However, by passing through the stages of childhood development—including a "homosexual" phase—most people would become heterosexual (Bayer 1983: 22). Homosexuality reflected a stoppage in this process, or "a certain arrest of sexual development" (Freud 1951).

Notably, however, Freud was skeptical of conversion therapy, as he believed it unlikely that a patient's sexual orientation could be changed in most cases. In a letter to the mother of a gay man, Freud (1951) writes: "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, in a general way, is that we cannot promise to achieve it." Nor did he necessarily believe it *must* be changed. Freud (1951) famously reassured the letter writer that "Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness...Many highly respectable individuals of ancient and modern times have been homosexuals." In other words, Freud believed that gay people had not matured in a psychoanalytic sense, but that did not make them immature or incompetent people.

³ This history has been reviewed thoroughly elsewhere. See, for instance, Bayer 1981, D'Emilio 1983, or Waidzunus 2015.

Freud's lack of interest in the subject may have reduced interest in conversion therapy research through the early 20th century. However, in the 1930's, a new school of thought emerged in the United States. Led by psychoanalyst Sandor Rado, this school adopted Freud's belief that homosexuality was the result of stunted development while challenging the view that it could not be changed. Rado's 1940 paper, "A Critical Re-examination of the Concept of Bisexuality," sought to dismantle Freud's theory of bisexuality. Rado (1940) argued that the theory of bisexuality should be discarded, as it had originated in flawed biological research. To Rado, all people were inherently heterosexual; they were not born bisexual, nor did they pass through a homosexual phase. From this perspective, "the basic problem" that conversion therapy researchers must solve is simply "to determine the factors that cause the individual to apply *aberrant* forms of stimulation to his *standard* genital equipment" (Rado 1940: 466, emphasis mine). In other words, the job of the analyst was to determine why a straight person would engage in same-sex activity, and to redirect them to heterosexual activity. In particular, Rado believed that homosexuality served as a "reparative adjustment," or attempt to achieve sexual satisfaction in spite of anxiety over heterosexual activity (Rado 1940: 466).⁴ This framework inspired a new wave of psychoanalytic research into conversion therapy. If gay people were actually heterosexual, then psychoanalysis could identify and resolve whatever concerns were blocking the patient's latent heterosexuality from being expressed.

Following in Rado's footsteps, a school of psychoanalysis emerged that elaborated, applied, and popularized his ideas. From the 1940's through the 1960's, a body of research emerged that sought to map the contours of this "disorder," from its origins in childhood to its impacts on the adult personality. Psychoanalysts published case histories, documenting their sessions with

⁴ Variations on this theme have become an important part of conversion therapy literature. In fact, conversion therapy rooted in psychoanalytic principles is often euphemistically referred to as "reparative therapy" by modern conversion therapy practitioners.

individual patients (for instance, see Robertiello 1959). In these sessions, psychoanalysts might ask the patient to recall their childhood, relationship with family members, and other life experiences, in order to locate the source of their homosexuality. They might also recommend behavioral changes in order to avoid situations that “trigger” or encourage the patient’s “homosexuality,” such as frequenting a gay bar (Brody 1971). Others studied larger samples, in the hopes of identifying common features in the backgrounds or personality traits of gay people. Drawing on the psychoanalytic view of homosexuality as a personality disorder, researchers frequently assumed that gay people could be distinguished from heterosexuals using personality tests (such as the Rorschach test) alone. Indeed, a series of studies sought to identify which of these personality tests could most reliably identify gay people (for a review, see Hooker 1957; 1958a).

Among the most influential scholars in this field were Edmund Bergler, Irving Bieber, and Charles Socarides. Bergler was a psychoanalyst and psychiatrist, Bieber was a psychoanalyst and professor at New York Medical College, and Socarides was a professor of psychiatry at the Albert Einstein College of Medicine. Through their academic and popular publications, each man helped to develop the psychoanalytic approach to conversion therapy. Bieber and Socarides, in particular, were frequently cited as “experts” on the prevention and treatment of homosexuality.⁵

Psychoanalysts in this vein tended to emphasize the importance of early childhood experiences for rearing heterosexual children, arguing that poor parenting practices led children to homosexuality as adults. Mothers were a particular source of concern in this literature. Mothers who were excessively close, protective, or domineering were said to inhibit the development of their children’s heterosexual orientation (Bieber 1964; Bieber et al 1962). However, effective

⁵ Bergler was also occasionally cited as an expert on the subject in the press. However, due to his early death in 1962, he was no longer available for comment. Bieber and Socarides were more visible in the media in the 1960s and 70s, and their ideas were particularly influential on the Christian Right’s pro-conversion therapy efforts.

parenting—particularly from fathers—could prevent the child from becoming gay. Dr. Irving Bieber, in a CBS (1967) documentary, explains:

A father can do a great deal and he can be the determining figure even in the presence of this type of mother if first of all, he recognizes, this is *his* son, as much as it is his wife's son. He has a warm, affectionate, supportive relationship with his son, if he spends time with him, if he interferes for some of the activity that his mother is carrying out. I do not believe it is possible to produce a homosexual if the father is a warm, good, supportive, constructive father to his son.

Lesbians were less frequently studied than gay men in this literature. However, when lesbianism was addressed, it was also attributed to dysfunctional family dynamics, with a similar emphasis on the harms caused by mothers. In the case study, *Voyage from Lesbos: The Psychoanalysis of a Female Homosexual*, psychoanalyst Richard Robertiello (1959) emphasizes the patient's mother's overly critical and judgmental views. In classic psychoanalytic fashion, he attributes his patient's sexual orientation to her feelings of competition with her mother and latent desire for her father. Similarly, in a New York Times op-ed, Irving Bieber (1964) proposes that "Mothers of female homosexuals are usually hostile and extremely competitive with these daughters... The mother of the prehomosexual girl is unconsciously envious and openly critical of her daughter."

Psychoanalysts saw sexual orientation as closely linked to gender identity. Parenting practices that undermined the development of traditional masculinity or femininity could lead to a homosexual sexual orientation (Bieber et al 1964:63). In one common model, gay men were expected to have a domineering (or overly cautious) mother and absent father (Bieber et al 1964:62). The mother's excessive control over or closeness to her son would prevent him from developing his masculine independence and would make it difficult for him to befriend other boys.

Likewise, the father's distance from or distaste for his son would deprive the boy of healthy male role models (Bieber et al 1962: 315-316). Thus, the man would seek relationships with men in order to attain a sort of secondhand masculinity. As Dr. Charles Socarides, a professor of psychiatry, explained to a student:

The aim of the homosexual act, paradoxically enough, is to seek masculinity, and that in essence, the homosexual, in having homosexual contacts, is really achieving masculinity through identification with his partner (CBS 1967).

In this sense, the goal of conversion therapy is not just to make the patient heterosexual, but also to make them conform to traditional gender roles, behaviors, and expectations.

Critically, for these psychoanalysts, the problem with "homosexuality" was not just that a person's sexual orientation or sexual behavior were abnormal. Rather, they saw a homosexual sexual orientation as a symptom of larger issues with the personality. Psychoanalysts in this school extended Freud's idea that "homosexuality" resulted from a failed developmental process to the notion that gay people were themselves immature, suffering from considerable personality defects. For instance, in his book, *Homosexuality: Disease or Way of Life*, psychoanalyst Edmund Bergler (1956: 28-29) explained:

I have no bias against homosexuals; for me they are sick people requiring medical help... Still, though I have no bias, I would say: Homosexuals are essentially disagreeable people, regardless of their pleasant or unpleasant outward manner... [their] shell is a mixture of superciliousness, fake aggression, and whimpering. Like all psychic masochists, they are subservient when confronted with a stronger person, merciless when in power, unscrupulous about trampling on a weaker person.

Indeed, because homosexuality was said to emerge from stunted development, gay people were presumed to be dysfunctional in all aspects of life. For instance, gay people were believed to be

impulsive, emotionally unstable, and incapable of stable romantic relationships. Thus, Charles Socarides explains to a student in a CBS (1967) documentary:

The fact that somebody is homosexual, a true obligatory homosexual, automatically rules out the possibility that he will remain happy for long, in my opinion. The stresses and strains the psychic apparatus is subjected to over the years will cause him, in time, I think, to have increasing difficulties.

Given these beliefs, it is perhaps unsurprising that conversion therapists were often skeptical of gay rights organizing—or even gay communities. Irving Bieber and colleagues (1964:317), for instance, believed that such communities only exacerbated the psychological problems of individual gay people:

Often there is a sense of identification with a minority group which has been discriminated against. Homosexual society, however, in which membership is attained through individual psychopathology, is neither “healthy” nor happy. Life within this society tends to reinforce, fixate, and add disturbing new elements to the entrenched psychopathology of its members.

By suggesting that gay communities harmed rather than helped gay people, experts of the day challenged the legitimacy of gay rights organizations, as well as the competence of individual gay people.

Thus, the view that “homosexuality” was caused by thwarted psychological development left gay rights activists with few allies among psychoanalysts. The movement fared little better with other mental health professionals. In the 1960’s, a different school of mental health treatment emerged to challenge the dominance of psychoanalysis. The behaviorists argued that psychoanalysis was unscientific and unreliable. They sought to prove that behavior modification techniques could yield more consistent and more measurable clinical outcomes for mental health treatment—including conversion therapy (Waidzunas 2015:63-4). Many of the behaviorists’

techniques used aversion to discourage same-sex attraction, such as by inducing nausea or administering electric shocks. In an effort to find a more compassionate approach, Gerald Davison developed “Orgiastic reconditioning” to offer positive incentives for heterosexual attraction in gay men (Radiolab 2018a). Also known as “playboy therapy,” Davison’s method involved showing gay men images of nude women during climax (Radiolab 2018a; Waidzunas 2015). Thus, the view that “homosexuality” was a treatable mental illness was shared by experts in psychoanalysis and behavioral therapy alike: fields which were otherwise opposed in their view of the causes and treatment of mental illness.

Given the state of research on the subject, the major professional associations condoned various forms of conversion therapy. At their annual conferences, researchers gave talks and organized panels to discuss the latest conversion therapy research (Bayer 1981, D’Emilio 1983). In the halls of these conferences, vendors sold tools for behavior modification, including some that were specifically advertised for the treatment of gay people (Bayer 1981; Radiolab 2018a). In a reflection of the uncontroversial nature of their work, some conversion therapists were even elected to leadership roles within the professional organizations. Gerald Davison, the creator of “playboy therapy,” served as president of the Association for the Advancement of Behavioral Therapy from 1973 to 1974.

The pathological view of homosexuality was inscribed in the Diagnostic and Statistical Manuals (DSM), the documents used across the mental health professions to identify and diagnose mental illness and other mental health conditions. From its creation in 1951 until 1973, the DSM listed “homosexuality” among its diagnoses. In the first edition, homosexuality was classified as a psychopathic *personality* disorder, reflecting the psychoanalytic belief that a gay sexual orientation was a symptom of deep-rooted issues with the personality.

Kinsey—an Exception to the Rule

Thus, when gay people began to organize in the 1950s, they faced a context in which most scientific resources sided against their efforts. According to much of the research of the day, they were sick people in need of treatment and cure—not a constituency deserving of its own rights and protections. Moreover, this field of research would only grow over time, as behavioralists would begin to develop their own forms of conversion therapy. However, the nascent movement did have one critical resource in its favor: the work of Alfred Kinsey.

Alfred Kinsey was originally a professor of Zoology. In 1948 he published “Sexual Behavior in the Human Male,” a study that documented the sexual habits of a sample of white American men. Popularly known as the Kinsey Report, the study challenged the preconception that same-sex activity was uncommon.⁶ Based on his research, Kinsey estimated that “at least 37 percent 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 2003:895). In light of these findings, Kinsey argued that society’s approach to homosexuality was fundamentally misguided. He writes:

The police force and court officials who attempt to enforce the sex laws, the clergymen and business men and every other group in the city which periodically calls for enforcement of the laws—particularly the laws against sexual “perversion”— have given a record of incidences and frequencies in the homosexual which are as high as those of the rest of the social level to which they belong. (Kinsey 2003: 898)

In this way, the Kinsey report not only demonstrated the extent of same-sex activity, but also challenged the discriminatory laws and policies that targeted gay people.

⁶ Kinsey also published a follow up study on women in 1953.

These claims reached an extensive audience, among both scholars and the general public. D'Emilio (1983: 36) reports that the Kinsey reports sold a quarter of a million copies. The reports also inspired further conversation on the subject, ranging from books on the controversy to professional symposia (D'Emilio 1983). By normalizing same-sex activity, the Kinsey report had the potential to serve as a mainstream scientific resource for the emerging gay rights movement.

However, in the short term, the Kinsey report did not necessarily make other researchers, or the general public, more sympathetic towards gay people. Both D'Emilio (1983) and Waidzunas (2015) suggest that Kinsey's work fueled concerns about the size and scope of the gay community. In government, anti-communist Senate Committee on gay people in government used the Kinsey report's finding that gay people were common to explain why it was necessary to root out gay people (D'Emilio 1983). Moreover, because Kinsey's estimates challenged the assumption that same-sex activity was rare, it may have actually encouraged and incentivized the study of conversion therapy among mainstream scholars (Waidzunas 2015). The perception that "homosexuality" was on the rise offered researchers a compelling reason to study its potential cures. Indeed, over the next two decades, researchers expressed increasing concern that homosexuality was spreading, or at least becoming more public. As the Committee on Public Health of the New York Academy of Medicine put it in a 1964 report:

There is . . . an impression that at the present time the practice of homosexuality is increasing among the population at large...Certainly, if there is not more homosexuality than in the past, it appears to be more open and obtrusive (New York Times 1964).

Although the Kinsey Report was a scientific resource for gay rights activists, it alone could not persuade researchers to support their cause. Even if researchers accepted Kinsey's findings, they did not always accept his conclusions. In particular, researchers could believe that homosexuality was more common than previously believed without believing it was "normal." In other words,

Kinsey's research could not speak for itself. Activists would need to strategically deploy this scientific resource, and cultivate new ones, in order to plead their case.

"Homosexuality" in the Media

From the 1940's through the 1960's, gay rights activists had few mainstream scientific resources. Moreover, the resources they did enjoy—such as the Kinsey Report—could also be deployed against them by conversion therapists and other opponents of gay rights.

Given the level of opposition they faced in scientific circles, it might seem surprising that activists would make removing the homosexuality diagnosis a priority. From police harassment to employment discrimination, activists had no shortage of issues from which to choose. The puzzle resolves, however, when one considers the pervasiveness of the scientific narrative in this period. The homosexuality diagnosis complemented and reinforced negative, widely held assumptions about gay people in this era. It was referenced to justify discriminatory laws and policies (Adam 1995), including the federal government's prohibition against granting citizenship to gay immigrants (Bayer 1981). In this context, many activists felt like they could not make progress on other issues without addressing the stigmatizing effects of a mental health diagnosis (D'Emilio 1983; Kunzel 2018). As Frank Kameny, a leader in the effort to remove the diagnosis, would write, "The entire homophile movement is going to stand or fall upon the question of whether homosexuality is a sickness, and upon our taking a firm stand on it" (quoted in D'Emilio 1983: 163).

One way this stigma was perpetuated was through the media. Journalists incorporated the mainstream scientific resources of the day into their accounts of gay people, bringing them to the attention of the general public. In effect, they deployed mainstream scientific resources against the early gay rights movement. This scenario likely sets this period and case apart from other social movements. Often, the science of an issue—even an issue of popular interest—may not be well known among the general public. Most people do not follow the latest developments in the

scientific literature. Thus, there may be a gap in understanding between how scientists interpret the science and what lay people know about the science. Such a gap can be exploited by activists, as when opponents of climate change legislation amplify minor inconsistencies in scientific knowledge to suggest that the science of climate change is wholly unsettled (Oreskes and Conway 2010).

If the homosexuality diagnosis had languished in the academic literature, it may not have appeared to be quite as much of an obstacle to gay rights activists. Activists may have felt free to focus on other issues. However, this was not the case for the gay rights movement. Not only did activists face a hostile scientific climate, but they also faced a hostile media environment. Media coverage of the issue tended to favor the mainstream scientific view, priming the public to view gay people as mentally ill.

In coverage of gay issues for the general public, sexual orientation was often framed as a scientific and/or legal issue, rather than a political one. Indeed, *Time* ran two articles in 1959 and 1965 on the subject in its “Medicine” section, with the latter running alongside an article on treating the common cold. By the 1960’s, such coverage was a fairly routine occurrence. Popular publications and news media suggested that there was a scientific consensus in favor of the view that “homosexuality” could be treated and cured. This view was often presented as the “modern” scientific view, one which challenged earlier assumptions about sexual orientation. A *Time Magazine* (1966) article declared that:

The once widespread view that homosexuality is caused by heredity, or by some derangement of hormones, has been generally discarded. The consensus is that it is caused psychically, through a disabling fear of the opposite sex. The origins of this fear lie in the homosexual's parents.

The experts cited in these reports tended to support the view “homosexuality” is pathological, and requires medical treatment. In 1964, the *New York Times* described the findings of a new report by

the Committee on Public Health of the New York Academy of Medicine. The report was unequivocal in its assessment of the science:

“Homosexuality is indeed an illness,” the medical committee declared. “The homosexual is an emotionally disturbed individual who has not acquired a normal capacity to develop satisfying heterosexual relationships” (Trumbull 1964).

The report emphasized that treatment—particularly psychotherapy— was the only scientifically sound approach to the issue: “Although treatment is difficult and prognosis is guarded, it can be successful and of value...Psychotherapy offers the greatest probability of benefit. There is little valid evidence that other treatment is effective” (Trumbull 1964).

Echoing the scientific literature, “homosexuality” was characterized as a function of thwarted development caused by poor parenting. Thus, people could treat and even prevent it through better parenting and therapeutic intervention. For instance, in 1964, the *New York Times* opinion pages hosted an exchange between Dr. Irving Bieber, a psychiatrist, and a certified social worker, on preventing “homosexuality.” In his op-ed, Bieber argues that “to prevent childhood homosexual symptoms from developing—or possibly even to “immunize” youngsters against them—it is necessary to consider the behavior of parents.” However, he reassured parents that they could “prevent homosexual tendencies” in their children by correcting their parenting:

Fortunately, new research indicates that homosexuality can, in many instances, be headed off during childhood and adolescence. And it is parents who are usually in the best possible position to prevent homosexual tendencies from developing in their youngsters in the first place. Few parents know how to go about this, yet science today can give them guidelines to help relieve much human misery (Bieber 1964).

Occasionally, media coverage would mention some differences of opinion among researchers. However, this coverage rarely suggested that the homosexuality diagnosis was seriously in

question. For instance, in a letter to the editor, a certified social worker questioned Bieber's piece on preventing homosexuality. Yet his response was no more favorable for gay rights activists. Rather, his concern was that Bieber's article was not compassionate enough towards the parents of gay youth:

Dr. Bieber is certainly correct in stressing that signs of homosexuality in children need quick professional attention. But the point is that the parents be treated and helped to see themselves as part of the problem. It would make it easier for them to accept such help if they realized that they are not viewed as hostile, but as troubled and confused, and as having done their best in view of their own problems (Stearn 1964).

As this exchange played out in the pages of the *New York Times*, it suggested that treatment providers might have disagreements about how to best handle the treatment of "homosexuality." At the same time, it suggests that treating and preventing "homosexuality" itself was not a controversial issue.

Likewise, a 1967 CBS documentary, "The Homosexuals," featured extensive commentary on the question of whether "homosexuality" was a mental illness.⁷ One scene captures a lecture to resident psychiatrists in which they are taught "that no man is born homosexual, that it is not genetic in origin and it is not the result of a hormone imbalance." In its narration, the documentary described the state of the science in this way:

It should be pointed out that Dr. Socarides' views are not universally held. There is a smaller group who do not consider homosexuality an illness at all. Instead, they're regarded as a deviation within the range of normalcy. But the thrust of diagnosis and treatment in recent

⁷ Notably, the film also addresses the issue from other angles in addition to the scientific one. It included commentary from psychiatrists and professors, alongside formerly gay men, law enforcement, religious figures, a judge, the writer Gore Vidal, and even a West Virginia everyman who stumbled into a protest. (He didn't like it.)

years has been mainly along the lines that Socarides details, and although the prognosis for cure is uncertain, some studies indicate that as many as one third of those who seek help eventually become heterosexual. (CBS 1967)

A 1964 issue of *Life* magazine includes perspectives from those who believed “homosexuality” did not need to be treated, such as Kinsey and Freud, alongside those who practiced conversion therapy. Nonetheless, even this account characterizes the pathological view of “homosexuality” as the view held by “most analysts, psychiatrists, and psychiatrists” (Life 1964: 78).

In this way, the experts featured by the media tended to favor the view that gay people were made, not born; thus, “homosexuality” could be prevented and cured. The only question was how best to prevent and treat “homosexuality.” Although these sources sometimes acknowledge alternative views of sexual orientation, they tended to frame the science as essentially settled. For the average consumer of mainstream media, science had spoken, and it had spoken in favor of conversion therapy.

In most of this coverage, the views of gay people themselves were an afterthought. The views of the gay community, if addressed, were only mentioned in passing, and activists themselves were rarely quoted. Yet even when the perspectives of gay activists were included in media coverage, they could be juxtaposed with experts challenging their claims. Indeed, a 1963 *New York Times* article emphasizes that the science contradicts the claims of gay people themselves:

the old idea, assiduously propagated by homosexuals, that homosexuality is an inborn, incurable disease, has been exploded by modern psychiatry, in the opinion of many experts. It can be both prevented and cured, these experts say (Doty 1963).

The article further suggests that the gay rights *movement* is based on faulty science

Two conflicting viewpoints converge today to overcome the silence and promote public discussion. The first is the organized homophile movement—a minority of militant homosexuals that is openly agitating for removal of legal, cultural, and social discriminations against sexual inverts. Fundamental to this aim is the concept that homosexuality is an incurable, congenital disorder (this is disputed by the bulk of scientific evidence) ...

This view is challenged by the second group, the analytical psychiatrists, who advocate an end to what it calls a head-in-sand approach to homosexuality. They have what they consider to be overwhelming evidence that homosexuals are created—generally by ill-adjusted parents—not born (Doty 1963).

In other words, the conflict over gay rights is framed as a dispute between gay activists and scientific experts. It is a battle in which gay activists are on the losing side; in the journalist's words, their science claims are “disputed by the bulk of scientific evidence” (Doty 1963).

In light of this coverage, the average person would have little reason to believe that gay people were anything *but* disordered. The media was reporting both that gay people were mentally ill and that the gay rights movement was based on unsupported, unscientific claims. Thus, activists sought a way to prove that their claims were, in fact, scientific. To achieve this end, they would need to construct new mainstream scientific resources of their own: resources that could convince scientists and the public alike.

CULTIVATING SCIENTIFIC RESOURCES

In this unpromising climate, the homophile movement—the precursor to the gay rights movement—emerged in the United States. Despite their lack of mainstream scientific resources, the homophiles did not surrender the science to their opponents. Instead, activists cultivated their own mainstream scientific resources in three steps. First, they built relationships with sympathetic

researchers. Second, they developed a scientific critique of the existing scientific literature. Finally, they coordinated and participated in mainstream research studies which, when published, would help their critique to reach an expert audience.

The homophile movement first emerged in the United States in the 1950s. In 1950, the Mattachine Society was founded as the first sustained homophile association, with a membership primarily composed of gay men. A few years later, in 1955, the Daughters of Bilitis was formed to represent lesbians. For the homophile movement, changing how straight society perceived homosexuality was critical to improving life for gay people. Activists challenged the idea that gay people were deviant, sex-obsessed, or insane by emphasizing the respectability and ordinariness of gay people (Adam 1995). By cultivating a respectable public image, homophile activists believed they could challenge the view that gay people were dysfunctional or mentally ill (Bayer 1981).

Because homosexuality was so stigmatized, homophile activists felt they were not credible spokespeople for their own cause (D'Emilio 1983). As Kenneth Burns, a leader in the movement, explained:

We felt we had to work through people...who could better represent what [homosexuality] was all about—better than ourselves...[We made] a definite decision that by working through research projects and people in education and religion that we would get acceptance (quoted in D'Emilio 1983: 83).

This impulse may have been exacerbated by internalized homophobia. Homophile activists were not immune to the anti-gay messages that proliferated in society, including the scientific discourse that saw “homosexuality” as a sign of mental instability. In the early years of the movement, some members were sympathetic to the pathological view of “homosexuality” and curious about what had caused their “disorder” (Bayer 1981; Murray 2014).

To achieve this end, they sought out relationships with respected, middle-class professionals in a variety of fields. Activists invited professionals to attend sessions and give talks to members of the Mattachine Society and Daughters of Bilitis. For instance, the Mattachine Society and Daughters of Bilitis invited psychiatrists to speak about the causes of homosexuality at their group meetings, including psychiatrists who believed they should seek treatment (Adam 1995; Bayer 1981). Homophile activists may also have forged some of these relationships through their efforts to connect the gay community with needed services. The Mattachine Society, for instance, screened lawyers, therapists, and other professionals to identify those willing to provide services to gay clients (Meeker 2001). To be recommended by the Mattachine Society, professionals went through a careful screening process, which included both professional experience *and* belief in “sexual equality for the variant” (Meeker 2001: 93-94). Over time, professionals began to reach out directly to gay organizations. Employees of mental hospitals, for instance, sought the assistance of the Society to help formerly institutionalized gay people to return to normal life upon their release (Meeker 2001).

Leaders of the Mattachine Society and Daughters of Bilitis believed that relationships with professional *scientists* were especially crucial to the movement’s success. Members of the Mattachine Society, for instance, assumed that research into the subject of homosexuality would demonstrate that gay people were not intentionally choosing to engage in immoral behavior (Bayer 1981). As a result, homophile leaders emphasized the need for credible scientific research into the subject, and sought to facilitate this research however they could. Indeed, a document discussing the mission of the Mattachine Society proclaimed that “Mattachine’s greatest and most meaningful contribution... will consist of aiding established and recognized scientists, clinics, research organizations, and institutions...studying sex variation problems” (D’Emilio 1983: 81).

Notably, the Mattachine Society experienced a major shift in its leadership in 1953, in which a more radical, Communist group was voted out in favor of a more conservative, anti-Communist

group (Adam 1995; Bayer 1981; D’Emilio 1983). Accounts of the early Mattachine Society tend to highlight the differences between these factions (for instance, see Adam 1995; Bayer 1981; D’Emilio 1983). Still, both the old guard and new shared an interest in connecting with scholarly researchers. Indeed, the Mattachine Society began its outreach to scientists under the original, Communist-inspired leadership (Meeker 2001). Whatever their other political views, these early homophile leaders shared the belief that engaging scientists was crucial.

To this end, homophile organizations sought to connect with and support researchers interested in studying sexual orientation. The Mattachine Society organized meetings with local professors, put up flyers near psychology departments, and invited researchers—including conversion therapists—to speak at their meetings (Bayer 1981; D’Emilio 1983). The Daughters of Bilitis had a designated research director, Florence Conrad, who would respond to the inquiries of researchers. While the homophile organizations were better known for cooperating with researchers, they would occasionally push back on their research ideas. In his dissertation, one sociologist would complain of his correspondence with Conrad:

politely but adamantly the writer was informed that the "girls" were thoroughly tired of questionnaires investigating the causes of homosexuality...Other correspondence from the Daughters of Bilitis stressed that behavioral science research should concentrate less on the causation of homosexuality and more on the current functioning of homosexuals (Poole 1970: 77-78).

Critically, these organizations offered to connect researchers to gay research participants (Bayer 1981; D’Emilio 1983). This was a generous offer. In a period where gay people were seen as mentally unwell, many were cautious of participating in psychiatric research studies. Most studies drew from current psychiatric patients, or relied on captive audiences such as prison populations. Thus, when one researcher proposed studying “normal male homosexuals” in a grant application to

the National Institute of Mental Health, one psychiatrist replied, “What do you think you are doing? There is no such person.” Another reader remarked, “I have never seen such persons, but I sure would like to” (Hooker 1992).

Eventually, several researchers would take the homophile associations up on this offer, including Alfred Kinsey, and other researchers affiliated with the Kinsey Institute of Sexuality (Meeker 2001). However, the first to accept was Dr. Evelyn Hooker, an instructor and researcher at the University of California, Los Angeles (D’Emilio 1983).

Of these collaborations, perhaps the most important and impactful was with Hooker. In the 1940’s, Hooker was invited to dinner by one of her former graduate students at UCLA. This student was a gay man and member of the Mattachine Society (Bayer 1981). He began to introduce Hooker to his partner and friends, and invited her to gay bars. Recognizing that she did not disapprove of his sexual orientation, he encouraged her to pursue research into the subject of homosexuality, calling it her “scientific duty” (Humphreys 1978). Hooker was reluctant, as she had not conducted research related to sexual orientation prior to this invitation (Humphreys 1978). However, she had a keen interest in social justice, which she attributed to her impoverished upbringing, her observations of labor activism, and her experiences visiting Fascist Germany (Humphreys 1978).

Hooker developed a critique of the academic literature on scientific grounds. First, she emphasized that previous studies of gay men sampled from groups that were more likely to have mental health issues than the general population. Because gay men were unlikely to make their sexuality public, researchers frequently recruited participants who had sought mental health treatment—either for their sexual orientation or other complaints.⁸ Hooker argued that sampling patients all but guaranteed that the sample would show signs of mental illness. Another common

⁸ At times, a patient who sought help for one complaint would receive treatment for the other. For instance, *Voyage to Lesbos* documents the conversion therapy of a patient who sought treatment for her insomnia, not her sexual orientation. After four years, she still couldn’t sleep—but she was dating men.

sampling strategy was to study inmates in prisons; she critiqued these studies on similar grounds. If researchers hoped to develop personality tests that would capture the pathologies unique to gay men—as an entire body of literature sought to do—then Hooker argued that they would need to study “normal” gay men, men who were otherwise comparable to their straight counterparts.

Second, she drew attention to gaps in the evidence for psychoanalytic theories of sexual orientation. In a 1959 paper, Hooker raises concerns about the ability of personality tests to actually measure sexual orientation. In a 1958 review of the conversion therapy account *Voyage from Lesbos*, she challenges a psychoanalytic case study:

For the reader who does not take psychoanalytic constructs as self-evident truths, the interpretations leave much to be desired. That the analyst has thoroughly indoctrinated the analysand with his theory is evident in the ease with which such terms as *Oedipus complex* and *penis envy* are used by both. This reviewer’s patience was sorely tried by the frequent gaps between evidence and explanation (Hooker 1958).⁹

In essence, Hooker felt that psychoanalytic theories lacked supporting evidence for their claims about sexual orientation. Not only had the tests to prove these theories failed to achieve clear results, but case studies were muddied by the psychoanalyst’s own interpretations.

Thus, Hooker’s research sought to investigate whether there was empirical evidence for the belief that “homosexuality” was a pathological personality trait. Her study design matched 60 straight and gay men based on education, IQ, age, race, and other variables (Hooker 1957; 1958a).¹⁰ With the assistance of the Mattachine Society, she was able to locate gay men who were not gay activists but had also not previously sought mental health treatment (Bayer 1981; Humphreys

⁹ To give a sense of the tone, the review is titled “Still Some Doubt in Lesbos.”

¹⁰ Hooker even matched men based on whether they had ever “experimented”; gay men who had previously slept with women were matched with straight men who had previously slept with men.

1978). Critically, she asked two psychiatrists to review the results of a Rorschach test for each man, then attempt to determine who was gay and who was straight. She found that they could not guess at a rate better than random chance, and usually disagreed with one another; when they did guess correctly, they often relied on cues unrelated to the personality tests such as the style of the men's language and the way they dressed (Hooker 1957; 1958a).

Through this body of work, Hooker established a critique of the existing academic literature on scientific grounds. She argued that previous studies had used populations likely to have other mental health issues unrelated to sexual orientation, such as patients who sought out psychoanalysis and prison inmates. In other words, their sampling process was skewed towards those with mental illness, not the "average" gay person. Based on these skewed samples, they were falsely assuming that sexual orientation was correlated with mental illness. However, when "normal" people were studied, Hooker argued, personality tests did not work because gay people did not have inherently pathological personalities.

This body of work had some influence. Hooker became recognized as a researcher on sexuality by peers. She was invited to write reviews of research about sexual orientation, such as the conversion therapy study *Journey to Lesbos* (Robertiello 1959). Her research was funded by the National Institute of Mental Health. When the NIMH created a task force to review the research on homosexuality in the 1960's, she was appointed its chair.

This 1969 Task Force report provided activists with an additional scientific resource. The report encouraged additional research into sexual orientation along the lines of Hooker's research, with an emphasis on researching "individuals who do not come into contact with medical, legal or other social control or treatment sources and who therefore have been least studied" (National Institute of Mental Health 1969: 8). However, in addition to outlining additional research about gay people, it also shifted focus to the straight world's treatment of gay people. It encouraged research

into the treatment of gay people by the police and courts, noting that “we know relatively little about their actual operation or effects. There is evidence to indicate that entrapment is not uncommon, that existing laws are selectively enforced and that serious injustice often results” (National Institute of Mental Health 1969: 9). Similarly, it encouraged research into the consequences of negative portrayals of gay people in the media and the impact of discriminatory employment practice on gay people. Most critically, the report treated “homosexuality” as part of the spectrum of human sexuality, rather than a unique pathology; indeed, the report remarks that “It is the consensus of this Task Force that for the development of a meaningful program it is essential that the study of homosexuality be placed, within the context of the study of the broad range of sexuality, both normal and deviant” (National Institute of Mental Health 1969: 6).

