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1 MR. JONNA: Good morning, Your Honor. Paul
2 Jonna, J-o-n-n-a, Freedom of Conscience Defense Fund,
3 on behalf of the defendants.

4 THE COURT: Good morning.

5 MR. LAFFEY: Michael Laffey, L-a-f-f-e-y,
6 from the Messina Law Firm.

7 THE COURT: Good morning.

8 Good morning, ladies and gentlemen. All
9 seven jurors are now present and accounted for. I want
10 to once again thank you very much for promptness. I
11 apologize for my little delay. I had a little incident
12 I had to take care of by phone this morning. But thank
13 you, once again, for your promptness.

14 We will now continue with the direct
15 presentation of the case by plaintiffs' counsel.

16 Call your next witness, please.

17 MR. DINIELLI: Thank you, Your Honor.
18 Plaintiffs call Dr. Lee Beckstead.

19 THE COURT: Dr. Beckstead, could you please
20 come forward?

21 Just remain standing for the officer to
22 administer the oath.

23 THE COURT OFFICER: Raise your right hand,
24 please.

25 DR. L E E B E C K S T E A D , PLAINTIFF'S WITNESS,

Beckstead - Direct/Bromley

1 SWORN.

2 THE COURT OFFICER: State your name for the
3 record, please.

4 THE WITNESS: Lee Beckstead.

5 THE COURT OFFICER: Thank you. You may be
6 seated.

7 THE COURT: You may seated, Doctor. And that
8 microphone is for amplification, the one that's in
9 front of you.

10 THE WITNESS: Thank you.

11 THE COURT: Thank you.

12 You may proceed, Counsel.

13 MR. BROMLEY: Thank you very much, Your
14 Honor.

15 DIRECT EXAMINATION BY MR. BROMLEY:

16 Q Good morning, Dr. Beckstead. Could you
17 please state your name and spell it for the record?

18 A Lee Beckstead, B-e-c-k-s-t-e-a-d.

19 Q Now, Dr. Beckstead, can you please generally
20 describe your areas of expertise?

21 A I've been trained to assess, diagnose, treat a
22 wide range of mental health disorders. I've been
23 educated in relationships, such as sexuality, intimacy,
24 gender, self esteem. And I've spent my career trying
25 to understand how to best resolve sexual orientation

1 and religious conflicts.

2 Q And do you have any experience with what's
3 commonly known as reparative therapy or conversion
4 therapy?

5 A I do. From a personal and professional
6 experience.

7 Q Dr. Beckstead, can you please describe your
8 educational background?

9 A I have a bachelor's degree in psychology. And I
10 have a master's degree and a doctorate degree in
11 counseling psychology. It's ten years of training,
12 requiring many courses of psychology, of counseling
13 skills, of counseling theories, of diversity, of
14 courses in statistics, research design. It's very
15 extensive.

16 Q And where did you obtain your degrees?

17 A The University of Utah.

18 Q And is that a large public research
19 university?

20 A It's one of two in the State of Utah.

21 Q Can you please describe generally for the
22 jury the type of work that was required to obtain a
23 Ph.D.?

24 A It's pretty rigorous. You have to -- every
25 semester, there are five courses that are arranged, as

1 I was saying, from diversity, counseling skills, to
2 thinking about ways of helping individuals. At the
3 same time that are you are taking these five or six
4 years of education, you also have to be a clinical
5 assistant, a research assistant. And I have to do two
6 research projects. And I'm getting supervision through
7 practicum. So 4,000 hours of practicum service with
8 individuals. And I'm being trained by a licensed
9 therapist during this entire time.

10 Q Now --

11 A And take, also, a test at the end of all that.

12 Q You mentioned the word practicum. I don't
13 think we've heard that before. Can you describe what
14 that is?

15 A Sure. It's a way to ensure that the student is
16 getting the best education, knows the techniques, knows
17 the issues that the trainee is helping the client with.
18 You're being supervised by someone who knows the areas.
19 And so you're getting a lot of diversity of experience.

20 And you yourself learn various issues involved
21 with mental health issues. And also to make sure --
22 it's to ensure that the -- that the trainee knows the
23 best methods. And also make sure that the biases of
24 the trainees are not going to get in the way of working
25 with the client.

1 Q And how many practicums did you do in your
2 studies?

3 A Several. So the first one I did was working with
4 men and women who have -- are living with HIV and AIDS.
5 And also working with people with substance abuse
6 disorders and severely mentally ill personality
7 disorders. I also worked with -- at the university
8 setting. So I've worked with young individuals who are
9 struggling with their identity, conflicts, and trying
10 to figure what's -- what they want to do with their
11 lives. I also worked with eating disorders.

12 And I worked in a very well known clinic in
13 Toronto. And they specialized in gender identity and
14 sex offenders, paraphilias, fetishes. And so there's a
15 wide range of expertise that I was getting in terms of
16 sexuality. I think that's basically about it.

17 Q Okay. And how would you characterize the
18 amount of work and training that went into getting your
19 Ph.D.?

20 A Oh, it's a lot. It's -- again, it's to ensure a
21 certain standard, to make sure that those who are
22 graduating know what they need to know, and that
23 they're not going to harm the client in a specific way,
24 and that they're going to benefit the individuals.

25 Q And have you been involved in any research or

1 writing?

2 A Yes. I've been published for both of my studies.
3 And I wrote up a -- I was asked to do an article for
4 the handbook of clinical work for lesbian, gay,
5 bisexual individuals for the American Psychological
6 Association.

7 And I'm currently doing research right now for
8 trying to understand individuals who are -- well, what
9 helps individuals in sex -- in gay relationships or in
10 a mixed orientation marriage relationship, or being
11 celibate or single. And what are the variables that
12 help those individuals be satisfied and stable in those
13 relationships.

14 Q Now you said a mixed orientation marriage.
15 Can you explain that, please?

16 A It's someone -- so it's a marriage or relationship
17 where one of the spouse is heterosexual and then the
18 other is lesbian, gay, bisexual, or is same sex
19 attracted.

20 Q And this current research you're working on,
21 is there an estimate as to when it might be published?

22 A We just started, so maybe a year or so.

23 Q Now, Dr. Beckstead, are you licensed?

24 A I am.

25 Q And by whom?

1 A The State of Utah.
2 Q Are you a member of any professional
3 organizations?
4 A Yes. The American Psychologic Association, the
5 Utah Psychologic Association, the International Academy
6 of Sex Research, and then a local Utah Therapists Guild
7 for Gay Affirmative Therapists.
8 Q Now you mentioned the American Psychological
9 Association. What is that?
10 A It's the world's largest organization for -- it's
11 the organization -- it's the largest organization of
12 science and professional organizations representing
13 psychology in the United States. And they educate
14 globally as well.
15 Q Now we heard last week from Dr. Bernstein
16 about the American Psychiatric Association. Is that
17 different?
18 A It is. Psychiatric Association is for M.D.s And
19 this is for Ph.d.s.
20 Q And, Dr. Beckstead, have you been involved in
21 any work for the American Psychological Association on
22 sexuality and sexual orientation?
23 A Yes. In 2007, I was selected to be part of a task
24 force to evaluate the clinical practice of those who
25 were trying to change sexual orientation, and then to

1 evaluate the research of this topic and to make
2 recommendations for those who are wanting to change
3 their sexual orientation.
4 Q And how large was this task force?
5 A There were six of us.
6 Q Now did the task force have any work product
7 that it published?
8 A Yes. After two years of reviewing the literature
9 and getting a lot of feedback from many individuals,
10 and reducing our document quite down, we published
11 something in 2009.
12 Q And was it a report of some sort?
13 A It was a report. And then also we submitted a
14 resolution. And then the governance of APA passed it
15 as their resolution.
16 Q And did that task force report reach any
17 conclusions?
18 A Yes.
19 Q What were they?
20 A That therapists should not promote or promise
21 sexual orientation change, that the benefits found in
22 these type of efforts can be found in other approaches,
23 that there are reports of significant harm that need to
24 be accounted for, and that any work, clinical work,
25 with sexual minorities need to address the minority

1 stress that they may be experiencing.

2 MR. BROMLEY: Your Honor, we'd like to offer
3 Dr. Beckstead as an expert in the area of psychology
4 with an emphasis on sexual orientation.

5 MR. LI MANDRI: No objection.

6 THE COURT: All right. Ladies and gentlemen,
7 as we said with the prior experts, Dr. Beckstein (sic)
8 is now qualified as an expert in the field of
9 psychology with an emphasis on the sexual therapies.

10 As I said to you earlier about the other
11 experts, what that does under our court rules is allow
12 the doctor to give you opinion testimony. Because only
13 an expert can give you opinion testimony, and opinion
14 testimony in their field of study.

