

CASE NO. 19-2064

**UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT**

CHRISTOPHER DOYLE, LPC, LCPC,
individually and on behalf of his clients,

Plaintiff and Appellant,

v.

LAWRENCE J. HOGAN, JR., Governor of the State of Maryland, in
his official capacity; BRIAN E. FROSH, Attorney General of the
State of Maryland, in his official capacity,

Defendants and Appellees.

On Appeal From The United States District Court,
for the District of Maryland
Case No. 1:19-cv-00190-DKC, before Hon. Deborah K. Chasanow

**BRIEF *AMICI CURIAE* OF SURVIVORS OF SEXUAL ORIENTATION CHANGE
EFFORTS, IN SUPPORT OF *DEFENDANTS-APPELLEES* URGING AFFIRMANCE**

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INTEREST OF *AMICI CURIAE*¹

Amici Curiae are eight survivors of the dangerous and discredited sexual orientation change efforts (“SOCE”) therapies that are used to try to change a person’s sexual orientation, the mother of one of the survivors, and the sister of a man subjected to SOCE as a child who later committed suicide. In this brief, *Amici* recount the serious harms that they, their families, and others suffered due to these unsafe practices, illustrating the serious risk of irreparable harm thousands of minors will suffer if Maryland’s Youth Mental Health Protection Act, codified as Md. Code Ann., Health Occ. § 1-212.1 (“Section 1-212.1”) is not upheld.

Matt Ashcroft, Daniel Browning, Ryan Kendall, John Metzidis, Mathew Shurka, Adam Trimmer, James Guay, and Peter Drake recount the serious harms they endured due to being subjected to SOCE. Jane Shurka describes the harm her family suffered due to the fruitless attempt to change her son Mathew’s identity. Maris Ehlers recounts that her brother, Kirk Andrew Murphy, was subjected to SOCE as a child and later took his own life after despairing that he could not change his sexual orientation.

¹ No party or party’s counsel authored any portion of this brief, and no one other than the *Amici Curiae* or their counsel contributed any money for the preparation or submission of this brief.

INTRODUCTION

Section 1-212.1 is necessary and appropriate to protect minors from the junk science techniques, collectively known as SOCE, that are still used more than 40 years after the mental health profession roundly rejected the idea that homosexuality is a disorder or condition that can or should be changed. *Amici's* experiences show the severity of the harms SOCE inflicts. The proven dangerousness of SOCE demonstrates that Section 1-212.1 was well within Maryland's power to regulate licensed mental health providers to protect the health and safety of their minor patients, regardless of what level of scrutiny is applied, and notwithstanding Plaintiff-Appellant's dubious First Amendment claims.

ARGUMENT

I. MARYLAND HAS A COMPELLING INTEREST IN PROTECTING MINORS FROM THE SERIOUS HARMS CAUSED BY SEXUAL ORIENTATION CHANGE EFFORTS

Based on evidence of the harmfulness and ineffectiveness of SOCE, and the broad consensus among professionals condemning imposing SOCE on children as unethical and unsafe, in enacting Section 1-212.1 the Legislature found that "Maryland has a compelling interest in protecting the physical and psychological well-being of minors, including LGBT youth, and in protecting minors against exposure to serious harm caused by sexual orientation change efforts." JA60.

Maryland is one of eighteen states, two territories, and sixty-four counties and municipalities that have such laws. WIKIPEDIA, THE FREE ENCYCLOPEDIA, *List*

of U.S. Jurisdictions Banning Conversion Therapy,

https://en.wikipedia.org/w/index.php?title=List_of_U.S._jurisdictions_banning_conversion_therapy&oldid=930056469 (last visited Dec. 16, 2019).

Plaintiff-Appellant brushes aside the overwhelming evidence of SOCE's harmfulness, on which Maryland's Legislature and those of at least 83 other jurisdictions relied. *See* Plaintiff-Appellant's Op. Br. at 43-44. He is flat wrong.

First, as Dr. Caitlin Ryan's research has shown, "more than half (53%) of LGBT young adults, ages 21-25, report having been pressured by their families to change their sexual orientation when they were teenagers, while a little more than one-third (34%) report having been sent outside the home to a therapist or religious leader to 'cure, treat, or change your sexual orientation' during their teenage years." Declaration of Dr. Caitlin Ryan, *Welch v. Brown*, No. 2:12-CV-02484-WBS-KJN (E.D. Cal.), Docket No. 41, at 4-5.

