Playing It Straight: Framing Strategies Among Reparative Therapists*

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Reparative therapy, a form of counseling that seeks to help individuals get rid of their homosexual desires, has been an important component of the ex-gay movement, but the controversy surrounding the practice has been growing since the 1990s. As a result, the therapy has been effectively relegated to a deviant status by both mainstream society and the mental health profession. Nevertheless, a number of reparative therapists continue to offer their services. This article uses the sociological concepts of deviance and framing to identify both the factors that constitute the deviant status of reparative therapy and the frames practitioners use to legitimate the therapy within an increasingly hostile social environment. A content analysis of reparative therapy Web sites highlights differences between two types of reparative therapists: professional therapists who emphasize the client’s right to pursue change and religious counselors who prioritize biblical teachings prohibiting homosexual acts. The results contribute to the sparse sociological literature on reparative therapy and the use of frames by individuals who have experienced marginalization.

Introduction

On September 30, 2012, California Governor Jerry Brown signed the first piece of legislation in the United States to ban the use of reparative therapy for minors. The practice is an important component of the broader ex-gay movement, which is made up of organizations and individuals who encourage homosexual individuals to reject their same-sex attractions and pursue heterosexual relationships; reparative therapy is a form of counseling to facilitate this transition. Opponents of reparative therapy hailed the bill as a major victory for gay rights, calling the practice “psychological child abuse,” and Governor Brown signaled his agreement by saying “These practices have no basis in science or medicine, and they will now be relegated to the dustbin of quackery” (Eckholm 2012b). In June of the following year, Exodus International announced plans to shut down after 37 years as the country’s largest and best-known organization promoting reparative therapy and its ability to “heal” Christians who struggled with same-sex attractions.1 The statement came just hours after its president, Alan Chambers, released a formal apology for any hurt caused by Exodus. In a
subsequent interview with *The Atlantic*, Chambers explained his decision: “What I renounce: the whole gay-to-straight process. That the goal is changing your sexual orientation, which we realized isn’t something that happens. That that’s what makes you acceptable to God” (Chu 2013). The closing of Exodus International was only the grand finale in a series of recent internal challenges for the ex-gay movement, as some of its key figures publicly retracted earlier statements about its effectiveness and the possibility of “curing” homosexuality (Eckholm 2012a). The sum of these events has led various observers to herald the end of reparative therapy altogether (Weber 2013). However, a number of clinics and practitioners continue to offer it. In light of such challenges—both external and internal—how do these individuals and groups promote the practice? Our research answers this question by looking at how reparative therapists present themselves positively to the public despite the growing opposition to their work.

When reparative therapy first came on the scene in the early 1970s, it thrived on the common understanding that gays and lesbians were sexual deviants, suffering from a disorder that could be treated—and at that time, homosexuality was still included in the *Diagnostic and Statistical Manual* (DSM) as such. In the United States today, the tables have been turned by increasing public acceptance of homosexuality and a growing body of research that points to biological roots of sexual orientation (Balthazart 2012; Loftus 2001; Motel 2013). As a result, reparative therapists have moved to the same sphere of deviance that their clients once populated, leaving the community of counselors and clinics shunned and splintered. Nonetheless, reparative therapy is still practiced throughout the United States (Southern Poverty Law Center 2012), and the practitioners are now faced with the challenge of how to reduce their own marginalization in both mainstream secular society and the mental health community. The current body of research on reparative therapy is sizeable, but narrow. Studies within psychology have focused on the ethics and efficacy of reparative therapy, and most conclude that the practice is ineffective, unethical, and even harmful (Beckstead 2002; Besen 2007; Blackwell 2008; Cianciotto and Cahill 2007; Cramer et al. 2008; Drescher 1998). The practice also receives brief treatment in the research on the ex-gay movement within the sociological literature (Crockett and Kane 2012; Erzen 2006; Fetner 2001, 2005). To the best of our knowledge, no research to date has considered how reparative therapy is promoted and justified by its practitioners, especially amidst the growing controversy and negative press.

Our study aims to fill this gap in the literature by considering the framing strategies reparative therapists use to discuss their practice to a primarily hostile public. We employ content analysis to observe differences in how practitioners address potential clientele on their Web sites, which reflects both how they
rationalize their efforts and their attempts to avoid condemnation or ostracism. Though all reparative therapists tend to blur the boundaries between psychology and religion, practitioners can be loosely grouped into one of two categories: “professional therapists,” who are typically licensed analysts, and “religious counselors,” who are commonly associated with churches or non-profit ministries. Our study documents the variation between these two types in the strategies utilized to frame their work in a positive light and challenge the notion that it is illegitimate. This article contributes to the literature on deviance and framing and complements the more recent work on therapy culture. In this article, we first provide a brief history of reparative therapy and its role within the broader ex-gay movement. We then narrate the process by which backlash and controversy effectively committed the therapy to deviant status. In the subsequent section, we present the methods and results of our content analysis and then discuss how the reparative therapy community employs framing techniques to survive in an increasingly adverse context.

Reparative Therapy

Origins and the Ex-Gay Movement

The idea of using therapy to change or diminish one’s homosexual orientation has its roots in early twentieth century psychoanalysis, with Sigmund Freud’s understanding that homosexuality meant an individual had not reached the final psychosexual stage. However, Freud himself was pessimistic about whether homosexual desires could be—or needed to be—changed (Drescher 1998). In subsequent decades, psychoanalysts pathologized homosexuality and claimed that treatment options were available for those wishing to be cured. The first reparative therapy clinic, Love in Action, was established in the suburbs of San Francisco in 1973; yet, that same year, the American Psychiatric Association removed homosexuality as a disorder from the DSM (Cianciotto and Cahill 2007; Crockett and Kane 2012; Drescher 1998; Erzen 2006). Deleting homosexuality from the DSM spurred political activism, as “antihomosexual political, religious and mental health forces were deprived of an important tool of repression” (Drescher 1998:39). Reparative therapy was thus born in tandem with changing public and professional opinions about homosexuality, which has continuously shaped the trajectory of the practice.