Most of these arguments received little press coverage at the time. However, this shift in thinking—away from the causes of sexual orientation and towards the impact of social attitudes towards sexual orientation—would lay the foundation for activists’ science claims.

Although Hooker’s work received some public attention, it was generally mentioned with some reservations. *Life* magazine (1964: 79), for instance, described her work but explained that it “might only prove that personality tests are unreliable, as many scientists suspect, or it may indicate that homosexuals can be just as healthy as anyone else.” Nor was her work taken to prove that “homosexuality” was not pathological. When conversion therapists addressed her results, they tended to be dismissive. Irving Bieber, for instance, characterizes her work as an outlier. He writes:

The findings of several other studies, which will be reported in Chapter II, are not in accord with those of Hooker....All *psychoanalytic* studies assume that adult homosexuality is psychopathologic and assign differing weights to constitutional and experiential determinants. All agree that the experiential determinants are in the main rooted in childhood and are primarily related to the family” (Bieber et al 1964:18).

However, the field may have responded to her work in another way. Waidzunus (2015) suggests that the reclassification of homosexuality as a sexual disturbance, rather than a personality disorder, in the second addition of the Diagnostic and Statistical Manuals may have been a response to Hooker's findings. This change meant that "homosexuality" was still a mental illness, but did not necessarily come with a pathological personality. In other words, the revised diagnosis accommodated Hooker's findings without undermining the view that "homosexuality" was a disorder. Ultimately, nearly two decades would pass before her work would be interpreted as evidence that homosexuality should not be listed in the Diagnostic and Statistical Manuals.

In this way, the gay rights movement cultivated its own mainstream scientific resources. These resources helped the activists gain some attention for their science claims. However, research alone was not enough to change the homosexuality diagnosis, or the perception that there was a scientific consensus in favor of conversion therapy. To that end, activists would need to find ways to activate and deploy the new science.

GAY RIGHTS ACTIVISTS TAKE ON THE SCIENCE

By the late 1960's, homophile activists had successfully cultivated new mainstream scientific resources to support their claims. However, in spite of compelling research that challenged the "homosexuality" diagnosis, there was little movement on the issue within the scientific community. A second edition of the DSM, published in 1968, still included "homosexuality" among its listings, only moved to a new diagnostic category. Therapists continued to practice conversion therapy, and researchers continued to present new studies in both academic and public settings.

Meanwhile, a new, more defiant attitude towards psychiatry and other scientific experts began to take hold in gay circles. From the 1950s to the mid-1960s, homophile initiatives had privileged strategic cooperation with scientific researchers, believing that they could best represent the movement to the public (D'Emilio 1983). In contrast, a new generation of activists emphasized

the dignity and self-determination of gay people. “Gay liberation” began to replace the homophile movement. Activist Frank Kameny captured this mood when he claimed that:

Increasingly, homosexuals are becoming impatient with the place of their traditional role as that of a mere passive, silent battlefield, across which conflicting “authorities” parade and fight out their questionable views, prejudices, and theories...Homosexuality is...something around which the homosexual can and should build part of a rewarding and productive life and something he can and should enjoy to its fullest (quoted in Adam 1995: 77).

Activists enacted this impulse in two distinct ways. One approach rejected psychiatry outright. Rather than fight science with science, activists in this stream drew attention to the ways in which psychiatry served as a system of social control, and/or cultivated alternatives to psychiatric therapy. Another stream believed that ignoring existing psychiatric labels was not an option. Frustrated by the stubborn persistence of conversion therapy research within the mental health professions, this stream sought to deploy the mainstream scientific resources cultivated over the past two decades to end the homosexuality diagnosis.

Fighting Science with Science

Within the movement, homophile activists had long discussed and debated research into sexual orientation. The very first issue of the *Mattachine Review*, the Mattachine Society’s journal, featured a write-up of Evelyn Hooker’s work (Bayer 1981: 73-4). The pages of the *Mattachine Review* and *The Ladder*, the journal of the Daughters of Bilitis, included both discussions of research and letters challenging the researchers on their claims (Adam 1995; Bayer 1981; D’Emilio 1983). Researchers, both supportive and opposed to the “homosexuality” diagnosis, had also been invited to present their work directly at meetings of the Mattachine Society and Daughters of Bilitis (Adam 1995; Bayer 1981; D’Emilio 1983). Still, these were largely internal debates, not public claims to support broader political objectives.

However, as an interest in “gay liberation” took hold, the homophile movement began to fracture. The more conservative older guard believed that the movement should stick to supporting the work of experts behind the scenes. In contrast, a new leadership argued that it was possible and even desirable for gay people to publicly represent themselves (D’Emilio 1983). Frank Kameny, the leader of the Washington D.C. chapter of the Mattachine Society, was a leader in this regard. Barbara Gittings, former editor of the Daughters of Bilitis’ publication, *The Ladder*, was another. Kameny and Gittings would become leaders in the campaign to delist the homosexuality diagnosis. While Kameny and Gittings believed that gay people should be more assertive, they did not want to dismantle the institution of psychiatry or challenge the value of scientific institutions. Indeed, Kameny himself had a doctorate in astronomy, and had worked for the federal government until he was fired for his sexual orientation (Bayer 1981; D’Emilio 1983). Ultimately, Kameny and Gittings saw psychiatry as a potential ally in the struggle for gay rights (Lewis 2016). Once psychiatrists had abandoned the homosexuality diagnosis, they could help to undue the stigma that the designation had caused.

By the early 1970s, activists who began their work in homophile organizations were raising their concerns about the science to the public. Like Hooker, they drew attention to sampling issues and other methodological concerns, suggesting that conversion therapy research was not properly scientific. However, they also critiqued the role that psychiatry had played in stigmatizing homosexuality. Psychiatry, they argued, created mental health challenges for gay people, both because it told gay people they were broken and because their attitude gave permission to employers and others to discriminate against them. As one activist put it: “You’re making us sick!” (Bayer 1981)

Thus, when these activists challenged the homosexuality diagnosis publicly, they tended to highlight dissent within the mental health professions. By identifying two factions in the conflict, they sought to unsettle the perception that the “homosexuality” diagnosis was a matter of scientific

consensus. Nancy Clark, secretary of the Mattachine Society of Brooklyn, wrote a 1971 letter to the editor in the New York Times. Run with the headline “Are Lesbians Sick?”, Clark challenged the idea that there was a scientific consensus in favor of conversion therapy:

Judy Klemesrud still manages to imply that lesbians are sick...she tells her readers that “the medical profession still largely maintains the ‘sick theory’ regarding homosexuality”—but that, of course, depends on what members of the medical profession one talks to (Clark 1971).

In this way, Clark draws attention to the existence of mainstream researchers who do not support the pathological view of homosexuality. As evidence of her claim, Clark (1971) cites Kinsey, Hooker, and the National Institute of Mental Health Task Force report discussed above as evidence that Klemesrud was ill-informed about the state of the science. In other words, Clark deploys the movement’s new mainstream scientific resources to challenge the science claims of conversion therapy advocates.

Still, writing op-eds would not be sufficient to achieve the movement’s goals. Although these claims were beginning to circulate in the 1970s, only the mainstream professional associations themselves could remove the diagnosis. If they wanted these associations to take action, activists would need to convince them that re-examining the evidence was not only necessary, but urgent.

Anti-Psychiatry and Gay Rights Activism

While some activists pursued the acceptance of psychiatrists, others challenged the legitimacy of psychiatry as an institution. These activists adopted a more confrontational posture towards the science, choosing to challenge the mainstream scientific institutions rather than persuade them to change their stance.

Activists in this camp were inspired by the larger anti-psychiatry movement of the era. The ideas of former psychiatrist Thomas Szasz were influential in this regard (Lewis 2016). Szasz argued that psychiatry essentially functioned as an agent of social control, serving the interests of the powerful within society. Diagnoses, in particular, were suspect; their criteria were arbitrary and lacked any biomedical basis (Wilson 1993). Indeed, an interview with Szasz would be featured in gay publication, *The Advocate*, a few years after the delisting of the homosexuality diagnosis (Lewis 2016).

Like those in the reformist camp, these activists argued that gay people were the experts on gay life. Some lesbians, for instance, developed alternatives to conventional therapy for people struggling with their sexual orientation (Murray 2014). These figures challenged the views of conventional psychiatrists. In a letter, one of these therapists wrote of a conversion therapist: "He is a stupid ass. His research is full of holes. He is also a menace to society...I know hundreds of 'Dr.'s,' and most of them are stupid" (quoted in Murray 2014: 116).

Unlike the reformers, they saw engaging with psychiatric authorities as a waste of time. As one member of the Furies, a lesbian separatist group, explained: "More traditional groups take a defensive position: 'lesbians are not sick or perverted. We are as good citizens as you are.'... [Reformers] spend a good deal of time refuting the homosexuality-as-sickness arguments" (quoted in Lewis 2016: 103).

Notably, gay rights activists worked to promote mainstream scientific research. They did not create or deploy *alternative* scientific resources at this time, even though their opponents would later use this strategy to great effect. Two factors may help explain this decision. First, alternative resources often rely on "signifiers" of science (Cross 2004) for their credibility, such as the creation of alternative associations to publish and disseminate these resources. However, this

strategy was in its infancy by the end of this period; changes in political organizing tactics and campaign finance would incentivize the creation of new organizations in the 1970s.

Second, gay rights activists faced a hostile social and political climate. The ideas of mainstream science complimented widely held beliefs. Thus, to use alternative resources effectively, activists would have needed to persuade audiences to discount what mainstream scientific institutions said, to accept that their claims were *more* scientific than these institutions, and to set aside what they already believed—a tall order. As resources to challenge mainstream science itself began to emerge, some activists were drawn towards a more confrontational approach. Still, these activists did not argue that their views were more scientific than those of mainstream institutions; rather, they openly challenged the legitimacy of those institutions in favor of a different, more experiential, form of truth.

These activists would continue to pursue their own initiatives before, during, and after the campaign to delist the “homosexuality” diagnosis (Lewis 2016). However, disputes over how to relate to scientific experts would also prove challenging in this camp. In New York, a group of activists split from the Gay Liberation Front, a gay liberation organization, over how to approach the APA (Lewis 2016). Known as the Gay Activists Alliance, they would join forces with Gittings and Kameny in the campaign to remove the homosexuality diagnosis.

Challenging the Homosexuality Diagnosis

These two contingents varied in their attitude towards psychiatric authority. While one camp hoped to dismantle the institution of psychiatry, another hoped to enlist mental health professionals as allies in the struggle for equal rights. Despite their differences, however, activists tended to agree on one point: the time had come to confront psychiatry outright.

In 1970, activists initiated a series of campaigns to challenge the major professional associations on the issues of homosexuality and conversion therapy. Publicly, activists in both

camps disrupted the conferences held the major professional associations, making it increasingly uncomfortable to be a conversion therapy advocate. Privately, activists who sought greater cooperation with the mental health professions built relationships with key decisionmakers. These relationships served two purposes. First, they provided activists with the opportunity to deploy their scientific resources directly in front of scientific audiences. Second, they allowed activists to present themselves—their own competency and ordinariness—as evidence that the homosexuality diagnosis was unwarranted.

The campaign brought together activists from several activist groups, ranging from the more reformist camp to the more confrontational. Activists joined forces to disrupt the proceedings of each of the annual meetings of the American Psychiatric Association from 1970 to 1973. Activists interrupted and heckled conversion therapy lectures, deriding their practices as torture (Bayer 1981; D’Emilio 1983). Activists also disrupted commerce at these sessions by physically surrounding and blocking stalls that sold products to be used in conversion therapy (Bayer 1981).

This series of direct confrontations came at a critical moment for psychiatry as a discipline. The discipline had already been facing challenges from Szasz and other anti-psychiatrists. As Wilson (1993:402-3) observes, the field’s financial resources shrunk considerably from the 1960s to the 1970s. Both federal research funding and reimbursement rates from health insurance companies were on the decline, in part because these institutions viewed psychiatry as a “bottomless pit,” churning through funding without clear standards for assessment. The combination of social critique and loss of funding made the status quo untenable for the major professional associations, and psychiatrists began to look for ways to reform the process of diagnosis (Wilson 1993).

Activists seized on this opening to push for an audience within the American Psychiatric Association. In response to protests in 1970, the APA agreed to allow activists to organize a panel at

the following year's conference (Bayer 1981). In 1971 and 1972, activists organized panels to discuss the research into sexual orientation, as well as the harm caused by the "homosexuality" diagnosis. During one panel, Gittings and Kameny enlisted a closeted gay psychiatrist to speak in full theatrical disguise. "Dr. Anonymous" explained how he had been forced to hide his sexual orientation in order to continue his practice. These meetings served two purposes. First, they allowed activists to provide scientific evidence to support their claims of being mentally well. Indeed, even the name of one of the panels—"Life-styles of Non-Patient Homosexuals"—is a nod to the work begun by Evelyn Hooker. Second, they demonstrated that gay people were not necessarily dysfunctional; gay people were living normal lives, including as psychiatrists.

In particular, activists focused on persuading Robert Spitzer to support their claims. As a member of the nomenclature committee, the group responsible for assessing the criteria for a mental disorder, Spitzer was in a strategic position to propose changes to the language of the Diagnostic and Statistical Manuals (Bayer 1981; Drescher 2015). Spitzer already believed that the criteria used in the DSM were fuzzy and in need of greater clarification (Waidzunus 2015). He was particularly interested in the claim that "homosexuality" did not meet the criteria of a psychiatric diagnosis. Thus, his professional interests aligned with the interests of the gay rights movement. In addition to their scientific arguments about the diagnosis, activists introduced Spitzer to a gathering of closeted gay psychiatrists known as the "Gay-PA" (This American Life 2002). Spitzer's exposure to more recent research into sexuality, as well as his interactions with gay people, offered further evidence that gay people could be highly functional in spite of the claims of psychoanalytic theory (Bayer 1981).

Spitzer became an ally to the campaign. He offered Charles Silverstein of the Gay Activists Alliance the opportunity to speak in front of the APA's nomenclature committee in 1973 (Bayer 1981). In his remarks, Silverstein was able to introduce members to the movement's scientific resources, such as the work of Hooker and Kinsey (Bayer 1981).

In the American Association of Behavioral Therapists, a similar process unfolded. Activists disrupted the proceedings, while also sharing scientific resources with open-minded researchers. After one lecture, activist Charles Silverstein approached incoming AABT president Gerald Davison (Radiolab 2018a). As noted above, Gerald Davison was a conversion therapy researcher; he had become widely known for his creation of “Playboy therapy.” However, Silverstein encouraged Davison to attend his lecture, in which he challenged the premise of conversion therapy on ethical grounds. In particular, Silverstein emphasized that gay people could not meaningfully consent to conversion therapy, because they lived in a society that made existence as gay people virtually impossible; thus, all conversion therapy began with a level of coercion. Therapists contributed to this state of affairs by perpetuating the idea that gay people were mentally ill, and with it, the stigma that gay people faced. This discussion proved pivotal. Davison ultimately came to agree with Silverstein’s assessment, and used his speech as president of the AABT to announce his new opposition to conversion therapy. His remarks quoted Silverstein verbatim (Radiolab 2018a). In this way, activists were able to use relationships with decisionmakers to bring their science claims to the forefront of discussion. Once these opportunities were created, activists could deploy their new scientific resources to support their science claims.

Ultimately, these efforts culminated in the removal of the “homosexuality” diagnosis from the DSM in 1973. The American Psychological Association and American Association of Behavioral Therapists would follow suit in 1975. Still, it was not a complete victory. Although “homosexuality” was no longer listed in the DSM, the mental health professions had not taken a firm stance against conversion therapy itself. In fact, the APA had brokered a “compromise” that allowed conversion therapists to continue their work with patients who were distressed by their sexual orientation (Bayer 1981; Drescher 2015). Moreover, as gay rights activists shifted to other priorities, they would find that this body of research had a tendency to reemerge at critical moments. They would need to contend with the legacy of the homosexuality diagnosis in the years to come.

CONCLUSION

When the Mattachine Society first formed in 1950, it hardly seemed like an auspicious time to begin a campaign for gay rights. With the exception of Kinsey, mainstream scientific researchers largely saw gay people as suffering from a mental disorder: one which should be treated in the shadows, not rewarded with rights. Nor were these claims restricted to the pages of scientific journals. Conversion therapists actively disseminated the scientific view in the popular media, through interviews, op-eds, and other comments to the press. In short, gay people were being targeted on scientific grounds—and lacked the scientific resources to defend themselves. Nonetheless, gay rights activists did not have to cede the science to their detractors. Rather, over two decades, they successfully cultivated new mainstream scientific resources.

Activists developed mainstream resources by forming relationships with scientific researchers. First, they identified open-minded researchers willing to hear their perspective and collaborate on future research. Put differently, they found openings in the “intellectual opportunity structure” of science, in the form of researchers who would be receptive to their science claims (Waidzunas 2015). Second, with the help of these researchers, they learned how to frame their views using scientific language, demonstrating what Epstein (1998) calls “lay expertise.”

Cultivating mainstream scientific resources was not enough to achieve their goals, even in a scientific venue. Scientists did not immediately act on these new scientific resources; over a decade passed before the APA even considered the science claims of gay rights activists. Rather, gay rights activists had to activate and deploy their new scientific resources. Through a mix of direct action and private outreach, activists successfully persuaded the American Psychiatric Association to remove the “homosexuality” diagnosis from the Diagnostic and Statistical Manuals.

Not everyone in the gay community agreed with this approach. Many adopted a more critical posture towards the psychiatric establishment, preferring to reject science rather than claim

it for themselves (Lewis 2016). Yet by and large, gay rights activists did not develop or deploy alternative scientific resources to support their claims, in part because the hostility of the larger society towards them made this strategy unattractive.

The APA's decision to end the diagnosis was an important early victory for the gay rights movement. Still, this decision did not resolve the question of conversion therapy—either politically or scientifically. In the next chapter, I examine how activists on both sides of the debate responded to the removal of the “homosexuality” diagnosis.

CHAPTER 2: SICK NO MORE? DEPLOYING SCIENTIFIC RESOURCES IN THE AFTERMATH OF THE HOMOSEXUALITY DIAGNOSIS

In 1973, the gay rights movement won a substantial victory in the fight over conversion therapy. The American Psychiatric Association no longer listed “homosexuality” as a mental illness in its Diagnostic and Statistical Manual (DSM). Moreover, APA officials announced the decision in a highly public and visible way, with a press conference and resolution opposing discrimination against gay people and anti-sodomy laws (Bayer 1981). No longer could opponents—from the Church to the police to the federal government—point to the DSM as justification for discriminatory policies and practices. As a *Washington Post* headline declared, gay people were “Sick No More” (Cohn 1973).

The APA’s decision shifted the distribution of mainstream scientific resources away from opponents of gay rights and towards the gay rights movement. In their efforts to challenge the “homosexuality” diagnosis, activists had begun to cultivate new scientific resources: experts, studies, and reports that undermined the pathological view of gay people. Now, activists could also cite the APA’s decision to remove the diagnosis, as well as its opposition to anti-gay discrimination, as evidence that “science” was on their side. They could, and would, begin to deploy the science to challenge antigay discrimination.

The APA’s decision did not, however, settle the question of the scientific legitimacy of conversion therapy—namely, whether conversion therapy was effective, and whether it was appropriate for licensed professionals to conduct it. While some headlines suggested unequivocal victory for the gay rights movement, reality was murkier. The APA *had* deleted the “homosexuality” diagnosis from the latest version of the DSM. However, it had not proclaimed that homosexuality was just as acceptable as heterosexuality. The APA’s resolution on the issue declined to describe homosexuality as a “normal” variant of human sexuality, striking out the word at the last minute

(Cohn 1973). Even Robert Spitzer, often hailed as the architect of the APA's decision, believed that it would be preferable if gay people could become straight (Waidzunus 2015).

Nor did the APA take a firm stance against conversion therapy. When the APA issued the revised edition of the DSM, it included a new diagnosis to replace "homosexuality." This new diagnosis legitimized continued efforts to cure sexual orientation. The name of this diagnosis would vary over the years, from "sexual orientation disturbance" to "ego-dystonic homosexuality." Regardless of its name, it applied to gay people who were unhappy with their sexual orientation (Drescher 2015). As Spitzer explained:

The category sexual orientation disturbance was designed for those homosexuals who were in conflict with their homosexuality. Some of them may wish treatment. Some of them may wish to become heterosexual, some of them may wish to learn to live with their homosexuality and to get rid of the guilt feelings that they may have about it (New York Times 1973).

Most people pursuing conversion therapy would presumably be unhappy with their sexual orientation. Thus, the new diagnosis ensured that conversion therapists could continue their practices with little incident. Similar diagnoses would remain in the DSM until 1989—and gender identity disorder, a diagnosis referring to incongruence between one's sex and gendered behavior, was applied to gay and transgender youth alike well into the 1990's (Drescher 2010; see also Sullivan 2017).

In this sense, the 1973 decision did not settle the science in favor of gay people. Rather, it merely *unsettled* the previously dominant view that homosexuality was a mental disorder. By disrupting the assumption that homosexuality was a mental disorder, the APA created an opening for new science claims and new challenges to the science on *both* sides of the issue.

In this chapter, I examine this period of contention over the meaning of the science, stretching from 1973 to 2009. I consider how activists make science claims in an ambiguous and unsettled scientific context. How did opponents of gay rights respond to the perception that they had “lost” the science? What new opportunities were created by changes in the scientific context—for activists who gained new resources, and for those who lost them? And what conditions encouraged activists to lean in to science claims?

I begin by explaining how gay rights activists sought to deploy their new scientific resources, and the challenges they faced in an unsettled scientific context. I then turn my attention to those who stood to lose from the APA’s decision—opponents of gay rights—and how they adapted to the changing scientific context. I trace the responses of three camps: religious conservatives, mental health professionals who maintained the previous view of homosexuality as a disorder, and the Christian Right. Although these camps were distinct groups at the start of this period, they would essentially merge by the 1990s. The result was a coalition with the scientific credentials to legitimize conversion therapy, the stories to create interest in the science, and the organizational and material resources to deploy the science effectively.

I suggest that gay rights activists struggled to fully deploy their scientific resources in a hostile social and political context. However, as they continued to accumulate scientific resources, they would find further success within mainstream scientific institutions. Meanwhile, I find that opponents of gay rights responded to the loss of scientific resources by cultivating their own scientific resources. Like gay rights activists in the previous chapter, opponents of gay rights identified sympathetic researchers, participated in their research, and promoted their studies. Unlike their opponents, however, they did not need to develop these resources from scratch. There was already a pool of experts who shared their views, a body of scientific research that claimed to demonstrate the effectiveness of conversion therapy, and a theoretical framework to rationalize the psychoanalytic approach to sexual orientation. Still, as these resources became increasingly fringe

within their fields, activists needed to defend the scientific legitimacy of their claims. They would increasingly rely on *alternative* scientific resources, such as conservative Christian think tanks and breakaway professional associations, to do so.

I begin by discussing the gay rights movement in the aftermath of the APA decision. Then, I turn my attention to the opponents of gay rights. First, I show how the decision impacted professional conversion therapists, and other experts who opposed gay rights. I suggest that in the long term, the DSM decision incentivized new partnerships between activists and experts. Second, I illustrate how the science of conversion therapy in general, and the DSM decision in particular, helped to lay the foundation for a new “ex-gay” movement. Third, I examine the evolution of the Christian Right’s relationship with science over time. I note that the Christian Right began to incorporate science claims into their arguments against gay rights, in part as an effort to improve public perception of their position. Finally, I explain how this new coalition attempted to push the science back in the 2000’s. Although they experienced some successes, this period would ultimately set the stage for gay rights activists to push for conversion therapy bans in 2012.

THE GAY RIGHTS MOVEMENT AFTER 1973

The American Psychiatric Association’s public declaration that “homosexuality” was not a mental disorder offered gay rights activists a potent new resource in their struggle for equal rights. Gay rights activists could now plausibly claim that the APA had found them to be sane, undercutting the justifications for discriminatory policies of the era. Indeed, leaders of the campaign to remove the diagnosis publicly celebrated the decision as a victory for the movement with far-reaching repercussions for all aspects of gay life. In the *New York Times*, the National Gay Task Force (NGTF) proclaimed it “the greatest gay victory...The diagnosis of homosexuality as an illness has been the cornerstone of oppression for a tenth of our population...It has been used as a tool of discrimination in the private sector, and in the civil service, military, Immigration and Naturalization Service,

health services, adoption and child custody courts” (Lyons 1973). In the *Washington Post*, NGTF communications head Ronald Gold put it more succinctly: “We’ve won” (Cohn 1973).

Privately, many of these activists recognized that the scope of the decision was narrower than they had hoped (Bayer 1981). The APA had declined to declare homosexuality a “normal” variant of human sexuality, and had noted that people could still pursue conversion therapy with a diagnosis of “sexual orientation disturbance” (Cohn 1973). Nonetheless, in their private correspondence, these activists determined that further fighting the decision would only hurt their cause. Headlines characterized the APA’s decision as a reversal of its former stance; by challenging the APA further, activists would only publicize the limits of the APA’s decision, and might even create the perception that the APA was reversing itself again (Bayer 1981). This instinct may well have been correct. Less than two weeks after announcing the APA’s decision, the *New York Times* (1973) published a follow up piece featuring conversion therapist Irving Bieber. The headline read: “The A.P.A. Ruling on Homosexuality: The Issue is Subtle, The Debate is Still On.”

Notably, there had been tensions within the movement about the role that scientific authorities should play well before the APA’s decision. Activists such as Frank Kameny, Barbara Gittings, and Charles Silverstein believed that challenging the “homosexuality” diagnosis was a prerequisite for full participation in society. Others, however, believed that working with psychiatrists was the wrong approach. Instead, they argued, gay activists should reject the authority of science over their lives and decisions. The two camps had found some common ground when they were disrupting the proceedings of the major professional associations, but had split again when the “pro-science” faction began to coordinate events within the American Psychiatric Association (Bayer 1981; Lewis 2016). When the diagnosis was removed, these activists felt that the decision had little bearing on the community. For some, it was too little, too late; for others, it was a distraction from the social control functions of psychiatry (Lewis 2016). Some activists even continued to protest the activities of the major professional associations. In 1974, for instance, a

lesbian feminist group disrupted a panel at the American Psychiatric Association's annual meeting that included "pro-science" activists Barbara Gittings and Frank Kameny (Lewis 2016).

For those who *did* believe the decision was important, early efforts to deploy their new scientific resources met with mixed results. The movement achieved some early success in pushing for anti-discrimination laws. From 1972 to 1976, 33 local governments adopted anti-discrimination protections for gay people (Bayer 1981). Yet it was not immediately clear that scientific resources, per se, would make the difference in the movement's activism. Although the American Psychiatric Association occasionally made statements in support of gay rights, it declined to join activists in a coordinated joint campaign to combat anti-gay legislation and policies (Bayer 1981). More importantly, the removal of the homosexuality diagnosis did not displace the homophobic attitudes that had both inspired and been legitimated by its existence. Although activists had chipped away at the stigma of the diagnosis, anti-gay sentiment still persisted, undermining their efforts to secure equal rights.

A series of new challenges further complicated the movement's use of scientific resources. First, the Christian Right, with its organized attack on gay rights, pushed activists to take a more defensive stance (Fetner 2008). Second, the AIDS crisis, with its devastating impact on gay communities, encouraged activists to redirect the movement's resources (Fetner 2008). As a result of these developments, activists faced a new line of criticisms that were not as firmly based on the claim that gay people were mentally unwell. Thus, although their scientific resources were still useful, they were not as relevant or decisive as they might have been.

Within a few short years of the removal of the homosexuality diagnosis, gay rights activists faced a challenge from a new source: the Christian Right. The new movement quickly took up the opposition to gay rights as part of its platform, challenging any gains made by gay rights activists. Anti-discrimination laws adopted in Florida's Miami Dade county, for instance, were quickly

overturned following a campaign led by Anita Bryant, a former beauty queen and orange juice spokeswoman, and her Save Our Children organization (Adam 1995; Fetner 2008). A year later, California state Senator John Briggs promoted the infamous “Briggs initiative,” which would ban gay people or their allies from working in public schools (Adam 1995, Fetner 2008). As these new challenges made clear, psychiatry was no longer the most visible advocate of homophobic sentiment. Instead, gay rights activists would need to confront a slew of local and state-level campaigns. These campaigns relied more on appeals to morality than claims about science. To confront this new opposition, then, gay rights activists would need more than science to legitimize their place in the public sphere. Instead, science claims became just one part of the gay rights movement’s repertoire.

In California, an exchange between Harvey Milk, San Francisco’s first openly gay Council member, and State Senator Briggs, illustrates how science claims were used to supplement the larger claims of the gay rights movement (Bay Area Television Archive n.d.). In a clip broadcast on CBS 5, Milk emphasizes that one’s sexuality cannot be changed, and compares it to “having blue eyes.” When the debate’s moderator observes that “It’s determined before school age,” Milk agrees: “It’s determined before school age, that is every scientific study and I say, it is not a choice. That’s the most fundamental mistake in Senator Briggs’ campaign.” Undeterred, Briggs states that Milk sought election in order to “covert and recruit every young adolescent” to homosexuality. Here, Milk might have reiterated that being gay is not a choice, according to the science. Instead, he questions Briggs’ motives and ethics:

I’m a role model to the young gay people, people who have already established themselves as gay. Period. I didn’t say— *you’re* the one who keeps bringing up this phony recruitment. You know you’re lying, you know you’re changing the statements around, and you’re doing that all the way around, just like you shifted the money around in your campaigns. And you talk about morality and I question, What is your real motive behind it? What is your real

ambitions [sic] behind this? Stop this phony issue that you know is a phony issue. (Bay Area Television Archive n.d.)

In short, Milk asserted that the science supported his claims, but did not dwell on the details of scientific research. Instead, he redirected the debate to the heart of Briggs' claims: that gay people were somehow perverse or immoral.

In addition to the rise of the Christian Right, the gay rights movement faced another serious challenge at this time from the HIV/AIDS epidemic. Through the 1980s, gay rights organizations directed their efforts towards meeting the needs of the community (Fetner 2008). With limited resources at their disposal, activists tended to prioritize addressing the crisis over launching new campaigns for civil rights (Fetner 2008). Activists would, however, target scientists in a new campaign to expand access to medical research trials and potentially life-saving treatments (Epstein 1998).

However, activists had more success cultivating additional scientific resources within mainstream scientific institutions. Notably, the decision to remove the homosexuality diagnosis did not reflect the personal opinion of many mental health professionals at the time; in particular, those based outside of urban areas were less likely to embrace the decision (Bayer 1981). However, the decision made it easier for gay and bisexual mental health professionals to be "out" in their professions, and for straight professionals to ally with them publicly. Before the decision, professionals in mental health fields had feared that coming out would harm their career prospects. Indeed, during the debate over the diagnosis, one psychiatrist had been so nervous to speak to his colleagues publicly about his sexual orientation that he would only agree to participate in full costume, with a theater mask and a voice modulator. Despite the risks, gay members of the American Psychiatric Association had organized privately, referring to themselves as the "Gay-PA" (This American Life 2002). However, the formal removal of the homosexuality diagnosis made it

possible for professionals to come out and still keep their careers¹¹. In the years after the decision, gay professionals began to organize caucuses within the professional associations. The Gay-PA, for instance, became an official organization with representation at the American Psychiatric Association in the 1980s (Waidzunas 2015: 82).

Similar efforts were taken by members of the American Psychological Association. Gay affirming researchers created two entities to compile and create research into sexual orientation: the Society for the Psychological Study of Gay Issues and the Task Force on Sexual Orientation (Waidzunas 2015: 82-83). Indeed, although the AIDS epidemic made it difficult for gay rights organizations to tackle other issues, it may also have made it easier for mental health professionals to promote gay-affirming therapy, as their straight colleagues witnessed the consequences of the disease for gay communities (Waidzunas 2015: 81).

In this way, the scientific resources available to the gay rights movement quietly grew over time, even as the political debate over gay rights grew more heated and the movement's priorities shifted away from conversion therapy. The extent of this shift would not become fully apparent until the 1990s, when the major professional associations began to take formal positions against conversion therapy. In the short term, gay rights activists were not able to fully deploy their scientific resources in policy disputes. However, in the long term, the movement would acquire resources that could be deployed in future disputes.

OPPONENTS OF GAY RIGHTS: MENTAL HEALTH PROFESSIONALS

Efforts to Overturn the Decision

When the American Psychiatric Association decided to remove the “homosexuality” diagnosis, it announced the decision with fanfare. However, not everyone was pleased with this decision. Immediately, conversion therapy practitioners challenged the legitimacy of the process that had dislodged the diagnosis. Two conversion therapists were particularly visible in this fight: Dr. Irving Bieber, a clinical professor of psychiatry at New York Medical College, and Dr. Charles Socarides, a psychoanalyst.

Shortly after the decision was announced, Bieber debated the decision with Robert Spitzer in the pages of the *New York Times*. Bieber emphasized the distinction between science and politics, arguing that science did not support the removal of the diagnosis:

I am talking as a scientist. I think I made it clear that as a civil rights person, I was in the vanguard for civil rights for homosexuals. This is a completely different issue. We are psychiatrists. I am a scientist primarily...there's no question in my mind, that you're making a serious scientific error (New York Times 1973).¹²

Spitzer, in turn, challenged the claim that Bieber’s reasoning was purely scientific: “It seems wild to you because you have as your value system, that everybody should be heterosexual” (New York Times 1973). In this way, both men characterized the opposition as lacking in scientific objectivity, as making decisions based on factors other than science.