Second, there is no reliable evidence or basis for believing that a person can change his or her sexual orientation, and there is broad professional consensus that attempting to do so through SOCE is unethical and harmful. *See, e.g.,* NAT'L COMM. ON LESBIAN, GAY, & BISEXUAL ISSUES, NAT'L ASS'N OF SOCIAL WORKERS, Position Statement, "*Reparative*" and "*Conversion*" Therapies for Lesbians and Gay Men (Jan. 21, 2000); AM. PSYCHIATRIC ASS'N, Position Statement, *Therapies*

Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies) (May 2000).

Homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (“DSM”) in 1973. It remains absent from the latest edition. *See* DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (5th ed. 2013). The scientific consensus is that there are no documented benefits of this junk science; in fact, there is so ““great an analytical gap between the data and the opinion proffered”” by SOCE practitioners that they would not qualify to testify as expert witnesses. *General Electric Co. v. Joiner*, 522 U.S. 136, 146 (1997); *see also* Opinion at 19, *Ferguson v. JONAH*, No. HUD-L-5473-12 (N.J. Super. Ct. Feb. 5, 2015), <http://www.splcenter.org/sites/default/files/downloads/case/jonahopinion.pdf> (“The overwhelming weight of scientific authority concludes that homosexuality is not a disorder or abnormal. The universal acceptance of that scientific conclusion—save for outliers such as JONAH—requires that any expert opinions to the contrary must be barred.”).

In 2009, the American Psychological Association conducted a comprehensive review of scientific studies on the effectiveness of SOCE, concluding that “the peer-refereed empirical research ... provides little evidence of efficacy,” and “reject[ing] the stigma of mental illness that the medical and mental health professions had previously placed on sexual minorities.” AM.

PSYCHOLOGICAL ASS'N, REPORT OF THE TASK FORCE ON APPROPRIATE THERAPEUTIC RESPONSES TO SEXUAL ORIENTATION 11, 35 (2009). In 2015, the Substance Abuse and Mental Health Services Administration recognized there is no support for the “the premise that mental or behavioral health interventions can alter gender identity or sexual orientation,” and that efforts to change sexual orientation “*are coercive, can be harmful, and should not be part of behavioral health treatment.*” SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth* 1 (Oct. 2015) (emphasis added).

The one prominent study purporting to show that SOCE could change sexual orientation has been renounced by its author, Dr. Robert Spitzer, who explained his methodology was deeply flawed and apologized for “making unproven claims of the efficacy of reparative therapy.” Robert L. Spitzer, Letter to the Editor, *Spitzer Reassesses his 2003 Study of Reparative Therapy of Homosexuality*, 41 ARCHIVES SEXUAL BEHAV. 757 (2012).

The harms that *Amici* and their loved ones suffered illustrate what science and the Maryland legislature have found.

A. Matt Ashcroft

Matt Ashcroft underwent conversion therapy with Plaintiff-Appellant Christopher Doyle because he wanted to build a relationship with his father. After

more than six months, his depression and self-hatred had only deepened. It became challenging for him open up to anyone, leaving him alone and isolated.

Matt's parents separated when he was a child, and he spent his school years with his mother in Belleville, Ontario, and the summers and holidays with his father in Barrie, Ontario.

Matt's father is a Rastafarian who emigrated from Jamaica, who saw virile heterosexual masculinity as the ideal form of manhood. He was a strict disciplinarian who wanted to toughen up his son. He would often get angry at Matt and call him a "fag." Matt's father listened to Jamaican dancehall music, and his favorite songs often included violently homophobic lyrics. Matt recalls how unsettling it was to see his dad enjoying songs calling for gay people to be shot in the head. Matt was afraid of his father, and could never figure out how to talk with him or be around him.

When Matt realized he was gay, it is not surprising that he was not able to tell anyone. He felt forced into a box, trying to keep a core part of himself hidden. Searching for community, he began attending a Pentecostal church with high school friends, where the pastor taught that gay people will burn in hell.

Matt wanted to change what he had been taught was wrong and sinful in him. He found an online community of "ex-gays" which promised he could overcome his same-sex attractions and live as a straight man. After several years

talking about changing his sexual orientation, Matt attended a two-day Journey Into Manhood program in Pennsylvania which purported to help men reduce “unwanted same-sex attractions.” Under pressure there, Matt agreed to undergo SOCE treatment.