The “ex-gay movement” emerged in the early 1970s, as part of the larger cycle of protest regarding gay and lesbian rights. During the “first wave” of the ex-gay movement in the early 1970s, reparative therapists adopted religiously conservative approaches, seeking to “heal” (primarily male) homosexual adults of their same-sex attraction through Christian ministry (Cianciotto and Cahill 2007; Robinson and Spivey 2007). Exodus International was established in
1976 in Anaheim, California, with the goal of “helping men and women surrender their sexual struggles to the Lordship of Jesus Christ” and subsequently grew to be one of the largest ex-gay organizations worldwide. During the 1980s, Exodus capitalized on the AIDS epidemic to promote public interest in its ministry with an antigay advertising campaign, and the movement began to garner widespread attention. However, by the early 1990s, the organization was experiencing “a decline in both annual conference attendance and the number of member ministries” (Grace 2008:549). In response it turned outward, seeking international affiliates and joining forces with the National Association for Research and Therapy of Homosexuality (NARTH) founded in the United States in 1992.

The “second wave” of the ex-gay movement featured a large-scale advertising campaign designed to raise public awareness about reparative therapy (Cianciotto and Cahill 2007). Beginning in July of 1998, politically conservative organizations bought advertising space in various periodicals that featured “former homosexuals” giving testimony to the efficacy and benefits of reparative therapy. The campaign was representative of the new focus on homosexuality as a lifestyle choice, though many also continued to rely on the view that same-sex attraction was a disorder caused by dysfunctional childhood experiences (Cianciotto and Cahill 2007; Fetner 2005). During the third and final wave of the ex-gay movement, reparative therapists turned their attention to youths and adolescents. In 2002, Exodus launched its Exodus Youth program and leaders of the Christian right began promoting the concept of “prehomosexuality,” a phase when gender performance can be used to indicate later sexual orientation, allowing parents to seek professional help if necessary (cf. Nicolosi and Ames Nicolosi 2002).

This most recent phase of the ex-gay movement also witnessed two events that actually increased its standing in the public eye. The first was in June of 2006, when President Bush invited Exodus President Alan Chambers to the White House to lobby in favor of the Federal Marriage Amendment. “Right-wing groups concluded that in order to pass the Federal Marriage Amendment, they would need to convince (or re-convince) the mainstream public that homosexuality is a learned behavior that can be overcome through prayer and therapy. For this they turned again to the ex-gay ministries” (Besen 2007:20). The second significant event was the publication of the 2003 study by Robert L. Spitzer. The article reported that, out of two hundred gay and lesbian subjects interviewed, eleven percent of males and thirty-seven percent of females reported “complete or near complete change in all sexual orientation measures,” and a majority reported a change to a “predominantly heterosexual orientation” (Spitzer 2003:412). The study shocked members of both the gay rights and ex-gay movements: Spitzer had played a key role in removing homosexuality
from the DSM in the early 1970s, and so his results seemed like a betrayal to gay rights activists but made him a new ally for ex-gay advocates. His controversial study was widely critiqued as having severe methodological problems; chief among these was the fact that the large sample of participants was sent directly to Spitzer from Exodus and NARTH (Erzen 2006). Nevertheless, such criticisms were disregarded among reparative therapy advocates and the ex-gay movement, for whom the study provided scientific proof that sexual orientation is, in fact, mutable.

**The Transition to Deviance**

Although the ex-gay movement has faced challenges, it continues to assert itself as a prominent actor in national affairs to counteract what it perceives as the harmful effects of homosexuality (Crockett and Kane 2012). Reparative therapy, though, is decidedly besmirched and increasingly marginalized. We turn now to key themes in the literature on deviant behavior to narrate the factors that have driven the therapy’s decline. This process is necessarily the consequence of not only specific contests among invested actors but also broader cultural and attitudinal changes.

“Deviance,” as Howard Becker (1963:14) states, “is not a quality that lies in behavior itself, but in the interaction between the person who commits an act and those who respond to it.” Notions of what constitutes deviant behavior are “constantly being constructed and oftentimes emerge by way of an interaction between opposing claimsmakers, who disagree on definitions, policy, legislation, and responsive action” (Best 2006:108; see also Spector and Kitsuse 1987). At the time of its emergence in the 1970s, reparative therapy’s view of homosexual desires as something that individuals might want to rid themselves of resonated with popular opinion, there was no widespread condemnation because it was considered a legitimate option. Even though homosexuality had been removed from the DSM, there was still apparent disagreement over whether homosexuality was biologically determined, a learned behavior, or a chosen lifestyle. Society-at-large also demonstrated a clear disdain for homosexuality, regardless of its origins. Thus, the assertion of reparative therapists that homosexual desires could—or should—be changed did not provoke substantial disagreement. Moreover, public confidence in therapy, as a way to address individuals’ private concerns about their sexuality, was buttressed by the growth of the “therapy culture” that was occurring at roughly the same time (Furedi 2004). The therapeutic ethos of Western culture has produced both an increasing array of potential syndromes and a corresponding arsenal of treatments. In other words, if there was a “problem with homosexuality,” therapists were the ones who could solve it.
Over the past three decades, public and professional opinions about homosexuality have shifted, producing increased scrutiny of reparative therapy, its assumptions, and its claims. The elevated status of gays and lesbians seesawed that of reparative therapists, such that each step forward for LGBT individuals edged the therapy further into a “deviant cultural space” (Berbrier 2002). In any contest over norms, claimsmakers compete to clearly establish the acceptable definition of morality and who violates the constructed rules (Spector and Kitsuse 1987). In the case of reparative therapy, the key actors involved include the ex-gay movement, the gay and lesbian rights movement, and the professional mental health community. One such competition concerned the very legitimacy of a homosexual orientation, which began during the 1990s.