15 As I also said to you, you are the judges of
16 the facts. You will determine whether the facts relied
17 upon by the expert are accurate. You don't have to
18 accept an expert's conclusion wholesale, but they are
19 entitled to give you their opinion, and as I said
20 earlier, based upon their education and their training
21 and their research.

22 So Dr. Beckstead is an expert in the field of
23 psychology, sexual psychology.

24 If that's the right term, Doctor?

25 THE WITNESS: Sure.

1 THE COURT: I'm not sure.

2 All right. You may proceed.

3 MR. BROMLEY: Thank you, Your Honor.

4 BY MR. BROMLEY:

5 Q Dr. Beckstead, can you tell the jury a little
6 bit about your current practice?

7 A Yes. I'm full time in private practice in Salt
8 Lake City, Utah. I provide counseling for individuals,
9 couples, families, group therapy. And I -- it's a wide
10 range of issues that I work with. But specifically
11 those who are in conflict with their sexual orientation
12 and their gender, and specifically their religion.

13 Q And, Dr. Beckstead, can you give us a sense
14 of the makeup of your practice? So, for instance, how
15 many of your -- percentage-wise of your clients are
16 men?

17 A Seventy-five percent of them, probably.

18 Q And what percentage are homosexual or
19 bisexual?

20 A Probably about 75 percent, again.

21 Q Now do you do anything else other than a
22 private practice?

23 A Yes. I am part of a team of other mental health
24 professionals with an organization called Male Survivor
25 Organization. And it specifically works with men who

1 have been sexually abused either as children or adults.
2 And about five or six times a year, we co-facilitate a
3 weekend of retreat, a weekend of recovery, we call it,
4 to help these men meet other survivors to resolve their
5 conflicts and to reduce the effects of post-traumatic
6 stress disorder, and the effects of the sexual trauma
7 on their lives.

8 Q So is someone who suffered from childhood
9 sexual abuse have similar characteristics than someone
10 who's suffering from post-traumatic stress disorder?

11 A Yes, definitely.

12 Q Now these weekends, how are they staffed?

13 A By all -- all of us are mental health
14 professionals. So we're all licensed. And there are a
15 few -- a few of them are women, and men. And there's a
16 lot of diversity of sexual orientation. But they're
17 all mental health professionals.

18 Q And are there any -- is there anyone on staff
19 who's a graduate of the program, so to speak?

20 A Oh, definitely not.

21 Q And how long is the weekend?

22 A Three days.

23 Q Three days. Now and what percentage of the
24 attendees would you say on average are homosexual
25 versus heterosexual?

1 A It depends. Maybe 50 percent, maybe two-thirds
2 are heterosexual, a third not -- there are many who are
3 questioning their sexual identity at the same time.

4 Q Thank you, Dr. Beckstead. I'd like to move
5 on a little bit.

6 Now are there any ethics rules that govern
7 your practice?

8 A Yes. It's the Code of Ethics, we call it.

9 Q And where is that Code of Ethics found?

10 A The American Psychological Association develops
11 them. And then our licensing, state licensing
12 department, holds us to those Code of Ethics.

13 Q And are there are there any key lessons that
14 at you take from the American Psychological Association
15 Code of Ethics?

16 A Yes. The two first ones are do no harm, and
17 provide benefit. And in order to do those two things,
18 then we have to have competence, and to develop our
19 competence continually. And to have competence is to
20 base your practice on scientific knowledge and on the
21 professional judgement of our field. And also to make
22 sure that we're respecting diversity. So diversity of
23 race, of religion, of sexual orientation, of their
24 cultural backgrounds.

25 And with all that competence and respect for

1 diversity, it promotes self determination and also
2 ensures social justice. And that make sure -- ensures
3 that we're not causing harm and that we're doing some
4 good in our field.

5 Q Now you mentioned maintaining competence. Is
6 there anything in particular that you need to do to
7 maintain your competence in your field?

8 A Yes. To be licensed, every two year, I need to
9 have 48 hours continuing education. And this education
10 is accredited. It's again to make sure that we're
11 getting the most up-to-date knowledge continually. And
12 it's to, again, make sure that we're competent.

13 Q Dr. Beckstead, now do you take your ethical
14 obligation to do no harm seriously?

15 A Definitely.

16 Q And why is that?

17 A I've seen the harm that can happen if you're not
18 aware of your boundaries, if you're not -- if you don't
19 know what's going on. It's -- yeah, it's -- that's why
20 I got into this field.

21 Q Now does this Code of Ethics apply to your
22 practice on a daily basis?

23 A Yes, it does.

24 Q Does it also apply to your work with the Male
25 Survivors program, these weekends?

1 A Yes. All of us have a code of ethics that we --
2 we are accountable to.

3 Q And so does it apply generally to the work of
4 all psychologists in the United States?

5 A Yes. To be licensed, you have to.

6 Q Now, Dr. Beckstead, I'd like to move on a
7 little bit and talk about your personal background, if
8 I could. Can you tell the jury how you came to be
9 interested in this field of study?

10 A When I was about five years old, I had this sharp
11 awareness that I was attracted to men. And this
12 actually happened at the time that I was in church.
13 And this experience of being attracted to men and being
14 quite religious was very scary for me. And it had --
15 through my childhood, trying to figure out what to do
16 with this gay part of me, and because I was quite very
17 religious and very spiritual.

18 And I tried to get rid of it. And then when I was
19 about 21, my religious leader told me about conversion
20 therapy. And so I went through this type of therapy
21 for about six months, and a support group for one
22 month. And the principles stuck with me for about six
23 years.

24 And I tried to be straight. And I went back to
25 this trying to be gay, and be straight. And then I

1 entered the doctoral program.

2 Well, at age 27, I decided I was going to stop
3 trying to be straight. And then I entered the doctoral
4 program. And my supervisor, advisor at the time, was
5 in qualitative research. And qualitative research is
6 that you choose something that's near and dear to you
7 to study. And at the time, I had these doubts, I
8 thought maybe I threw in the towel too soon, maybe I
9 really could have been straight. So I wanted to
10 investigate this.

11 This is in 1997. At the time, I didn't think it
12 was still going on. But in 1997, oh, it became very
13 public in magazines and there's this ex-gay movement
14 that was going on. So I was at the right time, at the
15 right place, so to speak.

16 And that's when I did these two research projects
17 to investigate what helps -- why do people -- well, the
18 experiences of those who undergo these kind of efforts,
19 what helps them, what harms them, why they do this, and
20 then what's the best way to help them.

21 Q Dr. Beckstead, we'll come back in a little
22 bit to that research that you've done.

23 But was your experience with conversion
24 therapy similar in character to the type of therapy
25 that the defendants offer?

1 A Yeah. It had the same theoretical understanding
2 or basis. It was that we're all heterosexual, that
3 everyone in this room is a heterosexual, that those who
4 have same sex attractions have sexualized their
5 emotional needs. And if there was something that
6 happened in your childhood, that if you just clear it
7 up, then you would also become heterosexual and be like
8 the -- be and act like the rest of us.

9 Q Dr. Beckstead, having reviewed the materials
10 in this case, in your opinion, is the JONAH program a
11 conversion therapy program?

12 A Yes.

13 Q And so when you -- after you left conversion
14 therapy and you went into the doctoral program, you
15 continued to be interested in these issues. Is that
16 right?

17 A Yes.

18 Q Okay. Now, Dr. Beckstead, I'd like to ask
19 you a couple of questions about what you've done in
20 this case. Did you write a report as part of your work
21 on this case?

22 A I did, yes.

23 Q Dr. Beckstead, I'd like to just show you a
24 copy.

25 MR. BROMLEY: Too many binders, Your Honor.

1 I'm sorry. May I approach the witness, Your Honor?
2 THE COURT: Yes.
3 Q Dr. Beckstead, can you take a look at what's
4 in that binder. Is that a copy of your expert report?
5 A It is.
6 Q And did you review any materials in preparing
7 your report?
8 A I did.
9 Q Do you recall which materials you reviewed?
10 A It was the complaint, many of the depositions, and
11 the -- I read half of Arthur Goldberg's book, and I
12 read Elaine Berk's Psycho-Educational Model, and I read
13 the script for the Journey Into Manhood weekends.
14 Q Now, Dr. Beckstead, have you ever testified
15 as an expert witness before?
16 A No.
17 Q Are you being compensated for your work in
18 this case?
19 A I am.
20 Q And at what rate are you being compensated?
21 A Three hundred dollars an hour.
22 Q Is that a standard rate for this type of
23 work?
24 A It is, yes.
25 Q And, Dr. Beckstead, does your compensation in

1 this case depend at all on the outcome of the case?
2 A No.
3 Q And does your -- did your compensation depend
4 at all on any of the opinions you reached in your
5 expert report?
6 A No.
7 Q Dr. Beckstead, before being retained by the
8 plaintiffs as an expert in this case, had you ever met
9 any of the plaintiffs?
10 A Yes.
11 Q And how many of them?
12 A One, Michael Ferguson.
13 Q And how did you meet Michael Ferguson?
14 A He was referred to me for counseling.
15 Q And so you provided some counseling to Mr.
16 Ferguson?
17 A Yes.
18 Q Now does any of the work you -- did any of
19 the work you did with Mr. Ferguson play into any of the
20 conclusions you've reached in your report?
21 A No.
22 Q Did you take any of the work you did with
23 Michael Ferguson at all in -- into account when
24 preparing your report?
25 A No.