Within the APA, Dr. Charles Socarides and other conversion therapists led the opposition to the removal of the homosexuality diagnosis. Opponents of the decision successfully petitioned for an internal vote of the APA’s membership on the decision to remove the diagnosis (Bayer 1981).

¹² Irving Bieber and Charles Socarides have both claimed to support gay people. Nonetheless, their disparaging statements and actions cast doubt on their claims. At best, one might describe them as sincere in their belief that gay people were mentally unwell and required treatment—a far cry from supporting civil rights for gay people.

In the lead up to the vote, both sides argued that politics had no place in scientific decision-making, and both proposed that their opponents were bringing politics into the process in order to discredit their efforts. Opponents of the decision emphasized the impact of gay political organizing on the removal of the diagnosis, with one critic charging that “[i]t now seems that if groups of people march and raise enough hell they can change anything in time... Will schizophrenia be next?” (Bayer 1981: 141). Supporters of the APA decision, in turn, argued that the decision merely removed a diagnosis that was not scientifically sound. Instead, they charged that opponents of the decision were the ones politicizing the process. By calling a vote, they had turned a scientific decision into a “popularity contest” (Bayer 1981: 143).

The results of this poll were 58 % in favor, 37% opposed: a clear victory for the gay rights movement, but with significant opposition (Bayer 1981: 148). Although Socarides and Bieber’s arguments did not prevail in 1973, their critiques of the APA decision would continue to resurface in the years to come. Like Bieber and Socarides, opponents of gay rights would suggest that opposition to conversion therapy was the result of political maneuvering, rather than “pure” science. In the following chapter, I show how this critique reemerged in the legal battle over conversion therapy. As for Socarides and Bieber themselves, they would become helpful resources for Christian Right activists, ex-gay activists, and future conversion therapists seeking to legitimize the practice of conversion therapy.

Decline of Professional Conversion Therapy

At first, the removal of the homosexuality diagnosis had few practical consequences for conversion therapists. A series of new diagnoses justified the continued practice of conversion therapy (Drescher 2015; 2010), and licensed professionals continued to see their patients. Researchers in this field continued to share their work at mainstream professional conferences, and to publish their work in scholarly journals (see, for instance, Pattison and Pattison 1980). Even textbooks

continued to include the idea that homosexuality was a treatable disorder, suggesting that the decision did not change how the subject was taught in the classroom for years after the decision (Bayer 1981).

Nor were conversion therapists on the fringes of the field in the years after the decision. When the APA's membership was polled in 1974, 37% of the responses opposed the removal of the homosexuality diagnosis (Bayer 1981: 148). Just a few years later, *Time* noted the results of a survey conducted of 2,500 APA members by the *Medical Aspects of Human Sexuality* journal. *Time* (1978) reports that

Of those answering, 69% said they believed "homosexuality is usually a pathological adaptation, as opposed to a normal variation," 18% disagreed and 13% were uncertain. Similarly, sizable majorities said that homosexuals are generally less happy than heterosexuals (73%) and less capable of mature, loving relationships (60%). A total of 70% said homosexuals' problems have more to do with their own inner conflicts than with stigmatization by society at large.

In short, the APA's announcement did not persuade mental health professionals overnight, even within the field of psychiatry itself. In the early years after the decision, there was still considerable dissent within the mental health professions.

However, in the long term, the removal of the homosexuality diagnosis decreased interest in the psychiatric perspective on homosexuality. With the APA's public declaration that homosexuality was not a disorder, gay rights began to be seen as a political, rather than a scientific, issue. This shift, in turn, reduced opportunities for conversion therapists as public commentators. Prior to the decision, conversion therapists such as Irving Bieber and Charles Socarides were regularly cited in the media as experts on homosexuality. After the decision, however, this coverage began to dry up.

While both men would continue their private practices and research programs, they were rarely cited as authorities in the public debate over homosexuality.

News outlets which had previously published articles on the treatability of homosexuality began publishing articles on the conflict over gay rights. This trend only accelerated with the emergence of the Christian Right as an organized political force. The attacks of religious conservatives had the paradoxical effect of increasing coverage of gay rights as a political issue, which brought debates over gay rights into the national conversation at a level that had not been seen before (Fetner 2008). Indeed, a year after *Time* reported on the study showing that psychiatrists still believed homosexuality to be pathological, the magazine published a cover story on the discrimination faced by gay people, including the campaign led by former pageant winner and anti-gay activist Anita Bryant as an example (*Time* 1979).

The decision also reduced interest in conversion therapy research. Waidzunas (2015) highlights the lackluster response to popular sexologists William Masters and Virginia Johnson's research into homosexuality. Their study featured efforts to "convert or revert" gay people to heterosexuality (*Time* 1979). Given the duo's notoriety, their research on this subject was highly anticipated. However, as Waidzunas (2015: 76-77) explains:

the study had an odd feature: the condition at the center of investigation was a disorder when the study began but not when the study was completed...When released, *Homosexuality in Perspective* was largely panned by the scientific community and the press...Even Masters and Johnson, who were redefining the field of sex research at the beginning of the decade with their risqué work, were now out of step with current trends in the mental health field on the topic of homosexuality.

Under these conditions, it is likely that fewer new therapists and researchers chose to enter this field than in the past. Indeed, Joseph Nicolosi, who would become a prominent conversion

therapy advocate in the 1990's, emphasized the lack of support for his ambitions in his graduate program:

In graduate school, it was not politically correct to discuss the cause or treatment of homosexuality, so my training as a psychologist did not prepare me for my work. But as an intern at a hospital, I was faced with the case of 8-year-old Ryan, whose mother was concerned about his childish and socially inappropriate behavior, as well as his sexual experimentation with other boys (Nicolosi 1999: 59).

Nicolosi's experience was not universal. In particular, the field of psychoanalysis remained welcoming to those who opposed the deletion of the diagnosis into the 1990s. Psychiatrist Jack Drescher (2002), who completed his training in the 1970's and 80's, has recalled the difficulties of being gay in the field of psychoanalysis at this time. Drescher (2002) notes, for instance, that the American Psychoanalytic Association did not oppose discrimination against openly gay candidates until 1991. Still, in the long run, conversion therapists found themselves with fewer allies and fewer opportunities in mainstream scientific institutions.

In short, the removal of the homosexuality diagnosis did not end conversion therapy in the mental health professions overnight. Credentialed professionals continued to believe homosexuality was a mental illness; those who sought to treat this illness carried on as before. Nonetheless, in the long term, the APA's decision had two noteworthy effects. First, it reduced public interest in psychiatry's view of gay people, leading to fewer opportunities for conversion therapists as public commentators. Second, it disincentivized academic research into the treatment of homosexuality, leading to fewer opportunities for new researchers to enter the field. In this new context, those professionals still dedicated to conversion therapy would increasingly seek out alternative outlets to share their research and commentaries.

Conversion Therapists Found Alternatives to Mainstream Professional Associations

By the early 1990's, professional conversion therapy was on the decline. In part due to the efforts of gay-affirming mental health professionals, conversion therapists perceived themselves to no longer be welcome within the major professional associations. As discussed above, psychiatrists, psychologists, and psychoanalysts had organized within the professional associations to promote gay-affirmative approaches to therapy. These efforts were seeing results. In an effort to distance themselves from conversion therapy, the American Psychoanalytic Association had even decided to stop conversion therapists from holding meetings during their national conference (Waidzunus 2015).

In response to these pressures, two conversion therapists—Charles Socarides and Joseph Nicolosi—founded the National Association for Research and Therapy of Homosexuality (NARTH) in 1992. The organization was intended to support research into conversion therapy practices, and to foster a global network of professional conversion therapists. The organization was modelled after a professional association. It publishes a peer reviewed journal, the *Journal of Sexuality*, and holds professional conferences around the world.¹³ Nicolosi's (1999: ix) book, originally published the same year, offers some insight into the founding of NARTH:

This book is written at a time of unprecedented public debate on the political, legislative, and psychotherapeutic issues of homosexuality. As we go to print, debates now rage as to gays in the military, gays in the Boy Scouts, and Colorado's and Oregon's gay rights amendments. Within each branch of the mental health professions, attempts are now being

¹³ The organization still exists today, but has been rebranded as the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI). The offices also moved their offices from their original base in southern California. This rebranding occurred shortly after losing a legal battle over California's conversion therapy ban (described in the following chapters). Given the timing, one possible explanation is that the new name was chosen to remove any references to "treatment" and to highlight the organization's revised argument that the option to choose conversion therapy is a free speech issue.

made to label reparative therapy illegal and unethical, on the grounds that it produces no change and actually does the client more harm than good...

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 Treatment of Homosexuality has recently been formed to combat politicization of scientific and treatment issues. NARTH will defend the rights of therapists to treat dissatisfied homosexuals.

Charles Socarides, likewise, agreed that efforts were underway to have conversion therapy declared “unethical” around this time (Waidzunus 2015). Thus, the two men created NARTH as an alternative to the mainstream associations. This new organization would support conversion therapists and legitimize their research into the subject of homosexuality.

Nicolosi’s concerns are prescient, if premature. Serious efforts to ban conversion therapy would emerge two decades later. At the same time, they echo earlier critiques of mainstream psychiatry’s approach to homosexuality. Like Socarides and Bieber in the aftermath of the 1973 DSM decision, Nicolosi emphasizes that political concerns, not science, are the reason for opposition to conversion therapy. Indeed, he constructs NARTH as representing the *true*, objective science, in contrast to the major mental health associations. Unlike those other associations, he suggests, NARTH will not “bow to gay political pressure,” but will “combat politicization of scientific and treatment issues” (Nicolosi 1999: ix).

Thus, by the 1990’s, proponents of conversion therapy had become increasingly marginal within the medical and mental health disciplines. As a result, dedicated conversion therapists with professional credentials sought out alternatives to the mainstream professional associations. They found a home base in NARTH, an alternative association modelled after a professional association. These developments created a small but dedicated pool of experts eager to lend their authority to

activists in support of conversion therapy. Although opponents of gay rights no longer enjoyed mainstream scientific resources, they had a new set of *alternative* scientific resources at their disposal: professional conversion therapists and conversion therapy researchers.

Ironically, this development may have ultimately been encouraged by the APA's decision to delist homosexuality. Efforts to marginalize conversion therapy within the mental health professions likely reduced the number of professional conversion therapists over time. At the same time, these closing doors also incentivized the dedicated remaining conversion therapists to focus their efforts on political ventures outside the academy.

THE EX-GAY MOVEMENT ARRIVES

In the aftermath of the DSM decision, a new movement emerged to challenge the view that "homosexuality" did not require treatment: the ex-gay movement. Inspired by the belief that psychiatry had abandoned conversion therapy, this new movement sought to pick up the mantle. In the process, the movement cultivated new *alternative* scientific resources to demonstrate its efficacy and defend it from critics.

The ex-gay movement consists of men and women who experience same-sex attraction but do not wish to be gay or to adopt a gay or bisexual identity.¹⁴ Instead, these men and women aspire to change their orientation in the long term, and to embrace a religious (usually Christian) identity in the short term. The movement espouses a model in which homosexuality is a *condition*, rather than an identity.¹⁵ It encourages its members to characterize their attractions as something they

¹⁴ Historically, the movement focused more on gay and bisexual people, and less on trans people. The movement tends to conflate sexual orientation and gender identity, attributing homosexuality to a "gender deficit." Thus, it tends to assume that gay and trans people are essentially the same: that the same processes that can make a person gay can also make a person trans. However, as the Right has begun promoting laws that target trans people, organizations which once focused on the ex-gay narrative have increasingly focused on trans people. The "de-transitioner" narrative frequently deployed today functions similarly to the ex-gay narrative described here.

¹⁵ Indeed, rather than describe its membership as people who used to be gay, the movement often refers to its members as people who struggle with SSA, or same-sex attractions.

experience, rather than a part of who they are. By referring to their attractions in this way, members hope to disidentify themselves from their sexual orientation—and by extension, the gay rights movement.

Indeed, from its inception, the ex-gay movement has promoted itself as an alternative to the “gay lifestyle.” Its existence is offered as evidence that gay people can and should assimilate into straight society, both for their own well-being and for the sake of their immortal souls. One of its most common tactics is the use of stories; members share their stories, or “testimonies,” of leaving gay life to urge others to follow their example. In these stories, ex-gays emphasize the “emptiness” of gay life, and contrast it to their rich, full lives as Christians. They often suggest the root causes of their homosexuality, and how they were able to overcome them through Christ. Thus, the movement has positioned itself as a direct challenge to many of the claims of gay rights activists. By emphasizing the misery of their lives as “out” gay people, they challenge the claim that coming out is psychologically beneficial, and redirect blame for suffering from a homophobic society to the personal psychological issues of the gay person.

Formation of the Ex-Gay Movement

The movement officially began with the founding of Love in Action, the first ex-gay ministry, in 1974. The ministry began with six men and women who formerly identified as gay; this core group decided to reject a gay identity in favor of a new Christian identity. They were led and organized in this effort by two men: Kent Philpott, a straight man, and Frank Worthen, an ex-gay man.

Kent Philpott began his activism in the “Jesus Movement,” a charismatic Christian movement that emerged in California in the late 1960’s. In his autobiography *Jesus Freak*, Philpott describes being called by God to minister to the “hippies” of San Francisco in 1967, while hearing the song, “If you’re going to San Francisco” playing on the radio (Babits 2019). Like others in the Jesus Movement, Philpott sought to acquaint young people seeking spirituality with the teachings of

Jesus Christ; the people to whom he ministered ranged from teen runaways to people struggling with drug addiction (Eskridge 2005). However, once in San Francisco, Philpott would increasingly become acquainted with gay people who were dissatisfied with their lives.

Frank Worthen was a gay man who converted to Christianity in his forties. Worthen recalls that his conversion began when he observed that his “worst employee” had suddenly become happy and productive (Worthen 1984). Inspired by his example, Worthen decided to attend the employee’s church. Soon after he was introduced to Kent Philpott, and became one of the original members of the Love in Action ministry. Although Worthen was only one of six original members, he played an outsized role in the movement. He would routinely share his testimony to spread the ex-gay message, and would later be described as a second author on some of Kent Philpott’s books.

In the mid 1970’s, Philpott and Worthen learned that a similar ministry had formed in Anaheim, California at the Melodyland charismatic church. This ministry—known as EXIT, for “Ex-Gay Intervention Team”—was led by ex-gay men Michael Bussee and Jim Kaspar. The two groups decided to combine their efforts, and organized a conference for like-minded individuals. This 1975 conference led to the formation of Exodus International, an umbrella network of ex-gay ministries that would become the largest conversion therapy organization.

Why did the ex-gay movement emerge when it did? The increasing visibility of the gay rights movement in general likely played a role. The growth of an “out” gay population made it feasible and desirable for enterprising Christians to minister to this population. Kent Philpott, for instance, saw the alleged rise in homosexuality as a potential opportunity. As Philpott (1977: 102-103) argues in *The Gay Theology*:

we have found that all over this country...there are hundreds of people who are telling us that they want to know Christ, that they want to be in a church that will receive them, that they want help in moving away from homosexuality. Tragically, we know of few places

where we can confidently direct them. We urge them to seek fellowship, and they and we realize it is quite risky. And so I think that there is...a field of ministry that is wide open for the church of Jesus Christ today. I think it provides a tremendous opportunity to reach people who are looking for the truth.

The emergence of churches that welcomed and affirmed gay members, such as the Metropolitan Community Church, were a particular concern to Philpott. This church drew in people who could be brought to the “truth”:

The M.C.C. has experienced incredible growth. It is growing and will continue to grow. The very fact that the M.C.C. exists and has grown tremendously shows us that thousands, actually tens of thousands of people in the homosexual community, are looking for the truth, are looking for the Bible, are looking to ministers, are looking to the church for help....So the fact of the existence of the M.C.C. leads me to believe that those of us in the church today actually have a field white unto harvest amongst those who are involved in homosexuality (Philpott 1975:102).

While the visibility of gay rights issues in general encouraged ministers to take up the issue of homosexuality, the fight over the “homosexuality” diagnosis further motivated the new movement. Certainly, Philpott began ministering to gay people well before the DSM decision in 1973 (Babits 2019) and it is plausible that others involved in the Jesus Movement may have done the same, at least on a case-by-case basis. Still, it is clear that Philpott and the ex-gays in his ministry were threatened by the existence of openly gay, gay-affirming psychiatrists: a trend that was accelerated by the delisting of the homosexuality diagnosis. In one exchange, Philpott (1975: 24-25) asks Jim, an ex-gay man, about his experience with psychiatrists:

Kent: How did your doctors feel about the homosexuality?

Jim: The psychiatrist thought it was fine as long as I was happy with it—whatever made me happy. Besides, as a homosexual, I was different.

Kent: Did you enjoy being different?

Jim: Very much so. I got attention that way—from everyone.

Kent: You felt that kept you in homosexuality—just the fact you were getting attention for it?

Jim: Sure. I was a very big manipulator. I used my homosexuality, my affectations, my airs, my arrogance, to gain what I wanted.

The conversation suggests that Jim’s psychiatrist supported his sexual orientation, but ultimately missed the point. Jim’s sexual orientation was not “fine,” but actually a reflection of his broader psychological issues. Eve, an ex-gay woman, directly criticizes ministers who direct gay people to psychiatrists:

Once I did talk to another minister about homosexuality, and he didn’t understand it. He told me he had a young man who had been struggling with homosexuality, and he told him to go to a psychiatrist. I said that was the wrong thing to do. I told him he should have really helped him spiritually; he should have told him that he was a child of God, and to help him see that Jesus really loved him. Instead he sent him to a psychiatrist—and from my own experience, a lot of psychiatrists and counselors are gay. I’ve had my own doctor tell me that it was perfectly normal to have a sexual experience with both sexes, and that the real height of happiness is having an orgasm with both. Now I reject that completely (Philpott 1975: 151-152).

In other words, Eve suggests that psychiatrists and counselors cannot be trusted to handle the subject of homosexuality; thus, religious leaders will have to tackle the issue themselves. Likewise,

in his follow up book, Philpott (1977: 95-95) further emphasizes that it is Christians who must take ownership of this issue:

The first point I'd like to make is that the church *can* minister to the homosexual. It is quite common to hear men in Christian leadership express their feelings of inadequacy in this area. A common retort is that the homosexual is so crippled psychologically, emotionally, spiritually, that he cannot be reached...Certainly I am no clinician. In dealing with the homosexual I was just out of my realm...Over the years I have discovered it is possible to minister to this problem. The church is able to do it.

In short, Philpott emphasizes that Christians do not need to leave this issue to the so-called experts; the Church can and should be the ones to address this issue. Thus, John Smid, a former ex-gay leader who eventually took over Philpott's ministry, attributed the emergence of the ex-gay movement to the removal of the homosexuality diagnosis:

The scientific communities were accepting homosexuality, and they were saying that it's not a disorder anymore. They were removing it from the DSM-3, which is why we need to do what we're doing...Christians have to fight this battle of homosexual sin, because the professional counselling community won't do it anymore (Radiolab 2018b).

Ex-gay leaders would continue to emphasize this theme in the years to come. Frank Worthen, for instance, argued in a speech at the 1984 Moral Majority conference in San Francisco that the experts were *too* accepting of homosexuality:

Most people like to think that they were born homosexual, that they had no choice in the matter, and that they have to adjust and make the best of their condition. And most certainly, it's understandable why people feel this way. The vast majority of the scientific community has been telling people to adjust, adjust, adjust for decades. For generations, gay people have been told that there's no way out and to adjust to your condition....in times past

people knew this was not an acceptable lifestyle. People don't know that anymore.

Everywhere they turn, from the psychological community, to the religious community, they are hearing "It's OK" (Worthen 1984).

Worthen's claim that the scientific community had been supportive of gay rights for "decades" was overstated, to say the least. Worthen was speaking barely a decade after the removal of the "homosexuality" diagnosis. Other diagnoses that legitimized conversion therapy were still listed in the DSM at the time of the speech, and secular conversion therapy was still being practiced at state-funded universities. Regardless, the decision to remove the homosexuality diagnosis led these activists to perceive that secular conversion therapy was on the decline. Ex-gay leaders may even have encouraged this perception, as it illustrated just why their ministries were so essential. In this way, the ex-gay movement viewed the loss of scientific resources not as a deterrent, but as an invitation. The DSM decision helped inspire ex-gay leaders to take on the mantle of conversion therapy.

Science Claims and the Ex-Gay Movement

At first glance, the ex-gay movement would appear to be entirely a religious endeavor. After all, its members are motivated by religious views of sexuality and typically pursue their "conversion" through religious institutions (Mallory, Brown, and Conron 2019). Moreover, one of their primary tactics—sharing personal testimonies about their formerly sinful lives and conversion to Christianity—stems from the larger tradition of conversion narratives within born-again Christianity. However, the movement's ideas about the origins of sexual orientation are fundamentally intertwined with the psychoanalytic theories of the 1940's-1960's.

In the early days of the movement, the influence of psychoanalysis was relatively subtle. In his foundational text *The Third Sex?* (1975) and its sequel, *The Gay Theology* (1977), Kent Philpott routinely alludes to psychoanalytic theories without identifying them as such. For instance, Philpott

(1975: 191-2) emphasizes that homosexuality begins in one's childhood years as the result of parenting dynamics:

Much has been written about the importance of the family during the first five to seven years in any child's life. These early years are especially significant ones for the homosexual. The counselor must carefully consider the homosexual's early family relations...the homosexual's early family relations are most often distorted, distorted to the point that the little boy or girl becomes confused as to his or her identity.

Philpott's argument echoes the claims of psychoanalysts, who traced the origins of homosexuality to troubles in the family relationship and who linked homosexuality to confusion about gender roles. Similarly, in a speech to the 1984 Moral Majority conference, Frank Worthen emphasized that strained family dynamics could cause homosexuality:

Now, Dr. Tweedie and I agree on many things, but we give them different names. And we call the concepts by different wordings, but I feel that homosexuality starts extremely early in life. People who are into inner healing think that perhaps there is some pre-birth factors, like rejection and this sort of thing before you're born, that set you up for a life of being different from others. I don't know the answer to that. I do feel that from the point of birth on, that there are many factors that lead a person into a homosexual life, and that they do affect children at a very early age. I believe when you're born there has to be a three way bond, I think there has to be a bond between mother and child... (Worthen 1984)

In short, the movement combined a psychoanalytic framework for the causation of sexual orientation with a more religious approach to the "treatment" of sexual orientation.

The leadership of the early ex-gay movement likely contributed to the influence of these psychoanalytic theories. Michael Bussee, an early ex-gay leader with the Melodyland Church in Anaheim, pursued an undergraduate degree in psychology *because* of his sexual orientation; as he

recalled in a later interview, he wanted to understand why he was different from his peers. In fact, his interest in psychotherapy would lead him to ex-gay ministry when he began volunteering with the Melodyland Church's suicide hotline. When Bussee and Philpott began collaborating to organize the first ex-gay conference, Philpott was allegedly impressed with Bussee's psychological knowledge and his application of this knowledge to the cause (Erzen 2006). Yet Philpott himself had a similar background. After earning his Bachelor's in Psychology, Philpott got his start in Christian counseling. Philpott, who earned his degree in the mid 1960's, and Bussee, who graduated in the early 1970's, may well have been exposed to psychoanalytic theories about the causes of homosexuality in their undergraduate degree programs. Bayer (1981) finds that these theories were printed in textbooks, and continued to be included even after the end of the homosexuality diagnosis.

At the same time, none of the early ex-gay leaders were professional psychologists and psychotherapists, and they did not claim to be "experts" in psychology. Instead, their claims to expertise came from their religious faith or from their personal conversion narratives. Philpott (1977: 96) emphasized his lack of formal training, and claimed that he had never even read anything about the subject of homosexuality before beginning his ministry. He explained:

I was as unprepared as anyone could possibly be...Certainly I am no clinician...But I was confronted on a personal counseling basis with several people telling me they had problems related to homosexuality. (1977:96)

Nor did ex-gay leaders feel the need to exclusively promote psychoanalytic theories. Philpott (1977), for instance, proposes that both childhood experiences and demonic possession (through interaction with tarot cards, astrology, and other new age practices) could contribute to the emergence of homosexuality.

Similarly, ex-gays themselves, like Michael Bussee and Frank Worthen, did not describe themselves as scientific experts. Instead, they would share their life stories, or testimonies, of life before and after conversion at conferences around the country. At times, this emphasis on personal experience with homosexuality could prove troublesome for the movement's efforts to prove that homosexuality could be cured. As Erzen (2006) reports, in its early years the movement became concerned about the proliferation of new ex-gay counselors, who would convert, quickly form their own ministries, experience a public "fall" (gay relationship or sexual encounter) and dissolve their ministry. In the late 1970s, the movement would establish a series of criteria for new ex-gay leaders to help resolve this problem.

In short, the early ex-gay leadership incorporated existing psychoanalytic theories into their work. When the ex-gay movement first began to grow in the late 1970s, it attracted people without any academic credentials or formal claims to psychological expertise. However, as professional opportunities for secular conversion therapy began to dry up, the movement would attract therapists and researchers who did claim this expertise. These experts would become more visible in the movement over time. As the ex-gay movement began to include more credentialed researchers, it came to refer to the "science" of sexual orientation more frequently.

The work of Elizabeth Moberly would exert considerable influence over the science claims of the ex-gay movement. Moberly is a Cambridge-educated PhD; however, the field in which she earned her degree is never specified in her publications, and she does not appear to have any clinical experience or formal training in a mental health field. Nonetheless, Moberly's writing combines her Christian beliefs with psychoanalytic theories, such as those of Socarides and Bieber. In particular, Moberly's (1983) book, *Homosexuality: A New Christian Ethic*, laid the foundation for the modern ex-gay movement's approach to conversion therapy. As the title suggests, Dr. Moberly does not characterize the book as purely secular scholarship; rather, it is her attempt to apply psychoanalytic research to Christian values and principles, and vice versa. Nonetheless, in contrast

to earlier ex-gay books, *Homosexuality* extensively cites the academic literature on conversion therapy, with a marked emphasis on the psychoanalytic literature. Drawing from this tradition, Moberly argues that homosexuality is caused by early childhood experiences, which lead to a failure to relate to the same-sex parent.¹⁶ Homosexuality emerges when a person seeks to meet their needs for a same-sex parent through sexual relationships. Thus, she argues that it is a form of *trauma* or grief that leads to homosexuality, and emphasizes that this trauma must be healed in order to “restore” the patient’s heterosexuality. In this respect, prayer and Christian community are valuable tools, but only inasmuch as they support the healing/ grieving process.

While Moberly herself would retreat from the movement, her ideas would prove to be highly influential. At Love in Action, participants were encouraged to read her work and apply her theories to their own lives (Erzen 2006). Moberly’s ideas also inspired those of Joseph Nicolosi, the psychologist who co-founded the National Association for Research and Treatment of Homosexuality (NARTH).¹⁷

These thinkers are not distinct from the religious elements of the movement; rather, the movement routinely intertwines science claims with its religious practices. Ex-gays are encouraged to read the works of therapists who support conversion therapy, and to frame their stories in line with the theories outlined in these works (Erzen 2006). Through this process, once-accepted scientific theories come to be embedded in their life testimonies. These testimonies, in turn, could be deployed as evidence that conversion therapy works in policy disputes.

¹⁶ Notably, however, Moberly places considerably less blame on the mother than is typical in the psychoanalytic literature. Indeed, she criticizes earlier scholars on the grounds that it is normal for a child to cling to their mother, and that the relationship only becomes abnormal if the father is not sufficiently present or engaged in the household. This aspect of her theory does not make it into Joseph Nicolosi’s work.

¹⁷ In fact, according to Tanya Erzen (2006), Moberly believed that Nicolosi had essentially ripped off her work, and resented his influence on ex-gay ministries. When others in the movement refused to support her position, she drifted away from actively engaging with these ministries, although she would continue to occasionally publish work related to conversion therapy.

Joseph Nicolosi's book, released soon after he cofounded NARTH, explains the reasoning behind the strategy of deploying ex-gay narratives. His account illustrates how ex-gay narratives were seen both as scientific evidence and part of a political project:

The Gay Liberation movement has been very successful through the drama of personal testimony. When all the theoretical arguments were 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 20 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 benefitted from psychotherapy to help free them of the gender identity conflict that lies behind most homosexuality.

What follows is a series of alleged transcripts from sessions with Nicolosi's patients, each of whom comes to accept that his sexual orientation was the result of early childhood family dynamics.¹⁸

Notably, Nicolosi emphasizes the political nature of the 1973 decision to delist homosexuality from the DSM; the APA's decision, in his account, was determined not by the "theoretical arguments" but because of "personal stories." In this way, Nicolosi suggests that conversion therapy is a legitimate scientific practice that fell victim to "socio-political" concerns. The science had been unsettled for the wrong reasons; now was the time to turn back the clock.

In the wake of the removal of the homosexuality diagnosis, early ex-gay leaders believed that psychiatry had rejected conversion therapy. Rather than abandon the cause, however, they organized a movement, and developed new, alternative scientific resources to support their views.

¹⁸ Nicolosi is somewhat unclear on the nature of these accounts. He describes them as transcripts, but also as composite sketches of similar patients. Regardless, each chapter is written as a conversation between Nicolosi and a patient in what seems to be a clinical setting.

Meanwhile, as conversion therapy fell out of favor within mainstream scientific institutions, conversion therapy experts joined the ex-gay cause. In doing so, they offered the ex-gay movement additional alternative scientific resources.

THE CHRISTIAN RIGHT

In the early 1970s, gay rights activists believed they could use the removal of the homosexuality diagnosis to challenge discrimination in employment, housing, and other areas, and began citing the decision in these efforts almost immediately (Bayer 1981). However, in terms of the broader political context, the 1973 decision could not have come at a worse time. Although these activists had challenged the *scientific* basis for discrimination, they faced a new *political* effort to challenge their claims for equal rights: the Christian Right.

Opposition to gay rights was only one part of the larger agenda of the Christian Right. This new movement's "pro-family" agenda encompassed everything from abortion to euthanasia to prayer in schools (Diamond 1995). Nonetheless, it was one of the first issues to be taken up by the movement, and has been one of the most enduring. When the Christian Right emerged as a political force in the mid-1970s, it was sometimes referred to as the "New Right." As Adam (1995) and Diamond (1995;1998) have argued, this appellation was a misnomer; the New Right built on pre-existing networks, particularly within Evangelical Christian circles. Nonetheless, the movement's active campaigns against gay rights were a new development, perhaps because gay rights themselves were a relatively new development.

In its early anti-gay campaigns, the Christian Right would deploy scientific resources sparingly. However, within a few years of the movement's emergence, Christian Right leaders were persuaded that scholarly research—or at least, the appearance of scholarly research—would help to advance their causes.

Early Anti-Gay Campaigns: Bryant and Briggs

The Christian Right's early forays into anti-gay politics did not directly deal with the issue of conversion therapy or the science of sexual orientation. Instead, activists focused on repealing anti-discrimination laws, preventing cities from adopting anti-discrimination laws, and on promoting laws that would formalize discrimination against gay people. Anita Bryant's Save Our Children campaign marked the start of the Christian Right's efforts in this area. In 1977, Bryant led a successful effort to overturn local civil rights protections for gay people in Miami-Dade, Florida. Inspired by her efforts, four cities—Saint Paul, Minnesota; Wichita, Kansas; Eugene, Oregon; and Seattle, Washington—saw similar repeal campaigns (Adam 1995).

In Oklahoma, the state legislature took this campaign a step further by adopting a law to fire teachers who "advocate" or "practice" homosexuality (Adam 1995). The following year, Senator John Briggs proposed a similar rule in California. Proposition 6, also known as the "Briggs Initiative," would allow openly gay employees of the public school system to be fired for their sexual orientation. Although Bryant herself would withdraw from leadership of the movement after her divorce, similar efforts would continue for two decades (Fetner 2008). Nationwide, activists sought to overturn civil rights ordinances that protected gay people; where no ordinances existed, they sought to pre-emptively ban them.

In these contests, activists tended to appeal to morality, rather than science. Activists emphasized the alleged threat that gay people posed to heterosexuals, particularly children (Stone 2019). Bryant (1977:146) famously emphasized that because gay people cannot reproduce, they must "recruit" from children to "freshen their ranks." Such claims were not restricted to Bryant herself. Adam's (1995: 111) summary of Eugene, Oregon's repeal campaign is telling: "The winning ideological formula equated the no-discrimination law with "child molesting," "gay recruiting," "boy prostitution," "threat to the family" and a "national gay conspiracy," adding the argument that "the majority has the right to do business with and rent to people of their choice." Such claims clearly rely on moral and emotional appeals, rather than scientific ones.

State Senator John Briggs, author of a state initiative to ban gay people from working in public schools, took a similar approach. He tended to deflect from the question of science in his defense of the Briggs Initiative. In a debate between Harvey Milk and John Briggs, Milk argues that a person's sexual orientation cannot be changed. Rather than engage the claim, Briggs replies as follows:

I care about the family, and I really, truly, honestly, sincerely, believe from the bottom of my heart that homosexuality is a real threat to the survival of this country if we continue to tolerate it and approve it and let it be raised to an equal level and standard of heterosexuality, that's what I truly believe (Bay Area Television Archive n.d.)

In other words, Briggs had little interest in the root causes or possible "cures" of homosexuality. Whatever its cause, Briggs believed, it was harmful and should be rejected.