The LGBT movement and the ex-gay movement engaged in a contest over the notion of “gay” as an identity as opposed to mere homosexual behaviors or tendencies. While LGBT advocates held that homosexuality is a normal and natural variant of human sexuality, they were responding to the ex-gay movement’s assertion that “gay identity does not even exist, only same-sex behaviors” (Fetner 2001:73). The battle was over the nature of homosexuality, not rights or treatment of LGBT individuals. For example, the advertising campaign of the 1990s featured individuals who claimed they had been able to change their sexual orientation and lead a happy, “normal” life. “Prior to this advertising campaign, the LGBT movement showed little interest in debating the merits of ex-gay counseling inside the church. This ad campaign, however, made the political implications of ex-gay therapy clear to LGBT activists, and caught their attention” (Fetner 2001:76).

A second contest over norms also began in full force in the 1990s, when the academic community started to level attacks against reparative therapy, publishing an array of studies on its efficacy and ethical implications. This research overwhelmingly reported that reparative therapy was unsuccessful in its stated objectives (Christianson 2005; Cianciotto and Cahill 2007; Haldeman 1994) and that therapists risked harming their patients in critical ways (Beckstead 2002; Shidlo and Schroeder 2002). In Blackwell’s (2008) survey of critical analyses of reparative therapy, he concluded that there was “no evidence-based effectiveness in the ability of therapy to convert homosexual orientations to heterosexual orientations” and that such “clinical interventions may actually cause psychological, social, and interpersonal damage to GLBT clients” (655). Such damage included “feelings of depression, frequent suicidal ideation, suicide attempts, decreased self-esteem, [and] intense feelings of internalized homophobia” (Cramer et al. 2008:102). Numerous studies have also critiqued the field of reparative therapy (as well as the ex-gay movement more generally) in regards to its rhetoric, including the use of heterosexist ideology, homophobic propaganda, and thinly veiled prejudice to further its claims (Cramer et al.
This research program operated to problematize reparative therapy and designate it as deviant along multiple dimensions. Those who practiced it violated the “acceptable” behavioral guidelines for therapists and were thereby deemed unfit and undesirable within the mental health profession, which allowed them to be grouped together into a “deviant” cognitive category and harnessed with the shamed label (Bemiller 2005; Martin 2000; Roschelle and Kaufman 2004; Thorne and Anderson 2006). From this perspective, the research on reparative therapy was perhaps just as much about shoring up the legitimacy of psychotherapy as it was about discrediting this particular therapeutic technique. The burgeoning therapy culture requires a way to distinguish between experts and frauds, and two key credentials are agnosticism and objectivity, which reproachful views of homosexuality would plainly violate (Furedi 2004). Put differently, the secularist trend of modernity has rendered religious therapy oxymoronic, further facilitating the marginalization of reparative therapy as it failed to satisfy basic standards of professionalism.

In these contests, the major psychological and psychiatric professional associations act as policing agents that maintain the boundaries of appropriate therapeutic approaches to homosexuality, wherein reparative therapy has been decidedly cast as outside those boundaries. In response to the growing body of research about the therapy, the American Psychological Association and the American Psychiatric Association both adopted formal positions in the late 1990s opposing any therapeutic attempts to change a person’s sexual orientation (Christianson 2005; Grace 2008). The first step was in 1996, when the Council of Representatives for the APA passed a “Resolution on Appropriate Therapeutic Responses to Sexual Orientation” (Lutz 2004:210), in which it urged mental health providers to focus on removing the stigma of homosexuality as a mental illness. The next year, the American Psychological Association (1997) stated its position formally:

The American Psychological Association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation, and mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation.

The American Psychiatric Association (1998) followed suit by issuing its own official statement against the practice a year later, explaining that it “opposes any psychiatric treatment such as ‘reparative’ or ‘conversion’ therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation.” Such official demotions by reputable organizations acted as what Erikson (1966) terms a “commitment ceremony,” in which the group “on trial” is publicly denounced as deviant (16). This is not “a simple
act of censure;” rather, it is “an intricate rite of transition, at once moving the individual out of his ordinary place in society and transferring him into a special deviant position” (Erikson 1966:15). The statements not only denigrated reparative therapy, but also provided “official” grounds for subsequent challenges to the practice. For example, when California Senator Ted Lieu introduced the bill to ban reparative therapy for minors, he called it “bogus” and “quackery” and cited the APA’s stance as evidence that the therapy is “dangerous” and even “fatal” (Lieu 2012).

The denunciation of authoritative organizations caused a shift for reparative therapists from mere claimsmakers to a defensive interest group, whose identity and success were now at stake (Spector and Kitsuse 1987). With the most influential mental health organizations dismissing claims that a homosexual orientation could be changed, advocates of reparative therapy leaned heavily on Spitzer’s 2003 study, touting it as the final scientific word on sexuality. However, the landscape changed again in 2012, when Spitzer formally recanted his research findings, explaining that the earlier methodological critiques were valid and that the data should not be understood as proof of reparative therapy’s effectiveness. News of Spitzer’s disavowal was first published in an article in The American Prospect, in which Spitzer is quoted as saying that the study was “the only regret I have; the only professional one” (Arana 2012). Subsequently, Spitzer issued a formal apology “for [his] study making unproven claims of the efficacy of reparative therapy” (Spitzer 2012:757) and wrote to the editor of The Archives of Sexual Behavior, asking the journal to publish an official retraction of his study (Carey 2012).

Beyond such external challenges, the array of “embarrassments” the movement suffered at the hands of its own members were important steps of this rite of transition as well. The therapy endured a number of public trials, as prominent members were “caught” in breach of the movement’s goals. Many of these have happened just since the turn of the century. In 2000, John Paulk, one of the ex-homosexuals featured in the advertising campaign, was photographed in a gay bar in Washington D.C. and consequently forced to resign from his positions with Exodus and Focus on the Family (Cianciotto and Cahill 2007; Lutz 2004). Three years later, a well-known spokesperson, HIV-positive Michael Johnston, admitted himself to a sex addiction facility in Kentucky. In 2006, NARTH was plagued by embarrassing associations, which eventually led to the forced resignation of its president, Dr. Joseph Nicolosi. For example, Richard Cohen, an affiliated therapist, appeared on a number of television programs promoting unconventional tactics such as “touch therapy” to rid oneself of homosexual urges (Gonzales 2006). More recently, Paulk issued this statement: “Today, I do not consider myself ‘ex-gay,’ and I no longer support or promote the movement. Please allow me to be clear: I do not believe that reparative
therapy changes sexual orientation; in fact, it does great harm to many people” (Morgan 2013). These events often destabilized the movement from within, bringing into question its central tenets: that homosexual individuals can be “cured” and that reparative therapy is a legitimate therapeutic treatment.