1 Q Have you ever worked with any of the lawyers
2 on the plaintiffs' side in this case?
3 A Yes.
4 Q And how many?
5 A One. It was Sam Wolfe of the Southern Poverty Law
6 Center.
7 Q And how did you meet Mr. Wolfe?
8 A It was in April of 2012. And he was in Salt Lake
9 City. And he was looking for survivors of sexual abuse
10 -- not -- survivors of conversion therapy. And he had
11 talked to local sex researcher, Lisa Diamond. And she
12 referred him to me. And then I presented to their
13 presentations.
14 Q And were you working -- did you have a
15 professional relationship? Were you retained by Mr.
16 Wolfe in any way?
17 A He just asked me to present at this -- these
18 presentations.
19 Q And so it had nothing to do at that time with
20 this case or any expert report?
21 A No, no.
22 Q So, Dr. Beckstead, let's move on a little
23 bit. What were you asked to do as an expert in this
24 case?
25 A To explain the current scientific understanding of

1 homosexuality, to explain how the JONAH program could
2 be harmful, and to discuss the best practices for --
3 best practice approaches for those who are struggling
4 with their sexual orientation.
5 Q And did you come to any conclusions?
6 A Yes.
7 Q And what are those?
8 A This is not legitimate therapy. It's outdated.
9 It's full of prejudice. It's confusing. It's
10 misleading. It's even reckless. And it's harmful.
11 It's worse than snake oil. Because it may have a
12 good sell about it. But it doesn't deliver the goods.
13 And it has dangerous elements to it.
14 Q Dr. Beckstead, I would like to talk a little
15 bit about sexuality in general, if I could.
16 MR. BROMLEY: And I'd like to ask to put up
17 on the screen a chart or a graph that we used last week
18 and was discussed during Dr. Bernstein's testimony.
19 Q Does that look familiar to you?
20 A It does.
21 Q And can you explain it from your perspective
22 what it means?
23 A Sure. The bottom line is a typical sexual
24 orientation scale continuum. It shows how those on the
25 left are exclusively heterosexual, meaning that they --

1 they only have attractions to the opposite sex. Those
2 on the right are exclusively homosexual, meaning they
3 only have attractions to the same sex. And then
4 there's wide continuum of diversity of those who have
5 some dual capacity for attractions to men, women, and
6 both, but there's varying levels of intensity of
7 attractions to one or the other.

8 And then above, these are basically how we break
9 down sexuality. So it's your attraction, the direction
10 of your attraction. And then that typically leads to
11 how you identify yourself. And that typically leads to
12 your sexual behaviors.

13 But what I would add to this scale is what I'm
14 finding is that those in the far end of the scale, it's
15 not just that they're attracted to one or the other.
16 For example, if you're a heterosexual man, it's -- you
17 could be attracted -- you're attracted to women. And
18 it's not that you're just disinterested in having sex
19 with men, but there's actually a repulsion to the idea
20 of having sex with men. And that's not just because
21 you don't like gay men, but there's something -- erotic
22 aversion toward this idea of having sex with men.

23 And that same sort of erotic aversion or limit is
24 also found with those who are the other end of the
25 scale, exclusively homosexuals. That, again, they're

1 not just disinterested or afraid of having sex with
2 women. But they also have that same sense of oh, I
3 just can't go there.

4 And so we're finding that they don't have that
5 sort of fluidity or capability of choosing their
6 partners. But the idea of going beyond that creates
7 some sort of dissociation or problem if they do try to
8 have sex with their non-preferred sex.

9 Q So, Dr. Beckstead, just briefly. You
10 mentioned identity, which is in the middle. Can you
11 just describe that a little bit more?

12 A Yeah. There are many ways to identify with your
13 sexual orientation. And it would depend upon the
14 labels that you're given in your community, or what
15 you've heard about. Typically, gay identity or lesbian
16 identity has a lot of baggage with it. So it depends
17 on how you're told what a gay person is or what a
18 heterosexual person is. But there is a range of ways
19 to call yourself.

20 Q And behavior, if you could just describe that
21 briefly?

22 A Sure. There are many ways to express and to live
23 out your attraction, your orientation. So there could
24 be -- it could be affection, it could be intercourse,
25 it could bad behavior like sexual addiction, it could

1 be compulsive behavior. So there's a range of ways to
2 act sexually, depending upon your attractions.

3 Q So is it possible for someone to have a
4 primarily homosexual attraction, but also be married
5 and have children, for instance?

6 A Oh, definitely yes. Especially, you find this
7 with -- in this population. Because the community or
8 the environment, media, take away the option of
9 choosing between a gay identity because it's such a
10 negative, lots of negative messages about being gay.
11 And there's so much -- a prize and award for being
12 heterosexual.

13 So the person may have a homosexual or a bisexual
14 orientation, but they can't be -- adopt that gay
15 identity. So there's a lot of -- there could be some
16 inconsistencies.

17 But, typically, in the general population, that
18 how you feel is how you identify, and that's what you
19 do.

20 Q Now are there -- do you treat people like
21 that, in that situation, in your practice?

22 A Those are the people that I treat. Because
23 they're in conflict in some -- they're at war with
24 themselves, they're trying to fit in with society,
25 they're trying to fit in with themselves. And they

1 don't know how to do that because of a lot of fear and
2 shame and not having the accurate information in front
3 of them.

4 Q And are there negative effects that people
5 can suffer as a result of being in those sorts of
6 relationships?

7 A Oh, yes. There's an unhealthy way of doing this.
8 So if you don't have a positive outlet, a way to accept
9 your attractions, then -- I'll give you an example.

10 So if a man is married, and loves his wife and
11 loves his children, and but he doesn't have any way to
12 act out, to experience the attractions if he's
13 primarily attracted to men, then -- and he's afraid of
14 his attractions. So he tries to deal with his
15 attractions through avoidance. So avoiding people who
16 are attractive, avoiding areas where he would get
17 triggered.

18 And through that avoidance and distraction, we can
19 do this, we can control our behavior for a while, limit
20 it. But then the desires for intimacy or the sexual
21 desire build up, and the person acts out in an
22 impulsive way because he doesn't know ways of meeting
23 other gay men like him.

24 So there's this compulsivity or impulsivity. And
25 in the action, it's shameful. He's doing things that

1 don't -- aren't satisfying to him or fulfilling. And
2 so it sets up this binge and purge. So you're on a
3 diet. You withhold yourself. And then you eat and
4 overeat. And then you feel guilty and ashamed,
5 depressed. It doesn't meet your values. So you
6 withhold again. And then you have to act out again.

7 So it's a very addictive sexuality that can happen
8 if individuals aren't able to have a healthy way of
9 thinking about their sexuality or incorporating or
10 integrating it into their lives.

11 Q Now so just before we move on. Is it -- are
12 sexual identity and sexual behavior reliable indicators
13 of sexual orientation?

14 A Typically, yeah. But not with this population.

15 Q So let me move on to another area. Dr.
16 Beckstead, the defendants have taken the position that
17 all persons are fundamentally heterosexual. Do you
18 agree with that position?

19 A Definitely not.

20 Q And why is that?

21 A Well, we have much research that has tried to
22 differentiate who is homosexual, who's bisexual, and
23 who's heterosexual. So we use genital assessments, we
24 use eye tracking, we use pupil dilation. There is an
25 implicit association test. And that determines if

1 someone is homosexual, bisexual, as -- also as a
2 pedophile. So to differentiate their arousal pattern.

3 And also there are all these biological
4 correlations that seem to differentiate, again,
5 homosexuals from heterosexuals.

6 And, typically, you can just ask people. You
7 trust their self report, are you a homosexual or
8 bisexual. So there are lots of ways that people are
9 say -- also brain scans that we're doing tests that can
10 differentiate --

11 MR. LI MANDRI: Your Honor, I'm going to
12 object to testimony regarding scientific basis for
13 causes, origins. I believe the Court has ruled on that
14 with regard to homosexuality.

15 THE COURT: I'm going to sustain the
16 objection. I think we did talk about that as part of
17 our pretrial rulings. It's not an issue for the jury
18 to decide. I'll sustain the objection.

19 MR. BROMLEY: Very good, Your Honor.

20 Q So, in your view, Dr. Beckstead, do the
21 defendants have a scientific basis to claim that all
22 people are fundamentally heterosexual?