Some of the early leaders in these efforts suggested that gay people could be "cured" of their sexual orientation, and made science claims to bolster their position. Anita Bryant's (1977) book, *The Anita Bryant Story: The Survival of Our Nation's Families and the Threat of Militant Homosexuality*, references then-mainstream psychiatrists to claim that gay people can be cured. Tim LaHaye, an evangelical minister and early member of the Moral Majority, leans more heavily on scientific resources in his book, *The Unhappy Gays*. Though LaHaye (1978) professes that religion is superior to the work of mental health professionals, his work includes repeated references to psychoanalytic theories about the causation of homosexuality. In one memorable example, he distills these theories into "the Formula for producing a homosexual," a mathematical equation to illustrate his claim that "Homosexuals are made, not born!" (LaHaye 1978: 90-91). LaHaye also dedicates a section to dismantling the work of researchers who normalized same-sex behavior and attraction. He explains why this task is so important:

Every time I have debated sexologists on the college campus or discussed sexuality with a member of the academic community or their student victims, they invariably bring up the Kinsey Reports. They refer to them authoritatively the way I refer to the Bible....I would like to suggest that in spite of their prestigious influence in the western world, they may not be scientific, scholarly, or reliable. The truth of the matter is, they should be regarded more as propaganda than scientific documentation (LaHaye 1978: 17).

In other words, the scientific resources of his opponents are not *actually* science; rather, they are political documents. To support this claim, LaHaye (1978:17-19) emphasizes that Kinsey was a “sexual permissivist” who was “not objective” and did not use a “representative sample.” He notes, for instance, that:

Thirty years ago the average person was more reluctant to reveal his sexual secrets.

Consequently, what kind of people would volunteer for such a survey? I suspect it was made up of many exhibitionists, a few weirdos or kinks, and some fairly average college students—but hardly the typical American (LaHaye 1978: 19).

In this way, LaHaye attempts to deconstruct the mainstream scientific resources used by gay rights activists and their supporters. He paints Kinsey as a political actor, motivated by his personal belief that sex should not be constrained rather than an interest in the truth. Moreover, by emphasizing limitations to Kinsey’s study design, LaHaye suggests that the entire report is unreliable.¹⁹

In contrast to ex-gay leaders of the time, these books suggest—not inaccurately— that conversion therapy was compatible with mainstream psychiatry. The fact that these Christian Right leaders recognized that conversion therapy was not wholly displaced from mainstream psychiatry

¹⁹ This is not to suggest that LaHaye’s critiques are wholly unfounded. Indeed, modern scholars have also noted issues with Kinsey’s methodology, and suggested that his estimates of the gay population were likely overstated as a result.

may help to explain why the movement did not press the issue at this time. Unlike ex-gay leaders, who immediately formed their own alternative resources, LaHaye and Bryant use *mainstream* resources to make their case.

Ultimately, the Briggs Initiative was unsuccessful. However, many of these campaigns were successful in overturning anti-discrimination ordinances, and in promoting new discriminatory policies. At the same time, they also inspired some backlash. In fact, Fetner (2008) argues that some gay rights activists appreciated the directness of Bryant's claims. Before Bryant's campaign, they had struggled to persuade liberal civic leaders that discrimination against gay people was a pressing issue. Bryant's aggressive and outrageous claims helped them prove that it was. Notably, LaHaye (1978) begins his book with a discussion of Bryant's campaign, and dedicates much of it to a defense of Bryant against gay protesters, as well as the media that he finds to be overly sympathetic to their claims. In this sense, the book can be understood as an extension of Bryant's campaign. In this context, LaHaye's science claims serve to suggest that Bryant's efforts are justified, and that she is being unfairly vilified by an unruly and unwell gay rights movement. His deployment of scientific resources offers an early example of what would become an important Christian Right strategy: pivoting to science in order to appeal to secular critics and improve the movement's image. This strategy would become increasingly common in the years to come.

Development of Christian Right Think Tanks

In the late 1970's and early 1980s, members of the Christian Right founded a series of new social movement organizations, including the Heritage Foundation, Family Research Council, and the American Family Association. These organizations were dedicated to advancing the Christian Right's platform by creating alternative scientific resources to support their claims.

This was a noteworthy shift in the relationship between the Christian Right and scholarly research. In the first half of the century, Christian conservatives had retreated from politics, in part

due to the debate over evolution. As Christians who understood the Bible as the literal word of God, they felt alienated and attacked by these developments in secular science (Diamond 1995, Fetner 2008). Unable to defeat the teaching of evolution in schools, fundamentalists prioritized creating their own religious networks—networks which would eventually support and sustain their activism (Diamond 1995; 1998).

Several factors encouraged this shift. For decades, fundamentalist Christians had seen politics as corrosive to religion; exposure to the secular world would only corrupt one's faith (Diamond 1995). However, a new generation increasingly came to see participation in politics as a moral imperative. Sharing the "truth" about political issues such as homosexuality came to be seen as another component of the evangelical mission to share the Gospel with nonbelievers (Diamond 1998).

Paul Weyrich, an organizer and strategist for the Christian Right, facilitated this change of heart. Weyrich is best known for persuading evangelical pastors to join the Moral Majority, an early Christian Right organization. Initially, he faced some resistance from religious leaders, who did not want to get involved in political affairs. As Weyrich would later explain:

I was trying to get those people interested in those issues and I utterly failed... What changed their mind was Jimmy Carter's intervention against the Christian schools, trying to deny them tax-exempt status on the basis of so-called de facto segregation (Blumenthal 2007).

Weyrich's efforts paid off. He successfully persuaded Pat Robertson, Jerry Falwell, and other influential ministers to found the Moral Majority. While the Moral Majority would only last a few short years, it would lay the foundation for the modern Christian Right (Diamond 1995).

Another factor that encouraged the creation of these thinktanks was the election of Jimmy Carter as President. Despite being seen as too left wing for many evangelicals, Carter had

successfully mobilized this constituency. The election demonstrated the untapped potential of the evangelical voting base, giving the Christian Right leverage over the Republican Party. The movement had demonstrated its capacity to turn up for elections; think tanks could help politicians to justify their support for Christian Right positions. After meeting Carter in 1980, evangelical leader Tim LaHaye claimed to have led a group of fellow evangelicals in prayer outside, declaring, “God, we have got to get this man out of the White House and get someone in here who will be aggressive about bringing back traditional moral values” (Bates 2016). Of course, LaHaye had already been involved in Christian Right activities at this time. In addition to his book, discussed above, he was also a founding member of the Moral Majority (Diamond 1995). Still, it is clear that Carter’s election energized Christian Right leaders. In fact, at least one conservative thinktank, the Family Research Council, traces its roots to this Prayer Breakfast. (Family Research Council n.d.)

Finally, changes in campaign finance law may have encouraged the development of new social movement organizations at this time. The Federal Elections Campaign Act (FECA) introduced new measures to reform the federal election process, including limits on contributions by individual donors, caps on overall campaign spending, more stringent reporting requirements, and the establishment of a Federal Elections Commission to ensure compliance with these rules (Beitz 1984). By 1976, some of these provisions had been removed by the Supreme Court in *Buckley v. Valeo*; however, the cap on campaign contributions by individual donors was left in place (Beitz 1984). In other words, FECA did not reduce the impact of financial contributions in politics, so much as it encouraged these contributions to be made in new ways (Epstein 1979). Epstein (1979) demonstrates, for instance, how the number of Political Action Committees or PACs exploded following the passage of FECA. In response to FECA, New Right figures pivoted to direct mail fundraising, rather than soliciting large donations from a handful of donors. As Richard Viguerie, a New Right political operative, would explain:

in earlier times relatively few wealthy men could provide the finances for this kind of effort. Under the federal election laws, however, no person can give more than \$1,000 before the primary elections. This means we must turn to many persons for their help (quoted in Moriyama 2022: 140).

Notably, however, these limits did not apply to think tanks and other organizations that are not directly linked to any one federal election campaign. “Relatively few wealthy men” could continue to direct their funds to such organizations.

Beyond this larger context, there was also a cultural shift taking place in the Right’s theory of change. Increasingly, conservative strategists and political operatives saw research as a powerful tool to meet their political objectives. Appeals to morality and religious values would not be enough. If they wanted “pro-family” legislation adopted into law, activists would need to supply lawmakers with information that legitimized the bills. Thinktanks and research institutes were critical, as they could provide the timely and targeted figures legislators needed to debate new bills on the floor.

Paul Weyrich was a promoter of the strategy of using alternative scientific resources, such as think tank research reports, to support “pro-family” legislation. Weyrich, for his part, saw himself as mirroring the thinktanks of the Left. He recalled witnessing a liberal strategy session while working as a congressional aide as a defining moment in his life:

All I did was sit there with my mouth open, watching the system being orchestrated...including getting outside demonstrators, when to get the op-ed piece in the newspaper so it would coincide with the demonstrations, when to have personal lobbying, who was going to speed up the timetable at Brookings to get their study out. It was magnificent. I said, ‘Thank you, Lord, I have needed this insight’ (Weber 2008).

Indeed, as one of Weyrich's colleagues would recall, he was critical of the American Enterprise Institute (a thinktank) for its failure to provide usable research to lawmakers (Blackwell 2015). When the think tank released a supportive study shortly *after* a bill was defeated, Weyrich allegedly asked AEI's president: "This is a great study. Why didn't you publish it when it could do some good?" (Blackwell 2015) Weyrich enlisted Joseph Coors, president of the Adolph Coors beer company, to pressure AEI to change its policies. When this effort failed, he persuaded Coors to support him in the founding of a new thinktank: the Heritage Foundation (Blackwell 2015). Weyrich would serve as the Heritage Foundation's first president.

The Family Research Council has described its origins in similar terms. Its website notes in its origin story, "FRC's immediate goal was to counter the credentialed voices arrayed against life and family with equally capable men and women of faith." (Family Research Council n.d.) In other words, the FRC was created because its leaders believed that research and experts were being used against their movement. More than other organizations, the Family Research Council, and its close partner, Focus on the Family, have placed emphasis on scientific credentials. Dr. James Dobson, a family researcher, worked as a child psychologist before creating the popular radio program Focus on the Family. By 1978, Dobson decided to found the non-profit Focus on the Family, and to leave his professional career (Diamond 1998). Dr. George Rekers, a conversion therapy researcher, cofounded the Family Research Council with James Dobson in 1983. This interest in creating and distributing research would lead the two organizations to merge briefly in 1988. Although the two organizations would split for tax purposes, they would remain tightly connected for years to come (Diamond 1995).

These think tanks would help to develop and disseminate the movement's alternative scientific resources in the years to come. Organizations like the Family Research Council have advanced the Christian Right's policy positions in a variety of settings. Think tank staff respond to media inquiries, defend policies on television, and occasionally get their reports included in the

press (Lesage 1998a). They have also spoken during Congressional hearings on issues of concern to the Christian Right (Lesage 1998a). Think tanks have also been used to develop and “field test” new arguments for the Christian Right (Berlet 1998). Think tanks develop these arguments and distribute them in publications with a conservative bent; the most successful are then disseminated through the media (Berlet 1998).

Of course, studies and research would never be the main priority of the Christian Right. However, this interest in creating and disseminating politically useful information would continue in the following years. In particular, activists began to emphasize the need to frame their claims differently for a secular than a religious audience. At a Moral Majority conference in 1984, Newt Gingrich explained to the crowd the importance of learning how to defend their beliefs to audiences from different backgrounds:

[Geraldine Ferraro] will intelligently, aggressively, and confidently address our beliefs... Our job in part has to be in part to understand our positions well enough and her positions well enough to be able to talk back. I love Jerry Falwell’s line that there are no more dumb churches. Because in large part, what the left has counted on is our inability to stand and use good English in a common sense way to make our case. And part of what I’ll spend our afternoon on is outlining a conservative opportunity society framework that I think any of you can take back home, whether you’re a Democrat or Republican. You can take it back home, and you can explain where we’re coming from, what we’re trying to achieve, in a positive way that will attract people to our side (Gingrich 1984).

By the 1990s, Christian Right activists in general, and anti-gay activists in particular, were encouraged to frame their claims in a way more appealing to secular audiences. Activists were instructed not to use biblical quotes in their claims to the press, and to avoid discussion of “spiritual warfare” in their communications (Fetner 2008; Gardiner 1998). A 1993 Christian Coalition

training video offers detailed advice on how activists should prepare for interactions with external audiences:

Write catchy phrases that are well thought-out and designed to leave an image in people's minds. Learn to make a direct and concise statement about any issue so that you can come up with language that reflects what *you* want to say. Refuse to use the opposition's buzz-or keywords and try always to place them on defensive. For example, say *pro-life* not *anti-abortion*, since you believe in an intrinsic value to human life, from the unborn to the elderly and sick. Also say *homosexual special privileges*, not *gay rights*, since more than equal rights, homosexuals are after a new set of privileges designed to further their lifestyle (quoted in Lesage 1998b).

In short, the early years of the Christian Right were marked not just by a return to the political realm, but also by increasing engagement with secular claims-making and secular forms of evidence. As the movement developed, its leaders recognized that faith alone would not persuade those outside the religion. To win political contests, the movement would need to offer another basis for its claims, one that would be recognized as legitimate by a secular audience. The creation and deployment of alternative scientific resources became an essential part of this strategy.

THE AIDS EPIDEMIC AND SCIENTIFIC RESOURCES

In the 1980s and early 1990s, anti-gay rights activists associated with the Christian Right began to deploy scientific resources more aggressively. These activists used "experts," research studies, and statistics to promote discriminatory policies and attitudes towards gay people. In particular, statistics about the sex lives of gay men, and their alleged health consequences, became a fixture of Christian Right arguments against gay rights. By citing these statistics, activists characterized gay sexuality as disgusting and diseased (Herman 1997; Schulze and Guilfoyle 1998). As Diamond (1998) explains, the HIV/AIDS epidemic made this line of argument particularly appealing for the

Christian Right. In essence, these activists sought to harness public fear about the spread of the disease to undermine gay rights initiatives. At the same time, by using statistics and other scientific resources, rather than appeals to biblical morality, anti-gay activists were able to create the impression that their position was not religiously motivated (Schulze and Guilfoyle 1998).

The Christian Right used this strategy in a variety of ways. The Right stoked fears about HIV/AIDS in its fundraising letters (Adam 1995: 121). Christian Right materials began to cite statistics about HIV/AIDS to support their critiques of gay rights, including epidemiological studies and other academic articles (Herman 1997; Schulze and Guilfoyle 1998).

Dr. Paul Cameron was one of the key figures who helped to develop these scientific resources. His research would find a home in the publications of Focus on the Family and the Family Research Council (Diamond 1998), as well as the American Family Association and several other Christian Right organizations (Herman 1997). Paul Cameron left his position as a professor of psychology to become a full-time anti-gay activist. Prior to this transition, Cameron's research had focused on a variety of topics, ranging from smoking to pet ownership to personality differences between Black and white people. He first dipped his toe into sexuality research with a book on sex geared for Christian teens, published in 1978 (Southern Poverty Law Center n.d.). Still, a Southern Poverty Law Center (n.d.) report notes that Cameron was already preoccupied with gay people; the book promoted teen (hetero)sexual exploration as a way to prevent homosexuality. When his book failed to find its niche, Cameron joined the fight against an anti-discrimination bill in Nebraska. In 1982 he founded The Institute for the Science of Sexuality (later renamed the Family Research Institute), an organization dedicated to creating and publicizing research on the dangers of homosexuality. Rather than focus on the possibility of conversion therapy, Cameron tended to emphasize the medical risks of gay sex, as well as the alleged psychological defects of gay people.

In one sense, Cameron was himself a powerful scientific resource for the Christian Right. He had authentic scientific credentials and dedicated his career to opposing gay rights. Cameron's political activities, however, also undermined his credibility. In particular, his manipulation of data and misrepresentation of his credentials drew the notice of major professional associations. Cameron was expelled from the American Psychological Association for misusing research in 1983 (Diamond 1998). Similarly, the American Sociological Association criticized him for falsely representing himself as a sociologist (Herman 1997). In addition, Cameron's communication style troubled some Christian Right activists, who feared he might undermine their credibility (Herman 1997). His expert testimony in support of the Colorado measure, for instance, was retroactively seen as hurting the cause (Herman 1997). In essence, as Cameron came to be seen as a political figure, rather than a scientific one, he became less useful to the movement. Still, the deployment of his research to support anti-gay causes served as a proof of concept. Cameron showed that scientific expertise could be effectively deployed to bolster anti-gay rights activism.

EMERGENCE OF A NEW COALITION

As Christian Right leaders developed their case against gay rights, the creation of an ex-gay movement would appear to be an extraordinary opportunity. A group of people who had tried "the gay lifestyle" and found it unsatisfying would seem to be well-poised to capture the attention (and funding) of the much larger Christian Right. However, in the early years, ex-gays were mostly part of the internal messages within this movement. They were not deployed in policy contests until the 1990's.

From its inception, ex-gay leaders promoted the movement as evidence that gay people could become straight. In the beginning, these efforts were focused on others in the religious Right. The movement's leaders urged Christians to take the issue of ministering to former homosexuals seriously. They emphasized that ex-gays should be as accepted into the church as former drug

addicts and sex workers would be, regardless of their sordid pasts. And they urged churches to develop their own ex-gay ministries to cater to aspiring ex-gays.

During the 1980's, ex-gay activists slowly made inroads in the broader Christian Right. Frank Worthen, a leader of the first ex-gay ministry, shared his testimony with the crowd at the 1984 Moral Majority conference in San Francisco. Worthen was introduced by the vice president of the Moral Majority, who noted that he had never heard of a "former homosexual"—not even on the Phil Donahue show. In his remarks, Worthen (1984) introduced the crowd to the existence of the ex-gay movement.

I come from the minority of minorities, and perhaps the most discriminated against minority in all the entire world, and that is the ex-gay minority. Most people say we're a myth, we don't exist, we're not real. There is no such thing as an ex gay person. And so most people think I'm simply lying. I think largely the gay community believes that I'm perpetuating some kind of fraud, that there is a way out of homosexuality. But I have been in ministry now about twelve years, and I do ministry sort of around the world in this area, and I can truthfully tell you there are thousands if not tens of thousands of people who have successfully left the homosexual lifestyle behind... So I can tell you that we do exist, there is such a thing as an ex gay minority group.

Worthen (1984) emphasizes the discrimination faced by ex-gays. He particularly urges his audience to support and provide resources to the burgeoning movement:

As I say, we get no support. We are not funded by any church except our own church, my local church, because churches are very fearful of this issue. Homophobia is really a major factor in this world today. Most of the churches would rather not discuss this problem. If they don't have to, they don't want to come to grips with this problem. And then we find today many churches now who have accepted that liberal theory, the gay theology, that it's

ok, and so they think our ministry is repressive, and that we're damaging people. So we have no support basically from the church community.

I feel that these people here, all of you gathered here today, can bring a message back to where you came from, and that's one of the reasons why I wanted to talk to you today...

Although Worthen's audience may have been unfamiliar with the ex-gay movement, they would not be for long. Christian radio, television, and magazines would begin to include ex-gay narratives. Pat Robertson's show, *The 700 Club*, included ex-gay stories in the 1980's. As Diamond (1998: 26-27) explains, these were commonly linked to the AIDS epidemic:

Salvation stories are often used to personalize topics dealt with in the new segments of the show. For example, news reports on the AIDS epidemic in the 1980s were typically followed by a story of a "former" gay man who, in his youth, had moved to San Francisco to dabble with drugs and perversion. But after watching so many of his friends die of AIDS, he had renounced his homosexual "lifestyle" and converted to Christ.

In 1994, Focus on the Family magazine featured a cover story on ex-gays (Diamond 1998). The *Lambda Report on Homosexuality*, a newsletter published in the 1990s, would also publicize ex-gay stories (Diamond 1998). These materials were still largely intended for an internal audience; they raised awareness of ex-gays within the conservative Christian community, rather than the general public.

However, in the 1990s, the Christian Right would share ex-gay stories more widely. Short films such as "The Gay Agenda" were distributed and shown to elected officials, ranging from members of Congress to local city councils (Colker 1993). The film was also deployed in a 1992 Colorado campaign to block anti-discrimination laws from including gay people (Schulze and Guilfoyle 1998). In addition to sexually charged images of gay life, these featured experts with academic credentials and the stories of ex-gays (Diamond 1998; Schulze and Guilfoyle 1998). Ex-

gays also gained more influence over the communications of the Christian Right when John Paulk, a leader in the ex-gay movement, was hired as a policy advisor for the Family Research Council (Fetner 2008).

Activists would take this tactic to the next level with the Truth in Love campaign, an advertisement campaign co-sponsored by the Family Research Council. This campaign published advertisements in seven major newspapers, including full page ads in USA Today, the New York Times, and the Washington Post. Each ad featured the testimony of an ex-gay leader, including leaders of Exodus International, the largest ex-gay organization. These ads emphasized that gay people were made, not born, and contrasted the loneliness of gay life with the real happiness to be found in a straight identity (Fetner 2005). The ads also suggested a complete transformation of the ex-gay person's sexual orientation, with some featuring the subject's spouse and children (Fetner 2005). In this way, they offered evidence of conversion therapy's value as well as its efficacy; conversion therapy worked, they argued, and those who pursued it were happier in the end.

Why did the Christian Right choose this moment to deploy the ex-gay narrative? Dynamics within the Christian Right played an important role. Through the 1980s, the Christian Right had focused its efforts on activism at the federal level, particularly by influencing Republican elected officials. However, by the 1990s, activists were frustrated by limited success in this front; instead, they shifted focus to more state and local efforts (Diamond 1995). With this shift, smaller, more local organizations proliferated; although these organizations often received support from the larger organizations, some also wanted to make a name for themselves. The campaign was first proposed by Janet Folger, an anti-abortion activist who had decided to "broaden her repertoire" (Goodstein 1998). After being passed up for a role with the Christian Coalition, she joined a small organization known as the Center for Reclaiming America (Goodstein 1998). On a conference call with other Christian Right organizations, she proposed an ad campaign featuring ex-gays. In a dense organizational field, Folger saw ex-gays as a promotional opportunity—for the movement at

large, but also for her own small organization (Goodstein 1998). Folger raised \$400,000 for the ad campaign (Goodstein 1998).

However, the Truth in Love ads were not the work of a single organization. They deployed narratives from leaders of ex-gay ministries, and were co-sponsored by a coalition of organizations including the Family Research Council. Thus, it is clear the idea had broader appeal within the movement.

One important factor was the changing social and political context in which the movement operated. In the 1990s, anti-gay activists began to be concerned that their efforts were being perceived as mean-spirited; public support for gay people was growing, and the Christian Right appeared to be targeting a group of people for no cause (Fetner 2008; Herman 1997). Leaders in the Christian Right (if not always the rank and file) were increasingly interested in moderating their tone and language to appeal to a broader audience (Gardiner 1998). The use of scientific, rather than moralistic, language helped to make the movement's claims appear more neutral in tone (Schulze and Guilfoyle 1998).

In addition, the movement faced two notable losses in the early 1990s in Oregon and Colorado. Both campaigns sought to prevent the adoption of anti-gay discrimination laws within their states. The outcomes of these campaigns each suggested a lesson for Christian Right activists. In Oregon, a Christian Right organization called the Oregon Citizens Alliance (OCA) sought to overturn state protections for gay employees in the state's executive branch (Diamond 1998). The OCA was able to put a measure on the state ballot to remove these protections. In 1988, the campaign succeeded, as voters adopted the measure. Hoping to build on these achievements, the OCA promoted Measure 9, a statewide initiative which would have banned the state from adopting laws against anti-gay discrimination or from providing funding for the "promotion of homosexuality, pedophilia, sadism, and masochism" (Diamond 1998: 161). The OCA's efforts were

characterized by assertive and unapologetically moralistic language (Gardiner 1998). For instance, the OCA's director, Lon Mabon, told the *New York Times* that the purpose of Measure 9 was "to simply state that it is the government's position that homosexuality is abnormal and wrong" (Egan 1992). However, Measure 9 was ultimately rejected by voters (Diamond 1998). This overtly moralistic approach did not play well with larger audiences.

In Colorado, activists shared the goal of preventing new anti-discrimination measures for gay people. However, rather than emphasize the deviance or immorality of gay people, their campaign focused on the idea that gay people should not be granted "special rights" (Berlet 1998; Diamond 1995; Schulze and Guilfoyle 1998). This strategy was intentional. The campaign was advised to lean in to the "special rights" rhetoric by national Christian Right organizations, which had been tested this approach with smaller audiences to establish its efficacy (Berlet 1998; Diamond 1998). As part of this rebranding, the campaign's sponsor, Colorado for Family Values (CFV), leaned more heavily on scientific resources. Indeed, in response to claims that the group promoted hatred, CFV responded "Facts don't hate; they just are" (quoted in Schulze and Guilfoyle 1998: 334). Activists deployed statistics in their reports and television ads to emphasize the sexual practices of gay people (Schulze and Guilfoyle 1998). They even reinterpreted findings from the Kinsey Institute to support their claims (Schulze and Guilfoyle 1998). Most notably, they deployed the film *The Gay Agenda*, which couples these statistics with ex-gay narratives (Schulze and Guilfoyle 1998).

Ultimately, CFV's Amendment 2 was adopted by voters, suggesting that this toned-down approach was more persuasive (Diamond 1998). However, when the measure was challenged in court, it was quickly overturned, first by the state Supreme Court in 1993, then the Supreme Court in 1996 (Diamond 1998). In *Romer v. Evans*, the Supreme Court found that Amendment 2 was an unconstitutional violation of the equal protection clause of the US constitution. The Court found

that the Amendment set aside one group of people, based on their sexual orientation, and then denied that group the same rights and privileges enjoyed by others.

In this context, proponents of these bills felt the need to employ a new strategy (Herman 1997). The movement hoped to challenge the perception that gay people constituted a distinct group of people, rather than people engaging in a form of behavior. While the former could be covered by the equal protection clause, the latter would be easier to regulate. At the same time, they wanted to build on the use of scientific resources to make their case. When Focus on the Family held its 1994 Conference in Colorado, the topic of changing strategy was raised by a Focus on the Family official. According to film of the proceedings provided to a local paper by gay rights activists, the official explained:

Obviously, over the short term, we are trying to roll back the militant gay agenda, wherever and however it manifests itself, whether that be in domestic partnership ordinances or that be in school curriculum issues.... [avoid] the appearance of bigotry, arguing on the grounds of fairness, as opposed to overt appeals to biblical morality in the square...To the extent we can control our public image, we must never appear to be bigoted or mean-spirited (Harkavy 1996).

Rather than frame their claims in religious terms, the official further argued, activists should use "empirical science." He added that "Americans consider [science] to be the gospel truth" (Harkavy 1996). By deploying scientific resources, activists could reach new audiences who did not share their views.

The ex-gay movement was especially appealing in this regard, because it combined a scientific rationale with emotional appeal. As noted above, ex-gay leaders drew on psychoanalytic theories even before professional, credentialed conversion therapists began to engage with them. Moreover, in contrast to the Christian Right's previous rhetoric about morality and sin, the ex-gay

narrative seemed to be a gentler approach (Fetner 2005; 2008). The ex-gay movement claimed to offer help and support from people with similar experiences, rather than judgment from heterosexuals. The movement was also well suited to political fights over gay rights protections. Ex-gays cite their existence as evidence that gay people are not born gay, and can change their sexual orientation. Thus, they undermine the “born this way” argument deployed by gay activists in support of gay rights protections. If gay people can stop being gay, the thinking goes, then they do not need “special rights” (Fetner 2005; 2008).

THE COALITION TAKES ON THE SCIENCE

At a moment when the Christian Right was looking to change its public perception, the ex-gay movement seemed to offer a solution. The Christian Right could soften its image while laying a foundation for future efforts to challenge gay civil rights protections. There was, however, one potential barrier to this approach: activists needed scientific resources to bolster its claims, resources which the general public would respect.

Certainly, the Christian Right had cultivated some scientific resources. Over the past two decades, the Christian Right had developed thinktanks to produce supportive reports for lawmakers, and a Christian media network that could share them with sympathetic audiences. In addition, the ex-gay movement was, by design, highly compatible with published psychoanalytic research from previous decades. Ex-gays had developed personal testimonies that framed their experiences using the ideas of an earlier generation of psychoanalysts. At the same time, some academic psychologists and other mental health professionals shared the movement’s beliefs about sexual orientation. As opportunities for professional advancement and recognition closed within their professions, engagement with the Christian Right became an increasingly attractive option.

Thus, as these three camps converged, they each brought something to the table. Professional psychologists and psychiatrists brought their academic credentials and knowledge of

the psychoanalytic literature. Ex-gays brought evidence, in the form of stories, that would illustrate and humanize the claims of these experts. Finally, the Christian Right's network of media outlets and thinktanks ensured that these science claims could be disseminated far and wide.

Still, if this new coalition was to claim that science supported conversion therapy, they would need to confront a new generation of scholars who did not share this view. In 1973, the APA had publicly announced that "homosexuality" was not a mental illness. In 1989, the last diagnosis directly related to homosexuality was removed from the Diagnostic and Statistical Manuals (Drescher 2010). It wasn't just the APA who had opposed the medical model of homosexuality. After the DSM decision, other professional associations followed suit. Only the American Psychoanalytic Association had yet to issue a statement along these lines, and even that association had started to distance itself from conversion therapy by no longer allowing conversion therapists to sponsor events at its annual conference (Waidzunas 2015: 85-86).

Beyond these formal statements, the professional associations also contained organized groups who were poised to respond to any efforts to return to a medical model. Since the late 1970s, affinity groups had organized within the professional associations to make LGBT professionals visible within their fields, to research the social causes of mental health challenges for gay people, and to promote gay-affirming therapy as an alternative to conversion therapy (Waidzunas 2015). Some of these professionals already recognized the potential challenge posed by the new coalition. In 1995, for instance, some professionals within the American Psychological Association began pushing for a policy against conversion therapy in response to the formation of NARTH (Waidzunas 2015). Similarly, the American Psychiatric Association's committee on gay, lesbian, and bisexual rights sought a statement opposing treatment where the psychiatrist intends to change the patient's sexual orientation (*Christianity Today* 1994). Although these efforts did not succeed at the time, they demonstrated that mental health professionals within the associations were paying close attention to efforts to promote conversion therapy.

Of course, the professional associations have never spoken for all their members. Nor can their statements be seen as a pure reflection of the science, to the extent that such a thing is even possible; like all organizations, internal politics influence when and where such statements are made. Nonetheless, it is precisely because science is messy that the professional associations can exert meaningful political influence. In public debate, the professional associations represent a simple and straightforward way for laypeople to measure the “mainstream” view within a field; their statements are used as shorthand in media coverage and cited in policy disputes. In this way, professional associations are symbols of the scientific consensus.

Thus, the view espoused by the professional associations—that homosexuality was not a mental illness—posed a problem for the new coalition opposing gay rights. The problem was compounded by the response to the Truth in Love advertisement campaign. The ads led to a flurry of media coverage, most of which treated ex-gays as a “human interest” story rather than a social movement with its own political goals (Fetner 2005; 2008). In response, opponents of conversion therapy within the APA urged it to take action to clarify the association’s view (Waidzunas 2015). They succeeded. In 1998, the APA issued a statement proclaiming that the practice of conversion therapy was unethical and unsupported by the evidence. The American Psychoanalytic Association would follow a year later (Waidzunas 2015).

Thus, when the APA publicly rebuked conversion therapy, it created a problem for the new coalition. From this perspective, they had a logical next step: to challenge the professional associations themselves. They did so by mirroring the playbook of gay rights activists a generation before. First, they held protests outside the annual conferences of the APA. Next, they participated in research with a sympathetic researcher. Finally, they pushed the professional associations to take this research seriously. These efforts would obtain mixed results within the professional associations.

Challenging the APA

In 1999, a small group of ex-gays decided to protest outside the annual conference of the American Psychiatric Association in Washington, DC. The parallels to gay rights activists of the early 1970s were impossible to miss, and quite possibly intentional. However, the similarities were mostly superficial. Gay rights activists had needed to disrupt the proceedings of several annual conferences over a three year period in order to have their views considered. In contrast, the ex-gays stood outside the conference hall, carrying picket signs in support of the movement.

Their efforts paid off far beyond their expectations. Dr. Robert Spitzer, the psychiatrist who had brokered the removal of the homosexuality diagnosis in 1973, saw their protest and was intrigued by their claims. After attending their press conference, he agreed to study them, provided they supplied him with interviewees. A majority of his participants were referred by the National Association for Research and Therapy of Homosexuality (NARTH), or by Exodus International. As Spitzer explained to the *Washington Times* (2001):

I would have worked with the devil if he had referred me subjects...They were not easy to find. When I went to my colleagues, they said they had patients they had helped to change, but they were not comfortable calling them up.

As Waidzunas (2015) persuasively demonstrates, Spitzer's decision to conduct this research may appear to be a reversal; however, it is not actually a departure from his previous views. Spitzer's support for removing the homosexuality diagnosis reflected his interest in overhauling the criteria for diagnosis, not a desire to normalize homosexuality. Indeed, Spitzer created and defended the diagnoses that legitimized the continued practice of conversion therapy, such as "ego-dystonic homosexuality"; in 1981, he even wrote to the *American Journal of Psychiatry* that "To remove that category...would be viewed as the acceptance of the view that homosexuality is a normal variant" (Waidzunas 2015:82).

Eager to share the results of his research, Spitzer first sought to organize a debate about the subject at the 2000. Although this effort was unsuccessful, the APA's gay, lesbian, and bisexual group arranged a symposium the following year. The symposium included a panel of opposing and supporting psychiatrists (*Washington Times* 2001).