**Practitioners React: Framing Deviant Acts**

Despite their decline into deviance, the persistence of reparative therapy suggests that practitioners have their own understanding of the practice, which they must present to both potential clients and vociferous critics if they hope to stay in business. For this, advocates engage in framing. Generally speaking, frames are “schema of interpretation” that allow individuals to understand what is going on in their immediate context, in order to behave appropriately (Goffman 1963). As such, framing is a practice actors engage in as a way to present their “reality” to others. “As interpretive lenses for organizing experience and guiding action, frames enable us to make sense of situations and define our identities and interests. They also may be used strategically, to try to change others’ opinions or behaviours” (Denis 2012:455). The literature on frame analysis is dominated by work on social movements, in which frames are deployed in order to garner support, bolster recruitment, and circumvent challengers, all to achieve a movement’s particular objective (Benford and Snow 2000; Buechler 2011; Snow et al. 1986). Much like social movements, reparative therapists strategically frame the practice for the sake of justifying its use and garnering support.

Not all reparative therapists employ the same frame, however, to accomplish these goals. Indeed, which frame a therapist uses is shaped to some degree by the institutional context, the intended audience, and discursive conventions. As discussed above, there are two “ideal types” of reparative therapists: professional therapists and religious counselors. The distinction reflects, among other things, the type of networks and ideological orientations therapists align themselves with, the type of practices and resources used, and the training or source of authority that certifies therapists. We suggest that these characteristics influence the understanding practitioners have regarding homosexuality and therapy, which in turn informs the frame used to discuss the practice on their Web sites. For professional therapists, who typically belong to professional mental health associations and hold credentials from accredited universities, marginalization by their professional colleagues is more consequential; as a result, they deploy a frame that will diminish their deviance by referencing values and norms of that community. In contrast, religious counselors are generally affiliated with a church or ministry and supplement the therapy with prayer and Bible study, and their membership in this subculture allows them to be relatively nonchalant about mainstream opinion; they use a frame that references
their conservative religious beliefs, thereby vindicating their use of reparative therapy. Thus, different framing strategies not only reflect how therapists choose to respond to marginalization, but also how they interpret their work.

In practice, of course, reparative therapists do not fall neatly into one category or the other. These ideal types are best conceptualized as two ends of a continuum, along which therapists vary in how much they emphasize professionalism or faith, but also borrowing freely from the discursive toolkits of either approach. In order to be resonant with the public, these framing strategies are rooted in science and religion, social institutions that are central to contemporary discussions of homosexuality in America. Evoking well-known schemas to explain reparative therapy is an act of frame transformation that enables practitioners to mitigate their deviance without changing their behaviors or beliefs (Berbrier 2002). Indeed, for both science and religion, it appears to be a badge of honor to stand by “truth” even in the face of public objection. We found evidence of these two general approaches among reparative therapists in how they frame their positions and work to explain their practice to others.

Research Design

To study rhetoric within the reparative therapy community, we conducted a content analysis of the Web sites for organizations or counselors that were associated with the practice. In light of the secrecy shrouding many deviant acts (Becker 1963), the Internet is a venue where reparative therapists can present themselves and their services to the public. We can reasonably assume that what practitioners post online is carefully crafted, monitored, and intended to paint their work in a positive light. It is also where potential clients might begin their search for counseling. We began by compiling a list of 123 organizations and counselors listed as “reparative therapy affiliates” on umbrella organization Web sites. We then created a spreadsheet with each practitioner’s name, location, and Web site; nineteen affiliates did not have Web sites. We visited each Web site listed and took note of the degree to which it discussed either reparative therapy specifically or homosexuality broadly. Forty Web sites either made no explicit mention of sexual orientation counseling or did not offer reparative therapy services themselves; we omitted such cases from further analysis. These exclusions resulted in a final list of sixty-four Web sites that clearly provided reparative therapy services. From this list of confirmed reparative therapists, we randomly selected three individual practitioners and three organizations for exploratory, inductive coding, to identify common themes, varying approaches, or recurring issues. This yielded a list of topics that we subsequently used to analyze the entire list of sixty-four Web sites. Coding was conducted by all three authors, and intercoder reliability was established using a sample of Web sites.
The primary objective of the content analysis was to identify patterns in the rhetoric used regarding reparative therapy by its practitioners. Toward this end, we first coded each Web site based on its central approach to homosexuality. Seventeen Web sites in the sample (26.6%) predominantly offered professional counseling services related to sexual orientation, while the remaining forty-seven Web sites (73.4%) promoted ministries, many of which catered to a broader range of sexuality-related issues, such that homosexuality was included alongside topics like adultery, pornography, and masturbation. This distinction maps onto that used by other scholars, which differentiates between “psychoanalytical” and “spiritual” reparative therapists (Haldeman 2002a). For our purposes, we use the terms “professional therapists” and “religious counselors” (respectively) to convey the institutional orientations of each.

After this initial categorization, we coded each Web site in the sample for four characteristics regarding the notion of changing sexual orientation. First, whether the Web site alluded to the possibility of changing a homosexual orientation to a heterosexual one; second, the type of change that was targeted, namely “abstract spiritual,” “abstract personal,” or “concrete behavioral”; third, whether the Web site addressed an individual’s right to pursue reparative therapy; and fourth, whether the Web site emphasized the individual’s responsibility for the outcomes of the therapy. We also developed two variables related to whether the Web sites referenced the controversy over the therapy: first, whether the Web site gave any indication of being “self-aware” about its promotion of a controversial therapy, and second, whether the Web site mentioned the APA’s stance on reparative therapy. Finally, given the close ties between the therapy and conservative Christianity, we coded for whether God or religion was central to the practice or goals discussed on the Web sites. The resulting data were analyzed using cross-tabulations and chi-square tests of significance, which are presented in the next section. We also include quotes from Web sites in our sample to illustrate the substantive meaning of these results.