In December 2015, at age 24, Matt began SOCE sessions on Skype with Plaintiff-Appellant. Matt was intimidated by Plaintiff-Appellant, who he felt had power over him. Plaintiff-Appellant focused the sessions on Matt’s sexual fantasies, directing him to write down every sexual thought in an “SSA [same-sex attraction] Daily Tracker,” and asking him to be as graphic and detailed as possible. When Matt expressed discomfort with this approach, Plaintiff-Appellant reprimanded him for not taking the therapy seriously.

His last SOCE session occurred in early summer 2015, at an “experiential weekend” that Plaintiff-Appellant held for his patients. It was a frightening experience. Matt felt that his core identity was under attack, and despaired that he was to blame for not trying hard enough to change his sexual orientation.

For several years after stopping SOCE, Matt’s depression worsened. He had periods of homelessness struggling to keep himself together.

Matt returned to school last year as an undergraduate at the University of Toronto, but he still suffers lasting psychological damage caused by SOCE. Because his SOCE sessions were built on the lie that Matt could and should change

his identity, Matt feels that Plaintiff-Appellant violated the trust necessary to the therapeutic relationship, and it remains difficult for him to trust others, to the point that he fears going to counseling. It is hard for Matt to share intimate thoughts with his partner of two years, because being forced to discuss his sexual fantasies in graphic detail as part of his SOCE therapy makes it hard to talk about sex at all.

B. Daniel Browning

Daniel Browning grew up in a conservative Christian home in Mount Airy, Maryland. His church taught that homosexuality is sin punished by hellfire. When he was 12, Daniel began experiencing a physical and emotional attraction to other boys, which made him feel dirty, abnormal, and unwanted. Desperate to hide his feelings from his parents and friends, Daniel struggled with depression and persistent suicidal thoughts. When he was 15, he came very close to attempting suicide.

Daniel attended a private Christian university in Kentucky that had a zero-tolerance policy for homosexuality. While at college, Daniel attended a Love Won Out conference, an “ex-gay” seminar sponsored by Focus on the Family, where he heard men sharing their experiences about being “cured” from their same-sex attraction through SOCE. Daniel came away from the conference hopeful that he could rid himself of his same-sex desires. He tried to convince himself that if he

found the right woman who accepted him, same-sex attraction and all, he could have what he and his family considered a “normal” life.

Daniel dated and became engaged to a woman. Before the wedding, he confessed he was sexually attracted to men, but that he believed he would be able to “cure” his homosexuality. Daniel was married. He and his wife had a son and moved to South Korea, where his wife worked as a Christian pastor for children. Less than six years into their marriage, Daniel’s wife saw him flirting with another man. She told him she would divorce him unless he received successful treatment from a “reparative therapist.” Daniel cared for his wife and wanted to be able to remain in his son’s life, so he agreed to try.

Daniel moved to Nashville, Tennessee, and took SOCE “therapy” with Plaintiff-Appellant Doyle from November 2014 until May 2015. The sessions exacerbated Daniel’s depression and anxiety due to his inability to change his identity. He continued to have suicidal thoughts. During the SOCE sessions, Plaintiff-Appellant told Daniel that he was a “sex addict” and directed him to scour his relationship with his parents to find the family trauma that “caused” his same-sex desires, to blame them for his sexual orientation. Daniel was also told to keep an SSA (same-sex attraction) journal, documenting each time he was attracted to another man. Plaintiff-Appellant told Daniel that he was not really attracted to

men, and that he was aroused by men because his body was telling him he wanted to be seen by others as handsome.

Daniel's mental health continued to unravel as he underwent SOCE, and his inability to change himself or receive comfort or support from his "treatment" caused him to fall into deeper depression.

After Daniel stopped SOCE, and a year of treatment with a therapist who did not try to change his sexuality, he accepted himself as a gay man. For the first time in his life, Daniel saw himself as a normal person who did not have to pretend to be someone he is not.

Daniel has been happily married to another man for three years. His mental health is better than ever. But given the pain he experienced undergoing SOCE as an adult, Daniel can only imagine how much more damage SOCE would have caused him as a teenager or as a college student, when he would have been more vulnerable and less able to reject the SOCE counseling that encouraged his self-loathing, guilt, and shame.

C. Ryan Kendall

Ryan Kendall was raised in a religiously conservative household in Colorado Springs by parents who believed that homosexuals were evil. When he was a teenager, Ryan's parents discovered that he was gay by reading his journal. They were outraged. Ryan's mother told him he was going to burn in hell. Ryan's

parents desperately sought to “fix” him by sending him to a series of SOCE practitioners. After several sessions with a self-described “Christian therapist,” Ryan’s parents were referred to the National Association for Research and Therapy of Homosexuality (“NARTH”), an organization that purported to practice a more secular form of SOCE. For nearly a year, Dr. Joseph Nicolosi practiced SOCE on Ryan through weekly telephone sessions and in person at NARTH’s California treatment center.