News outlets published articles about the study before it was even submitted for publication. Christian Right leaders, ex-gay activists, and professional conversion therapists went to work promoting the study. John Paulk, then the ex-gay Board Chair of Exodus International, informed readers of the study in a 2000 Focus on the Family newsletter. Joseph Nicolosi lauded Spitzer's research in a 2001 *Washington Times* article:

The assumption that people can't change is a political conclusion rather than a scientific conclusion. It points to the influential gay lobbyists within the profession, of which there are many. When we issued a study last year saying more than 800 people had changed, it was pushed to the side. But when Spitzer issues this, it has to be listened to because of his track record as a gay advocate.

In 2000, a new version of the ex-gay advertisement described Spitzer's study, and history, at length:

Psychiatrist Robert L. Spitzer, M.D. was a key player in the original 1973 decision to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. He was moved to rethink the issue of sexual reorientation therapy when a group of former homosexuals picketed a 1999 APA meeting. Since then, Dr. Spitzer has talked to numerous exgays and has had a radical change of mind regarding the possibility of change....Indeed, thousands of people have succeeded in changing—with and without therapy. Don't others have the right to hear about this kind of success? (Focus on the Family 2000)

The study was ultimately published in the *Archives of Sexual Behavior* in 2003. Editor Kenneth Zucker decided to publish the study without peer review, but accompanied by 26 commentaries—

some in support, some in opposition. Waidzunas (2015:100) observes that Zucker's decision may have been motivated by his own research, which involves a form of conversion therapy for transgender youth.²⁰

The official publication of the study offered the coalition of the Christian Right, ex-gay movement, and professional conversion therapists a mainstream resource: one which could be deployed for both scientific and general audiences. In 2009, they would cite the study as part of their efforts to influence a Task Force report from the American Psychological Association on conversion therapy. These efforts would achieve some success; for instance, the report noted that a religious identity might be more important than a gay identity for some clients, and discouraged pushing a client to embrace a gay identity against their religious beliefs (Waidzunas 2015). Beyond the professional associations, opponents of gay rights would cite the study in their own messaging and reports. Dr. Jeffrey Satinover, a NARTH affiliate, would even cite the Spitzer study in remarks to the Massachusetts legislature during the gay marriage debate (Waidzunas 2015: 106).

Ultimately, these efforts achieved mixed results. On the one hand, the proponents of conversion therapy had successfully identified and exploited gaps in the science claims of gay rights activists. They had demonstrated the extent of disagreement within the mental health professions on the subject of sexual orientation. At the start of this period, newspapers suggested that the professional associations had reversed their position on homosexuality. By the end, they had shown that even Robert Spitzer, known for his role in delisting the homosexuality diagnosis, did not believe that gay was good.

On the other hand, opponents of conversion therapy within the professional associations responded to the campaign by pushing for statements against conversion therapy. In 2009, a Task

²⁰ As Drescher explains, the Gender Identity Disorder diagnosis has also been applied to gay, lesbian, and bisexual youth.

Force of the American Psychological Association would conclude that conversion therapy was not supported by the evidence. In short, within the professional associations, the coalition's efforts may have backfired. By the end of this period, gay rights activists had more scientific resources at their disposal than ever before. These statements, produced by the professional associations, made it easy to claim that their views were in line with a scientific consensus. Indeed, gay rights activists would deploy these statements in a new battle: to ban conversion therapy outright.

CONCLUSION

The American Psychiatric Association's decision to remove the homosexuality diagnosis from the DSM failed to resolve the debate over conversion therapy either politically or scientifically. By "unsettling" the science, the APA changed the distribution of mainstream scientific resources. In this new environment, both proponents and opponents of gay rights had mainstream resources on which they could draw.

This shift created new incentives and new opportunities for *both* sides of the conflict. For gay rights activists, the "new" science was a potential resource, but not one that could be fully utilized. Many within the mental health professions still believed conversion therapy had merit, making further inroads on the subject unlikely in the short term. Moreover, in their political efforts, activists still had to overcome traditional views of gay people as deviant— regardless of what the science said. As opponents of gay rights coalesced into a formal movement, they framed their attacks in terms of morality as much as science. As a result, gay rights activists could not rely on scientific resources alone to support their calls for anti-discrimination protections. However, the delisting of the homosexuality diagnosis also facilitated organizing by professionals within their respective professional associations. Over time, the movement would continue to accumulate mainstream scientific resources, until gay rights activists enjoyed the bulk of these resources. By

the end of this period, activists were well positioned to take up the issue of conversion therapy once again—this time, in the California legislature.

For opponents of gay rights, the loss of mainstream scientific resources may have propelled some activists into action. It also shaped how activists defended their critiques of gay rights. For ex-gay activists, who believed they had lost psychiatry as an ally, the shift encouraged them to create an alternative to secular conversion therapy. As they blended elements borrowed from psychoanalytic theories with their religious faith, they created a body of alternative scientific resources that could be deployed in future policy battles. In particular, the stories or testimonies of ex-gay activists, which drew from psychoanalytic theories about the origins of homosexuality, could be offered as proof that these theories were correct.

For professional conversion therapists and other anti-gay researchers, the shift reduced opportunities for engagement with other mental health professionals and the interest of the media in their expertise. However, for those who remained, opportunities for influence beyond the academy became more attractive than before. As opportunities closed within their fields, these researchers drew closer to the ex-gay movement and Christian Right. In addition, by creating new institutions and associations to support their work, they established new alternative scientific resources which could be cited in political disputes.

Finally, for the Christian Right, the shift created a small but dedicated pool of experts looking for support outside of academic circles. At first, the Right's public claims leaned more on morality than science. However, when their claims failed to achieve their desired results, they sought out scientific resources in order to secularize their claims for wider audiences. The Christian Right's network of thinktanks facilitated the movement's efforts to disseminate these scientific resources. These efforts had mixed results. A Christian Right campaign to spread the ex-gay narrative successfully generated media coverage for their claims about conversion therapy,

bringing their views to a general audience. At the same time, these efforts seem to have backfired in mainstream scientific institutions, as the major professional associations responded by taking firm positions against conversion therapy. By the end of this period, opponents of gay rights would have well-developed alternative scientific resources at their disposal, but little else to defend their stance.

CHAPTER 3: SCIENCE AND STORYTELLING IN THE CALIFORNIA LEGISLATURE

In 2012, California adopted Senate Bill-1172, the first statewide ban on conversion therapy for minors in the United States. The bill was arguably a victory for those who believe science and expertise should play a larger role in public policy. Indeed, the text of the bill emphasizes that science—as interpreted by the major professional associations—was the impetus for the ban.

Indeed, in 2012, LGBT activists enjoyed substantial mainstream scientific resources. After years of compromise positions, the major professional associations had finally taken a firm position *against* conversion therapy. In a strange development, LGBT activists could now argue for their preferred policies on the grounds that they were supported by the institution of psychiatry. Despite the asymmetry of mainstream scientific resources, anti-LGBT activists did not cede the science to their opponents. Instead, they sought to prove that conversion therapy was still a scientifically legitimate practice. To do so, they would attempt to rely on the few mainstream scientific resources they still had left. By combining these with their alternative scientific resources, they hoped to create the impression that researchers were still debating the merits of conversion therapy.

In this chapter, I show how activists deployed their hard-won scientific resources in the California conversion therapy debate. First, I provide some background on the evolution of Senate Bill-1172. Next, I outline how each side of this debate made their case that the “science” was on their side. I show that both opponents and proponents treated professional associations as a marker of scientific authority, and linked themselves to these associations to demonstrate credibility. At the same time, I show how opponents of the ban used alternative resources to justify their interpretation of the evidence. Third, I show how both sides used storytelling as another form of evidence to back their science claims. These stories did not replace scientific resources. Rather,

opponents and proponents of the bill used these stories to demonstrate that their version of the science was correct.

Fourth, I consider how activists navigated a potential obstacle to enacting a bill based on science: the fear that the science might change. This fear is especially salient in the case of conversion therapy because the position of mainstream scientific institutions *has* changed over time. I show how both sides downplayed the change in the position of professional associations. Proponents of the bill were able to use the change in the science selectively, highlighting the retraction of a well-known study supporting conversion therapy to suggest that the last “real” study had been debunked. Opponents, however, struggled to address the change in the position of these associations without acknowledging that these associations opposed their stance.

Finally, I consider the effectiveness of these strategies. How important was science to the passage of the bill? I suggest that mainstream scientific resources were crucial in this debate. In particular, the statements by the major professional associations allowed activists to argue that there was a scientific consensus on the issue of conversion therapy. By doing so, activists addressed potential fears about congressional overreach; by emphasizing that the associations already opposed conversion therapy, activists suggested that a ban would not regulate science, but merely enforce what had already been decided by scientists.

THE ORIGINS OF SB-1172

Senate Bill 1172 (SB-1172) was adopted in California in the fall of 2012. It was the first ban on conversion therapy—which it refers to as “Sexual Orientation Change Efforts”—for minors in the United States. California Senator Ted Lieu was the bill’s original sponsor; he was joined by Assemblywoman Fiona Ma. The bill also had several non-governmental sponsors, including Equality California, an LGBT organization; the National Center for Lesbian Rights; and Mental Health America of Northern California.

Senator Lieu noted that he had been inspired by the story of Kirk Murphy, a gay man who underwent conversion therapy as a child without success. The story had recently been featured in a television special by newscaster Anderson Cooper. As Lieu explained on *National Public Radio*:

Last year, I watched a show on television. It was a news show and it was documenting reparative therapy, otherwise known as gay conversion therapy, and it talked about a person named Kirk Murphy who went through the sissy boy experiments, and he was held up as, you know, someone that they were able to convert and change and then, later, he committed suicide. And it was very clear for me that this therapy was evil and, earlier this year, a group called Equality California came to my office with an idea on reparative therapy and I jumped at the opportunity to carry the bill (Martin 2012).

The story of a lawmaker discovering the human cost of “junk science” through investigative journalism is a compelling one. However, it is not the whole story. Equality California, an LGBT social movement organization and one of the bill’s sponsors, offered its own version of the bill’s origins. Before the 2012 legislative session began, California’s LGBT social movement organizations learned that the National Association for Research and Therapy of Homosexuality (NARTH)²¹ was an accredited continuing education provider in the state. These SMOs were looking for a way to challenge the state-sanctioned position NARTH enjoyed, and to ensure that other conversion therapy providers could not gain the same status.

Recent victories suggested that the time was right for such a challenge. Just two years earlier, Equality California had sponsored a bill to remove language promoting conversion therapy from California’s Welfare and Institutions code, which passed with a nearly unanimous bipartisan

²¹ NARTH has since rebranded as ATCSI, the Alliance for Therapeutic Choice and Scientific Integrity. They moved their headquarters out of California following the passage of SB-1172.

vote.²² The movement also had more scientific resources at its disposal than ever before. The last diagnosis that justified conversion therapy for gay and bisexual patients had been removed in 1989 (Drescher 2015). All the major professional associations related to mental health had released statements opposing conversion therapy, including the American Psychiatric Association, American Psychological Association, and American Association of Marriage and Family Therapists. In 2009, an American Psychological Association task force conducted an extensive review of the literature on conversion therapy. The task force's report concluded that, based on existing research, conversion therapy was unlikely to work and was likely harmful. In other words, LGBT activists had ample scientific resources to promote the new ban.

The bill went through several revisions. In its original form, the bill targeted conversion therapy for both adults and children. For adults, the law would have required the therapist to obtain informed consent, in writing. Therapists who failed to obtain written informed consent or who practiced "therapeutic deception" could be subject to legal action by the patient. Notably, the bill specifically defined "therapeutic deception" as "a representation by a psychotherapist that sexual orientation change efforts are endorsed by leading psychological associations or that they can or will reduce or eliminate a person's sexual or romantic desires, attractions, or conduct toward another person of the same sex." In other words, even the language of the bill emphasized that the major professional associations opposed the practice of conversion therapy. The original bill would have fully banned conversion therapy for those under 18, on the grounds that they could not give informed consent.

Though uncommon, there was precedent in California for regulating and restricting dangerous medical practices. In 1967, California adopted the Lanterman-Petris-Short Act. The bill includes a variety of provisions intended to empower mental health patients. Among its provisions,

²² Specifically, this provision mandated that public funds be spent on developing new treatments for "homosexuality," in order to prevent sex crimes.

the bill regulates the practice of psychosurgeries, such as lobotomies. It states that psychosurgery can only be performed with the patient's written informed consent, specifies the conditions that must be met before conducting a psychosurgery, and bans psychosurgery for minors regardless of circumstances. These provisions are still codified in California's Welfare and Institutions Code, under provision 5326.6. The law has also withstood legal challenge, as it was upheld by a California appeals court in *Aden v. Younger* in 1976.

Nonetheless, this early version of the bill ran into two obstacles. First, California had recently adopted a law, Senate Bill 543, that allowed minors as young as twelve to consent to mental health services without the consent of their parents. There were concerns that SB-1172—which in its original language declared that minors under 18 could not give informed consent to conversion therapy—would contradict this law. Second, several of the mainstream professional associations opposed the bill. At the start of the legislative process, four professional associations signed a joint letter declaring that they took an “oppose unless amended” stance towards the bill. In comments to the legislature, representatives of the California Psychiatric Association, California Psychological Association, and California Association of Marriage and Family Therapists raised several concerns. They feared that the definition of “sexual orientation change efforts” was overbroad, and might be construed to include any exploration of a patient's sexual behavior or identity. They also had questions about the informed consent process outlined in the bill.

Though not expressed directly, these associations may also have had reservations about the prospect of legal consequences for the practice of therapy. Amanda Levy, representing the California Psychological Association, noted that there were already avenues within the professional associations for filing complaints about practitioners. In the end, the provision granting patients “cause of action” was dropped from the bill. In its place, the bill contained a provision leaving the question of consequences to the professions themselves. The final bill states that conversion therapists would face “discipline by the licensing entity for that mental health provider.”

After these concerns were addressed, the major professional associations withdrew their opposition to the bill. Indeed, the final version includes statements and reports from nine of these organizations condemning the practice, including the American Psychiatric Association, the American Psychological Association, and the American Medical Association’s Council on Scientific Affairs.

Ultimately, the final version of the bill allows for three major exceptions. First, conversion therapy is only banned for patients under 18; there is no reference to adults in its language. Second, the bill only applies to conversion therapy conducted by licensed professionals. The latter exception leaves religious figures—by some estimates, the most common practitioners of conversion therapy—free to continue their operations (Mallory, Brown, and Conron 2019). Finally, the bill is vaguer than might be desirable on the issue of conversion therapy for transgender youth. It defines “sexual orientation change efforts” as an effort to change “sexual orientation.” Although it notes that efforts to change sexual orientation may include “gender expression,” it does not specify efforts to change “gender identity,” as bills adopted in other states would later do. However, SB-1172 does include statements by the major professional associations that oppose conversion therapy for transgender people in the rationale for the bill. Moreover, it is difficult to imagine how conversion therapy would target gender identity without altering gender expression.

Despite the narrow scope of the bill, it faced opposition. In particular, the coalition of conversion therapists, ex-gay activists, and Christian Right organizations discussed in the previous chapter would make their position known. Although this coalition lacked mainstream scientific resources, it would nonetheless claim that science was on its side.

LGBT ACTIVISTS AND THE “SCIENTIFIC CONSENSUS”

Throughout the debate, the supporters of Senate Bill-1172²³ emphasized that they alone enjoyed the support of mainstream scientific institutions. They leaned heavily on scientific resources to illustrate these claims. Proponents cited statements made by the major professional associations condemning conversion therapy. They also noted a 2009 report from an American Psychological Association task force, which found that research had not proven conversion therapy to be safe or effective. The bill's supporters quickly put these resources to use, citing them as evidence of a "scientific consensus" against conversion therapy.

From its introduction, Senate Bill 1172 was framed as a policy based on science. As Senator Lieu, the bill's author, explained on the Senate floor:

This bill seeks to ban a form of junk science known as reparative therapy.²⁴ Reparative therapy is also known as gay conversion therapy, and it's the misplaced belief by some therapists that you can convert someone who is gay or lesbian to someone who is straight. The medical community has rejected this; there is no medical data for this practice. But it's not just that people are wasting their time and money on these therapies that don't work. It's that these therapies are dangerous. And so here are statements from some of the mainstream medical organizations.

As Lieu's comments suggest, the statements of professional associations against conversion therapy were essential to legitimize the bill.

²³ I use the terms "supporters," proponents," and "opponents" of the bill throughout my discussion of the California conversion therapy ban debate. This language reflects that the debate included lawmakers and lawyers as well as "traditional" activists. The phrase "LGBT activists" refers exclusively to statements by activists themselves.

²⁴ As noted in chapter one, "reparative therapy" is a euphemism for conversion therapy that stems from the school of psychoanalysis developed by Sandor Rado and his successors. It comes from the belief that all people are heterosexual. From this perspective, people engage in non-heterosexual behavior as a "reparative adjustment" or "reparative drive" to meet their needs for sex and companionship in spite of psychological issues that block them from heterosexual behavior.

In statements to the legislature, LGBT activists highlighted the support of these associations as evidence of the quality of the science. Alice Kessler, representing the social movement organization Equality California, described the purpose of the bill to the Senate Business Committee:

The existing research that has been conducted on sexual orientation change efforts has disproven its efficacy and has demonstrated that it's affirmatively harmful, especially when it comes to youth. And based on this research, as Senator Lieu pointed out, many of the various mental health associations have taken a strong position against Sexual Orientation Change Efforts.²⁵

Christopher Stoll, a staff attorney for the National Center for Lesbian Rights, elaborated:

Because this therapy has no scientific basis, and carries such high risks, many of the country's major mental health and medical associations have issued policy statements concerning its use. The American Psychological Association has adopted a resolution stating that there is insufficient evidence to support the use of psychological interventions to change sexual orientation and has urged mental health professionals to avoid misinterpreting or misrepresenting rather the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation.²⁶

As these remarks suggest, the bill's supporters saw professional associations as the adjudicators of quality science. Both Kessler and Stoll claim that the statements of the professional associations were made because of these association's expert review of the research; thus, these statements can be seen as a proxy for the state of the research on the issue. In this way, advocates deployed

²⁵ Remarks to the California Senate Business, Professions, and Economic Development Committee. April 23, 2012.

²⁶ Remarks to the California Senate Business, Professions, and Economic Development Committee. April 23, 2012.

statements by the professional associations as shorthand for a scientific consensus against conversion therapy.

This shorthand also allowed advocates to avoid getting bogged down by the details of the research itself. Although the bill itself references some studies, proponents rarely addressed the nuances of scientific research on the House and Senate floor. The closest they came to research was when they cited the *conclusions* of the American Psychological Association's 2009 Task Force report on conversion therapy, which determined that research did not support the claims of conversion therapy practitioners.

ANTI-LGBT ACTIVISTS AND ALTERNATIVE SCIENTIFIC RESOURCES

The professional associations were a vital resource for proponents of Senate Bill 1172, who proposed that these associations represented a “scientific consensus. This framing posed a clear problem for *opponents* of the ban. If these associations could speak on behalf of science, and they opposed conversion therapy, then how could conversion therapists defend the practice?

Surprisingly, opponents of the ban did not challenge the authority of these associations to determine what qualifies as good science. Instead, they simply contested that there was a scientific consensus against conversion therapy. They achieved this balancing act in three ways: by minimizing their conflicts with the major professional associations, by reinterpreting *mainstream* scientific resources (such as the American Psychological Association's task force report), and by suggesting that what appear to be scientific resources are actually just political documents.

Rather than challenge the authority of the professional associations, opponents of the ban used this authority to demonstrate their own expertise. By minimizing the conflict between their views and those of the professional associations, activists sought to present themselves as mainstream experts. This strategy was facilitated by the inaction of the professional associations on the issue of conversion therapy. Although these associations had condemned the practice, they had

not revoked the license or professional membership of any therapist for practicing conversion therapy. Thus, even though these therapists were on the intellectual fringes of their fields, they were still licensed and credentialed therapists.

In their remarks, conversion therapists emphasized their professional credentials, including as members of associations that oppose conversion therapy. NARTH member David Pickup introduced himself as

a licensed marriage and family therapist in the state of California, an associate member of the APA, a member of CAMFT [the California Association of Marriage and Family Therapists], and a member and representative of the National Association for the Research and Therapy of Homosexuality.²⁷

Similarly, fellow NARTH member Jerry Harris described himself as a

licensed marriage and family counselor, a member of the American Psychiatric Association, American Association of Marriage and Family Therapists, and the California Association of Marriage and Family Therapists... the board member of NARTH, the National Association for Research and Therapy for Homosexuality.²⁸

By beginning their remarks with their extensive professional memberships, these conversion therapists highlighted their links to mainstream institutions. Membership in professional associations gave them some credibility to speak to the science, even though their views opposed official stances taken by these same associations. At the same time, these conversion therapists moved smoothly between their mainstream and alternative credentials, listing the National Association for Research and Therapy of Homosexuality in the same breath as mainstream professional memberships. In doing so, they attempted to close the gap in mainstream credibility

²⁷ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

²⁸ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

between the major professional associations and alternative professional associations such as NARTH.

Indeed, a casual listener might assume that NARTH was merely another association for mental health professionals, rather than an organization founded specifically to defend conversion therapy. Senator Lieu appeared to make this mistake. During one of the first sessions related to the bill, Lieu replied to NARTH representatives:

Thank you. So we never got a letter of opposition from NARTH, [but] we're happy to work with them. We believe they are reading the bill completely incorrectly and we'll work with them as we work with all the other medical providers.²⁹

In contrast, he would respond forcefully to their claims a few short weeks later. Lieu responded to NARTH's concerns as follows:

So first of all we have reached out to NARTH, we also did not get a letter. But look, NARTH is never going to come out and say, hey, we're engaging in an unauthorized practice of medicine. They're not going to say that, and they're not going to say, "Look, the American Psychiatric Association says, We oppose your form of therapy and we're going to do it anyways." You're not going to hear that from them. What you will hear is sort of the testimony today. But if you really listen to what the witness said, they do view this as a condition that needs to be fixed....so it is exactly their practice that this bill does intend to target.³⁰

²⁹ Remarks to the California Senate Business, Professions, and Economic Development Committee. April 23, 2012.

³⁰ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

In this way, Lieu constructed boundaries between the mainstream scientific associations and the alternative associations such as NARTH. Nonetheless, conversion therapists would continue to present themselves as aligned with the major professional associations throughout the debate.

As part of their effort to minimize differences with the professional associations, opponents of the ban suggested that there was no conflict between the decision to remove “homosexuality” from the Diagnostic and Statistical Manual (DSM) and their own conversion therapy practices.

NARTH member David Pickup explained that

NARTH does not believe that homosexuality is a mental disorder. NARTH clinicians never, as a policy, coerce anyone in *any* kind of therapy, especially our beautiful young children: gay, straight, LGBT, or ex-gay.³¹

NARTH member Jerry Harris elaborated on this position:

all the therapists that I know that are involved with clients presenting with unwanted same sex thoughts, feelings, and behaviors, do not start with the assumption that homosexuality is a mental illness. It has not been a mental illness for decades, and it is not a mental illness now. But there is a concern because it's *unwanted*. And so the clients want to know how to deal with it, resolve it, how should they move forward. And that's what a therapist helps them to do.³²

In these remarks, Pickup and Harris suggest that conversion therapy was compatible with the APA's position, established back in 1973, that “homosexuality” is not a mental illness. Still, conversion therapy was still appropriate for some patients; a patient might seek to change their sexual orientation not because they believed they were mentally unwell, but because being gay or bisexual was undesirable to them. From this perspective, the decision to engage in conversion

³¹ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

³² Remarks at a California Senate Judiciary Hearing. May 8, 2012.

therapy is a question of free will that should be left to patients. This argument echoes earlier versions of the Diagnostic and Statistical Manuals (DSM). After the 1973 decision, the DSM included a series of diagnoses, such as “ego-dystonic homosexuality,” which legitimized conversion therapy for a patient distressed by their sexual orientation (Drescher 2015). Although these diagnoses had been removed decades earlier, they had once been accepted by mainstream scientific institutions. By hearkening back to these diagnoses, conversion therapists sought to close the gap between their practices and the views of mainstream professional associations.

After establishing their expertise, conversion therapists reinterpreted mainstream scientific resources that appeared to favor their opponents. Like the bill’s supporters, these activists cited the American Psychological Association’s 2009 task force report on the scientific literature on conversion therapy. Unlike the bill’s supporters, however, they suggested that the report *failed* to prove that conversion therapy was harmful. NARTH member David Pickup described his understanding of the report:

Through lengthy analysis, NARTH has determined that any of the scientific studies cited in 1172, most notably the Ryan study, when viewed through the lens of the APA task force’s high methodological standards, simply demonstrates how science appears to have been hijacked in service of concocting an authoritative sounding link between SOCE, family rejection, and negative health outcomes. There are no scientific grounds for referencing this, the Ryan study, as justification for a ban on SOCE to minors.³³

By citing the Task Force’s own standards, Pickup suggests the report’s conclusions are based on poor reasoning and shoddy evidence. Critically, he implies that this mismatch between data and

³³ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

findings is no coincidence, but the result of political maneuvering. *He* is the one speaking up for science; the bill's supporters have merely "hijacked" it for their own ends.

Pickup even took a step further, suggesting that the bill was an attack on the autonomy of the professional associations. He sprung to their defense:

of all the mental health associations referenced by 1172, none have banned SOCE with minors. The unmistakable implication of this bill is that the California licensing agencies and mental health associations are so derelict in their protection of LGBT youth that politicians must step in and do their work for them.³⁴

Pickup's statement is technically correct. Although the professional associations had issued statements condemning conversion therapy in general, none had specifically banned conversion therapy for minors. By emphasizing this fact, Pickup minimized conflict between his position and the professional associations, and repositioned himself as a defender of these associations. At the same time, he suggests that what appear to be mainstream scientific resources—such as the American Psychological Association's Task Force Report—rely on shoddy evidence. In this way, he cast the entire campaign to ban conversion therapy as a *political* effort—not a proposal backed by science.

STORYTELLING AS A "SCIENTIFIC" RESOURCE

Despite the asymmetry of scientific resources, both opponents and proponents of the ban relied on these resources to make their case. The bill's supporters deployed their mainstream scientific resources, citing various statements by the major professional associations. Meanwhile, opponents compensated for their lack of mainstream resources by highlighting the only mainstream resource they had left—their own professional credentials. They combined this effort with a series of alternative resources, such as an analysis by NARTH. Still, as Senator Lieu's remarks suggested, it

³⁴ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

was relatively easy to dismantle their claims to be part of mainstream science. However, there was one additional form of evidence that both sides could claim: the stories of people who had experienced conversion therapy. While proponents of the ban highlighted the stories of conversion therapy victims, opponents drew on ex-gay testimonies to argue that conversion therapy was safe and effective.

In the legislature, supporters of the ban did not delve deeply into research on the science of conversion therapy. Although the bill's proponents repeatedly characterized conversion therapy as "junk science," "harmful sham therapies," and "quackery," they did not expound on the scientific limitations of their opponents' claims. Instead, advocates highlighted the stories of former conversion therapy patients to illustrate the harms of the practice. As Senator Lieu noted on the Senate floor:

This is not just theoretical; we have actual harm from these therapies. This bill was brought on behalf of people such as Kirk Murphy, who went through reparative therapy as a child. It was known as the "sissy boy" experiments.... And as a result Kirk Murphy later committed suicide. This bill is also brought on behalf of people like Ryan Kendall, who went through reparative therapy as a child, [and] was told that he had to "butch up."³⁵

Critically, Lieu suggests that science alone would not be a sufficient reason to ban the practice of conversion therapy for minors. However, since the issue is "not *just* theoretical," lawmakers should take action (emphasis mine). Stories, such as the cautionary tale of Kirk Murphy, were offered as evidence of this "*actual* harm." (emphasis mine) Thus, even as they argued that "science" proved that conversion therapy was harmful, proponents of the ban claimed that stories were evidence that the science got it right.

³⁵ Remarks at a California Senate Floor Session. May 30, 2012.

In line with this strategy, former conversion therapy patients shared their stories directly with the legislature. Ryan Kendall, the former patient mentioned above, shared his experiences with “depression, periods of homelessness, and drug abuse” after running away from home to escape conversion therapy. Kendall’s account offered legislators a reason why *minors* were a uniquely vulnerable group that needed to be protected from this practice, even against the wishes of their parents. Peter Drake, another former patient, described his own failed efforts in conversion therapy to the Senate Judiciary Committee:

I am left handed and I am gay. I could learn to write with my other hand, but that is not who I am, and I would never be comfortable as a right hander...I’ve had personal, painful experience with the harm that can be done by reparative therapy, otherwise known as SOCE work. I spent nearly three years subjected to this therapy from 2001 until 2004. And it was extremely detrimental to my mental health.³⁶

Drake’s story suggests that conversion therapy was not just harmful, but also futile; his sexual orientation is as natural and immutable as having a dominant writing hand. In this way, Drake’s experience becomes evidence that sexual orientation cannot and should not be changed.

Opponents did not let these stories stand. Instead, they challenged them on two grounds. First, they questioned the stories of harm offered by supporters of the ban, noting that no complaints had been lodged with the major professional associations against conversion therapists. Second, they offered stories of their own, citing their experiences as patients and practitioners as evidence that conversion therapy could be helpful. Jerry Harris, for instance, noted the “thousands, thousands of members of support groups and quote ex-gay members, from such groups as EXODUS,

³⁶ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

Jonah, Courage, Evergreen, et cetera,” who had undergone conversion therapy.^{37 38} In a hearing in front of the Senate Business Committee, conversion therapist David Pickup offered a personal account of the practice’s effectiveness:

There are many people in California, some of who [sic] are your constituents, who have been helped immeasurably by reparative therapy. I have a letter in my hand signed by SOCE³⁹ [“sexual orientation change efforts”] therapists and clients, some of whom are your constituents, who speak of opposition to this bill. I myself am a former SOCE client. I haven’t just experienced behavioral change. I’ve experienced in my life actual, emotional change. Are you going to marginalize and discriminate against—which this bill would do—by restricting, through this bill, and in my opinion, ultimately leading to a ban on all SOCE?⁴⁰

In a later hearing, Pickup would elaborate on his experiences, arguing that sexual assault could lead people to experience “homosexual feelings” which conversion therapy could help to address. Pickup’s account pitted the victims of conversion therapy against victims of sexual assault, suggesting that a ban would privilege one group at the expense of the other.

Notably, this strategy is not unique to the debate over SB-1172. As discussed in chapter two, sharing conversion therapy “success” stories had long been a mainstay of conversion therapy supporters. In particular, the testimonies of “ex-gays”—people who have renounced a gay identity

³⁷ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

³⁸ At the time, each of these organizations was an active religious organization providing and promoting conversion therapy. Since the bill was passed, JONAH was shuttered by a fraud lawsuit in New Jersey in 2015. Exodus closed in 2013, after its president Alan Chambers publicly questioned the efficacy of conversion therapy. Evergreen, a Mormon conversion therapy organization, closed in 2014. It was absorbed by a larger support organization for Mormons that promotes celibacy, rather than changing sexual orientation. Courage is still in operation and is headquartered in Trumbull, Connecticut. Although Connecticut has since adopted a ban on conversion therapy for minors, Courage emphasizes its focus on celibacy; it also only offers services to those over 18.

³⁹ “SOCE” stands for “Sexual Orientation Change Efforts.” Notably, SB-1172 itself refers to “SOCE,” not “conversion therapy.” This language is sometimes preferred because it encompasses attempts to change sexual orientation in either direction—gay to straight or straight to gay. Realistically, however, the latter has never been attempted, and is not backed by a national political movement decades in the making. Thus, I use the phrase “conversion therapy” because it refers more narrowly to efforts to make LGBT people become straight.

⁴⁰ Remarks to the California Senate Business, Professions, and Economic Development Committee. April 23, 2012.

in favor of their religious beliefs—have been used as evidence that sexual orientation can be changed. Through the stories of ex-gays, the Christian Right establishes that there is an alternative to an “out” gay identity for gay people, and, by extension, an alternative to *rights* for openly gay people (Fetner 2008). Moreover, because ex-gays are encouraged to read and apply the ideas of conversion therapists, their accounts mesh well with the psychoanalytic theories of conversion therapy practitioners. The 1998 Family Research Council-backed “Truth in Love” campaign—which distributed advertisements featuring the life stories of ex-gay activists—had shown that ex-gay narratives could generate buzz in the media. The 2000’s ex-gay protests outside the American Psychiatric Association’s annual conferences had shown that these narratives could also be persuasive to some scientific researchers. The opponents of SB-1172 drew on this tradition in their comments to the California legislature. In this instance, they used these stories to supplement their claims about the science of conversion therapy. If the treatment was effective for some patients, then banning it would be detrimental to their interests.

In short, both sides claimed the science was on their side, and deployed scientific resources—mainstream in one case, alternative on the other—to justify their claims. At the same time, they did not stick to scientific resources to support their claims. Instead, both sides enlisted former conversion therapy patients to tell their stories. In the process, they turned the lives of real people into evidence that supplemented their claims about the science of conversion therapy. What made these stories so powerful was not just that they suggested what “is” true about conversion therapy, but also what lawmakers “ought” to do about it. By acting as the storytellers suggested, legislators could protect future conversion therapy patients. In this way, activists hoped to activate the science, connecting the dots between what their scientific resources claimed and what their preferred policies would be.