Results and Discussion

As a whole, reparative therapy Web sites do not look markedly different from Web sites of other types of counseling. They generally include descriptions of the services they offer, mission statements and policies, and soothing language to welcome clients to the counseling process. Therapists advertise such qualities as compassion, healing, and “hope and direction in the journey to wholeness.” Visitors to the Web sites can typically read about the staff and their experience and credentials, and they can often peruse testimonials about how the lives of former patients have been transformed. There are a number of other similarities among the set of Web sites.
First, and perhaps most obviously, all reparative therapy practitioners assume that homosexuality is changeable to some degree. Whether change means “altering or diminishing one’s sexual desires,” changing a person’s “core sexual orientation,” or simply feeling better about oneself, it is assumed that those “troubled by same-sex attractions” need help of some sort. This reflects the ex-gay movement’s original goal of showing that same-sex relationships are indeed troubling and offers such individuals an opportunity to be “cured” or “healed.” Second, although we distinguish between “professional” and “religious” counselors, the vast majority of reparative therapists are faith-based and have Web sites marked by spiritual overtones. The primary clientele for this type of service is conservative Christians who feel that their sexual identities are at odds with their religious beliefs, and so reparative therapists cater to this source of concern (Erzen 2006). Still, as we discuss below, there are a few select Web sites that avoid mentions of God, the Bible, or the Church.

A third common theme is the type of rhetoric and diction Web sites use, including several key words and phrases. Terms such as “wholeness,” “hope,” “journey,” “healing,” “brokenness,” “struggling,” and “freedom” are used frequently. The words “gay” and “lesbian” are seldom found, however; instead, therapists refer to “homosexuality” or “unwanted same-sex attraction” (Fetner 2005). Therapists do not conceptualize homosexuality as an inherent part of an individual’s identity, but rather as a feeling, condition, or behavior that can be treated. Many Web sites also use both homo-negative and heterosexist terminology (Cramer et al. 2008; Crockett and Kane 2012; Walls 2008). As Walls (2008) points out, this kind of language is becoming more subtle; he identifies what he calls “paternalistic heterosexism,” in which a person holds a clear preference for heterosexuality while appearing compassionate toward non-heterosexuals. This practice is evident on the Web sites in our sample. For example, when answering the question of how to respond to homosexuals, one counsels that “The church should train mentors who will love and accept gay men and women where they are and work with them toward recovery.” All reparative therapists operate under the assumption that homosexuals want to, need to, or should change their sexual orientation, which serves to separate and subjugate individuals with same-sex attractions vis-a-vis dominant society.

Differences

Despite such similarities, the results of our content analysis demonstrate that reparative therapists adopt different strategies for discussing their work. The key variations are of three kinds: (1) how plainly the Web sites acknowledge the debates surrounding the practice; (2) which source of authority is referenced to justify reparative therapy; and (3) who is assigned responsibility for change and the type of change advertised to potential clients. These differences
and the chi-square analysis results are presented in Table 1 (below). Taken together, these elements constitute the two framing strategies used: a client-centered frame and a God-centered frame. In turn, these are reflective of the broader institutional context for the two types of practitioners. The Web sites of Dr. Hallman and Witness Ministries are illustrative: more professional practitioners, like Dr. Hallman, employ a client-centered frame and place a greater emphasis on psychotherapy, whereas more religious organizations, like Witness Ministries, use a God-centered frame and focus on spiritual guidance. A brief description of each clarifies this difference.

Janelle Hallman is a professional reparative therapist from Westminster, Colorado. Her homepage features a photo of a soft, fuzzy heart cradled by two female hands with the following phrase: “Not just another Christian counseling center, but a place to be...just as you are...to journey, to heal.” Hallman is very open about her work with same-sex attraction, specializing in women’s sexuality. She dedicates a sizeable section of her Web site to the “Scientific Record On Homosexuality” and her “Beliefs About Homosexuality.” In her section titled “Philosophy on Homosexuality,” she talks about the self-determination of the client:

We are committed to aligning ourselves with each client’s unique and self-directed goals....We honor all people’s right to self-determination. We therefore will also align ourselves with a man or woman’s authentic desire to diminish or alter their experience of same-sex attractions and/or behaviors. We will support men and women with same-sex attraction who want to explore opposite-sex intimacy.12

Hallman makes it clear that she will support her clients in whatever counseling outcomes they desire. A section titled “Resources” includes several links to articles Hallman herself wrote; these focus on her methods in therapy, women’s same-sex sexuality, and the controversy related to reparative therapy. She additionally provides links to other recommended therapists and counselors for “Men and women with unwanted same-sex attraction seeking to diminish same-sex feelings and behaviors and/or congruency between their sexuality and faith-based beliefs.”13

Witness Ministries, led by Pastor D.L. Foster, is another organization devoted to reparative therapy. This non-denominational Christian ministry offers personal counseling, discipleship programs, seminars, and workshops on “assisting Christians who seek freedom from homosexuality through faith in Jesus Christ.” Below the homepage’s introduction is an image of a man lifting his arms to a brightly lit sky. “If you want to overcome homosexual thoughts, the key is to be ‘transformed by the renewing of your mind’...These thoughts must be cast down with praise, worship, prayer and meditation of God’s Word.” There is also an extensive Frequently Asked Questions section for potential clients that discuss, among other items, Jesus’ position on
Table 1
Web site Differences between Professional Therapists and Religious Counselors

\((N = 64)\)