During each session, Dr. Nicolosi emphasized that Ryan’s “treatment” would help him suppress his sinful and defective same-sex desires. Yet Ryan understood his sexual orientation to be unchangeable—he knew he was gay in the same way that he knew his height and ethnicity—and he never went through a period of believing that SOCE could change his identity. Ironically, during a group therapy session, Dr. Nicolosi introduced Kelly as a “perfect patient” who had been cured of his same-sex attractions. Kelly told Ryan privately he was going to a gay bar later that night, and was pretending to be cured for the sake of his family.

Ryan’s “treatment” validated his parents’ beliefs about homosexuality, encouraging them to reject him—causing him great pain. Ryan’s parents became verbally and emotionally abusive, telling him that he was abhorrent, disgusting,

and evil. The experience destroyed Ryan's sense of his place in the world, driving him to the brink of suicide.

Ryan's experience was not unique: LGBT youth who experience high levels of family rejection are 8.4 times more likely to report having attempted suicide. Caitlin Ryan et al., *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults*, 123 PEDIATRICS 346, 349-50 (2009). Gabriel Arana, another minor undergoing SOCE, who Dr. Nicolosi paired with Ryan as part of their "treatment," came perilously close to taking his own life after years of exposure to SOCE because he saw himself as "a leper with no hope of a cure." See Gabriel Arana, *My So-Called Ex-Gay Life*, THE AMERICAN PROSPECT, Apr. 11, 2012, <http://prospect.org/article/my-so-called-ex-gay-life>.

When he was 16, Ryan stopped undergoing SOCE, ran away from home, and legally separated from his parents. For the next decade, he was estranged from his parents and suffered severe depression, including frequent thoughts of suicide. He was filled with self-hatred that derived from SOCE, which had reinforced the message that he was defective and immoral at a time when most adolescents are first discovering their sexual identity. Like many others experiencing total family rejection, Ryan succumbed to periods of drug abuse and homelessness, and his education was derailed for more than a decade.

Ryan has been rebuilding his life, returning to school and reconciling with his parents. He graduated from UCLA School of Law and is now a lawyer. Yet Ryan continued to struggle with the lasting psychological damage caused by SOCE for many years, and he cannot regain his lost decade at the critical period in the transition from adolescence to adulthood, which significantly delayed the completion of his education and beginning of his professional life.

Most importantly, Ryan will never regain the many years taken away from him and his family, especially his father, who died on January 16, 2015. Although Ryan and his father reconciled and rebuilt their relationship several years before his death, they were robbed of precious time together.

D. John Metzidis

Around the age of 14, John Metzidis realized that he was attracted to men. He felt immense shame, as he had been struggling with the fear that he was gay since early childhood. Raised in a politically conservative household in Orange County, California, John knew his community viewed being gay as disgusting and shameful. He was often teased by other children and called derogatory names like “gay boy” and “faggot,” and thus learned to be careful about the way he spoke, the way he carried himself, and the interests and hobbies he pursued, lest anything be perceived by others as too effeminate or “gay.”

Due to the stigma associated with homosexuality, John was not prepared to accept his sexual orientation, which he saw as a “problem” or “defect” that needed to be “cured.” After graduating high school, John began reading about the “ex-gay” movement, and was drawn to the purportedly more secular forms of SOCE practiced by NARTH and Dr. Nicolosi, who also treated Ryan Kendall. At age 20, John began undergoing weekly sessions of “reparative therapy” with Scott Sutherland, a therapist at Dr. Nicolosi’s clinic.

Like many others who voluntarily seek out SOCE, John was hopeful at the prospect of changing his sexual orientation, and for a period believed that he was making progress. But it was not long before SOCE began to have negative consequences on him. As part of his “reparative therapy,” John was told that homosexuality was caused by a dysfunctional family life and upbringing and was encouraged to tell his parents about his struggles, which necessarily involved confronting them with their “failures” in raising him. John’s relationship with his parents and their relationships with each other were completely upended, as he blamed them and they blamed each other for his homosexual “problem.”