23 A No.

24 Q Do -- are you familiar with a concept known
25 the illness deficit model?

1 A Sure.

2 Q Could you explain that?

3 A Well, it is this idea that you didn't get what you
4 needed in childhood or in adulthood, so you do bad
5 behaviors. It's that, again, that I was talking about
6 because you didn't get the affection or the love or the
7 validation, or you may have been taught -- I'll use a
8 heterosexual man.

9 This -- you're taught that your worth is based
10 upon getting validation from others. So then you --
11 and also you're taught this is how men act on their
12 sexuality. So you -- you may seek validation through
13 sex. And you may be very quite lonely or you don't
14 know how to talk to your wife. And that sort of unmet
15 needs would lead a heterosexual into a sexual
16 addiction.

17 And so this idea of an illness is caused by having
18 a deficit in what you've been given, what you've been
19 taught.

20 Q And do -- is there any position that the
21 scientific community has taken as to whether
22 homosexuality is caused by this illness or deficit?

23 MR. LI MANDRI: Same objection, Your Honor.

24 THE COURT: Sustained. We're not -- the jury
25 is not here and the jury is instructed that this trial

1 is not about the cause of homosexuality.

2 You're to disregard any testimony that you
3 might have heard regarding what causes homosexuality.

4 Go ahead, Counsel.

5 Q Have any of the major scientific
6 organizations taken any positions on whether or not
7 homosexuality is a mental disease or disorder?

8 A Yes. Since 1973.

9 Q Dr. Beckstead, are you familiar with the DSM?

10 A Yes.

11 Q Does this look familiar to you?

12 A Yes.

13 Q Now we talked about this a little last week
14 with Dr. Bernstein. Is this something that
15 psychologists use in their practices?

16 A Uh-huh. Yes.

17 Q And is this something, like for instance, you
18 might have on your desk at work?

19 A I do, yes.

20 Q Now as a licensed psychologist, do you see a
21 difference between describing something as a mental
22 disorder and describing it as a developmental disorder,
23 a developmental delay, or an emotional adaptation?

24 A It's all part of the same category of
25 homosexuality is bad, sick, and it's wrong, and it

1 needs -- and it can be fixed or it can be changed. And
2 there's something better than homosexuality, which is
3 heterosexuality.

4 Q So in your view, Dr. Beckstead, are those
5 terms equivalent terms?

6 A Yes.

7 Q And in your review of the materials in this
8 case, do you have a view as to whether the defendants
9 described homosexuality in those terms?

10 A It's consistent in the Journey Into Manhood
11 weekend, in Arthur Goldberg's book, what the plaintiffs
12 have talked about, through the Psycho-Educational
13 Model, that homosexuality is a symptom of something
14 gone wrong. It's something that needs -- that needs
15 to, that can be changed, and that heterosexuality is
16 the only acceptable, healthy way of living sexuality.

17 Q Now, Dr. Beckstead, earlier, you mentioned
18 something, a term minority stress. Can you please
19 describe to the jury what do you mean by that?

20 A There are different forms of minority stress. So
21 it's the stress of being a racial minority. It's the
22 stress of being a woman. It's the stress of lower
23 economic status. It's basically this idea that you're
24 different, you're different from the majority, and
25 you're treated differently. You're thought of as

1 inferior. You're withheld from certain possibilities
2 and advantages. And that there's -- it would be a lot
3 of negative messages that society is putting on to you.
4 There's this discrimination that you constantly have to
5 face that you're unacceptable, you're not good enough.
6 But so it's oppression. That's racism. That's sexism.
7 But for sexual minorities, that's called homophobia,
8 heterosexism.

9 But it's not just this negative messages that
10 minorities have to deal with, but there's no positive
11 messages, so no positive messages in the media. You
12 see a lot of white individuals, so to speak. You don't
13 see a lot of racial shows.

14 But one example. It's called a null environment.
15 So for women, for example, they may be in careers that
16 are male dominated. That they may not get a lot of
17 negative messages that, no, you shouldn't be an
18 engineer. But there's not a lot of messages that, yes,
19 women can be engineers.

20 So it's this imbalance, this inequality that
21 racial minorities who have to constantly struggle with.

22 But it's not just that external discrimination
23 that you constantly have to face --

24 MR. LI MANDRI: Your Honor, I'm going to
25 object on relevance ground as to how this

1 discrimination issues are pertinent to the consumer
2 fraud act violations, allegedly an issue in this case.
3 We seem to be getting far afield here, talking about --

4 THE WITNESS: Can I describe why?

5 MR. LI MANDRI: -- racial discrimination
6 being an issue in this case.

7 MR. BROMLEY: Your Honor, Dr. Beckstead's
8 giving this as an example of minority stress. And my
9 question should clarify.

10 MR. LI MANDRI: Well, I'm going to object as
11 to minority stress being an issue in this case, Your
12 Honor.

13 THE COURT: Well, I don't know if minority
14 stress is an issue, but I'm going to give the doctor an
15 opportunity to explain why it's relevant, and soon.

16 Q Dr. Beckstead --

17 THE COURT: The objection's overruled.

18 Q Dr. Beckstead, do gay, lesbian, and bisexuals
19 suffer from minority stress?

20 A Yes. There's extensive research on that.

21 Q Now, Dr. Beckstead, is that minority stress
22 suffered by lesbian, gay, and bisexual individuals,
23 does that -- does that lead to any particular problems
24 in those populations?

25 A Yes. It's the same thing for racial minorities,

1 that you internalize. So it's not just that you
2 constantly have to deal with the pressure. But then
3 you start to believe those messages. You think that
4 you're inferior. You internalize the problem, and you
5 think you have to fix it. And the way you fix it is by
6 trying to please the majority or make yourself
7 acceptable to the majority.

8 And research shows that this internalized
9 homophobia, internalized heterosexism causes anxiety,
10 depression, suicidality, addictions, and problems in
11 relationships.

12 Q So if you eliminate or control for minorities
13 stress in the LGBT environment, what happens?

14 A The same thing when you control racial minority
15 stress, that the minority -- when you have a playing
16 level field (sic), the minority, gay and lesbians,
17 actually are quite functional. They're able to have
18 satisfying relationships. And the dysfunction that you
19 see in their lives goes away.

20 Q Dr. Beckstead, before I move on, I just want
21 to clarify one question. I'm not sure if I got it.

22 In the DSM, is the -- does the DSM classify
23 homosexuality as a mental or disorder?

24 MR. LI MANDRI: Object, Your Honor. This is
25 cumulative of Dr. Bernstein's testimony.

1 THE COURT: Yes. The jury -- the jury will
2 be instructed and has been instructed of the Court's
3 rulings. So we don't need to continue down this track.
4 They --

5 MR. BROMLEY: I'm sorry, Your Honor. I was
6 just -- I didn't know if --

7 THE COURT: That's all right.

8 MR. BROMLEY: We already talked about the
9 DSM.

10 Q Now, Dr. Beckstead, you referred to something
11 known as unhealthy sexuality. Could you please
12 describe that generally?

13 A It's when your sexuality doesn't add to your life,
14 doesn't nurture you, it doesn't help you to find
15 connection, it doesn't give you pleasure. Unhealthy
16 sexuality is when you're afraid, ashamed, when you're
17 disconnected from your sexuality. So again, it's not
18 adding to your sexuality. It can be very addictive or
19 it's just bad sexuality.

20 Q And is it limited to homosexuality?

21 A Well, this idea again that heterosexuals and
22 homosexuals and bisexuals, if they don't have a
23 positive way of incorporating, integrating it, then
24 they're going to act out in bad ways.

25 Q And that could be the same for homosexuals or

1 heterosexuals?

2 A Yes.

3 Q I'd like to move on now, Dr. Beckstead, and
4 talk a little bit about changing sexual orientation.
5 Now you stated earlier that there is some fluidity with
6 respect to certain aspects of sexuality. Does that
7 mean that one's sexual orientation or attraction is
8 subject to change?

9 A That's -- we're finding that it's not. Again, if
10 you're bisexual, you can -- your attractions toward men
11 and women may change in your lifetime. But those who
12 are on the far end of that continuum, exclusively
13 homosexuals and heterosexuals, they're not making
14 shifts toward a direction of their attractions.

15 Q And have there been attempts in the past to
16 change orientation?

17 A For centuries. There have been many methods. It
18 was first thought it was neurological disorder. So
19 they did lobotomies for individuals trying to change.
20 There was castration.

21 There was aversion therapy. Aversion therapy is
22 that you try to reduce the same sex attraction by
23 showing them same sex stimuli. And then you have them
24 drink something that taste like Kool-Aid. And then
25 they throw up. So it's to pair this same sex stimuli

1 with this repulsion idea. They thought that if they
2 had this disgust, that you would no longer do this.