SCIENCE, SCIENTIFIC CONSENSUS, AND CHANGE

Previous scholarship has suggested that applying science to solve policy issues carries with it certain risks. Cole (2017), for instance, has noted that the tendency of science to *change* can make it problematic to apply recent developments in criminal court cases. Judges may rightly fear that a new technology used to prove a defendant's guilt may ultimately be found wanting. In that case, not only could an innocent person be imprisoned, but an entire body of cases might need to be reexamined. Thus, judges want to be confident that the science will not change before applying it in their verdicts.

The consequences of a change in the science are likely to be less severe in other venues, such as civil court or state legislatures. Nonetheless, lawmakers may also try to avoid making decisions based on shaky science—if only to avoid future embarrassment. From this perspective, activists who want lawmakers to adopt a bill should not draw attention to the possibility that science can change. In the case of conversion therapy, this goal was difficult to achieve. After all, what LGBT activists were describing as “junk science” had once been in the mainstream of scientific thought. Still, proponents of SB-1172 embraced this approach in their promotion of the bill. Rather than call attention to the scientific origins of conversion therapy, the bill's supporters emphasized that scientists supporting the practice were few and far between.

During the legislative hearings, the history of science's role in promoting conversion therapy often felt like the elephant in the room. For instance, the bill's author, Senator Lieu, and its sponsor in the Assembly, Assembly Member Ma, both offered the story of Kirk Murphy as an example of a conversion therapy victim. As Representative Ma explained to the Assembly:

Last summer Senator Lieu watched a news report where a child participated in a treatment for the “sissy boy” syndrome conducted by George Rekers. Rekers went on to publish many articles including reports on the success of the treatment on this child, and this became part of the foundation for Sexual Orientation Change Efforts. However, after receiving this so

called therapy, this child grew up extremely frustrated and depressed, and this therapy ultimately was the cause of his suicide. His name was Kirk Murphy and he was from Los Angeles.⁴¹

Although Ma alludes to Rekers' publications, she does not address the ways his work connected to the broader field of psychiatry. Indeed, throughout the hearings, no one mentioned that Murphy's therapist was a licensed professional, that his research was funded by the National Institutes of Mental Health, or even that he conducted Murphy's treatment at UCLA. This retelling foregrounds the harm done by a lone scientist, while downplaying the scientist's mainstream credentials or membership in a broader scientific community. Thus, the story illustrates why licensed professionals should not be allowed to practice conversion therapy, without challenging the integrity of mental health professionals in general.

Advocates did emphasize one example of change in the science on this issue. In 2012, psychiatrist Robert Spitzer retracted and apologized for research that suggested conversion therapy could work for "highly motivated" individuals. Senator Lieu recalled the story in a Senate Judiciary committee session:

There has been no reputable study that shows that this therapy in fact works, and in fact the only study that showed that it might have even some effect was done by a professor by the name of Robert Spitzer. Last month he retracted that study, and apologized to the gay and lesbian community because his study, he concluded, was wrong.⁴²

This version of events was selective. Robert Spitzer was not, historically, a major proponent of conversion therapy. In fact, before the 2000's, Spitzer was best known for his efforts to *remove* "homosexuality" from the Diagnostic and Statistical Manual. However, after being contacted

⁴¹ Remarks at a California Assembly Floor Session. August 28, 2012.

⁴² Remarks at a California Senate Judiciary Hearing. May 8, 2012.

directly by “ex-gay” activists, Spitzer agreed to interview satisfied patients recommended by conversion therapists, and published their accounts in a peer-reviewed journal.⁴³ Ex-gay activists quickly promoted the piece as evidence that conversion therapy could work, so long as the patient tried hard enough (Waidzunas 2015). Frustrated by the political ramifications of his work, Spitzer retracted the piece in 2012. By omitting Spitzer’s role in the APA’s original decision, advocates constructed a linear view of scientific progress on the issue, in which a pre-eminent conversion therapist was “converted” against the practice after discovering flaws in the evidence.

Notably, the professional associations’ change of heart conversion therapy was raised most directly by members of the state legislature—not by activists. Senator Leno, for instance, noted that his parents had sent him to a therapist when he came out because of the idea that being gay was a mental illness, and expressed how lucky he was that this person had been an affirming therapist instead of a conversion therapy practitioner:

I came out to my parents and family more than forty years ago in 1969, which predates the American Psychiatric Association removal of homosexuality from its list of mental illnesses... So when I did in 1969, I was suddenly in a psychiatrist’s office at the strong suggestion of my parents, as it was a mental illness at the time and they didn’t know any different or better.⁴⁴

Although this story acknowledges the harm done by the classification of homosexuality as a mental illness, it also casts professional therapists as allies to the LGBT community in this struggle. In another session, representative Bonnie Lowenthal noted that the state of California had, until 2010, had language in a statute that required funding into research to treat homosexuality.⁴⁵ Like the

⁴³ Notably, Spitzer’s piece was not peer-reviewed. Rather, the editor chose to publish the piece without review, instead publishing it in a special issue alongside both supportive and critical commentaries. See Waidzunas 2015 for a more detailed discussion of Spitzer’s research, and how it came to be published.

⁴⁴ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

⁴⁵ Remarks at a California Assembly Floor Session. August 28, 2012.

Senator's retelling of the Robert Spitzer story, both narratives echoed the theme that contemporary science was better than that of the past, and that these outdated views were rightfully being discarded.

If proponents downplayed the issue, opponents of the ban were even more reluctant to note the extent of the shift in professional opinion to the legislature. In general, these opponents did not address the APA's decision to remove the "homosexuality" diagnosis, or its public statements against the practice of conversion therapy. This omission may have been all but unavoidable, given the opponents' strategy of minimizing conflict with the professional associations. As discussed above, opponents bolstered their credibility by aligning themselves with the major professional associations. They emphasized their professional credentials and cited the research standards of these associations. They did not argue that the APA's decision to remove the "homosexuality" diagnosis was a mistake, but suggested that their practices were compatible with the decision because they only treated people whose "homosexual feelings" were "unwanted" or "not authentic" to them. As a result, these opponents had a narrow tightrope to walk; if they criticized the APA's current position on conversion therapy, they would have to acknowledge their practices went against the APA and other professional associations.

In short, while proponents selectively deployed changes in the science for lawmakers, opponents avoided addressing how the views of the major professional associations had changed. However, these silences were not sustainable. Both sides would address the issue in more detail in the courts.

(HOW) DID SCIENCE MATTER?

If both sides were able to use science to support their claims, it begs the question: do science claims actually matter? Do these claims help social movements persuade lawmakers and other non-expert

audiences? Or are they merely a distraction from the material resources and political opportunities that were the “real” reasons for the bill’s passage?

Measuring social movement outcomes is notoriously tricky, and measuring the impact of a movement’s frames, claims, and ideas even more so. Nonetheless, I suggest that mainstream scientific resources were essential for advocates of California’s conversion therapy ban. In particular, the ability to claim a “scientific consensus” by citing the statements of the major professional associations was crucial to the bill’s success. Without the support of professional associations, the bill would likely not have been adopted. By suggesting that science had *already* opposed conversion therapy, LGBT activists gave lawmakers political cover to ban the practice for minors. The bill was not actually telling scientists what to do; rather, it was merely affirming what science had already found.

The importance of the support of the major professional associations was evident throughout the debate, but particularly in the earliest discussions of the bill. In particular, the initial opposition of the professional associations was a major sticking point in the negotiations. Republican Senator Bill Emerson, vice chair of the Senate Business Committee, explained his reservations in this way:

I’ve spoken with the author and I have some questions concerning the private right of action, and some other issues have been raised by the opponents today of the Psychological Association, Psychiatry, and at this point I will not be in support...if we can correct some of those issues that have been brought up there may be a different result.⁴⁶

These sentiments were shared by otherwise sympathetic legislators. In a senate floor session, Senators Alan Lowenthal (D- Long Beach) and Leland Yee (D- San Francisco) emphasized the

⁴⁶ Remarks to the California Senate Business, Professions, and Economic Development Committee. April 23, 2012.

reservations of the professional associations in their remarks; although both voted in favor so that the bill could proceed, both also emphasized they would rescind their final vote if the associations' concerns were not met.⁴⁷

Second, the position of the professional associations was repeatedly discussed in the legislature. In particular, several lawmakers cited their own professional credentials to support their claims. Assembly member Mariko Yamada (D-Davis) stated, "As a member of the social work profession for almost forty years, social workers do not support the use of sexual orientation change efforts."⁴⁸ Similarly, Assembly member Bonnie Lowenthal (D-Long Beach), remarked, "Frankly, as a trained marriage and family therapist this sounds more like abuse to me than therapy."⁴⁹ Dr. Richard Pan (D-Sacramento), drew on his experience as a medical doctor:

As a pediatrician, and one who's taken care of, helped parents take care of many children, some of whom have been either questioning or identified their sexual orientation, I think that this bill is important because the mental health professionals actually have carefully considered the issue.⁵⁰

Professional credentials were also highlighted by lawmakers who opposed the bill. Assembly member Dr. Lisa Halderman (R-Fresno) felt the legislature lacked the credentials to set standards for licensed professionals:

I mean I guess we practice medicine on the floor we might as well practice psychology. I don't really understand why this decision isn't being made by an appropriate authority,

⁴⁷ Remarks at a California Senate Floor Session. May 30, 2012.

⁴⁸ Remarks at a California Assembly Floor Session. August 28, 2012.

⁴⁹ Remarks at a California Assembly Floor Session. August 28, 2012.

⁵⁰ Remarks at a California Assembly Floor Session. August 28, 2012.

which is a licensing board for these professionals. I've had these discussions with Dr. Yee on the other side of the aisle. He's infinitely more qualified.⁵¹

Similarly, Assembly Member Don Wagner (R- Irvine) noted the opposition of the professional associations to an earlier version of the bill; when he learned that they had since come to support the bill, he proposed that medical professionals should actually be weighing in on the matter.

Let me then say, in particular, my concern with this bill is, we're told it's quackery and I do believe that it is good that those organizations have removed their opposition. I do not see however, the California Medical Association, which is probably the principal place we ought look for a definition of quackery to have weighed in on this bill.⁵²

Although these lawmakers were not persuaded by the support of professional associations, they saw the opposition of these associations as a reason not to support a bill. In short, statements by lawmakers suggested that they viewed professional associations and professional credentials as a trustworthy source of expertise on the science of conversion therapy.

At the same time, scientific resources were not the only form of evidence that held sway with lawmakers. Legislators made it clear that the stories of people who had experienced conversion therapy resonated with them. In their statements, some lawmakers even connected these stories to their personal experiences. Senator Mark Leno (D-San Francisco) recalled the testimony of Peter Drake, the former patient who described the harm conversion therapy did to his mental health. Noting that he had also gone to a therapist after realizing he was gay, Leno explained that he had fortunately encountered a gay-affirming therapist:

⁵¹ Remarks at a California Assembly Floor Session. August 28, 2012.

⁵² Remarks at a California Assembly Floor Session. August 28, 2012.

My blessing at the time was different from Mr. Drake's experience.... But there are many who are trapped in this horror situation that Mr. Drake very articulately expressed, and it can have extraordinarily negative impacts.⁵³

Assembly member Ricardo Lara (D-Bell Gardens) linked his own experience as a young gay man to that of Kirk Murphy, the subject of the documentary "The Sissy Boy Syndrome":

That is one of our number one priorities in this house, it's to protect the next generation of Californians. And, some of those are sissy boys. And some of those sissy boys grow up to be Assembly members. And some of those sissy boys need help. And we are here to stand with those sissy boys.⁵⁴

For lawmakers already sympathetic to LGBT causes, the stories of conversion therapy victims clearly made a difference.

Of course, not everyone found these stories compelling. None of the Republican lawmakers acknowledged these stories in their remarks. The closest they came to doing so was when Assembly Member Steve Knight (R-Antelope Valley) criticized Assembly Member Lara for using a "derogatory term" (presumably "sissy boy") in his statement, and applauded his fellow Republicans for not using such language.⁵⁵ Notably, these Republican lawmakers also ignored the stories of "ex-gays" offered by the bill's opponents, preferring to focus on the harm the bill would do to the (straight) parents of gay children. One possibility is that these Republican lawmakers may have responded differently if there were more stories available to choose from. More people spoke in support of the bill than against, so there were fewer stories of the "ex-gay" narrative, and all of them were offered by current conversion therapy practitioners. Another possibility is that Republican lawmakers

⁵³ Remarks at a California Senate Judiciary Hearing. May 8, 2012.

⁵⁴ Remarks at a California Assembly Floor Session. August 28, 2012.

⁵⁵ Remarks at a California Assembly Floor Session. August 28, 2012.

related more to the position of a parent than to the position of a gay person pushed into conversion therapy. Finally, Republican lawmakers may have found these stories unsavory *because* the storytellers described same-sex behavior.

Nor were the stories of ex-gays compelling to the Democratic members of the legislature. Notably, the opponents of the bill likely faced a particularly unsympathetic audience. Several of the lawmakers identified themselves as gay when they connected with the stories of proponents of the bill, and their statements tended to imply their identities gave them particular insight into the issue. One lawmaker even pointed out that everyone who was gay in the legislature supported the ban.⁵⁶ When conversion therapists told stories suggesting that a gay sexual orientation could be caused by sexual abuse, for instance, they were unlikely to be received well by this audience.

Thus, there were limits to the impact of both science and storytelling in this case. Ultimately, SB-1172 was not a bipartisan endeavor. Democrats voted mostly in favor, while Republicans voted against it. The support of professional associations was critical to get Democrats on board with the bill. However, it was insufficient for Republican members of the legislature, who either ignored these statements or moved the goal-posts to the medical professional associations. The stories of patients were meaningful to the Democratic members of the legislature, but did not move those on the other side of the issue. In essence, both science and storytelling were secondary to partisanship.

Ultimately, scientific resources did not change the mind of anyone who was unwilling to be persuaded. However, those who already opposed conversion therapy could rely on these resources to legitimize their support of the ban. This political cover was essential for marshalling the votes to pass the ban. Those who did not favor a ban, in turn, focused on the limits of scientific support in order to justify their position. In short, science was not the arbiter of political action. Rather, it

⁵⁶ Remarks by John A. Perez (D-Los Angeles) at a California Assembly Floor Session. August 28, 2012.

served as a form of *permission*: permission to take a stand for what one already believes in, or permission to double down on pre-existing prejudices.

CONCLUSION

The adoption of California's conversion therapy ban illustrates the power of mainstream scientific resources for social movements. Early gay rights activists had taken two decades to persuade mainstream scientific institutions to take their claims seriously, culminating in the removal of the homosexuality diagnosis in 1973. In contrast, LGBT rights activists in 2012 achieved the country's first conversion therapy ban after a few short months of debate. Activists successfully marshalled the statements of professional mental health associations as evidence that there was a "scientific consensus" against conversion therapy. In doing so, they created a rationale for regulating the professional practice of conversion therapy to protect young Californians from "junk science."

Still, just as in 1973, scientific resources could not speak for themselves. Activists also needed to activate the science by bringing it to the attention of lawmakers and by offering them a compelling reason to adopt legislation. They did so by using the stories of former conversion therapy patients, whose experiences served as evidence of their science claims. Through these stories, LGBT activists illustrated what their scientific resources already claimed: that conversion therapy was both harmful and ineffective.

Opponents of the ban did not have the same mainstream scientific resources at their disposal. Although they had established their own alternative association (NARTH), they lacked the support of any of the mainstream professional associations. Yet they did not challenge the authority of the major professional associations to set the science on this issue. Instead, they minimized the conflict between themselves and these associations. They highlighted their membership in professional associations, cited standards set by the American Psychological Association to legitimize their research, and even suggested conversion therapy was compatible with the DSM's

position that “homosexuality” is not a mental illness. In short, they attempted to gain a foothold in the debate by claiming that *they* were mainstream scientific resources, regardless of any evidence to the contrary.

However, opponents of the ban did not rely on scientific resources alone. Mirroring the bill’s supporters, opponents emphasized that real patients would be harmed if denied access to conversion therapy. Drawing on the experience of past campaigns, they argued that the success stories of ex-gays *proved* that conversion therapy was safe and effective. They even suggested that ex-gays constituted an overlooked minority population that deserved protection.

Through these debates, both proponents and opponents of the bill tended to avoid grappling with the full extent of scientific change on this bill. The bill’s supporters were the most likely to address this history, framing the change as the result of scientists responding to more and better evidence. In doing so, they offered a view of scientific progress as linear, and science itself as self-correcting over time. In contrast, the bill’s opponents struggled to address how professional associations had shifted their stance. When they opted to present themselves as in line with these associations, they boosted their own credibility. At the same time, they foreclosed the option of criticizing the association’s present stance. In the courts, they would take the opportunity to shift gears, offering an extensive critique of the gay rights movement’s involvement with the major professional associations.

Ultimately, the California legislature did not find the opponents’ characterization of the science, or the possible benefits of conversion therapy for sexual assault victims, persuasive. Even members of the legislature who opposed the bill tended to focus on free speech concerns or parental rights, rather than whether conversion therapy was actually safe or effective. However, as the debate shifted into the courts, the ban’s opponents would find a more sympathetic audience for their science claims.

CHAPTER 4: DEPLOYING SCIENTIFIC RESOURCES IN THE COURTS

By the end of 2012, California had become the first state to pass a ban on conversion therapy: the practice of attempting to change a person's sexual orientation. Despite its limitations, the ban was hailed by LGBT activists and their allies as a victory for equality. In a sign of how much had changed in the previous decades, this effort was facilitated by the support of the major professional associations. Ultimately, several of these associations—including the American Psychiatric Association—even signed a letter in support of the ban.

In contrast, opponents of the bill had no comparable mainstream scientific resources. None of the major professional associations shared their view that conversion therapy was safe and effective. Only the National Association for Research and Treatment of Homosexuality (NARTH), a small association of conversion therapy practitioners, voiced their position in the legislative hearings about the bill. However, the ban's opponents did not surrender the science to the other side. Instead, they filed suit, taking the debate over the science of conversion therapy from the legislature to the courts.

In the courts, the bill's supporters sought to prove that the science was finally settled. Proponents drew on the scientific literature, and the support of the professional associations, to establish that the state had a "compelling interest" in protecting LGBT youth from the practice. Meanwhile, opponents of the ban worked to *unsettle* the science, to prove that conversion therapy was still a scientifically sound practice.

In this chapter, I discuss how opponents and proponents of the ban deployed their scientific resources in a new setting: the legal system. I show how proponents of the ban extended their strategy of using mainstream resources to this setting, and how opponents of the ban leaned more heavily on their alternative resources to compensate for the loss of mainstream support. I find that

both sides engaged in boundary work, distinguishing between politics and science, in order to prove that their resources were more reliable than those of their opponents.

Although the bill's supporters ultimately prevailed, I suggest that bill's opponents may have benefited from the change of venue. Unbound by the strict time limits of the legislature, opponents of the ban had ample opportunities to pick apart the statements, research, and reports favored by the bill's supporters. In the legislature they struggled to explain why their stance conflicted with that of the major professional associations. In the courts, they could present gaps and limitations in the scientific literature directly to the judge.

I begin by providing some background on the two legal challenges filed against SB-1172. I outline the basis of the two cases, identify their plaintiffs and defendants, and note the other involved parties. Second, I explain why the state of the science of conversion therapy was important to the legal strategies of both sides. Third, I show how each side deployed its scientific resources to support its claims. Then, I discuss the outcomes of these legal challenges. Finally, I consider how the venue may have shaped the deployment and effectiveness of each side's scientific resources.

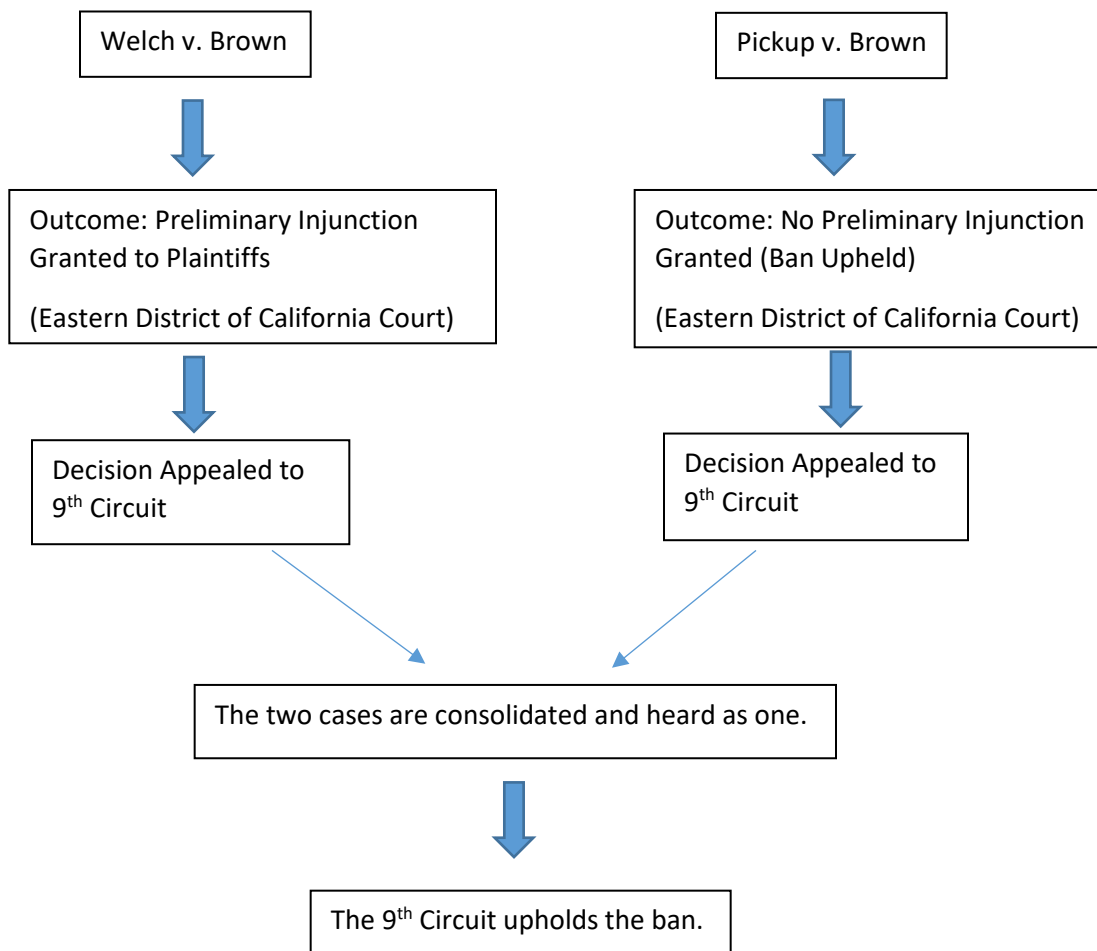
OVERVIEW OF LEGAL CHALLENGES TO CALIFORNIA'S CONVERSION THERAPY BAN

Opponents of California's conversion therapy ban did not wait to see how the bill would impact their practices. Almost immediately after the adoption of SB-1172, its opponents filed legal complaints against the bill. These complaints were filed as two separate challenges: *Pickup v. Brown* and *Welch v. Brown*. The complaints were heard by different judges in California's eastern district courts, and each reached a different conclusion. While the judge in *Pickup* determined the ban was likely constitutional, the judge in *Welch* granted a preliminary injunction to the plaintiffs.

Both cases were then appealed to the federal courts. Given the similarities between the two cases, *Pickup* and *Welch* were consolidated and heard by the 9th circuit court of appeals as one challenge. Ultimately, the 9th circuit upheld California's conversion therapy ban, and dismissed the

complaints. The Supreme Court declined to review the case, but has since criticized the decision in its ruling on *National Institute of Family and Life Advocates v. Becerra*.⁵⁷ Although the plaintiffs have continued to file appeals, they have not yet been granted a hearing.⁵⁸ Figure 1, below, summarizes this legal history.

Figure 1. Legal challenges to SB-1172.



⁵⁷ *Becerra* was a 2018 case that overturned a California law (the FACT act) requiring crisis pregnancy centers to disclose whether or not they were licensed by the state, and to provide information about the state’s family planning resources (including abortion resources). The court ruled that California’s law was an unconstitutional violation of the free speech rights of these centers. Critically, in its discussion of the regulation of service providers, the *Becerra* ruling cited the decision in *Pickup* by name as an example of a violation of free speech rights.

⁵⁸ Most notably, in 2019, plaintiffs filed a new complaint urging California to reconsider its ban in light of the Supreme Court decision in *National Institute of Family and Life Advocates v. Becerra*.

Pickup and *Welch* were filed on slightly different legal grounds. *Pickup* was filed by David Pickup, a conversion therapist and former conversion therapy patient who had vociferously opposed the bill during the debate in the California legislature. He was joined by the National Association of Research and Therapy of Homosexuality (NARTH), as well as minor conversion therapy patients and their parents. *Pickup* revolved around the rights of youths to receive conversion therapy, as well as the rights of parents to determine the care received by their child. The plaintiffs also argued that the free speech rights of conversion therapists were violated by the law, on the grounds that they would be restricted to presenting only one view of “same-sex attractions.” The plaintiffs were represented by Liberty Counsel, an advocacy organization for evangelical Christian causes. The defendants included both the state of California and Equality California, an LGBT advocacy group that had been a leading sponsor of the legislation. Equality California was granted status as an intervening party after arguing that the state’s interests might diverge from those of Equality California’s LGBT members.

In contrast, *Welch v. Brown* emphasized the impact that the ban could have on the livelihoods of conversion therapists.⁵⁹ *Welch* was filed by Donald Welch, a therapist, alongside other current and aspiring conversion therapy providers; it did not include any patients. Although the plaintiffs did not include any patients, plaintiffs claimed to file on behalf of parents of conversion therapy patients; this claim was thrown out by the Judge. Plaintiffs suggested that banning conversion therapy would unduly restrict free speech, because it includes conversion therapy that is conducted through words, and religious expression, because licensed counselors who practice conversion therapy may be employees of religious institutions. Welch and his fellow plaintiffs were represented by the Pacific Justice Institute, a conservative legal organization. Notably, the Pacific

⁵⁹ In the case of one plaintiff, the impact was on his future career plans, rather than his current livelihood. The plaintiff expressed concern that, if unable to become a conversion therapy provider, he would have to get a PhD to conduct research to prove that conversion therapy was effective. Judge Shubb, who was otherwise sympathetic to the plaintiffs, was less sympathetic to these concerns.

Justice Institute attended a legislative hearing on the bill to criticize it on free speech grounds; it appears likely that the Institute planned to file suit against the bill from the outset. The state of California defended the bill. Unlike *Pickup*, Equality California was not granted intervenor status in this suit, but was allowed to participate by submitting an amicus brief and making oral argument.

In short, *Pickup* argued for the right to access conversion therapy, while *Welch* focused on the right to practice conversion therapy. In addition to these claims, both cases argued that banning conversion therapy violated the free speech rights of conversion therapy practitioners. Despite these differences, the two cases approached science in a similar way. Both sets of plaintiffs claimed that the science supported conversion therapy's safety and efficacy, and deployed a combination of scientific resources and ex-gay stories to defend their position.

In the initial district court cases, both plaintiffs and defendants submitted documents in support of their view of the science. In particular, "declarations" made by counselors and researchers were particularly helpful for understanding each side's view of the science. Once the cases reached the circuit courts, a number of amicus curiae, or "friend of the court," briefs were filed both in support of the ban and against it. Amicus briefs allow individuals, organizations, and other interested parties to offer evidence that may be relevant to a court case. Their intended purpose is to provide the court with pertinent information that may not otherwise come up in the proceedings. Amicus briefs have become increasingly common over the last few decades. In practice, they have become an advocacy tool for groups hoping to promote their preferred causes. They may also be a means for advocates to gain publicity for their own work (Anderson 2015). Figure 6 presents the authors of these briefs in *Pickup* and *Welch*. Overall, there were more briefs filed in support than against the ban.

Table 5. Amicus curiae briefs filed in *Pickup* and *Welch*.

Pro-Ban	Anti-Ban
American Association of Marriage and Family Therapists of California	American College of Pediatricians
American Civil Liberties Union of Northern California	Americans for Truth about Homosexuality **
California Faith for Equality	Biblical Counselors **
Children’s Law Center	Foundation for Moral Law
City of San Francisco	Institute for Justice
Jack Drescher, MD, et al	National Legal Foundation
Equality California	Parents and Friends of Ex-Gays and Lesbians (PFOX)
First Amendment Scholars	
Health Law Scholars	
Survivors of Sexual Orientation Change Efforts	
Tonya Chaffee, MD, MPH et al	

*Organizations and individuals who filed amicus curiae briefs in Pickup and Welch. ** indicates the brief was filed after the initial ruling, in support of later appeals.*

THE SCIENCE OF CONVERSION THERAPY AND THE LAW

If the main legal challenges were not based on science, then why did both plaintiffs and defendants rely so heavily on science to make their case? Two additional legal concerns encouraged the use of scientific resources in these cases: the issue of standing, and the question of whether there was a “compelling state interest” in banning conversion therapy.

In the state legislature, both proponents and opponents of SB-1172 had suggested that they represented a constituency that needed protection. For the ban’s supporters, gay and bisexual youth needed to be protected from conversion therapy, a harmful and unscientific practice. For the ban’s opponents, ex-gays and aspiring ex-gays were the minority that required defending; a ban on conversion therapy would force them to live a life they did not want.

Similarly, in the courts, proponents and opponents sought to establish who was harmed in the conversion therapy debate. Science claims were critical in this regard. Proponents cited research and the views of professional associations to establish that conversion therapy patients were victimized by conversion therapy. Opponents, in turn, used science to argue that patients would be harmed by being denied conversion therapy, and that providers would be harmed by being banned from providing a valuable service.

In the courts, this question of harm took an additional legal significance. Establishing that the conversion therapy ban caused *harm* was essential for opponents of the bill, as it allowed them to claim the standing they needed to have their case heard. As Meyer and Bourdon (2020) explain, “standing” is a legal concept that determines who may bring a case in court. In other venues, advocates may be given a platform for a variety of reasons: they have good connections, their story is interesting and unusual, they can speak to an issue of public concern, and so on. In contrast, courts have specific standards that plaintiffs must meet in order to have their case heard. According to Meyer and Bourdon (2020: 925):

The three core criteria for standing are (1) that potential plaintiffs have suffered “injury in fact,” that is, a palpable harm; (2) that the subject of complaint has caused the injury; and (3) that the legal system has the capacity to provide meaningful redress.”

In other words, if the bill’s opponents could not establish that they had experienced “injury in fact,” or real harm from the ban, they would be unable to challenge it in court. Thus, the courts needed to be convinced that being unable to receive or provide conversion therapy to minors could cause harm to the plaintiffs. The science of conversion therapy posed a potential obstacle to this claim. If justices were persuaded that conversion therapy was a dangerous practice, they might determine that the plaintiffs were not sufficiently harmed by the ban.

Establishing harm was also important for the proponents of the bill, albeit for different reasons. Because the bill involved speech in some capacity, the bill's supporters needed to prove that the state of California had a "legitimate state interest" and/or a "compelling interest" in banning conversion therapy. Which standard had to be met would depend on whether the judges believed the bill was a content-based restriction on speech, or if it only incidentally affected speech. In both cases, the plaintiffs claimed that the conversion therapy ban was an unconstitutional content-based restriction on speech. A content-based restriction on speech would trigger "strict scrutiny" review, which asks judges to determine that the state has a "compelling interest" in addressing the issue in question. The defendants countered that SB-1172 was not "content-based," and that a "rational basis" test, the least strict standard for judicial review, should be applied. This test could be met by establishing a "legitimate state interest" in addressing conversion therapy. In either event, the bill's supporters needed to prove that the state had a serious and credible reason to ban conversion therapy for minors; the state was not merely abusing its power to ban practices it did not support.

The bill's supporters argued that SB-1172 met either threshold because the state had a critical responsibility to protect vulnerable LGBT youth from harmful and ineffective mental health treatments. As Michelle Friedland, a defense attorney, explained in *Welch*:

The idea that something may cause harm is that we don't know that every single individual will experience depression or suicide, but the fact that it may cause suicide is a very serious concern that the State is trying to address here.⁶⁰

⁶⁰ Reporter's Transcript of Proceedings, Plaintiffs' Motion for Preliminary Injunction. Monday, December 3, 2012. United States District Court for the Eastern District of California. *Welch v. Brown*.

Mainstream scientific resources were invaluable in this regard. Not only could these resources demonstrate the risks of conversion therapy to the judges, but they could also prove that lawmakers had relied on credible evidence when they passed the bill.

Opponents of the ban, in turn, had a clear incentive to dispute the scientific evidence considered in the legislature. If they could prove that this evidence was unreliable, they could suggest that the state had acted inappropriately when adopting the bill. Moreover, by introducing alternative scientific resources, they could claim there was no scientific consensus against conversion therapy. As a memorandum offered by the plaintiffs' counsel in *Welch* succinctly explained:

there is insufficient evidence to show that the banned therapy is harmful; the evidence offered was largely anecdotal rather than scientific in nature, and was countered by evidence in support of SOCE.⁶¹

Without a scientific consensus, the science would be unreliable; it might even change in the future. In short, these activists would attempt to unsettle the science of conversion therapy in the courtroom.

PROponents OF THE BAN AND SCIENCE

In the legislature, the bill's supporters had emphasized the extensive support of professional associations for their position. Rather than discuss the details of the literature, they effectively deployed the stance of these associations as shorthand for a scientific consensus against conversion therapy. In the courts, they expanded and elaborated on this strategy. First, they supplemented their use of professional associations with statements of support by mainstream mental health professionals. Second, they selectively highlighted how the research on conversion therapy had

⁶¹ Memorandum of Points and Authorities in Support of Motion for Preliminary Injunction. December 3, 2012. United States District Court for the Eastern District of California. *Welch v. Brown*.

changed over time. In this way, they sought to prove that conversion therapists were not in the mainstream of scientific thought, but were merely repeating outdated and discredited theories.