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<th>Professional therapists (%)</th>
<th>Religious counselors (%)</th>
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<td>Awareness of controversy</td>
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<td>Acknowledges debate over reparative therapy</td>
<td>70.6</td>
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<td>References APA’s stance on reparative therapy</td>
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<td>6.4</td>
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<td>Patient has right to choose therapy</td>
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<td>23.4</td>
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<td>God or Bible justifies reparative therapy</td>
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<td>97.9</td>
<td>(\chi^2 = 28.2^{**})</td>
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<td></td>
</tr>
<tr>
<td>Patient is responsible for therapy success</td>
<td>47.1</td>
<td>14.9</td>
<td>(\chi^2 = 7.2^{**})</td>
</tr>
<tr>
<td>Therapy will make patient straight</td>
<td>58.8</td>
<td>34</td>
<td>(\chi^2 = 3.2^{†})</td>
</tr>
<tr>
<td>Therapy produces concrete behavioral change</td>
<td>64.7</td>
<td>36.2</td>
<td>(\chi^2 = 4.1^{*})</td>
</tr>
<tr>
<td>Therapy produces abstract personal change</td>
<td>76.5</td>
<td>46.8</td>
<td>(\chi^2 = 4.4^{*})</td>
</tr>
<tr>
<td>Therapy produces abstract spiritual change</td>
<td>23.5</td>
<td>91.5</td>
<td>(\chi^2 = 29.6^{**})</td>
</tr>
</tbody>
</table>

*Note: **denotes significance at .01; *denotes significance at .05; †denotes significance at .10.*

homosexuality, why “deliverance” can take so long, and the sinfulness of accepting a gay identity. Pastor Foster blogs about his own past experience living as a homosexual man, as well as the story of how Witness Ministries came to be, writing “People still cynically say that homosexuals cannot change. They don’t know this Jesus I know.”15 The site caters to Christians looking for answers about their homosexual desires, issuing a clear call to such individuals to turn from their “sinful” lifestyles and seek change through prayer and disci-
pleship: “[W]e’re committed as ever to leading men and women out of homosexuality and into holiness.”

In the midst of the controversial ex-gay movement, reparative therapists adopt different framing strategies to explain their practice positively to the public, as well as tools used to manage the unpopular label. In the remainder of this section, we compare the two types of therapists along the various dimensions of difference.

Acknowledging the Controversy of Reparative Therapy. One characteristic that often varies across Web sites is how plainly reparative therapy, homosexuality, or the possibility of change is discussed. Some Web sites talk about the goals of change upfront; for example, the Western PA Sexual Wholeness Network homepage assures readers that “Yes. Help is available” and goes on to affirm that “We believe that same-sex attraction (SSA) can be treated.”17 However, other Web sites are less direct and instead bury any discussion of reparative therapy deeper within the site map. Indeed, some organizations do not consider themselves to be reparative therapists at all; Courage rejects the label of ex-gay ministry outright in its list of Frequently Asked Questions, which we interpret as an attempt at deviance avoidance by redefining their work.18 The openness—or lack thereof—with which Web sites address reparative therapy is indicative of potential uneasiness about the therapy itself. According to Becker (1963:169), “members of deviant groups which do not have the covert support of organized professions or establishments…take great pains to conduct their activities in secret.” in “controlled” places and times. As the practice becomes more denigrated and homosexuality more accepted in mainstream society, practitioners are motivated to be more covert or subdued in their claims and rhetoric.

Relatedly, the Web sites in our sample vary in whether they acknowledge the controversy surrounding reparative therapy (Table 1). Twelve of the seventeen professional therapy Web sites in our sample (70.6%) exhibit awareness of the debate over reparative therapy and their own unpopular position. They know the label of reparative therapist is not a positive one, which they combat openly by referencing research. According to one marriage and family therapist’s Web site, “The term Reparative Therapy can often be misunderstood, both within the therapeutic world as well as outside of it.”19 These Web sites often address the debate surrounding the cause of homosexuality, as well as citing research, competing claims, and discussions of biology and sexual identities. Dr. Janelle Hallman’s section on the “Scientific Record on Homosexuality,” states that “As of date, there is no conclusive evidence that proves same-sex attraction or homosexuality is inborn or solely genetic or biologically caused. Nor is there conclusive evidence that proves it arises solely
out of developmental, familial, or experiential processes.”

According to another Web site, “We certainly understand that in today’s world, homosexuality is a highly controversial subject; a subject that is debated from the perspectives of mental health, politics, cultural standards, and religion.” It continues, “In spite of the claims by other organizations that clients have been harmed by sexual orientation change efforts…the benefits of authentic Reparative Therapy have led to healthy and profoundly healing experiences.”

This type of language demonstrates that these reparative therapists know and have prepared for the debates surrounding their controversial stance on changing sexual orientation. The client-centered frame employed here addresses potential concerns of the client, providing information to overcome hesitations about engaging in therapy, keeping the client at the center of the practice. Of course, the Web sites also demonstrate selectivity in what they tell the client: only six of the seventeen (35.3%) of the professional therapists go so far as to mention the American Psychological Association and its stance on reparative therapy; nor do they provide visitors with information on potential health risks identified by the research literature (Haldeman 2002b; Schroeder and Shidlo 2001).

In contrast to the professional therapists, less than half (48.9%) of the religious counselor Web sites acknowledge the surrounding controversy and only three (6.4%) reference the APA’s position on reparative therapy. We suggest this reflects a difference in audience: religious counselors primarily target conservative Christians who are likely less concerned with the academic or professional record on sexuality and more concerned with religious texts, which are quoted heavily on these Web sites. They have less of a stake in the academic debate because it is irrelevant to their stance on homosexuality; no matter what is going on in the rest of the world, their convictions—and practices—would remain the same. As a result, the content of their Web sites places a greater stress on religion, including discussions of the practitioner’s personal beliefs. They are also more vague and less defensive about their controversial claims; when “the goal is not heterosexuality, [but] holiness,” psychological guidelines and the ideology of human rights are not pertinent to the debate. This is a core feature of the God-centered frame, which privileges Christian beliefs about God’s will and biblical commandments and disregards or downplays secular and scientific actors. In a similar way, these religious therapists spend little time justifying or apologizing for their profession.