3 They also tried positive conditioning. So it's
4 like marriage or prostitute therapy that you would have
5 sex with a woman, and that supposedly fear, phobia of
6 women would go away. Or they would try ways to
7 increase your sexual or create sexual -- heterosexual
8 arousal. But we found out this positive conditioning
9 was really just a placebo effect, that those who didn't
10 have heterosexual arousal to begin with couldn't make
11 it happen.

12 There have been beauty therapy for lesbians.
13 Sport therapies for gay men.

14 But this -- that's why it's called junk science.
15 It's that -- we've had a lot of hopes, but they've been
16 going to dead ends. And so we throw out the theories
17 and interventions, and we try something else.

18 Q Now, Dr. Beckstead, focusing on the practices
19 of the defendants in this case. Do you believe that
20 there's any scientific basis that anything that's done
21 in the JONAH program can be effective --

22 A No.

23 Q -- in changing sexual orientation?

24 A Not changing sexual orientation, no.

25 Q But why isn't the experience of, say, running

1 JONAH enough?

2 A Enough to change sexual orientation?

3 Q Uh-huh.

4 A Well, the assumptions underlying the practices are
5 false, are unfounded. The methods that they use, the
6 techniques they use are clearly outside of our current
7 understanding of what would cause homosexuality and
8 what heterosexuality is. So it's just far outside of
9 the understanding of what would help someone have a
10 healthy sexuality.

11 Q So, Dr. Beckstead, the defendants have
12 claimed certain success rates in connection with their
13 practices, including a breakdown of one-third, one-
14 third, one-third; one-third successful, one-third not
15 successful, one-third somewhere in the middle.

16 In your experience, have you ever heard of
17 such a breakdown?

18 A I have never heard of that rule of thirds for any
19 general form of therapy. And it completely ignores the
20 many self reports of harm of this type of therapy.

21 Q Now, Dr. Beckstead, we're going to hear from
22 some defendants -- some of defendants' witnesses that
23 claim that they've had success, that they've changed
24 their sexual orientation. How do you explain that?

25 A Well, this is what my research was. It was my

1 first study. I wanted to test my biases and understand
2 how are these people who say they've been cured or
3 heterosexual or benefit from this therapy, how did they
4 describe their changes. So I got -- I talked to them,
5 I interviewed them. And I got -- read their journals.
6 I had lots of focus group discussions with them.

7 And I found out that they changed their identity
8 because they were told by the providers that they were
9 now heterosexuals. And if you think about that, we're
10 all heterosexuals, ahh, there was a great sigh of
11 relief for these individuals. And so they could call
12 themselves heterosexuals with homosexual problems.

13 And then they were helped to reduce their
14 homosexual behaviors by avoiding cruising areas or have
15 some sort of accountability.

16 And they were -- prior to this type of therapy,
17 they were lonely individuals. They were -- their
18 sexuality was quite addictive. They were acting out in
19 these really unhealthy ways. And they thought that
20 that was homosexuality. And the providers thought that
21 that was homosexuality, this addictive sexuality.

22 And so when they were able to meet other
23 individuals, feel better about themselves, find others
24 who were dealing with this sort of stuff, then their
25 compulsivity, fear about themselves died down. And

1 they stopped being so addictive.

2 In their mind, and in the providers' mind, they
3 thought that they were reducing SSA, same sex
4 attraction, and reducing their homosexuality. But what
5 they were really doing was just reducing their
6 addictive sexuality.

7 So taken altogether, they thought they had changed
8 to be less homosexual. But, again, what they had
9 changed to be was just less addictive in their
10 sexuality.

11 So as I talked about this with these research
12 participants, they said, you have found us out, but in
13 a very nice way.

14 Q Now when did this work -- when did you do
15 this work, Dr. Beckstead?

16 A 1997 until 2001.

17 Q And did you publish anything on this?

18 A Yes.

19 Q And was that?

20 A 2004.

21 Q And where was it published?

22 A In the "Counseling Psychologist." It's the
23 journal of the American Psychologic Association.

24 Q Now of the people who were part of this
25 study, were there -- was there a portion of that that

1 said that they felt that they've been successful going
2 through conversion therapy?
3 A Yeah. I wanted really to understand the range of
4 individuals who went through this. So I specifically
5 sought out those who said they were cured or benefitted
6 or heterosexual. And I specifically sought out those
7 who were harmed by it, who called themselves lesbian,
8 gay, or bisexual despite the therapy, or even sometimes
9 because of the therapy. And I wanted to compare and
10 contrast these stories. And then try to figure out
11 what helps all of these individuals feel good about
12 themselves, and what doesn't help, what harms them.
13 Q Was there any -- any difference between what
14 they were promised and what they received?
15 A Oh, that's -- yes. They were told -- all of them
16 went in with the idea that they were going to be
17 heterosexual after this therapy. So they -- even
18 though their attraction didn't change, their
19 orientation didn't change, they were okay with what
20 they got, with the results, because they felt better
21 about themselves.
22 Q But at the end, they hadn't changed their
23 orientation?
24 A They had not.
25 Q Now are there any other reasons that someone

1 who could undergo the JONAH program or attend, say, a
2 JIM weekend who didn't go to the JONAH program, report
3 a positive outcome?
4 A Yes. Because if you're lonely and not have --
5 feel lost and alone, feel like a pervert or an
6 abomination, you have no other ways of talking about
7 yourself. And then you meet someone who validates and
8 supports you and meet -- you meet others just like
9 yourself, you feel good. You feel there's a loyalty,
10 especially if you don't know what else is out there.
11 So you're going to be a proponent of this type of work
12 because you think this is the only way to feel good
13 about yourself.
14 Q Dr. Beckstead, I would like to move on. Now
15 did you conclude in your report whether the JONAH
16 program is unethical?
17 A Yes.
18 Q And what was your conclusion?
19 A Well, it's the original premise that we're all
20 heterosexual. Because it sets up this unrealistic
21 expectation. So it misleads them. So if you think
22 about the far end of the continuum, we're finding that
23 those are the ones who, with great effort, can't.
24 And these are -- there are high rate risks
25 involved, high stakes, that it's not just some simple

1 outcome you're trying to do. These individuals are
2 desperate and need to be heterosexual because of their
3 -- the great loss if they don't obtain this
4 heterosexuality.

5 So with this promise, this unrealistic expectation
6 that they're given, and then they're given these false
7 or unfounded characterizations of homosexuality, of
8 heterosexuality. It's confusing.

9 And then you're reinforced that the lives of
10 lesbian, gay, bisexuals is a doomed lifestyle. So it
11 takes away that option. It restricts them from an
12 exploration of a wide range of options. And it
13 reinforces this idea that -- an either/or option, that
14 you're either gay and doomed, or you have to obtain
15 this heterosexuality.

16 So it's like a -- you're constantly reaching for
17 something that you're told everyone else is able to
18 obtain, and that you should. And what happens is --
19 because this is a religious communities, they start
20 feeling like they're failures and that Satan is
21 tempting, they're too weak for Satan. That -- so
22 instead of blaming the therapist as incompetent, they
23 blame themselves as their failure.

24 And the self hatred that they had before therapy,
25 the depression, the anxiety, the confusion just gets

1 worse. And then they have more symptoms, symptoms
2 worse than that they came in with. And then the new
3 symptoms occur. Like, they hate their parents or
4 they're angry at their parents because they're told
5 that their parents caused this, or the loss of
6 resources, they're told to end relations that were near
7 and dear to them. They may also have lost
8 spirituality, trust in spirituality because they can't
9 believe anyone anymore.

10 And it's also unethical because it's harmful to
11 society. It says this is the way to get treatment, and
12 all other efforts are invalid.

13 Q So, Dr. Beckstead, are there other
14 opportunities for people who are suffering through this
15 distress?

16 A Many, yes.

17 Q And could you describe them generally?

18 A From the early '90s to 2000 to now, there's this
19 evolving -- it's called multicultural competence. And
20 the idea is that if you work with someone who's
21 religious and you work with someone who is a sexual
22 minority, then you have to have competence in both
23 those areas. So you have to have training in the
24 psychology of religion, the psychology of sexual
25 orientation, the psychology of gender. And with that

1 broad knowledge base and awareness of your biases, and
2 knowing the skills for that particular population --
3 because the skills for heterosexuals and the skills for
4 helping homosexuals are very different. And with that
5 integrated knowledge, then you can help individuals
6 inter -- deal with the intersections of those two
7 aspects.

8 Q Now, Dr. Beckstead, is that type of therapy
9 gay affirming therapy?

10 A It's as gay affirming as racial affirming therapy
11 would be. And that's the misunderstanding, is that
12 this -- the defendants and others believe that gay
13 affirmative therapy is that you're going to make them
14 to be a certain gay person.