After about nine months, John was frustrated with his inability to change his sexual orientation, and became fixated on the notion that he was broken or defective. He became withdrawn and exceedingly self-conscious, and his grades sharply declined. John began suffering from deepening depression and anxiety,

and thought about killing himself. When, after 18 months of SOCE, John finally accepted that he could not change his sexual orientation, his therapist was unsupportive, and blamed John for not working hard enough to change.

Before ending therapy, John met another SOCE therapist from Dr. Nicolosi's clinic, David Matheson, who told him that he was being too "perfectionistic" in his expectations about changing his sexuality, and that he needed to focus less on "changing" and more on "overcoming" his same-sex attractions.

John got the sense that Matheson and other self-identified "ex-gays" had not actually succeeded in changing their sexual orientation, and that their "struggle" with their sexual attractions continued, no matter how long ago they had begun SOCE treatment or how long they had been married to women. It was not surprising to him when David Matheson announced he is gay earlier this year. Julie Compton, *Once-Prominent 'Conversion Therapist' Will Now 'Pursue Life As a Gay Man'*, NBC NEWS, Jan. 23, 2019, <https://www.nbcnews.com/feature/nbc-out/once-prominent-conversion-therapist-will-now-pursue-life-gay-man-n961766>.

John quit his "reparative therapy" in the summer of 2004, and delayed going to law school for a year so that he could put his life back together. John graduated from the University of Pennsylvania Law School. He is a lawyer who considers himself one of the luckier survivors of SOCE.

John continues to feel damaged by the deep violation of trust he experienced in the SOCE sessions. He opened up to his therapist more than he had to any other person to that point in his life, sharing intimate details and exploring difficult emotions. Yet that relationship was based upon a fraud: that his sexual orientation was a disorder that could be changed if he tried hard enough.

E. Mathew and Jane Shurka

Mathew Shurka grew up in a traditional Jewish home in Great Neck, New York. His family did not know anyone who was openly gay and were ignorant about homosexuality. At age 16, Mathew confessed that he was attracted to boys. His father told Mathew that he loved him no matter what, but almost immediately expressed fears that his son would be bullied and ostracized, and that Mathew's future was bleak due to society's stigma against gay people. Seeking to protect his son from an unhappy life, Mathew's father found a "conversion therapist" based in the suburbs of Los Angeles who claimed that he could turn Mathew straight in six weeks.

Although Mathew knew that he was and would remain gay, he was afraid of losing his father's approval and unwilling to confront coming out to his peers, so he was hopeful about the prospect of changing his sexual orientation. His mother, Jane, went along with the decision to undertake conversion therapy even though she did not share her husband's concern that Mathew's sexuality would ruin his

life. Because of her ignorance about sexual orientation, Jane put her trust in the licensed therapist who claimed that Mathew was suffering from a psychological condition that could and should be cured. She deeply regrets this decision.

For the next three years, Mathew underwent telephone SOCE sessions multiple times per week. The therapist counseled that there was no such thing as love between two people of the same sex, and that homosexual desires are caused by early childhood trauma. He instructed Mathew that he could “fix” himself by spending as much time as possible with other men—in order to learn how to “act straight”—and by avoiding contact with women, including his mother and two sisters—both to prevent him from learning effeminate behaviors and to transform women into something mysterious and attractive. Mathew became dependent on the therapist to guide him through each day, fearing he could stumble down the wrong path at any moment and bring shame to himself and his family. The SOCE sessions increased Mathew’s confusion about his identity. He suffered from depression and anxiety, and struggled academically. As he put pressure on himself to have sex with women to prove that SOCE was working, he began experiencing severe and frequent panic attacks. Mathew’s depression deepened due to the feelings of failure at being unable to change himself, and he spent months at a time during years of conversion therapy contemplating suicide.

Following the therapist's instruction, Mathew refused to communicate with his mother Jane and his sisters for three years, unraveling what had been a close-knit family. Jane could tell very early on that the SOCE sessions were only making her son unhappy, which was unbearable for her. When Jane observed Mathew with girls he dated in high school, she could see how unnatural it was for him and realized her son was in turmoil because he was trying to be something he was not. Jane would try to tell Mathew that he would feel better if embraced his true identity, but he would yell at her for undermining his therapy. Due to the therapist's admonition that interacting with his mother would stunt his progress, Mathew felt both infuriated and devastated when Jane told him: "Matt, you're gay, and it's okay."