Deploying Mainstream Scientific Resources

In the courts, proponents of SB-1172 built on the strategy they had used successfully in the legislature. The defendants argued that there was a scientific consensus against conversion therapy; the evidence had conclusively shown that conversion therapy is harmful and ineffective. Drawing on their mainstream scientific resources, they leaned on the statements of the major professional associations. As one of the defense attorneys, Michelle Friedland, explained to the judge in *Welch*:

we don't believe that there is any uncertainty about the science here. There is no legitimate science saying that SOCE [sexual orientation change efforts] works. All of the major mental health organizations are in accordance on that point. All say there is no research that this works and that it is dangerous.⁶²

Unlike in the legislature, however, the defendants did not just state that there was a scientific consensus against conversion therapy. Rather, they brought in experts to speak to the science of conversion therapy. For instance, Dr. Caitlyn Ryan, an academic researcher and clinical social worker, described her research into the harms of conversion therapy in a declaration:

In our research we found that these specific parental and caregiver rejecting behaviors were related to health risks for the LGBT youth in young adulthood, including attempted suicide, suicidal ideation, depression, illegal drug use and risk for HIV infection. (Ryan, Huebner, Diaz, & Sanchez, 2009). We also found that family accepting behaviors help protect LGBT youth against risk and promote well-being, including protecting against

⁶² Reporter's Transcript of Proceedings, Plaintiffs' Motion for Preliminary Injunction. Monday, December 3, 2012. United States District Court for the Eastern District of California. *Welch v. Brown*.

suicidal behavior, substance abuse and depression and promoting better overall health and higher levels of self-esteem and social support in young adulthood. (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010)⁶³

In her declaration, Ryan presents scientific evidence that treating a child's sexual orientation as something that must be changed is correlated to negative health outcomes. Conversely, parenting that affirms the child's sexual orientation is correlated with positive health outcomes. Thus, Ryan's research helps the defendants to build a case that attempting conversion therapy can have serious consequences for youth—consequences the state can prevent by banning the practice.

The Benefits of Scientific Change

In the legislature, proponents of SB-1172 tended to avoid discussion of the ways in which the science of conversion therapy had changed over time. In the courts, they addressed the change more directly, both by elaborating on previous examples and by discussing limitations in the original research that found “homosexuality” to be a mental disorder. Rather than cast doubt on the stability of the science, they suggested that these changes proved that their claims were solid. Mainstream science had already examined, considered, and rejected the claims offered by conversion therapists. Nonetheless, they had turned against conversion therapy because the evidence against it was so compelling.

To illustrate this claim, proponents recalled the case of Dr. Robert Spitzer. As a member of the American Psychiatric Association's nomenclature committee, Spitzer facilitated the removal of the “homosexuality” diagnosis from the Diagnostic and Statistical Manuals in 1973. However, decades later, Spitzer became the subject of controversy after publishing a 2003 study which argued that conversion therapy could work for some “highly motivated individuals.” In 2012, while

⁶³ Declaration of Caitlyn Ryan in Support of Equality California's Amicus Brief. December 3, 2012. United States District Court Eastern District of California. *Welch v. Brown*.

California was debating its conversion therapy ban, Spitzer disavowed the study and apologized to the LGBT community. In their retelling of this story, supporters of the ban downplayed Spitzer's role in the removal of the homosexuality diagnosis. Instead, they characterized Spitzer as the face of modern conversion therapy, the only respectable researcher to support this practice. Spitzer's "conversion" against the practice, then, carries particular weight.

Although Spitzer's story was noted in the legislative hearings, it was elaborated in the courts. The defendants submitted an interview with Spitzer about his decision to denounce his conversion therapy research into evidence as an exhibit. In the video, Spitzer explained the design of the study, what had led him to conduct the research, and why he had concluded the study was not credible. Spitzer notes that his study relied on self-reports by ex-gays. He suggests that because this group is highly motivated to prove that conversion therapy is effective, their self-reports of sexuality change are not reliable. Most notably, he mentions that other researchers at the time raised concerns about the reliability of these self-reports. In this way, he suggests that his research was an outlier from the beginning; even at the time of publication, it went against the views of other experts. In this way, Spitzer's interview bolsters the claim that there is a scientific consensus against conversion therapy, and that this consensus stems from reasonable concerns about conversion therapy research.

Other supporters of the bill recounted Spitzer's change of heart as evidence that conversion therapy had been abandoned by all reasonable researchers. In an amicus brief, LGBT advocacy group Equality California observed that:

the only reputable mental health professional ever to assert in recent years that sexual change orientation efforts can work—Dr. Robert Spitzer— recently recanted the 2003 study which led him to that assertion. (ER 118-23.) Dr. Spitzer recognized the flaws in his own

study, disavowed it, and apologized to the lesbian, gay, bisexual, and transgender (“LGBT”) community.⁶⁴

This argument was echoed by Survivors of Sexual Orientation Change Efforts, a group of former conversion therapy patients, in their amicus brief:

The one prominent academic study that purported to show that SOCE could result in changes in sexual orientation has been renounced by its author, Dr. Robert Spitzer, who explained that his methodology was deeply flawed and apologized to the gay community for “making unproven claims of the efficacy of reparative therapy.”⁶⁵

By characterizing Spitzer as the only “reputable” or “prominent” researcher to condone conversion therapy, the bill’s supporters suggested that there was a scientific consensus on the issue. Although the science had begun shifting earlier, Spitzer was the last holdout among credible researchers. If he had retracted his work, they suggested, then the issue of conversion therapy was now settled.

In his way, the bill’s supporters characterized Spitzer’s change of heart as evidence that the science was truly settled. However, Spitzer was not the only example of the shift in expert opinion cited in the courts. The bill’s proponents also took the opportunity to address the shift in professional opinion on conversion therapy more broadly. During the appeals process, the defendants introduced declarations by several academic researchers. These declarations characterized the evidence that conversion therapy was harmful and ineffective as extensive, even definitive. When they addressed the early history of science and conversion therapy, they focused on how the weight of professional opinion shifted in response to new evidence. As Dr. A. Lee Beckstead explains in his declaration:

⁶⁴ Brief of Amicus Curiae Equality California in Support of Defendant-Appellants. February 4, 2013. In the United States Court of Appeals for the Ninth Circuit. *Welch v. Brown*.

⁶⁵ Brief *Amicus Curiae* of Survivors of Sexual Orientation Change Efforts, In Support of Defendant-Appellants Urging Reversal. February 4, 2013. United States Court of Appeals for the Ninth Circuit. *Welch v. Brown*.

The belief that homosexuality is a mental illness and developmental disorder became increasingly challenged, starting in the late 1950s, by studies that investigated other causes to why homosexual individuals felt distressed other than being due to their attractions. A large body of research currently exists that demonstrates how minority stress and the false assumptions embedded in homophobia, heterosexism, and sexism can be significant reasons for the anxiety, shame, depression, despair, isolation, and addictions found within LGB populations.⁶⁶

Notably, Beckstead's account does not stress the decision to remove the homosexuality diagnosis in 1973. Instead, he observes, accurately, that evidence had already been accumulating in the 1950's that homosexuality was not pathological. Most notably, the work of Evelyn Hooker was conducted during this time. This framing emphasizes the role of scientific evidence in the change of heart of the mental health professions, while downplaying the hesitancy of these fields to examine this evidence until gay rights activists mobilized.

Similarly, Dr. Gregory Herek emphasized that the accumulation of higher quality evidence led scientists to change their minds on homosexuality. As he wrote in his declaration:

in the first edition of what came to be called the Diagnostic and Statistical Manual of Mental Disorders (DSM), the American Psychiatric Association classified homosexuality as a mental disorder. This classification, however, reflected untested assumptions based on then-prevalent social norms as well as clinical impressions drawn from unrepresentative samples of patients seeking therapy and individuals whose conduct brought them into the criminal justice system. Once researchers began using the scientific method with samples of non-patient, nonincarcerated individuals to empirically test the belief that homosexuality is

⁶⁶ Declaration of A. Lee Beckstead in Support of Defendants' Opposition to Plaintiffs' Motion for Preliminary Injunction. November 30, 2012. In the United States District Court for the Eastern District of California. *Pickup v. Brown*.

an illness, evidence accumulated that many homosexuals were psychologically healthy and that homosexuals as a group did not differ substantially from comparable heterosexuals in their levels of psychological functioning.⁶⁷

In Herek's account, the classification of "homosexuality" as a mental illness was based on "untested assumptions based on then-prevalent social norms." However, once researchers applied the "scientific method," they were able to overcome these prejudices. In this way, Herek suggests that the science supporting conversion therapy was not science at all; rather, it was social norms masquerading as science. Notably, it also recalls the original analyses of Evelyn Hooker, whose research on "normal homosexuals" was used to challenge the "homosexuality" diagnosis.

In support of the defendants, several organizations and individual researchers offered similar accounts of the science in their amicus briefs. Like Dr. Beckstead, the a group of professional associations suggested in a brief that science adapts in response to new and better information:

By the 1960s, the scientific community began to reject these notions about the causes of non-conforming sexual orientation and the need for "cures." Theories that classified same-sex attractions as pathological were shown to be invalid through rigorous scientific study, and the scientific community moved away from the notion that homosexuality is a problem to be solved.⁶⁸

⁶⁷ Declaration of Gregory M. Herek in Support of Defendants' Opposition to Plaintiffs' Motion for Preliminary Injunction. November 30, 2012. In the United States District Court for the Eastern District of California. *Pickup v. Brown*.

⁶⁸ Brief of *Amici Curiae* American Association for Marriage and Family Therapy – California Division, California Psychological Association, National Association of Social Workers, and National Association of Social Workers, California Chapter Supporting Defendants'-Appellees Urging Affirmance. February 6, 2013. United States Court of Appeals for the Ninth Circuit. *Pickup v. Brown*.

By arguing that the scientific community changed its views in response to “rigorous scientific study,” the Association frames the decision to remove the “homosexuality” diagnosis as a matter of science—not social norms or political pressure.

Like Dr. Herek, other supporters highlighted the role of homophobic social norms in the development of the science of conversion therapy. For instance, the American Civil Liberties Union Foundation of Northern California characterized the early science as the result of “prejudice and stigma”:

The change in the science followed a history of pervasive social opprobrium of homosexuality in this country, in which prejudice and stigma fueled the pathologization of homosexuality by the medical and mental health professions that, in turn, helped to legitimize state-sanctioned discrimination against lesbians, gay men, and bisexuals. See Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation at 11, 21-23 (2009) (hereinafter “APA Task Force Report”) (describing professional reliance on untested psychological theories in classifying homosexuality as a mental disorder and empirical research that have proved these theories wrong).⁶⁹

In this account, professionals once relied on “untested psychological theories,” but changed their views in response to “empirical research.” Better evidence helped scientists dismiss the homophobic assumptions that plagued their earlier work. Once they were able to abandon these assumptions, they were able to produce “real” science.

⁶⁹ Brief of American Civil Liberties Union Foundation of Northern California in Support of Defendants-Appellants and in Support of Reversal of the Judgment Below. February 4, 2013. United States Court of Appeals for the Ninth Circuit. *Welch v. Brown*.

Although supporters characterized the early view of homosexuality as unscientific, some supporters also took the findings of earlier studies of conversion therapy seriously. Dr. Jack Drescher, a researcher who participated in the APA's Task Force on conversion therapy, argued in an amicus brief that these early studies proved that conversion therapy was not effective:

Take, for example, the early research on SOCE, which focused on aversive conditioning techniques such as electric shock, deprivation of food and liquids, and chemically-induced nausea—techniques that Plaintiffs-Appellants and other SOCE proponents do not disavow... Although these studies did not seek to investigate harm—given that they came from a time in which homosexuality was widely viewed as a mental illness—they nonetheless suggest that SOCE are harmful. The early studies contain reports that subjects experienced depression, treatment-related anxiety, suicidal ideation, impotence, and relationship dysfunction... The early studies were also characterized by high dropout rates, which may be a further indication that subjects viewed their treatments as harmful.⁷⁰

In other words, when supporters addressed the scientific studies done on conversion therapy, they interpreted the results as further confirmation that conversion therapy was a harmful and ineffective practice. The results of these studies were evidence that conversion therapy should not be tolerated. At the same time, they were evidence that the professional associations were right to take a stand against conversion therapy; the practice had been scientifically tested and found wanting.

In short, the bill's supporters constructed and deployed a narrative about the science of conversion therapy, and why it had changed over time. Taken together, the story goes something like this: early researchers began their research with faulty and unscientific assumptions about gay

⁷⁰ Brief of *Amicus Curiae* Dr. Jack Drescher, M.D. in Support of Defendants-Appellees and Urging Affirmance. February 4, 2013. In the United States Court of Appeals for the Ninth Circuit. *Pickup v. Brown*.

people. These assumptions were not based on quality evidence, but on homophobic social norms. However, as researchers began to study conversion therapy, they found that it did not work well. As their research methods became more sophisticated, they gathered more evidence that the assumption that homosexuality was pathological was not justifiable. Once they saw this evidence, experts began to change their minds. Thus, the change in the science was a sign that scientists were responding, appropriately, to better evidence.

In this way, the bill's supporters not only acknowledged that the position of conversion therapy in mainstream science had changed, but used this fact to their advantage. Yes, the science had changed—that was why it could be trusted. The new science was reliable *because* it was new, and because it had changed in response to the best evidence available.

OPPONENTS OF THE BAN AND SCIENTIFIC RESOURCES

Deploying Alternative Scientific Resources

The bill's opponents needed to establish that their plaintiffs had experienced harm as the result of the passage of the conversion therapy ban. In order to overcome this hurdle, they centered the risk of harm to current and future conversion therapy patients if they could not access conversion therapy. Just as they had in the legislature, the bill's opponents relied on the stories of conversion therapy patients to demonstrate that the therapy was effective. *Pickup v. Brown* included as plaintiffs two young men who claimed they would suffer if unable to continue conversion therapy, as well as their parents, who emphasized the improved mental health of their children. These plaintiffs argued that they or their children would likely regress without access to conversion therapy, making them unable to live in accordance with their personal and religious values.

These accounts used the stories of the plaintiffs as a form of evidence for their science claims. They complemented these stories with alternative scientific resources. In declarations to the court, conversion therapy practitioners deployed alternative scientific resources to support the

claim that banning conversion therapy would cause harm. These resources primarily addressed three issues: 1) they argued that conversion therapy was safe and effective, 2) they argued that the causes of sexual orientation were unclear, and therefore that sexual orientation could change, and 3) they argued that being gay or bisexual was itself a health risk.

Opponents deployed alternative scientific resources to demonstrate that conversion therapy was safe and effective. Thus, the state was depriving minors of a helpful course of treatment without cause. For instance, the American College of Pediatricians submitted an amicus brief in support of the plaintiffs. Despite its neutral name, the ACP does not represent the majority of pediatricians; rather, it is a splinter group that broke from the larger American Academy of Pediatrics in 2002 over the issue of adoption by gay couples.

In the brief, the ACP claimed that “same sex attraction and homosexuality can decrease via various forms of sexual orientation change therapy which seek to decrease the shame and guilt that have led to the same-sex attraction in the first place.” Drawing on psychoanalytic theories from the 1940’s to the 1970’s, they explained how “homosexuality” arises in response to poor parenting:

There are also two forms of psychological trauma commonly associated with homosexuality. The first is the trauma caused by the child’s subjective experience of the same-sex parent’s lack of availability, rejection, or even harsh verbal, physical, or sexual attack. This may lead to an intense longing for love from the same-sex parent that is eventually sexualized by the child. Similarly, psychological trauma may also be caused by the child’s subjective experience of the opposite-sex parent’s lack of availability, rejection,

or even harsh verbal, physical, or sexual attack. This may lead to an intense fear of and aversion toward opposite-sex relationships.^{71 72}

From this perspective, “same-sex attraction” is eminently treatable. Once the underlying trauma is addressed, the patient is likely to recover. Thus, therapists should not be prevented from practicing conversion therapy, if the patient so chooses.

In a related vein, opponents emphasized that the causes of sexual orientation were not conclusively proven. If the causes of sexuality were uncertain, they argued, then the bill’s supporters were wrong to suggest it could not change. Dr. Joseph Nicolosi, a licensed psychologist and co-founder of the National Association for Research and Therapy of Homosexuality (NARTH), submitted NARTH Task Force’s “Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behavior” to support his views. This report suggested several potential causes of sexual orientation:

Although no overwhelmingly predominant factors are likely to be found, several broad themes are already known to potentially lead to same-sex attraction and behavior. In no particular order, these include but are not limited to sexual abuse (James, 2005; Wilson & Widom, 2010), relationships with parents (Francis, 2008), relationships with same-sex peers (Bem, 1996), political solidarity (Rosenbluth, 1997; Whisman, 1996), and atypical mental or physical/biological gender characteristics (Zucker & Bradley, 1995).⁷³

⁷¹ This view is not unique to the ACP, but is common among conversion therapy practitioners. It originates from a once-mainstream psychoanalytic school pioneered by Sandor Rado. For a discussion of this school, see chapter one.

⁷² *Amicus Curiae* Brief of American College of Pediatricians in Support of Plaintiffs and Appellees and in Support of Affirming the Decision of the U.S. District Court. February 26, 2013. United States Court of Appeals for the Ninth Circuit. *Welch v. Brown*.

⁷³ Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behavior.” National Association for Research and Treatment of Homosexuality Task Force on Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behavior. In Dr. Joseph Nicolosi Rebuttal Declaration. November 16, 2012. United States District Court Eastern District of California. *Pickup v. Brown*.

Notably, all but one of these factors are social in origin. Even as he argues that the origins of sexual orientation are unknown, he leaves the impression that people become gay as a result of their experiences. In this way, he reinforces the ex-gay argument that gay people are made, and can therefore be unmade.

Challenging Mainstream Scientific Resources

Opponents did not have to rely exclusively on their own alternative resources. Rather, they also drew selectively on mainstream scientific resources to support their position. Opponents used this tactic in three ways: by reinterpreting mainstream resources, by amplifying the limitations to mainstream resources, and by suggesting that their opponents were manipulating these resources for political gain.

In their opposition to the ban, some conversion therapists reinterpreted mainstream scientific resources intended to measure inequality in health outcomes. Opponents argued that the bill's supporters were failing to account for the disproportionate health risks that gay and bisexual people face. If they could change their sexual orientations, opponents argued, then they could avoid these risks. For instance, Joseph Nicolosi, co-founder of NARTH, emphasized "the well-documented psychological and medical health risks associated with homosexual and bisexual behavior."⁷⁴ This statement on its face is not particularly controversial. However, Nicolosi suggested that these risks are not due to the stigmatization that LGB people face, but are fundamentally linked to being gay or bisexual. Citing a study conducted in Europe, he argues that suicide rates of LGB people are the same in the US as they are "as other countries with decades of acceptance of people with same-sex

⁷⁴ Dr. Joseph Nicolosi Rebuttal Declaration. November 16, 2012. United States District Court Eastern District of California. *Pickup v. Brown*.

attractions.”⁷⁵ Thus, changing people’s sexuality from gay to straight was the only way to reduce their risk of suicide; affirming their sexual orientation would not be effective.

Similarly, Donald Welch, a conversion therapist and plaintiff in *Welch*, draws on the research that suggests LGBT youth are more likely to experience depression and suicidal harm than straight youth. In a declaration, he argued that conversion therapy was necessary to prevent teen suicides:

Additionally, some young people dealing with sexual orientation issues are depressed and are in danger of hurting themselves or even taking their own lives. Although I am a mandatory reporter in the event of someone posing a danger to themselves or others... The law censors my speech by requiring me to withhold what can be lifesaving information. It is regrettable that the Legislature did not provide an emergency exception to SB 1172 so that mental health providers can use their professional judgment to protect the health or even save the life of a minor through the practice of their craft. Instead, there is an absolute prohibition from providing anything but the state’s message on sexual orientation, regardless of the consequences.⁷⁶

In essence, Welch argues that conversion therapy may be necessary to save the life of a gay youth. In this way, opponents of the bill reversed the claims of the bill’s supporters that SB-1172 was necessary to protect youth from depression and suicide. Rather than protect youth, they argued, banning conversion therapy would put youth at risk.

In addition to reinterpreting mainstream scientific resources, opponents sought to disarm these resources by amplifying gaps and limitations in the existing literature. In particular, they

⁷⁵ *ibid*

⁷⁶ Declaration of Donald Welch, Ph.D., M.S., LMFT, in Support of Motion for Preliminary Injunction. October 22, 2012. In the United States District Court for the Eastern District of California. *Welch v. Brown*.

avored analyses and reports that were used by both sides, such as the American Psychological Association's 2009 Task Force report on conversion therapy, for this purpose. By drawing attention to these limitations, opponents suggested that the entire body of research on conversion therapy was inconclusive. Critically, this strategy is not unique to opponents of the conversion therapy ban. Rather, it has been successfully used by the tobacco industry to undermine the evidence that smoking causes cancer, and by opponents of regulation to combat climate change, among others (Oreskes and Conway 2010).

By highlighting ambiguities in widely respected reports, the bill's opponents suggested that supporters were glossing over the real messiness of the science of conversion therapy. The emergency motion filed by the plaintiffs in *Pickup* expands on these limitations:

The [APA] report acknowledges some significant limitations [in the research], including that the research has not fully addressed age, that sexual orientation issues in children are virtually unexamined, that none of the recent research meets standards that permit conclusions regarding efficacy or safety, and that there is a dearth of scientifically sound research on the safety of SOCE.⁷⁷

Notably, these are research limitations noted in the original report, but they are taken out of context. For instance, the report finds that *recent* research about the benefits of conversion therapy uses poor methodologies that preclude conclusions about efficacy. At the same time, the report finds that earlier research, using better methodologies, suggests that conversion therapy is not effective. Nonetheless, by observing these gaps in the literature, the bill's opponents were able to undermine the notion of a scientific consensus on the efficacy of conversion therapy. Thus, the plaintiffs in both cases emphasized that the science was uncertain and unsettled.

⁷⁷ Preliminary Injunction Appeal (9th Circuit Rule 3-3). Emergency Motion (Circuit Rule 27-3) for Temporary Injunction Pending Appeal. December 6, 2012.

As Oreskes and Conway (2010) explain, the strategy is effective in part because of the complexity of proving causation in science. For instance, although the scientific evidence that smoking can cause cancer is strong, it is still unclear why one smoker gets cancer but not another. Moreover, because multiple causes may be intertwined, it is often difficult—if not impossible—to determine the cause of cancer in any individual’s case with scientific certainty. Tobacco companies, for instance, argued in court that they were not liable if longtime smokers developed cancer because it could have been caused by other lifestyle factors, such as stress or environment (Oreskes and Conway 2010). Similarly, opponents of the noted, correctly, that modern science cannot explain why any one person develops their sexual orientation. In *Pickup*, the plaintiffs’ attorneys challenged the expertise of two witnesses on these grounds:

Plaintiffs’ objection is equally applicable to the testimony proffered by Dr. Herek. Indeed, he specifically calls into question all of the facts and data that Dr. Beckstead and Dr. Herek both rely upon in their Declarations. “The factors that lead an individual to become heterosexual, homosexual, or bisexual are **not well understood**” and “**no single theory enjoys unequivocal empirical support.**” (Herek Decl. ¶ 14) (emphasis added). This reveals the fundamental flaw in the testimony proffered by both of these two Declarations. Their testimony cannot satisfy the standards set forth in Fed. R. Evid. 702 because at this point **there are no reliable facts or data** that support Dr. Herek’s and Dr. Beckstead’s assertions. (emphasis original)⁷⁸

This argument is striking in two ways. First, it characterizes a researcher’s acknowledgement of scientific uncertainty as evidence that this researcher is not an expert. Second, it characterizes uncertainty about the root causes of sexual orientation as uncertainty about *all* research into

⁷⁸ Plaintiffs’ Objections to Defendants’ Evidence Opposing Motion for Preliminary Injunction. November 16, 2012. United States District Court Eastern District of California. *Pickup v. Brown*.

conversion therapy. In this way, the bill's opponents leveraged gaps in scientific knowledge to challenge the scientific evidence against conversion therapy in general.

Finally, opponents undermined the mainstream scientific resources in favor of the bill by casting doubt on their credibility and motive. To explain why the bill's supporting experts would suggest there is a scientific consensus against conversion therapy, the plaintiffs' counsel suggested they were mischaracterizing the facts because of their political biases. In one brief, for instance, the plaintiffs' counsel in *Pickup* explains why Dr. Beckstead is not a credible expert:

Dr. Beckstead's assault on the ideology behind SOCE reveals his bias in this matter, and shows that his true objections to SOCE are not based on science, but on ideology. (See especially Beckstead Decl. at ¶27, referring to the "false and/or unfounded ideology of SOCE".) The purposes behind providing SOCE and seeking SOCE counseling are widely varied, but this does not provide any assistance to this Court in determining the legal issues at issue here. Dr. Beckstead asserts that he underwent SOCE counseling when he was 21, for a mere six (6) months, but that it was not effective for him. (Id. at ¶6). Interestingly, Defendants objected to the same testimony by Plaintiff David Pickup as irrelevant. (See 9 Defendants' Objection at 3-4)⁷⁹

In other words, Dr. Beckstead's criticism of conversion therapy must stem from ideological concerns. Moreover, by referencing Beckstead's personal negative experience with conversion therapy, the plaintiffs imply that his sexual orientation skews his testimony in this case.

⁷⁹ Plaintiffs' Objections to Defendants' Evidence Opposing Motion for Preliminary Injunction. November 16, 2012. United States District Court Eastern District of California. *Pickup v. Brown*.

In a declaration to the court, conversion therapy practitioner Dr. Joseph Nicolosi not only challenges the defense's view of the science, but takes aim at the American Psychological Association itself:

The APA violated long-established scientific principles by intentionally rejecting all practitioners of SOCE and prohibiting the participation of individuals with differing views, values, and practice. The scientific methodology used by the Task Force is flawed because the only voices in the Task Force are well known for their disapproval of any efforts for homosexuals to seek change...full of biased opinions and conclusions that were arrived at by a Task Force comprised of individuals of the same ideology.⁸⁰

In this way, Nicolosi characterizes opposing researchers, and their conclusions, as biased and politically motivated. Similarly, the plaintiffs' counsel sought to strike an amicus brief from the record in part because it was political, rather than factual. In their motion, they characterized the brief in this way:

In its eighteen-page discussion of the purported parade of horrors that arises from SOCE counseling, Amici CLC provide nothing more than a highly partisan account of the facts. This is not the purpose for which amicus curiae briefs are permitted.⁸¹

Notably, this line of argument was likely chosen in part for legal reasons. In the motion, the plaintiffs cite court precedent to argue that an amicus brief is not "helpful if it merely introduces a *highly partisan account of the facts*."⁸² Nonetheless, the decision to challenge the brief for being partisan fits with the broader strategy of the bill's opponents: to suggest that the science was not

⁸⁰ Dr. Joseph Nicolosi Rebuttal Declaration. November 16, 2012. United States District Court Eastern District of California. *Pickup v. Brown*.

⁸¹ Plaintiffs-Appellants' Motion to Strike Certain Portions of Equality California and Certain Amicus Briefs. February 27, 2013. United States Court of Appeals for the Ninth Circuit. *Pickup v. Brown*.

⁸² *ibid*

settled, and to criticize anyone who says otherwise as skewing the facts for political gain. In this way, the plaintiffs argued that the bill's supporters had not accurately characterized the science, and suggested their motives were political in nature.

OUTCOME OF THE LEGAL CHALLENGES TO SB-1172

In both cases, plaintiffs had made the argument that conversion therapy is a form of free speech. In response, the defendants countered that conversion therapy is a form of “professional conduct,” rather than speech. Thus, California could restrict the practice as part of its licensing authority. Indeed, the defendants clarified that the ban did not apply to speech related to conversion therapy. Conversion therapists could still describe conversion therapy to patients, recommend it to their patients, and refer patients to unlicensed practitioners; the bill only applied to the actual practice of conversion therapy. These claims were generally accepted in the *Pickup* ruling, which found that the bill merely regulated “conduct,” and did not implicate free speech.

However, in *Welch*, Judge William Shubb granted a preliminary injunction to the plaintiffs. Judge Shubb found that a higher standard of review—known as “strict scrutiny”—should apply to SB-1172's because it was not, in his view, content neutral. He found that the Legislature's finding that “that [b]eing lesbian, gay, or bisexual is not a disease, disorder, illness, deficiency, or shortcoming” meant that the legislature sought to suppress speech “contrary to this finding.”⁸³ Moreover, he cited expert testimony from the bill's supporters—which demonstrated that conversion therapy stems from the belief that homosexuality is a mental illness—to argue that banning conversion therapy is equivalent to banning free expression. In the preliminary injunction, he explains:

⁸³ *Welch v. Brown*, 907 F. Supp. 2d 1102 (E.D. Cal. 2012).

That messages about homosexuality can be inextricably intertwined with SOCE renders it likely that, along with SOCE treatment, SB 1172 bans a mental health provider from expressing his or her viewpoints about homosexuality as part of SOCE treatment.⁸⁴

In other words, because the plaintiffs' practice of conversion therapy stemmed from their beliefs, preventing them from practicing conversion therapy would be equivalent to impeding their speech rights.

Furthermore, he found that the bill did not withstand strict scrutiny because the defense had not proven that conversion therapy *always* causes harm to minors, only that it "may cause harm to minors." To bolster this claim, he cited the conclusions of the APA's Task Force Report, which noted existing limitations in the research:

Early and recent research studies provide no clear indication of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from SOCE [conversion therapy]. However, 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.⁸⁵

For Judge Shubb, scientific evidence that conversion therapy *could* cause harm was not enough reason to ban its practice on minors. The defendants would have to produce evidence that conversion therapy always caused harm, and specifically caused harm to minors, in order to justify the ban.

⁸⁴ *Welch v. Brown*, 907 F. Supp. 2d 1102 (E.D. Cal. 2012).

⁸⁵ *Welch v. Brown*, 907 F. Supp. 2d 1102 (E.D. Cal. 2012).

Notably, Shubb sidestepped the question of whether conversion therapists were credible experts. Although he notes the defendants' objections in this regard, he does not evaluate their merits. Instead, he claims in a footnote that he uses the conversion therapists' declarations only as information about their motivations and practices, not as scientific evidence. In this sense, the plaintiffs were not validated as scientific experts, a classification they would likely have preferred.

Nonetheless, Shubb's analysis resembles the science claims made by the plaintiffs. Like the plaintiffs, Shubb reinterpreted evidence that was introduced to explain the harms of conversion therapy. He cited evidence from the professional associations, as well as the defense's experts, in ways that contradicted how those associations and experts interpreted that evidence. In particular, his description of the American Psychological Association task force report aligns with the plaintiffs' interpretation that it says there is insufficient evidence on certain aspects of conversion therapy. Like the plaintiffs, he emphasizes the lines about limited evidence, rather than the lines about evidence of harm. In contrast, Judge Kimberly Mueller, who ruled against the plaintiffs in the *Pickup* case, cited the same passage from the APA's Task Force report as evidence that SB-1172 was sound. Based in part on this passage, she found that the ban was "rationally related to a legitimate state interest."⁸⁶

When the cases were appealed to the 9th circuit, they were consolidated and heard together. Writing for the majority, Judge Graber ruled similarly to Judge Mueller in the previous *Pickup* appeal. She found that SB-1172 was a regulation of professional *conduct*, rather than speech; plaintiffs were still free to promote conversion therapy publicly, recommend it to their patients, or even refer them to unlicensed or out-of-state providers. Graber further ruled that the legislature acted rationally when it decided to ban conversion therapy for minors, citing the statements of the major professional associations condemning the practice. The plaintiffs' science claims were all but

⁸⁶ *Pickup v. Brown*, 42 F.Supp.3d 1347 (E.D. Cal. 2012)

dismissed, as Judge Graber characterized the California legislature as acting on the “overwhelming consensus...that SOCE was harmful and ineffective.”⁸⁷

VENUE AND SCIENTIFIC RESOURCES

Given the differences between the courts and the legislature, one might expect some divergence in strategies. In the California legislature, there are few rules about who may attend and speak. Speakers do not require formal credentials or a direct connection to the issue to attend. In contrast, discussion in court is far more structured. To bring a case, plaintiffs must establish standing, as noted above. There are rules in place regarding what information may be submitted into evidence and who can speak credibly, as an expert, to the issues at play. Despite these differences, I found that both proponents and opponents of SB-1172 incorporated many of the same science claims into their legal strategy. In both venues, each side claimed the science supported their position, and used the stories of conversion therapy patients as evidence to support their view of the science.

The major difference between the two debates was a matter of quantity, not quality. For both sides, the courts afforded them more opportunity to discuss the science in detail: to marshal the experts and studies that supported their views, and to critique the experts and studies that stood against them. In the legislature, proponents and opponents of SB-1172 had limited time to make their case: a handful of meetings stretched out over the spring and summer. Their remarks were time-limited, sometimes only a couple of minutes, and there was no guarantee that supplemental documents would be seriously considered by the legislators. In response, both sides stressed their professional credentials and links to professional associations, in a shorthand effort to convey their credibility as quickly as possible.