15 But what gay affirmative therapy is about is
16 you're aware of minority stress and how that's going to
17 impact the clients. And you're constantly assessing
18 and treating to see how minority stress or
19 discrimination is causing distress or the lack of
20 coping, or they're coping with their issues. And so if
21 you don't work with a gay affirmative model -- so
22 again, you're trying to counteract that oppression and
23 lack of accurate information. If you don't do that,
24 then it's -- you're insufficient in your work.

25 Can I -- and just also? Because part of the best

1 approach for this intervention, it's to give them
2 skills, to how to deal with discrimination. And what
3 happens with the JONAH program, the skills that they're
4 dealing with is to hide, or to change, or to be like
5 everybody else. And for minorities, they need to have
6 skills to deal direct with discrimination in a way
7 that's externalizing.

8 So and part of all this is to give them skills of
9 grieving, to accept reality, and to see how to live
10 positively with reality, how to adapt, and how to
11 reinvest and to give up the things that aren't
12 possible.

13 Q Dr. Beckstead, do you have an opinion on
14 whether directing clients to, say, hurl homophobic
15 insults at each other in a group session is an
16 acceptable therapeutic technique?

17 MR. LI MANDRI: Your Honor, this is
18 cumulative testimony from what we've heard from prior
19 witnesses.

20 THE COURT: No. I'm going to allow it.
21 They're entitled to elicit the doctor's testimony.
22 He's a psychologist, not a psychiatrist. They're two
23 different experts.

24 MR. LI MANDRI: The witness yesterday --

25 MR. BROMLEY: Your Honor, no --

1 MR. LI MANDRI: -- went into this in detail.

2 MR. BROMLEY: -- speaking objections are
3 permitted.

4 THE COURT: Go ahead. We'll keep this short,
5 please, since we have heard some testimony on this.

6 A What was the question?

7 Q Yeah. Do you have an opinion on whether
8 directing clients to shout homophobic insults at each
9 other during a therapy session is an acceptable
10 therapeutic technique?

11 A I do. It's sadistic. It's taking vulnerable
12 individuals and putting them right back into their
13 vulnerable situation, where it's painful, it was scary,
14 traumatic, and not giving them skills how to deal with
15 that trauma in a different way besides aggression or to
16 using your own methods.

17 So it shows a lack of how to treat trauma.
18 There's no therapy in that.

19 Q Do you have an opinion as to whether
20 directing clients to engage in prolonged holding is an
21 acceptable therapeutic technique?

22 A I do. It's completely wrong. It's inappropriate.
23 It -- can I explain? Because it's -- the person does
24 not know what's going to happen. And the person in
25 charge, the authority, says this is going to be good

1 for you. And then blurs the boundaries, and then
2 violates his personal space, holds and is quite
3 intimate in his body, and then meets certain needs
4 through that sort of touching and holding and physical
5 contact. And the person may like some of the
6 attention, the tenderness. And may think that's the
7 only way to get this sort of affection.

8 And then -- then the person of authority says --
9 rationalizes the behavior, again, that this is good for
10 you. But then when it's brought into the light, others
11 are just appalled by it. This -- these are the
12 dynamics of sexual abuse. It's a form of sexual abuse.

13 Q Dr. Beckstead, do you have an opinion on
14 whether directing clients to remove clothing during
15 therapeutic sessions is an acceptable technique?

16 A It's unconscionable. First of all, taking gay men
17 who are desperate to be heterosexual and then asking
18 them to take off their clothes is completely wrong.
19 And then asking someone who's a sexual abuse survivor
20 in a closed room with someone in authority to even
21 consider taking off any article of clothing, it's
22 devoid of any correct thinking. And there are many
23 other ways of helping these men besides getting them
24 naked.

25 Q And, Dr. Beckstead, do you have an opinion on

1 -- as to whether using surprise is an element of
2 therapy is an appropriate therapeutic technique?

3 A It's wrong. When someone is surprised, it puts
4 them into a fear response. And when we humans are in a
5 fear response, we have several options. We either
6 fight. And you can't fight because these are nice guys
7 and nice people around you. So your other option is to
8 freeze or dissociate, or to submit. And then you
9 submit to the person in authority, so you do what
10 you're told. And so, therefore, you have no choice,
11 there's no informed consent, no decision of what how
12 you want to do and how you want to deal with this. It
13 eliminates informed consent.

14 Q So just to wrap up, Dr. Beckstead. Is there
15 any scientific basis for the idea that homosexuality is
16 caused by childhood trauma?

17 A No.

18 MR. LI MANDRI: I'm going to object, Your
19 Honor. We had court instruction on getting into these
20 specific issues and counsel continues to do it.

21 THE COURT: The jury will disregard any
22 questions or answers regarding the cause of
23 homosexuality.

24 And it's the last time, Counsel, I'm going to
25 instruct you that we've had this discussion for the

1 past two years. This trial is not about what causes
2 homosexuality. It is a consumer fraud action.

3 MR. BROMLEY: Thank you, Your Honor.

4 Q Dr. Beckstead, in sum, is there any basis in
5 science to believe that the JONAH program could have
6 changed our male plaintiffs from gay to straight?

7 MR. LI MANDRI: Objection. Asked and
8 answered.

9 THE COURT: I'll allow him to answer it.

10 A No.

11 Q Thank you, Dr. Beckstead.

12 THE COURT: Okay. That's it?

13 MR. BROMLEY: That's it for now, Your Honor.

14 THE COURT: All right. Cross-examine?

15 MR. LI MANDRI: Yes, Your Honor.

16 CROSS-EXAMINATION BY MR. LI MANDRI:

17 Q Good morning, Dr. Beckstead.

18 A Good morning.

19 Q We met before at your deposition. As I
20 understand it, you said your rate for giving testimony
21 is \$300 per hour?

22 A Yes.

23 Q And as of the time of your deposition last
24 September, I believe you had said you had already
25 billed prior to the deposition something like \$19,800?

1 A I put a lot of work into creating the report.
2 Q That wasn't my question, Doctor. I'm just
3 asking you if you had billed \$19,800 as of September
4 last year.
5 A I don't remember the amount, but --
6 Q Okay. Well, how much have you billed since
7 September of last year, including the two days of
8 depositions, the time you spent here sitting in court
9 the last couple of days, and preparing and meeting with
10 counsel?
11 A I haven't billed them since last month.
12 Q Well, would it be fair to estimate that you
13 spent as least as much time since your deposition as
14 you did before your deposition?
15 A No.
16 Q Okay. Were you billing \$300 per hour to sit
17 in court the last couple of days?
18 A No.
19 Q Okay. How many hours have you spent over,
20 say, just the past week on the case?
21 A Let's see. So on Saturday, I worked with them for
22 six hours. On Sunday, a few hours. And then
23 yesterday, a few hours as well.
24 Q Okay. And then didn't I see you in court
25 prior to today?

1 A I am not billing for that.
2 Q Okay. But, in any event, it sounds like
3 you've got to be pushing, if you were \$20,000 prior to
4 your deposition, and plus the money I paid you \$300 an
5 hour for two days of deposition, and then what you've
6 just described, you're talking close to \$30,000 at
7 least you would have billed in this case, wouldn't you
8 agree?
9 A Yes.
10 Q Okay. Now when you were asked in your
11 deposition if you're going to be testifying regarding
12 any alleged harms the plaintiffs have suffered due to
13 their work with the defendants, you responded, "I see
14 my role as talking about the harms the research has
15 described."
16 So you're not talking about any specific
17 harms these plaintiffs allegedly suffered, correct?
18 A Say the question again?
19 Q You're only talking about potential or
20 possible harms you're aware of from the research,
21 nothing specific to the plaintiffs in this case?
22 A I'm aware of the harms of the research, and
23 understanding the dynamics of the --
24 Q Okay.
25 A -- interventions, techniques.