By the time Mathew graduated high school, his parents had begun divorce proceedings. Jane's anguish over the damage SOCE was inflicting on Mathew, and her husband's insistence that the "treatment" was necessary, were factors in the breakup of their marriage. At age 19, with Jane's encouragement, Mathew severed ties with the conversion therapist and moved to Los Angeles, where he began treatment with a psychologist who was openly gay. However, the feelings of inadequacy that had been nurtured by SOCE got in the way of his treatment. Mathew continued to believe that he was a failure for not being able to change his sexual orientation. After about six months, he found another conversion therapist,

a self-described “ex-gay” Mormon, who brought Mathew with him to Charlottesville, Virginia for a two-day Journey Into Manhood program that purported to help reduce same-sex attraction (the same program that Matt Ashcroft attended in Pennsylvania). Mathew dropped out of school and became so depressed that at times he could not leave his apartment for days.

Eventually, over the course of several years, Mathew was able to overcome much of the damage from his exposure to SOCE and reassembled his life. He moved to New York City, got work in a restaurant, and reconnected with his mother and sisters. He met openly gay co-workers and slowly realized that he could only be happy if he accepted who he was. At age 23, Mathew found the courage to come out as a gay man.

Jane deeply regrets that she hurt her son through her agreement to expose him to SOCE. She does not blame her ex-husband, who acted out of the ill-founded belief that SOCE would help Mathew live a better life, free from the discrimination and animosity that LGBT people face. Mathew was deeply angry and resentful of his father, and they were estranged for five years. After he came out as gay, Mathew reconciled with his father, and they have been rebuilding their relationship.

F. Adam Trimmer

Adam Trimmer grew up in a conservative Southern Baptist household in Prince George County, Virginia. When he came out as gay at 17, his mother responded by reciting their church's teachings, telling him, "a man shall not lay with another man."

Adam attempted suicide on January 20, 2008, during his freshman year of college. In the hospital, a youth pastor recommended he seek help "healing from homosexuality" through SOCE. Adam withdrew from college, returned home to live with his parents, and began meeting with the youth pastor. During his first session, the pastor told Adam, "you tried being gay, and look what happened."

In February 2008, Adam began weekly SOCE sessions with a licensed professional counselor, recommended by the youth pastor, in Chesterfield, Virginia. The counselor downplayed the seriousness of Adam's very recent suicide attempt. Instead, she focused on trying to purge his same-sex attractions, by blaming his parents. She told Adam he was attracted to men because his mother was overbearing and his father was emotionally absent. She encouraged him to distance himself from his mother to "establish boundaries," and even directed them not to hug each other. She later invited his mother to attend a SOCE session and berated her. When Adam's mother told the counselor that she was worried her son might try to kill himself again, the counselor just blamed her for

causing Adam's same-sex desires and his suicide attempt, nearly destroying Adam's relationship with his mother.

Adam tried to follow the counselor's directions. Some days he avoided even being in the same room with his mother. He had regular shouting matches with his father, calling him the worst dad in the world for making him gay through his "emotional absence." While the SOCE sessions created a serious rift in Adam's relationship with his parents, his attraction to men did not go away. His depression and his anger at his parents deepened.

In July 2008, Adam attended an "ex-gay" conference in Asheville, North Carolina, sponsored by Exodus International, an organization that promoted SOCE for decades until 2013, when its president renounced conversion therapy as harmful and ineffective. Alyssa Newcomb, *Exodus International: 'Gay Cure' Group Leader Shutting Down Ministry After Change of Heart*, ABC NEWS, June 20, 2013, <https://abcnews.go.com/US/exodus-international-gay-cure-group-leader-shutting-ministry/story?id=19446752>.

Before the conference, Adam stayed for a week in Charlotte, North Carolina, with an "ex-gay mentor" he met at another conference. The "mentor" introduced Adam to yet another spin on SOCE, "cuddle ministry." He cuddled with Adam for days to promote "platonic intimacy" and starve out same-sex physical attraction by

trying to avoid arousal. The counselor practicing SOCE on Adam encouraged him to continue his relationship with the “mentor” because he was a positive influence.

In August 2008, after about six months of SOCE, Adam felt completely broken, with no sense of self. When he told the counselor he was not going to try to be “ex-gay” anymore, she refused to offer any support. Instead, she blamed him for abandoning their work, and asked him to pray with her. Adam felt alone and empty.

The damage to Adam’s relationship with his parents was profound, and took a lot of work to repair. He has had to overcome the damaging thought-processes introduced to him by SOCE, which made him appear to others as cold and disinterested because he was so worried about the implications of any form of touch. Fortunately, Adam has received counseling which helped him to move forward and repair his life, but he wonders what it would have been like to receive that kind of care from the beginning.