Source of Authority. Professional therapists and religious counselors seem to derive their authority to practice reparative therapy from different sources. For the former, it is a matter of a professional obligation to help individuals with whatever problem the client is experiencing; for the latter, religious texts and the will of God sanction counselors’ treatment of
homosexuality and other behaviors identified as sins. This is at the center of the distinction between the client-centered and God-centered framing strategies: who gets to decide whether the practice is right or wrong?

Professional therapists are the more secular and scientific, which often includes utilizing psychotherapy and possessing advanced education degrees. Still, they are caught between science and religion, taking special care not to distance themselves from the very scientific community they are trying to emulate while also refraining from angering conservative Christians who comprise their main client base. Finding themselves at the middle of this tug-of-war, their framing approach privileges the rights of individuals to seek out therapeutic treatment for whatever issue they are struggling with. To point, thirteen of the seventeen (76.5%) professional therapist Web sites explicitly mention the patient’s right to pursue therapy. This includes any rhetoric about autonomy or self-determination on the part of the individual seeking change. “The APA’s position allows for treatment of clients who desire to change their sexual orientation” reads one practitioner’s informed consent form, while another states that his services are for those who have “self-determined to move away from homosexuality and toward deeper gender wholeness.” Meanwhile, visitors to the Center for Gender Wholeness Web site will be greeted with a pop-up dialog box that proclaims that “We support the right of individuals to respond to their sexual feelings in any way they please, so long as they do not compromise the rights of others.” Referencing the patient’s right to choose is one way professional therapists attempt to minimize their deviant status (Christianson 2005). By appealing to the idea that people have a right to decide for themselves, these therapists frame their role as that of an impartial resource, ready and willing to work with individuals who want help. This approach abides by the imperative of the therapeutic ethos that clients are fragile and vulnerable individuals who need the guidance of objective and proficient professionals (Furedi 2004). In addition, professional therapists are able to legitimize the practice within the professional mental health community under the guise of objectively privileging the client, thereby avoiding being grouped with the “crackpot” religious counselors while still appealing to the religious men and women who seek their services. For this reason, the majority of professional therapists (58.8%) make no reference to God or religion in their discussions of the therapy. The remaining seven Web sites (41.2%) that evoke religion take the approach of focusing on either how the client’s own beliefs lead him or her to therapy or how the practitioner is sympathetic to such views.

Religious counselors, of course, take a very different view of both their own work and their clients. They do not need to appease the professional mental health community because they are justified by a higher power: God. For example, His Way Out Ministries states clearly “Our position rests on the
To them, sexuality is a moral issue, which means that the counselors are merely responding to “God’s call to minister to those struggling with unacceptable sexual issues.” Along these same lines, the rights or ambitions of the individual are largely irrelevant, coming second to God’s perceived intentions for human sexuality; less than a quarter (23.4%) of the religious counselor Web sites alluded to a patient’s right to pursue change. Instead, homosexuals, “like all of us are called to repent of all aspects of life that are contrary to God’s standards.” Their liberal use of religious language and Bible verses shows that they see reparative therapy as legitimate within their specific faith-based worldview. Indeed, all religious counselors incorporate God and faith into their justification of reparative therapy and this emphasis spans multiple components of the sites. As Goffman (1963:6) reminds us, “It also seems possible for an individual to fail to live up to what we effectively demand of him, and yet be relatively untouched by this failure…. He bears a stigma but does not seem to be impressed or repentant about doing so.” The reference group for churches and ministries that offer reparative therapy is the conservative religious community, who share assumptions about the sinfulness of homosexuality and the virtue of trying to turn from the associated lifestyle. For this population, the Bible is an infallible document, which holds truths that cannot be nulled by new research or secular opposition. Like that of Witness Ministries and His Way Out Ministries, Web sites openly discuss such beliefs and often reference God’s original intent to vindicate this position. In this way, the God-centered frame these counselors employ has the effect of making them moral entrepreneurs, attempting to manufacture moral “truths” about homosexuality (Becker 1963). They promote the idea that homosexuality is a morally reprehensible practice and that the solution to any type of sin lies in a relationship with Jesus Christ. Not only are homosexual behaviors sinful, but those who are faithful should attempt to break free from such bondage by working to grow in their faith. Even Alan Chambers’ apology on behalf of Exodus International was wrought with God-language and made it clear that the rationale for closing the organization was that their work no longer seemed to align with God’s will. While Chambers spoke about the harm that Exodus caused, he did so in the context of his religious beliefs and the church, utilizing a God-centered frame: “More than anything, I am sorry that so many have interpreted this religious rejection by Christians as God’s rejection.”

Responsibility for Change. The final dimension along which professional therapists and religious counselors vary is where responsibility for the success of reparative therapy lies. Once again, the former emphasizes the client, while the latter looks to God. Such differences are apparent in the way Web sites
discuss how change is accomplished and what the potential outcomes are. For the professional therapists, whether a person successfully experiences a change in sexual orientation depends largely on that individual. Eight of these Web sites (47.1%) reference the responsibility of the client in regards to outcomes of therapy (Table 1). On the Intake Form for Thaddeus Heffner, clients are advised in advance about this responsibility: “As a client, you will be expected to take an active role through regular participation in sessions, possible homework activities, and use of recommended resources and strategies. As the counselor, I can assist in effecting change, but cannot guarantee a specific outcome. You will determine the overall direction of therapy and be ultimately responsible for your growth.” Therefore, the client-centered frame not only assigns individuals the right to seek therapy, but also responsibility for its outcomes. While such statements emphasize positive outcomes, they also typically include disclaimers about potentially disappointing results. For example, the Center for Gender Wholeness advises that “no such improvements are guaranteed and some individuals may respond negatively to such processes, even when great care is taken by the practitioner.” This focus on the patient has the added benefit of alleviating the burden of blame from the practitioner should the therapy be unsuccessful or produce undesirable outcomes. This issue of success and expected outcomes feeds into another distinctive feature of the client-centered frame: professional therapists were nearly twice as likely as religious counselors to cite concrete behavioral changes as the goal of therapy (64.7% compared to 36.2%, respectively). That is, they avoided suggesting that one’s identity or orientation could be altered—an apparently contested proposition in the mental health community—and instead focused narrowly on refraining from homosexual behavior. Taken together, such rhetoric works as a defense not only against accusations that change is not possible, but also against claims that the therapist may be causing harm to the patient.