1 Q But you were not retained to talk
2 specifically about whether these particular plaintiffs
3 were harmed by my clients, correct?
4 A I'm using my expertise to talk about what is
5 harmful in therapy.
6 Q Okay. The potential harms?
7 A The potential harms.
8 Q Thank you. And you're not talking about
9 specific harms to the plaintiffs in this case because
10 you have not evaluated them for that purpose, right?
11 A Exactly.
12 Q And isn't it true, Doctor, that you
13 previously testified: "I am not really an expert on
14 JONAH or what they do or don't do"? That's your
15 testimony in your deposition, "I am not really an
16 expert on JONAH on what they do or don't do"?
17 A It depends on how you define expert.
18 Q Okay. Well, I don't want to get word games
19 with you. Was that not your testimony in your
20 deposition that you're not an expert on what my client
21 does or doesn't do?
22 A But if I have to answer the question accurately, I
23 have to define what the word is.
24 Q Well, you had no problem answering the
25 question in your deposition. Now you have -- somehow,

1 you've lost an understanding of the word expert between
2 the time of your --
3 THE COURT: Can I make a suggestion? Why are
4 we arguing with the witness? If that's what he said,
5 put it up on the screen, let the jury hear his
6 testimony, and ask him if he recalls giving that
7 testimony.
8 MR. LI MANDRI: Page 50, 24 --
9 THE COURT: We don't need to argue here.
10 MR. LI MANDRI: -- to Page 51, Line 3.
11 THE COURT: Page 51 --
12 MR. LI MANDRI: 50, Your Honor, Line 24.
13 THE COURT: I'm sorry. Page 50. Let's find
14 the page so we can see if there's an objection. Page
15 50, Line --
16 MR. LI MANDRI: 24.
17 THE COURT: To?
18 MR. LI MANDRI: Page 51, Line 3.
19 THE COURT: Can I have the transcript?
20 MR. LI MANDRI: I'm sorry, Your Honor.
21 THE COURT: That's all right. I forgot -- you
22 know, I didn't --
23 MR. LI MANDRI: It's their witness. I think
24 they have it.
25 MR. BROMLEY: We have it.

1 THE COURT: You're supposed to have court
2 copies.
3 Okay. Page 50 --
4 MR. LI MANDRI: Line 24.
5 THE COURT: -- Line 24.
6 MR. LI MANDRI: To Page 51, Line 3.
7 THE COURT: Any objection?
8 MR. BROMLEY: No, Your Honor.
9 THE COURT: Okay.
10 (Videotape played)
11 MR. LI MANDRI: Wait. You need to start over
12 and turn it up. I can't hear it at all. Just replay
13 it. Just let's start it over.
14 THE COURT: Okay.
15 (Portion of videotaped deposition of Beckstead
16 played from 10:35:37 to 10:35:45)
17 Q Do you recall that testimony now?
18 A I do.
19 Q Thank you.
20 A Can I explain?
21 Q No. I'm satisfied with the answer. Thank
22 you. They'll give you an opportunity to explain if
23 they want you to. But I have a lot of material to
24 cover here this morning.
25 A Okay.

1 Q Dr. Beckstead, the opinions you're rendering
2 in this case are not unique to the defendants. You see
3 your role on talking about your knowledge of sexual
4 orientation change efforts in general. Is that right?
5 A Yes.
6 Q What --
7 A Uhh --
8 Q That's fine. Thank you.
9 And when I asked you if you assumed the
10 plaintiffs are homosexuals, you stated you don't want
11 to make any assumptions. Is that right?
12 A Correct.
13 Q You haven't read the depositions of my
14 clients, Mr. Goldberg or Mr. Downing. Is that correct?
15 A Correct.
16 Q But you feel comfortable offering opinions on
17 whether what they do is unethical and whether they're
18 snake oil people, and you've never even read their --
19 you've charged \$20,000 up to your deposition, but you
20 never read my clients' depositions. Is that right?
21 A I never read their depositions.
22 Q Thank you. And, also, you were made aware
23 that my clients have a number of success story
24 witnesses that the jury is going to hear from over the
25 next couple of days. You've never read their

1 depositions either. Isn't that true?
2 A True.
3 Q But you understand you're supposed to be an
4 objective and neutral person who's testifying to help
5 the Court and jury understand these issues, right?
6 A Yes.
7 Q And in terms of informed consent, you didn't
8 even look at the informed consent forms that the
9 plaintiffs signed in this case before undergoing any
10 services from my client, did you?
11 A Well, I did review some of them.
12 Q You have? Okay. But isn't it true that you
13 testified in your deposition you didn't think that was
14 your role, to evaluate their specific practice; rather,
15 you're mainly testifying about your expert opinion on
16 the research in this area. Is that what you said at
17 your deposition?
18 A That that was the knowledge that I was bringing
19 into the --
20 Q Right.
21 A -- trial.
22 Q And you don't know Mr. Downing's background
23 and training or work in this area, do you?
24 A No.
25 Q And you don't know Mr. Heffner's background

1 and training or work in this area, do you?
2 A No.
3 Q And how many JIM weekends have you been to?
4 A None.
5 Q Okay. As far as what life coaches do, you
6 don't know what the boundaries of what they can or
7 cannot do or do or don't do with their clients, do you?
8 A I do know that they can have certain limits of
9 what they can do.
10 Q Okay. But you don't know what the boundaries
11 are, right?
12 A I don't think they necessarily do.
13 Q I'm asking you if you know.
14 A I -- I --
15 Q I don't want you to testify for my client.
16 Do you know what the boundaries are?
17 A I went into the literature review, the research on
18 this topic, to see if there are any guidelines about
19 this.
20 MR. LI MANDRI: Your Honor, I'm going to ask
21 --
22 MR. BROMLEY: Objection, Your Honor. He
23 asked the question and we deserve the answer.
24 MR. LI MANDRI: I'd like to read or --
25 THE COURT: Wait. Wait a minute. You asked

1 him does he know the boundaries of life coaches. He's
2 giving an answer.
3 MR. LI MANDRI: Okay. And I'd like to
4 impeach him with his deposition testimony.
5 THE COURT: Well, let him finish his answer.
6 Q Are you done, Doctor?
7 THE COURT: I don't think he was finished.
8 MR. LI MANDRI: I'm sorry.
9 THE COURT: He said -- Doctor, you said, I
10 went into the literature review, the research on this
11 topic, to see if there are any guidelines about this.
12 Q Okay. Is that your --
13 THE COURT: Is that your -- are you finished
14 with your answer?
15 A And the research shows that --
16 MR. LI MANDRI: Your Honor, I'm not asking
17 him that question.
18 THE COURT: You asked him if he knows the
19 boundaries.
20 MR. LI MANDRI: That's a yes-or-no question,
21 Your Honor.
22 THE COURT: I don't think so.
23 What did you want to add to the answer?
24 A That the research shows that it -- that there --
25 it could be limited to maybe empowering, to providing

1 certain skills, but that's about it in terms of
2 efficacy.
3 Q Okay. Thank you.
4 MR. LI MANDRI: Can I play, Your Honor, Page
5 107, Line 24, to 108, Line 10.
6 THE COURT: 107, Line 24?
7 MR. LI MANDRI: Wait a second. That may not
8 be directly on point. It's not directly on point.
9 It's not worth reading. Thank you.
10 THE COURT: Okay.
11 MR. LI MANDRI: Well, let's go on. Co-
12 counsel shows me the page and line should be Page 108,
13 Lines 5 through 10, but there's an objection.
14 MR. BROMLEY: 108, 5 to 10?
15 MR. LI MANDRI: Yes, sir.
16 THE COURT: How is that impeaching what he
17 just said?
18 MR. LI MANDRI: He said in his deposition
19 that he was not sure what the boundaries were and he
20 just now --
21 THE COURT: All right. You know what? Do
22 you have an objection to reading that?
23 MR. BROMLEY: No, Your Honor.
24 THE COURT: Okay. Go ahead.
25 MR. LI MANDRI: Thank you.

1 Can we play that, please?

2 THE WITNESS: I'm sorry?

3 THE COURT: No, no. Just he's going to ask
4 you a question after you see this. This is your
5 deposition. It's going to be right here.

6 MR. LI MANDRI: Do you have it?

7 What happened is when we give her a different
8 page and line than I gave her previously, she has to
9 re-clip it, so it takes a second longer.

10 THE COURT: And this is line?

11 MR. LI MANDRI: 108, 5 through 10.

12 THE COURT: Okay.

13 (Portion of videotaped deposition of Beckstead
14 played from 10:41:24 to 10:41:34)

15 Q Okay. That was your testimony at the
16 deposition, sir?

17 A And at the time --

18 Q Okay.

19 A And I wanted to make sure I knew what they were.

20 Q All right. So what you're saying is after
21 you did you report and submitted yourself for
22 deposition, then you went and did more work?

23 A Yes.

24 Q Okay. Do you know you're supposed to come
25 prepared for your deposition having done your report,

1 including all of your opinions, and be ready to give
2 your testimony at that time?

3 MR. BROMLEY: Objection, Your Honor. This is
4 legal argument.

5 THE COURT: Sustained.

6 Q Have you reviewed Mr. Downing's treatment
7 notes?

8 A No.

9 Q And you have not reviewed the deposition of
10 Ms. Berk either, have you?

11 A No.

12 Q And you -- well, we'll skip this. Save some
13 time.

14 Is your definition of sexual orientation the
15 same as the APA's definition?

16 A The APA handbook has specific definitions of
17 sexual orientation. There are many versions of ways of
18 talking about sexuality and sexual orientation. And my
19 definition fits with the APA handbook of -- I'm not
20 sure of the exact title of it, that just was published,
21 but yes it does.