G. James Guay

As the son of a preacher raised in a fundamentalist Christian household in Southern California, James Guay was plagued with guilt and shame when he realized at age 12 that he is gay. James was taught that homosexuals were inherently flawed and sinful, and was desperate to change his sexual orientation. He spent the next eight years of his life making every effort to eliminate his same-

sex attractions until he realized that he could never truly change his sexual orientation.

Until he was 16, James tried to change on his own—through church involvement, Bible reading, and prayer. He took to heart the Biblical message that he was an “abomination,” increasing his feelings of self-hatred. James disclosed his internal struggle to his parents, who helped him to find an “ex-gay” licensed psychologist, Dr. James Wilder, who practiced “conversion therapy.”

Like many other LGBT minors, James voluntarily agreed to undergo SOCE and was dedicated to the weekly sessions for a year. James was filled with a sense of relief and a newfound hope that he could change his sexual orientation. As an impressionable teenager determined to rid himself of his “disease,” James believed for a time that undergoing SOCE would help him to become heterosexual. The promises of change never materialized, and his exposure to SOCE instead caused lasting psychological trauma.

As part of James’s “conversion therapy,” Dr. Wilder told him homosexuality can result from inadequate parenting, which wreaked havoc on James’s relationship with his parents by transforming his self-hatred into anger at them. Dr. Wilder also required James to examine his past to search for an actual set of events that caused his same-sex desires. This put extraordinary pressure on James to create false memories, obliterated his sense of self, and deepened his depression,

shame, and feelings of isolation, rejection, and failure. For years, he suffered from fear of intimacy, severe anxiety, and depression. When James realized that, despite his discipline and devotion, he could never change who he truly was, he saw himself as intrinsically broken. He was left to pick up the pieces with the help of psychotherapy that did not demand that he change the unchangeable.

Eventually, James recovered from the damage done to him by SOCE. He has worked as a licensed therapist for more than a decade, helping LGBT clients overcome the harmful effects of SOCE. His clients who underwent SOCE are often distrustful, scared, and in a great deal of pain, exhibiting symptoms similar to those of people who suffered early childhood trauma. Through his work, James has learned that his experience was a common one: many of his clients voluntarily underwent SOCE because they, like him, desperately needed to conform their identities to the expectations of their families and communities.

H. Peter Drake

Peter Drake realized that he was attracted to men when he was 13, but because of the stigma associated with homosexuality, he could not accept that he was gay for much of his life. Peter lived in a straight marriage for 28 years, fathering two children. Although he was faithful to his wife, his attraction to men was always present. While Peter avoided same-sex relationships for decades, he was never able to change who he was, and eventually realized that he was fighting

a losing battle. When he was 46, Peter sought out a licensed SOCE therapist in an attempt to change his sexual orientation.

For nearly three years, Peter subjected himself to weekly SOCE “therapy” sessions that were extremely harmful to his mental health. His therapist’s change efforts ranged from having Peter imagine himself lusting for parts of the female body, to attempting to “father” Peter to correct the supposedly inadequate parenting that the therapist believed to be a cause of his homosexuality. Peter became increasingly discouraged, ashamed, and humiliated, as he perceived his inability to change his sexual orientation as a personal failure. His hopes that he could be “cured” were dashed, and his therapist offered no comfort, leaving him broken. Peter’s exposure to SOCE severely worsened his depression, and he came very close to attempting suicide.

Through work with a different therapist, eventually Peter was able to accept himself as a gay man, coming out to his family and friends when he was 53. With support from his wife, Peter’s marriage ended amicably. Peter now recognizes that his sexual orientation is a fundamental part of his identity: he was able to “pass” as straight for decades, but at the cost of burying his true self. Peter’s daughter has also come out as a lesbian. Given what he suffered undergoing SOCE as a middle-aged man, Peter is grateful that his daughter was never exposed to SOCE, particularly as a minor.

I. Maris Ehlers

Maris Ehlers's older brother, Kirk Andrew Murphy, was the original poster child for SOCE. On December 21, 2003, Kirk committed suicide. Maris did not understand why. After learning more about the SOCE "therapy" that Kirk was subjected to by the State of California, Maris wonders how Kirk was able to live as long as he did.