⁸⁷ *Pickup v. Brown*, 740 F.3d 1208 (2014)

In contrast, the courts offered both sides a forum to expand on their view of the science, with the opportunity to submit declarations by researchers and supplemental exhibits. Moreover, the *amicus curiae* mechanism allowed other supporters and opponents to weigh in on the matter at length, allowing both sides to bring in additional experts and citations to justify their views. As a result, both sides were able to present scientific resources that supported their side, and have these resources taken seriously. Both sides were also given the time and space to analyze and interrogate the scientific resources used by their opponents.

Proponents of the ban used this opportunity to elaborate on points made in the legislative debate. They brought in researchers to discuss the limitations of early conversion therapy studies, APA Task Force members to explain address the main findings of the report, and even Dr. Robert Spitzer, the researcher whose change of heart they had emphasized in the legislature, to explain why he had denounced his earlier work. While the ability to expand on their claims may have been appreciated, it was not clear that it was necessary. In a pinch, the bill's proponents could focus on their extensive support among mainstream scientific institutions, which required little time to explain.

On the other hand, the bill's opponents suddenly had the opportunity to make their entire case. Without the limitation of a few minutes' speaking time, opponents could directly explain their view of the science to the judge and offer documentation to support it. They were able to introduce more alternative scientific resources, such as breakaway professional associations, and to reinterpret, critique, and discredit the mainstream scientific resources of their opponents. They presented these resources as evidence that the science of conversion therapy was unsettled, and therefore, unactionable.

While both sides were able to introduce more resources to support their claims, this opportunity may have been particularly valuable for the opponents of the ban. Much of their

strategy depended on reinterpreting or selectively deploying mainstream research which otherwise opposed their stance. For instance, one of the counsel for the plaintiffs in *Welch*, Matthew McReynolds, directed the judge's attention to a specific passage of the American Psychological Association's 2009 Task Force report:

Now, I would not want to push Your Honor into trying to wade through the APA report and all of the science on this, except to say that, if you did, I believe you would find it to be far more equivocating than has been represented by either the State or amicus. And if there's one place I could direct your attention to, it would be page 120 of the APA report that contains some of that equivocation... Some people do report benefit, but the State's position through its declarants is that we just can't believe or trust those people.So what we have is a very equivocating state of science, if you can call it that...this notion that this is all about science and that there's no dispute in the science is simply not credible.⁸⁸

Given the contents of the report, deploying this resource would appear to be a strange strategy for the plaintiffs. The APA's Task Force report (2009: v) *begins* with the following statement:

The American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation conducted a systematic review of the peer-reviewed journal literature on sexual orientation change efforts (SOCE) and concluded that efforts to change sexual orientation are unlikely to be successful and involve some risk of harm, contrary to the claims of SOCE practitioners and advocates.

This statement would appear to be damning for the opponents of the ban. Yet, as a review of the literature, the report also includes lengthy discussion of the state of research into conversion therapy. It identifies potential shortfalls of research methods, as well as areas in which the research

⁸⁸ Reporter's Transcript of Proceedings, Plaintiffs' Motion for Preliminary Injunction. Monday, December 3, 2012. United States District Court for the Eastern District of California. *Welch v. Brown*.

is inadequate. By highlighting such limitations, opponents of the ban could suggest that the report *actually* says there is no clear scientific position to take on conversion therapy. Given the time constraints, such discussions were poorly suited to the legislature. However, in court, opponents of the ban could direct the judge's attention to more ambiguous passages in the report, passages which highlighted the remaining limitations in the scientific research. This strategy seems to have helped to sway one judge—or perhaps, given him permission—to rule in their favor.

CONCLUSION

As they organized to defend SB-1172, supporters of the ban mustered ample scientific resources to make their case. By highlighting the support of the major professional associations, they sought to persuade the court that there was a scientific consensus against conversion therapy. The court could be confident that the state had acted appropriately by banning the practice for minors.

Their opponents, in contrast, had almost no mainstream resources to support their cause. Still, they argued that claims of a scientific consensus were overblown. By introducing alternative resources, and by re-examining mainstream ones, they created the impression that conversion therapy was the subject of scientific debate. If the courts sided with the bill's supporters, they would be unjustly privileging one side of this debate—and would be denying a potentially valuable service to those who sought it.

In order to defend their scientific resources, both proponents and opponents of the ban suggested that the other side was not using “real” science; rather, they were dressing political or moral judgments in scientific garb. Proponents accomplished this task by highlighting the support of professional associations, but also by arguing that these associations had turned against conversion therapy because of compelling scientific evidence. Science had already examined the claims of conversion therapists, and found them to be rooted in homophobia, not fact. Opponents, in contrast, rarely acknowledged that the professional associations had turned against conversion

therapy. Instead, they characterized the science as unsettled, and therefore, impossible to act upon. If others said the science was settled, they argued, this was only because of their own biases. When they did acknowledge the professional associations, opponents suggested that these associations were themselves political, not scientific, in nature. In this way, both sides drew a firm line between science and politics—and placed their opponents on the other side.

Ultimately, the bill's supporters prevailed, in part because the judges accepted their mainstream scientific resources as legitimate. Yet, under the circumstances, the bill's opponents achieved more success than might be expected; in one of two legal challenges, they obtained a preliminary injunction against the bill. To one judge, their interpretation of the evidence had merit—even if it went against the interpretation of the American Psychological Association Task Force that had assembled that evidence. I suggest that it was not just a sympathetic judge that led to this result. Rather, the openness of the court venue to alternative scientific resources facilitated the claims of the ban's opponents.

However, this is not to say that the legislature is superior to the courts for the discussion of science, in general, or vice versa. Instead, I suggest that more opportunity for discussion may benefit fringe or minority views of the science, so long as opponents have some alternative scientific resources to draw upon and a sympathetic audience. Conversely, when there is little opportunity for discussion or debate, science claims that rely on shorthand or simple assumptions may be favored. In this case, the courts provided the opportunity for more discussion than the legislature. However, in a legislature committed to giving alternative views a hearing, the opposite might hold true.

CONCLUSION

The adoption of SB-1172, the nation's first conversion therapy ban, illustrates how science can be a valuable resource for social movements. Before 1973, gay rights activists had been told to seek treatment for a mental disorder; now, they had persuaded the state of California that professional psychiatrists could not, and should not, attempt to change their sexual orientation.

When mainstream scientific institutions support a movement's claims, activists may find that lawmakers, justices, and even the general public are more receptive to their claims. Yet even when mainstream scientific institutions declare the science to be settled, they cannot settle political contests. Rather, the use of these mainstream scientific resources can have the opposite effect: encouraging opponents to develop and deploy their own alternative scientific resources. These resources may vary in their scientific plausibility, ranging from associations of disgruntled scientists to reports that merely mimic the form and language of science. Nonetheless, they can help activists to achieve their political goals—or at least, to slow the progress of their opponents.

This dissertation has focused on how activists construct science claims in three contexts: when they lack mainstream scientific resources, when both sides enjoy some mainstream scientific resources, and when they gain mainstream scientific resources. I suggest that activists who lack mainstream resources will first attempt to acquire them. By engaging open-minded researchers, activists may be able to encourage the development of new studies that support their position. If activists are unable to acquire these resources, however, they will not hesitate to claim that science supports their position. Rather, they will develop new, alternative scientific resources to justify their stance. Regardless of whether their resources are mainstream or alternative, activists will draw boundaries between “real” and “fake” science. In particular, activists will claim that their opponents' resources are political or cultural artifacts, rather than legitimate scientific knowledge.

In this conclusion, I offer some reflections on the findings of this dissertation. I begin by considering what the previous chapters, taken together, can tell us about the effectiveness of scientific resources: when and how these resources might help activists to achieve their political goals. Next, I offer two suggestions for future research into the relationship between scientific resources and social movements: 1) how movements might deploy these resources internally for movement-building purposes, and 2) how movements might opt out of scientific debate. Finally, I discuss the future of conversion therapy in the United States. Despite enjoying the bulk of mainstream scientific resources, LGBT activists are at risk of losing their gains in this area. Not only are all statewide conversion therapy bans under threat, but a new wave of anti-transgender laws has attempted to push transgender people back into the closet. I consider what this shift may tell us about the limitations of scientific resources in policy disputes.

IMPLICATIONS: HOW EFFECTIVE ARE SCIENTIFIC RESOURCES?

Taken together, these chapters suggest certain lessons for activists interested in deploying scientific resources to further their work. Although a full account of the impact of scientific resources is beyond the scope of this dissertation, the case offers some insights into when scientific resources are most useful.

First, scientific resources are helpful, but likely insufficient on their own. As discussed in chapter 1, it is unlikely that the American Psychiatric Association would have supported removing the “homosexuality” diagnosis without a plausible scientific rationale for the decision. Interviews with psychiatrists around the time of the decision highlight the importance of mainstream scientific research in swaying people on the subject (Bayer 1981). At the same time, these studies were published *decades* before they were considered by the APA, suggesting that the APA needed a reason to act on the “new” science. The disruption posed by gay rights activists—including gay

liberation activists with no interest in making science claims—brought APA leaders to the bargaining table.

At the same time, this does not mean that scientific resources are inconsequential. Contrasting the APA campaign of gay rights activists in period 1 to the efforts of ex-gay activists in period 2 is illustrative. In chapter 2, I note how ex-gay activists mimicked, likely intentionally, the tactics of gay rights activists. Through these efforts, activists persuaded an APA leader to conduct research into the efficacy of conversion therapy, which was ultimately published in a mainstream journal (Waidzunas 2015). However, the combination of scientific resources and attention-grabbing tactics did not achieve the same result as it did for gay rights activists in period 1. Scholars largely found the research to be weak in its methodology and conclusions. In other words, even when protest draws attention to a movement's cause, the movement's deployment of scientific resources still matters. If these resources are not seen as legitimate by the target audience, then they are no more likely to succeed than if they lacked scientific resources altogether.

The debate over California's conversion therapy ban illustrates how scientific resources and other types of evidence work can be combined to encourage political action. In chapter 3, I show that the California legislature hesitated to adopt a ban on conversion therapy without the endorsement of the professional associations. Legislators remarked that they would only support the bill if the professional associations removed their opposition. Still, it was the stories of people whose lives were affected by conversion therapy that seemed to make the difference. Legislators cited these stories in their remarks and, in some cases, linked them to their personal experiences. These stories brought the movement's science claims to life, demonstrating that this wasn't a dry, academic debate but one with real-world stakes and implications. Seeing the impact of conversion therapy on real people gave legislators a reason to act on the science claims of the activists.

Second, like other types of claims, science claims may be easier to make when they resonate with pre-existing cultural beliefs. Science claims that challenge cultural assumptions and common-sense wisdom take time to foster; science claims that fit with existing cultural beliefs get picked up more quickly and are harder to remove from public discourse (Karkazis and Jordan Young 2019). Indeed, Karkazis and Jordan Young (2019) describe certain facts as “zombie facts”—ideas about what science says that continue to circulate despite being repeatedly disproven. When gay rights activists challenged the homosexuality diagnosis, they confronted a culture which largely perceived them as mentally ill. As discussed in chapter 1, conversion therapy advocates were cited as experts in major newspapers and magazines, disseminating their understanding of the science through popular culture. In this climate, gay rights activists could not easily find sympathetic researchers. Even when they cultivated scientific resources, they could not successfully deploy the “new” science overnight; decades passed before the APA would even consider them.

However, cultural opposition does not foreclose the possibility of long-term success. Because gay rights activists had no scientific resources, they had to build them from scratch, in ways that were legitimate to scientific decisionmakers. This approach may have built a sturdier foundation in the long run than the approach taken by opponents of gay rights. In period 2, opponents of gay rights benefited from the fact that mainstream scientific research supported their views. It was relatively easy to find experts who believed the science supported the efficacy of conversion therapy. However, these experts tended to recycle old and increasingly unpopular psychoanalytic theories. In the short term, this strategy allowed conversion therapy advocates to foster the perception of serious debate within the scientific community; in the long term, however, it seems unlikely to persuade scholars and researchers already familiar with these theories to change their minds.

Third, venue matters, but so does the particular audience within those venues. In period 1, a scientific audience (the APA) required a scientific rationale to justify their decision to remove the

homosexuality diagnosis (Bayer 1981). In period 3, the California legislature offered limited time to debate the bill and was generally sympathetic to the cause of gay rights. Their main concern was whether the bill was in line with mainstream scientific institutions, or whether it would go against them. Professional associations were critical to ensuring that the legislature could justify supporting the bill, as they offered lawmakers a way to refer to the scientific consensus; stories offered a human motivation to act on this science. In this context, even opponents of the ban sought to align themselves with the professional associations, albeit with limited success. Comparatively, the courts offered more extensive time to debate the science, which gave opponents of the ban more space to challenge the notion that the professional associations represent a scientific consensus. Still, this was not enough to overturn the ban in California. Ultimately, a right-leaning judge found the science claims of the opponents plausible, while a left-leaning judge ruled with the science claims of the supporters.

In light of these observations, I suggest that deploying scientific resources can be persuasive, but that the impact of these resources is mediated by people's pre-existing beliefs and values. Science can encourage people to change their minds—but only if they are open and receptive to change. In period 1, scientific resources persuaded psychiatrists to reconsider their position on the homosexuality diagnosis, but only after other developments encouraged them to examine these resources (Bayer 1981). In period 2, mainstream scientific resources were not enough for gay rights activists to achieve policy victories; the morality-based claims of the Christian Right resonated more with many Americans. In this context, the alternative scientific resources cultivated by anti-gay activists appeared plausible, and facilitated their political campaigns. In period 3, scientific resources gave lawmakers political cover to regulate a health practice, an action that has limited precedent. Although lawmakers were clearly sympathetic to the cause, they were hesitant to act without being assured that conversion therapy was “junk science,” rather than *real* medicine. Mainstream scientific resources offered political cover to act in line with their values. Put

differently, scientific resources offer people *permission: permission* to act on pre-existing views, or *permission* to reconsider old assumptions and stances. If the target of activism is set in their ways, then science is unlikely to alter their position: no matter how plausible or well-supported that science might be. If the target of activism is already inclined to re-assess their views, however, they may find that science provides a reason to change course.

SUGGESTIONS FOR FUTURE RESEARCH

In light of my findings, I suggest two lines of inquiry for future research: 1) how scientific resources may function *within* movements and movement coalitions and 2) how movements might successfully *deflect* science claims.

The theoretical framework I propose addresses how activists deploy science to justify their preferred policies to targets outside of their movement, such as politicians, judges, and the general public. However, there may be other reasons why a movement would make science claims. In particular, science claims may help to increase support for a position *within* a movement, such as by convincing activists that an issue is important and salient or by increasing their confidence in their preferred position in the face of challenges. When activists disagree about which issues to tackle next, the existence of mainstream scientific resources that support the movement's goals may tip the scales in one direction. Alternative scientific resources may be used to convince people within a movement that their positions are sound, whatever the scientists might say.

Some evidence suggests that alternative scientific resources are deployed within ex-gay spaces as frequently as they are used to justify anti-gay policies. In chapter 2, I describe the relationship between conversion therapy scholarship and ex-gay individuals. Tanya Erzen's (2006) ethnography of an ex-gay program describes how participants were encouraged to review the works of these scholars, to memorize key concepts, and to apply them to their own lives. In this sense, these alternative scientific resources serve an important internal function, by increasing

participants' buy-in to the ex-gay narrative. In *The Sacred Canopy*, Peter Berger (1967) describes how religions keep their adherents in the fold through the use of "plausibility structures": rituals and routines that remind the faithful of their faith and protect them from information that challenges their faith. Alternative scientific resources could perhaps serve a similar function within social movements, particularly when mainstream scientific institutions challenge a movement's science claims.

Scientific resources may also serve to build interest in an issue within a coalition. Since the late 1970s, both ex-gay activists and Christian conservatives have claimed that the science of sexual orientation supports their position. However, through my research, I have found little evidence that activists deployed these resources to a general audience until the 1990's. Instead, the ex-gay movement seems to have focused on building support for the ex-gay position within the Christian conservative counterculture for over a decade. This trend suggests that these science claims may have served a purpose within Christian conservative circles before that point.

Future scholars should consider how scientific resources—both mainstream and alternative—may function within social movements and social movement coalitions. Such resources may help to foster collective identity, enhance interest in taking on a new issue area, or build trust in the positions taken by leadership. Ethnographic research that examines how these resources are shared and discussed within movement spaces could be particularly illuminating in this regard.

Another potentially illuminating line of inquiry could examine how movements might avoid engaging with science, rather than fighting science with science. In this dissertation, I have argued that movements must address science claims that legitimize their movement in some way. In most cases, I expect that movements will do so by identifying or cultivating scientific resources to support their claims. However, it is also possible that a movement might respond by challenging the

idea that science has a place in the debate. For instance, activists might suggest that the science is irrelevant, because the issue is a matter of religion, morality, or culture. Rather than address the science claims of opponents, this strategy *deflects* attention from the science.

There is some evidence that activists may respond to delegitimizing science claims in this way. In chapter 1, I note that some gay rights activists were skeptical of efforts to challenge the “homosexuality” diagnosis. As demonstrated by historians such as Lewis (2016), these activists viewed efforts to remove the homosexuality diagnosis from the Diagnostic and Statistical Manuals with disdain. In line with the broader anti-psychiatry movement of the 1970’s, these activists preferred to challenge the institution of psychiatry rather than claim that LGBT people were not mentally ill. This response to science claims is distinct from the approach taken by other activists within the movement, and raises important questions about the relationship of movements to science. Future scholarship should identify and examine other cases in which activists adopt deflection as their primary response to science claims that challenge their movement. How do activists attempt to challenge the legitimacy and authority of science? How might different relationships to science form a wedge within movements? And most importantly, how effective is this tactic? Can activists successfully challenge the authority of scientific institutions *and* address delegitimizing science claims? By addressing these questions, we not only learn about how movements relate to scientific institutions, but also about how they might influence public opinion about the authority and legitimacy of these institutions.

THE FUTURE OF CONVERSION THERAPY

Scientifically, the question of conversion therapy appears to be settled. All of the major professional associations have taken firm stances against conversion therapy for both gender identity and sexual orientation on both scientific and ethical grounds. Politically, however, the fight is far from over. In this section I discuss two recent developments in the debate over conversion therapy: challenges to

conversion therapy bans in the courts, and a new wave of gender-affirming care bans that target transgender youth. I suggest that opponents of LGBT rights have laid the legal foundation to overturn all of the conversion therapy bans nationwide. However, for now, they have instead opted to target a different, more marginalized constituency within the LGBT community: transgender people. These gender-affirming care bans are a thinly-veiled attempt to promote conversion—from trans to cis—for the transgender community.

Conversion Therapy Bans in the Courts

Although conversion therapy bans were initially affirmed by the courts, more recent developments have made their status uncertain. First, in 2020, the 11th circuit court of appeals struck down two local conversion therapy bans in Florida.⁸⁹ The court's concerns left little room for activists to develop an alternative way to prevent conversion therapy. First, the argued that because therapy is conducted with words, the ban on conversion therapy constitutes a violation of free speech rights. The power of local governments to adopt local regulations on the professions thus does not extend to conversion therapy. Second, the court questioned whether it was appropriate for courts to make decisions based on expert opinion, at least when it comes from the major professional associations.

Noting the APA's reversal on the issue of conversion therapy, the court questioned its judgment:

The Association's abandoned position is, to put it mildly, broadly disfavored today. But the change itself shows why we cannot rely on professional organizations' judgments—it would have been horribly wrong to allow the old professional consensus against homosexuality to justify a ban on counseling that affirmed it. (*Otto v. City of Boca Raton*: pp.23)

⁸⁹ *Otto v. City of Boca Raton*, 981 F.3d 854 (11th Cir. 2020)

In this way, a major victory of the gay rights movement was turned on its head. There are clear contradictions in such a position. The court argues that because the professional organizations have reversed their stances in the past, their judgment cannot be trusted. The court uses a hypothetical ban on gay-affirming therapy as an example. Yet it follows that if the APA had never changed its position on homosexuality, then it *would* still be trustworthy. Would the court then support a ban on gay-affirming therapy, or would such a ban still be “horribly wrong”? The 11th circuit did not elaborate on when, if ever, the judgments of professional associations are useful—or what kinds of expertise would be more credible. In 2022, it did, however, double down on the claim that professional associations were not reliable. It also reiterated that the government cannot restrict conduct carried out primarily through speech.⁹⁰

As a result of the ruling, there are conflicting precedents from the appeals courts. Some courts have ruled that conversion therapy bans are justifiable on the basis of the science while others have ruled the opposite. This state of affairs may offer a rationale for the Supreme Court to take up the issue, should a new case reach the bench.

Moreover, conversion therapy bans are unlikely to survive a Supreme Court challenge. In a 2018 Supreme Court decision, *National Institute of Family and Life Advocates v. Becerra*, the court signaled its desire to overturn the cases that upheld state conversion therapy bans. Writing for the majority, Justice Clarence Thomas described the ruling in *Pickup v. Brown*—the case which upheld California’s conversion therapy ban— as a case which incorrectly regulated professional speech (2018: 7-8). Notably, the *Becerra* ruling came *before* the appointment of Brett Kavanaugh and Amy Coney Barrett to the court. The current composition of the court has only made the court less sympathetic to the bans.

⁹⁰ Whether this concern about the regulation of speech in professional settings will also extend to Florida’s “Don’t Say Gay” law has yet to be seen.

In light of these developments, it is unlikely that activists will pursue new state bans at this time. Nor are they likely to try to increase the scope existing bans, such as by expanding the bans to include therapy by non-licensed practitioners or by extending the bans to adult conversion therapy. There is some evidence that activists are instead drawing back their demands to avoid a harmful court ruling. For instance, in 2019, New York City voluntarily removed its far-reaching conversion therapy ban after a legal challenge.⁹¹ The bill's sponsor called for the removal, explaining that the courts have become more conservative. He stressed an unfavorable court decision on the ban could threaten all conversion therapy bans (Mays 2019). For the present, conversion therapy bans have likely ground to a halt.

Gender Affirming Care Bans: A New Frontier in the Conversion Therapy Debate

In addition to these attacks, the Christian Right has identified a new line of attack against LGBT rights: banning gender-affirming health care for transgender youth. Gender-affirming care is a treatment approach that privileges the client's own understanding of their own gender identity. Gender-affirming care is not prescriptive; it does not assume that everyone who seeks a consultation about their gender identity is transgender. However, the health care provider is expected to take the patient's understanding of their gender identity seriously and to work with the patient to decide on the best course of action for their needs. In this sense, it is analogous to gay-affirmative therapy, in which treatment focuses on helping a gay or bisexual patient to accept their sexual orientation and navigate life on their terms.

This dissertation has focused on conversion therapy that attempts to change a person's sexual orientation. However, the language in the conversion therapy bans refers to both gender identity *and* sexual orientation. In states that have adopted such bans, conversion therapy to change a minor's gender identity is prohibited, as well as therapy to change a minor's sexual orientation.

⁹¹ New York state, however, still has a conversion therapy ban in place similar to the one adopted in California.

The new gender-affirming care bans take the opposite approach. Whereas conversion therapy bans block the treatment option that seeks to change a minor's gender identity, the gender-affirming care bans target the treatment option that *affirms* a youth's gender identity.

Thus, banning gender-affirming care is a logical next step for the proponents of conversion therapy, both philosophically and practically. Philosophically, both positions are based on the premise that naturally gender non-conforming people do not exist, and therefore people should conform to traditional gender roles. Conversion therapy advocates argue that same-sex attractions are not natural or authentic to the individual, but are the result of some kind of trauma or developmental failure. From this perspective, no one is “born” gay or bisexual; their heterosexuality is merely suppressed. Therefore, through treatment, the therapist can uncover the patient's latent heterosexuality. By promoting conversion therapy, advocates hope to secure a future where gay people do not exist. Likewise, gender-affirming care bans are based on the normative belief that all people should be cisgender, and that transgender people do not, or should not, exist. By banning gender affirming care, proponents hope to force people to accept their sex assigned at birth—or at least, to suppress any visible signs of gender non-conformity. In short, banning gender-affirming care is part of the same political project as promoting conversion therapy. In both cases, the ultimate goal is to end gender non-conformity, whether it is the refusal to marry a partner of the opposite sex or the determination to live as one's authentic gender identity.

For these reasons, conversion therapy advocates have always opposed affirming transgender people. Historically, transgender people were discussed less frequently by religious conversion therapy advocates than gay people. One reason for this lack of emphasis is that conversion therapy advocates frequently conflated gender identity with sexual orientation. In particular, leading Christian conversion therapists promote the view that homosexuality is caused by inadequate identification with one's sex assigned at birth. In this model, gay men have sex with men in order to feel closer to masculinity, but can never be satisfied; instead, conversion therapists

advise them to build confidence in their own masculinity. When conversion therapy advocates do discuss transgender people, they tend to attribute their existence to the same causal processes as homosexuality, only in extreme form (for instance, see Moberly 1983). In this way, the theories of conversion therapy advocates about homosexuality have always extended to transgender people. In other words, conversion therapy advocates have always been opposed to gender-affirming care for transgender people. The gender-affirming care bans are a new tactic that reflects long-standing beliefs.

Banning gender-affirming care is also a logical next step strategically. Although other precedents exist, the conversion therapy bans are the clearest and most recent example of a state choosing to ban a medical treatment for youth in the public interest. In this sense, conversion therapy bans may have helped to establish a precedent for banning gender-affirming care.

Moreover, in choosing this strategy now, the Christian Right may be drawing on lessons learned from gay rights battles of the past. As discussed in chapter 2, the Christian Right leaned in to the “ex-gay” narrative and science claims about conversion therapy when it wanted to rehabilitate its message for a secular public. After their pro-discrimination initiative was struck down by the Supreme Court, Christian Right leaders hoped that framing their views in scientific terms would make them appear less bigoted. Likewise, today gay rights enjoy more support than ever before. The Right’s effort to ban gay marriage has, at least for now, resulted in failure. In this context, it makes sense that the Christian Right would package its claims in scientific-seeming language, rather than emphasize Christian morality, and that they would target an LGBT issue with which many Americans are unfamiliar.

Indeed, there are clear indications that opponents of gender-affirming care lean on science claims to make their case to the public. A recent leak of emails between anti-trans activists shows that those pushing the gender-affirming care bans are working closely with fringe “experts,”

including therapists and doctors (Pauly 2023). Most notably, the emails included correspondence with the president of the American College of Pediatricians (ACP). Despite its name, ACP does not represent the majority of pediatricians; the major professional association representing pediatricians is the American Academy of Pediatrics. The leaked emails show that an ACP member provided commentary on the language of a gender affirming care ban, and that ACP's Executive Director collaborated on lobbying materials in support of the gender affirming care bans (Pauly 2023). When asking for comment on the email leak, the Alliance Defending Freedom's Senior Vice President of Communications, Greg Scott, replied that "Lawmakers often seek advice from experts in law, policy, medicine and other fields as they craft legislation...That's a normal part of a healthy democracy" (Pauly 2023). Scott's comments demonstrate that the tactic of leaning on alternative experts to bolster a movement's credibility is alive and well. Although the gender affirming care bans are relatively new, their supporters can draw on a repertoire established through previous anti-LGBTQ efforts, including the battle over conversion therapy.

So far, the Right's pivot to gender-affirming care bans has seen considerable success. Twenty one states have adopted bans on gender-affirming care, with five making it a felony to provide such care (Movement Advancement Project 2023).

Gender-affirming Care Bans and Scientific Resources

Gender-affirming care bans are like the reflection of the conversion therapy bans in a funhouse mirror. Like conversion therapy bans, these bans claim to protect children from unproven and unsafe treatments. Like conversion therapy bans, these bans claim to prevent health care professionals from "changing" a child's identity. And like conversion therapy bans, these bans claim to be following the best available scientific evidence.

However, despite these superficial similarities, there are critical differences between the two types of bans. First, as noted above, gender-affirming care bans are based on normative

assumptions about sex and gender. They dictate how people ought to exist and present themselves in the world. In contrast, conversion therapy bans do not mandate a sexual orientation; they do not demand that anyone become gay or trans. Rather, they restrict licensed medical professionals from making claims with insufficient scientific evidence.

Second, conversion therapy bans respect individual autonomy on questions of gender presentation and sexual orientation. Gender-affirming care bans do not. Proponents of gender-affirming care bans sometimes suggest that gender-affirming care is the “real” conversion therapy, because it allows the patient to change their sex and/or gender. Such claims are a classic example of false equivalence. A medical professional who helps a trans person align their physical appearance with their identity is not “changing” them, but affirming the patient’s own self-image. In short, gender-affirming care affirms the patient’s understanding of themselves; conversion therapy promises that the patient can change themselves.

Finally, proponents of gender affirming care bans have few mainstream scientific resources at their disposal. The American Medical Association, American Academy of Pediatrics, American Psychiatric Association, and American Psychological Association all oppose bans on gender-affirming care. When proponents of these bans make statements about the “science,” they usually lean on “common sense” understandings about X and Y chromosomes. When they do cite evidence, they pull from the studies of sympathetic academics, such as Lisa Littman; misrepresentations of LGBT-affirming research; and the statements of alternative professional associations, such as the American College of Pediatricians. In contrast, conversion therapy ban supporters have the express support of the major professional associations.

This last difference is particularly interesting in light of this dissertation, which focuses on how activists leverage their scientific resources in different contexts. Of course, a full analysis of how these bans were adopted despite the lack of mainstream scientific resources is beyond the

scope of this dissertation. However, one possibility is that alternative scientific resources can carry equal or even greater weight than mainstream ones in certain contexts. Two factors may play a particularly important role: 1) the attitudes of local decisionmakers towards the major professional associations and 2) public opinion and “common sense” in the local context.

First, the authority of the major professional associations cannot be taken for granted. As discussed in chapter 3, California lawmakers made it clear during the conversion therapy ban debate that they respected the professional associations and would not adopt the ban against their wishes. The ban’s supporters had to make changes to the scope and language of the ban in order to win the support of the professional associations; only then did lawmakers agree to adopt the bill. However, there is no guarantee that this deference is shared by decisionmakers in other times and places. In the late 1960s, for instance, Californian lawmakers adopted a ban on psychosurgeries (such as lobotomies) for minors over the objections of the American Psychiatric Association. Moreover, the *Otto v. Boca Raton* case cited above illustrates that in extreme cases, decisionmakers may even feel that the professional associations are untrustworthy and uncredible. Where decisionmakers do not trust the major professional associations to interpret the science, their statements have little influence. Under such conditions, the differences between “alternative” and “mainstream” scientific resources become negligible. “Alternative” scientific resources may even have more weight with certain audiences.

Second, science claims may seem more credible and persuasive if they align with pre-existing beliefs and expectations—what Karkazis and Jordan-Young (2019) call “truthiness.” In chapter 1, I suggested that gay rights activists faced an uphill battle when they sought to prove that homosexuality was not a mental illness because homophobia was widespread and taken for granted. In particular, I noted that the science of conversion therapy was thoroughly covered in major news outlets, with few dissenting views. In other words, common sense prejudices were bolstered by scientific authorities, and then disseminated to the public through the media. In this

context, gay rights activists needed credible, mainstream experts to support their position if they wanted to be taken seriously.

Today, trans rights activists may enjoy the support of major professional associations for gender affirming care, but they also face a public that is ignorant or skeptical of their concerns. A 2022 Pew survey found that 43% of American adults believed that the pace of change on transgender and nonbinary issues was moving too quickly (Parker, Horowitz, and Brown 2022). 60% of American adults claimed that gender is determined by sex at birth; this number has risen in recent years (Parker, Horowitz, and Brown 2022). Opponents of gender-affirming care may be able to make science claims more easily in a context where many cis people do not understand—or do not want to understand—the concerns of transgender people.

Indeed, major news outlets, such as the *New York Times* and *The Atlantic*, have published the science claims of opponents of transgender rights, often without identifying them as activists or informing the reader that their views are not shared by the major professional associations. This coverage has more in common with the treatment of the ex-gay “Truth in Love” media campaign, discussed in chapter 3, than the coverage of gay rights activists before the APA decision. In March of 2023, a coalition of journalists wrote to the *New York Times* to challenge their coverage of the issue. The paper’s initial response was less than receptive. Rather than address the writers’ concerns about journalistic integrity, the *Times* conflated their letter with a similar letter by LGBT activists. Whether either letter will have a long-term impact remains to be seen.

Similar to the ex-gay “Truth in Love” campaign, media coverage of trans issues often describes the stories of “detransitioners,” or people who previously identified as trans, as human interest stories rather than carefully crafted political narratives. Moreover, much like the way conversion therapy advocates promoted the stories of “ex-gays,” the stories of “detransitioners” are used to suggest that trans people will regret a gender transition, and should instead receive

treatment to help them accept their sex assigned at birth. Indeed, many of the same organizations that promoted ex-gay narratives have shifted their focus to detransition stories. Most notably, NARTH, the organization described in period 2 as an alternative association for conversion therapists, has renamed itself the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI). ATCSI's website now features a page on "Transgender Information," which prominently displays Youtube videos of detransition experiences, as well as a web page on "sex change regret."

Ultimately, the gender-affirming care bans may be undone by factors unrelated to science. A recent leak of anti-transgender activist emails to *Mother Jones* was made possible by Elisa Rae Shupe. Shupe previously worked as an anti-transgender activist, sharing her story of detransition as part of the movement. She has since re-transitioned and denounced her former beliefs. This development is not unlike the role that ex-ex-gays—gay people who left the ex-gay movement—have played in drawing attention to the harms of conversion therapy. When movements deploy science, they have to contend with the possibility that science can change. But people, too, can change. When movements use the lives of real people to support their science claims, it seems that they must also navigate this reality.

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