While religious counselors also acknowledge the role of individuals in achieving desired changes in sexual orientation, how this is accomplished once again shifts from client to God. In the same way that religious counselors privilege God’s will over the patient’s, they also advocate God’s ability to heal as the means by which an individual is able to change. His Way Out Ministries explains confidently, “We believe that through a personal relationship with Jesus Christ and the healing power of the Holy Spirit, often mediated by extended and competent ministry, prayer, and a caring Christian community, the sexually broken can experience transformation and restoration toward wholeness.” As this quote suggests, religious counselors are more likely to refer to reparative therapy as a ministry. For example, the services offered by Abba’s Delight included “Bible study and prayer ministry, printed literature, church staff and congregation training,” and Hope 2 Turn assures clients by
claiming “that if your heart is fully committed to being aligned with God’s will, you will experience the transformation Paul talks about in 1 Corinthians 6:11.” Note, though, that the type of change individuals can expect from religious counselors is much more vague than with a professional therapist. Rather than focusing exclusively (or even primarily) on behavioral change, the Web site speaks about abstract and spiritual change. According to Crosspower Ministries, “Change through Jesus Christ is a deeply rooted change in identity that transcends feelings and circumstances.” Such claims mirror the more general class of promises that Christian churches make to their members and converts, such as salvation and redemption. Regardless, these are accomplished through God, while blame for failure still falls squarely on the individual who—it is assumed—must not have been committed enough to such a radical transformation, whether in faith or sexual orientation.

Religious counselors, unlike professional therapists, want to convince clients of the immutable truth of their beliefs, and their efforts thus are concentrated on swaying individuals in the direction of such “truth.” Whether this makes them deviant is of little relevance to them, their clients, and their broader religious community. The overall content of their Web sites gives the impression that these therapists are more concerned with influencing public opinion on matters of right and wrong, and less concerned on managing their deviance.

**Conclusion**

The results of our research suggest that reparative therapists use an assortment of strategies to champion their practice. Actors respond differently to both the marginalization of reparative therapy and the growing indignation at the proposal of trying to change one’s sexual orientation. Indeed, these individuals and organizations cope with this increasingly aggressive climate by framing themselves and their work in positive and purposeful ways, relying on the widely available social institutional schemas of both science and religion. This rhetoric is used by professional therapists to manage their deviant status within the mental health community, while religious counselors try to contribute their own definitions of morality to the ongoing debate about homosexuality. These framing strategies reflect what practitioners see as their source of legitimacy, which informs their more specific view of reparative therapy and its merits. Religious counselors, not concerned with “fitting in” with mainstream society or the professional mental health community, answer to a higher power, namely God and biblical directives concerning sexual sin. Professional therapists, on the other hand, must carefully navigate the waters of both science and religion, deferring to best practices for licensed therapists and unable to exclusively rely on religious mandates for justification. Matters of sexual orientation are heated, controversial topics in and of themselves, and professional therapists seem to
be taking great care to tread lightly; they are self-aware and keenly use scientific research to their advantage to resist critics.

The results of our systematic content analysis have added a qualitative dimension to the differing approaches to reparative therapy, which are commonly referenced but rarely elaborated on. This more in-depth treatment will allow others interested in further study of the topic to more quickly identify the specific qualities of the agents involved. Additionally, by focusing on self-created Web sites, we have been able to breach a topic that, because of the private nature of the counseling act, provides interested researchers with a methodological challenge. Websites provide blueprints to each practitioner’s beliefs and practices, giving us indirect access to the assumptions of the community of reparative therapists.

The framing strategy of therapists depends on their relative positions in society and contributes to the ongoing process of the construction of what it means to be “deviant.” Both the deviance and framing literatures stand to benefit as our study provides an additional look into how deviant groups frame their actions to a hostile society, which has for too long been dominated by the same predictable set of social pariahs such as white supremacists and “cult” religion members. Reparative therapy is a contentious issue in American society, and as the introduction demonstrates, the practice is being curbed by both former advocates and legal restrictions. This state of rapid transition provides researchers with a valuable look into the process of becoming deviant and stigma management. Additional work may also compare the reparative therapists with other discredited individuals and groups, adding valuable diversity to the field of deviance.

Finally, the growth and decline of reparative therapy in mainstream society has taken place in the context of a flourishing therapy culture. The work of Furmani (2004), in particular, highlights how a number of modern processes have conspired to foster a sense of individual vulnerability and therapeutic salvation. Yet, the case of reparative therapy is contradictory, since the therapy itself is being labeled harmful. This begs a larger question about how (or whether) “modern” professional therapists are able to cater to individuals with “traditional” convictions. Future research could extend our understanding of how the therapeutic ethos has created new deviant cultural spaces and how framing strategies facilitate the transition from tradition to modernity—and beyond—for newly marginalized actors.

ENDNOTES

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3We compiled the initial list by referencing Exodus International (http://exodusinternational.org) and the Southern Poverty Law Center (http://www.splcenter.org/conversion-therapy).

4As evidence of the quickly changing landscape of reparative therapy, some Web sites that met this criteria in February 2013 were substantially changed or unavailable in July 2013, including that of Exodus International. We retained the coding data from earlier phases of coding.

5The sites varied considerably in how many pages of information they contained, ranging from a single page to over forty pages of content, with an average of fourteen pages. We read all pages on each site, but did not read hyperlinked external pages. Many Web sites included newsletters or blogs; we read these if the title was pertinent or the site as a whole was sparse.

6The vast majority of religious counselors would be considered evangelical Christians, but there are also counselors who specifically cater to Latter Day Saints (http://www.evergreeninternational.org/) and Jews (http://www.jonahweb.org/).


REFERENCES