In 1970, when Kirk was almost five years old, his parents enrolled him in a federally-funded experimental study at the University of California, Los Angeles ("UCLA"), which used aversion therapy to discourage feminine behaviors in young boys, based on the now-discredited theory that this would prevent them from growing up to be gay. Under the pseudonym "Kraig," Kirk became a case study, and later a repeatedly-cited "success story," of then-UCLA doctoral student George Rekers, who became one of the leading proponents of subjecting children to SOCE. See George A. Rekers & O. Ivar Lovaas, *Behavioral Treatment of Deviant Sex-Role Behaviors in a Male Child*, 7 J. APPLIED BEHAV. ANALYSIS 173-190 (1974).

At the UCLA Gender Identity Clinic, Kirk was placed in a playroom filled with stereotypical "boys' toys" and "girls' toys." *Id.* at 176. Kirk's mother was instructed to smile and compliment him when he played with the "boys' toys," and to shun him when he played with "girls' toys." *Id.* at 179. Kirk was so distraught

by his mother's refusal to acknowledge him after he picked up a "girls' toy" that he would break down crying. The researchers had to reassure her "empathetically that she was doing the right thing and was doing it well" *Id.* Maris does not fault her mother for following the directions of UCLA "therapists," whom she trusted not to ask her to do anything that would harm her son. However, Maris knows that requiring her mother to repeatedly reject Kirk was cruel and damaging.

The UCLA researchers exported Kirk's SOCE "treatment" to the Murphy home, training Kirk's mother to award blue poker chips for masculine behavior and red poker chips for feminine behavior. *Id.* at 180-81. Blue chips were to be exchanged for rewards, like candy, and red chips for punishments, including "physical punishment by spanking." *Id.* at 180. At the end of each week, after the chips were tallied, Kirk's father administered the spankings by whipping Kirk's bare bottom with a belt. Maris was too young to remember the poker chip system, but remembers sneaking into Kirk's room to comfort him after the whippings.

After ten months, the UCLA researchers ended their experimental SOCE treatment on Kirk and declared that they had succeeded in their attempt "to extinguish feminine behavior and to develop masculine behavior." *Id.* at 179, 186. Contrary to the researchers' self-congratulation, their "therapy" had caused extraordinary damage to Kirk, without changing his sexual orientation. After undergoing SOCE, Kirk became withdrawn, isolated, and incredibly self-

conscious. He obsessed over what others thought of him, revealing through questions to Maris that he was constantly over-analyzing the words and actions of others. Maris never understood the visible pain that Kirk carried with him, and his belief that no one could ever love him as he was. She believes that SOCE left Kirk stricken with the feeling that he was broken.

At age 17, Kirk attempted suicide for the first time. The following year, Kirk explained to Dr. Richard Green, one of the leading advocates for removing homosexuality from the DSM in 1973, that he had a sexual encounter with a man weeks before his suicide attempt. Jim Burroway, *What Are Little Boys Made Of?: An Investigation of an Experimental Program to Train Boys to be Boys*, BOX TURTLE BULLETIN, June 7, 2011, <http://www.boxturtlebulletin.com/what-are-little-boys-made-of5> (quoting Richard Green, *THE "SISSEY BOY SYNDROME" AND THE DEVELOPMENT OF HOMOSEXUALITY* 313-15 (Yale University Press, 1987)). Kirk told Dr. Green that he felt guilty that the SOCE "treatment" he underwent at UCLA had failed to "fix" him, and admitted that he had tried to kill himself because he did not want to be gay. *Id.* (In 2010, Dr. Green confirmed to Maris that he had used Kirk as a prominent case study in his 1987 book, under the pseudonym "Kyle.")

Kirk eventually came out to Maris as a gay man. But he was not able to recover from the severe harm that he suffered from SOCE. Kirk took his own life

at age 38. Through the painful process of losing her brother and then learning what was done to him in the SOCE “treatment,” Maris became committed to protecting others from being exposed to these dangerous and ineffective SOCE “therapies” that cost Kirk his life.

CONCLUSION

For the foregoing reasons, and for the reasons stated in Defendants-Appellees’ brief, *Amici Curiae* urge this Court to affirm the District Court’s Order.

DATED: December 23, 2019

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Pursuant to Fed. R. App. P., Rules 29(a)(5), 32(a)(5), and 32(a)(7)(B), I certify that this brief is proportionally spaced, has a typeface of 14 points or more, and contains 6,443 words, excluding the parts of the parts of the brief exempted by Fed. R. App. P., Rule 32(f), as counted by the Microsoft Word 2016 word processing program used to generate the brief.

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I hereby certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Fourth Circuit by using the appellate CM/ECF system on December 23, 2019.

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UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT
APPEARANCE OF COUNSEL FORM

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