22 Q So --

23 MR. BROMLEY: Objection, Your Honor. Can I
24 just ask counsel to clarify which APA he's talking
25 about?

1 MR. LI MANDRI: It's called "Sexual
2 Orientation Homo" --

3 MR. BROMLEY: No. Whether it's the American
4 Psychiatric Association or the American Psychological
5 Association.

6 MR. LI MANDRI: Psychological Association.

7 THE COURT: American Psychological
8 Association.

9 MR. LI MANDRI: Yes, Your Honor.

10 Q So you would agree that sexual orientation as
11 is commonly discussed could be a characteristic of an
12 individual like biological sex, gender, or identity?
13 It could involve any of those things?

14 A Sexual orientation could involve -- could involve
15 those, yes. But not necessarily is those things.

16 Q And would you agree, Dr. Beckstead, that it's
17 largely up to an individual and their culture they're
18 involved in to determine if they identify as homosexual
19 or heterosexual?

20 A Those are the messages that have been given as
21 what is appropriate and what's not appropriate.

22 Q Okay. And you understand some of the latest
23 research by the National Institute of Health indicates
24 that 1.6 percent of the population is gay?

25 A 1.6? Yes. I'm not sure if it's --

1 Q Okay.

2 A -- three to five percent.

3 Q But you would not just give 1.6 percent if
4 that was the latest data?

5 A The estimates vary depending up on how you ask the
6 question.

7 Q But it's your view there's actually more
8 bisexuals than you think people who are exclusively
9 homosexual or heterosexual?

10 A That's what the new research is finding, that
11 there are not just exclusively homosexuals, but there
12 are also those who experience some same sex attraction,
13 but also primarily experience other sex attraction.

14 Q Would you agree, Doctor, that sexual
15 orientation identity is a socially constructed label?

16 A The identity is?

17 Q Yes.

18 A Definitely.

19 Q So whether you call yourself gay or straight,
20 that's a social construct?

21 A It's how you think about your attractions and how
22 you feel about them, and which membership, which groups
23 --

24 Q Okay.

25 A -- you feel affinity toward.

1 Q And you also testified, I believe, that you
2 believe there's a problem in the gay community about
3 bi-phobia?

4 A Yes.

5 Q And so what does that mean, gay people are
6 prejudiced against bisexuals?

7 A Yes. It's, again, they're believing that everyone
8 is -- just like straight people in a sense could
9 believe everyone is straight, gays and lesbians also
10 think that they must be just like me. So there is some
11 misunderstanding about bisexuality.

12 Q Dr. Beckstead, you would agree, would you
13 not, that mental health professionals should respect
14 the client's right to self determination?

15 A That I would agree?

16 Q Yes.

17 A Definitely.

18 Q And I believe one of your studies is
19 reflected in a report you did for an article called
20 "Mormon Clients' Experiences of Conversion Therapy"?

21 A Yes.

22 Q All right. And in that study, were you able
23 to confirm the research of Yarhouse and Tan in a prior
24 study they did?

25 A Which one are -- you're talking about a particular

1 -- they've done several.

2 Q Well, let's go to, if we can, that particular
3 study.

4 MR. LI MANDRI: Page 685.

5 MR. BROMLEY: I'm sorry, Your Honor. Which
6 study?

7 MR. LI MANDRI: It's Dr. Beckstead's report
8 or article "Mormon Clients' Experiences of Conversion
9 Therapy."

10 A What was the year of the study, 2006?

11 Q Well, let's go to your report and see what
12 you say about it. I'm taking it from your report, Page
13 685.

14 THE COURT: Page 685?

15 MR. LI MANDRI: Of the doctor's report, not
16 the deposition, Your Honor.

17 THE COURT: Where is 685? Is that an
18 exhibit?

19 MR. LI MANDRI: No. I'm going to a page in
20 his report that's not an exhibit.

21 THE COURT: Yeah, but the copy that I have of
22 his report --

23 MR. LI MANDRI: It's a study that he did, not
24 his report.

25 THE COURT: -- ends at Page 21. You're

1 saying --
2 MR. LI MANDRI: I'm sorry.
3 THE COURT: -- Page 685. I'm confused.
4 MR. LI MANDRI: Yes.
5 MR. BROMLEY: Your Honor, there's a -- I've
6 been handed a document which is a report that was
7 prepared by Dr. Beckstead.
8 MR. LI MANDRI: It's not a report for
9 litigation. It's one of his scientific papers.
10 THE COURT: Okay.
11 MR. LI MANDRI: I'm sorry, Your Honor, if I
12 was not clear.
13 THE COURT: All right.
14 MR. BROMLEY: Should we hand the judge a
15 copy?
16 MR. LI MANDRI: You can hand the judge your
17 copy and I can give you this copy, or I can put it up
18 on the screen if you want. But I was trying to get
19 through this quickly if there's no --
20 MR. BROMLEY: Well, I think --
21 THE COURT: Well --
22 MR. BROMLEY: I think we ought to then put it
23 up on the screen if you don't have a --
24 THE COURT: Is this a report that the doctor
25 did?

1 MR. LI MANDRI: Yeah. One of his articles.
2 THE COURT: Okay. Go ahead. Go ahead.
3 Q What you stated in your article, Doctor, is:
4 "Findings from the current model also confirm those
5 from Yarhouse and Tan, which were impressed," you said,
6 at the time, "who investigated the experiences of
7 highly religious individuals who either identified with
8 or dis-identified from an LGB identity."
9 "As Yarhouse and Tan concluded, the most
10 important aspect for a same-sex-attracted religious
11 individual may not be whether that person pursues a
12 particular path of identity synthesis, but whether that
13 person's identity development process is congruent with
14 his or her evaluation framework."
15 In other words, if I understand it, what's
16 important is whether they can bring their sexual
17 identity into conformity with their religious values?
18 A Congruence is very important for mental health.
19 Q Got it. Thank you. So would you agree, Dr.
20 Beckstead, that value structures and biological
21 influences go hand-in-hand with one's sexual identity
22 and how one lives out one's sexual orientation is
23 dependent on those value structures?
24 A Is dependent upon the value structure? It adds to
25 it. It's one aspect of sexuality.

1 Q And would you agree, Doctor, there is no
2 scientifically adequate research that proves or
3 disproves whether SOCE, sexual orientation change
4 efforts, is harmful?

5 A The experimental studies have not been done in the
6 current days, but there was some experimental studies
7 in the '60s and '70s, a few of them, that attempted to
8 prove.

9 Q But the fact is, to date, there are no
10 scientifically adequate research that will disprove or
11 prove whether this type of therapy is harmful?

12 A Yes, exactly.

13 Q Thank you. And you would agree, would you
14 not, with the statement from the APA that: "We cannot
15 conclude how likely it is that harm may result from
16 sexual orientation change efforts because no study to
17 date of scientific rigor has been explicitly designed
18 to find prevalence of harm," correct?

19 A The studies themselves who are trying to prove
20 this is one way that it has not been done.

21 Q Okay. Thank you. And I think you said
22 there's no experimental studies have come forth to show
23 any harm results from sexual orientation change
24 efforts, experimental studies meaning you take a
25 representative sample, you divide them up, and then you

1 give one sample the treatment, and one sample not the
2 treatment and see what happens afterwards. So that
3 hasn't been done, right?

4 A Exactly.

5 Q Thank you.

6 A Well, again, those studies in the '60s and '70s
7 that tried with conversion therapy and behavioral
8 therapy did find that the individuals were depressed
9 afterwards. So a few studies, but not in particular of
10 this magnitude.

11 Q And not experimental studies?

12 A Experimental studies.

13 Q You would agree when we're talking about
14 disorders, that something as natural as eating can be
15 turned into a disorder, correct?

16 A Yes.

17 Q And in your direct examination, you were
18 talking about disorders in such a way that if you look
19 at homosexuality as something that is unnatural or
20 disordered, that can be a religious viewpoint, correct?

21 A If you're only experience of sexuality is this
22 addictive sexuality, then you're going to label
23 homosexuality as a disorder.

24 Q Yeah, that's not my question, Doctor.
25 Appreciate that. But I'm saying, wouldn't you agree,

1 from a religious standpoint, someone can come to the
2 conclusion, regardless of studies or anything else,
3 just reading their Bible and their religious beliefs,
4 that it's a disorder?
5 A They would say it's a sin.
6 Q Right.
7 A But it goes beyond the boundaries of saying it's a
8 disorder because that's a psychological term.
9 Q Well, mental disorder, mental illness, can be
10 certainly psychological terms. But disorder isn't
11 necessarily a psychological term, correct?
12 A Disorder? It depends if it's dysfunction. It
13 depends on what's the conflict.
14 Q Well, you said you're religious. So you're
15 aware that the Book of Genesis in the Bible talks about
16 God made man and women, and they're supposed to be
17 helpmates, and supposed to be fruitful and multiply.
18 You're aware of all that, correct?
19 MR. BROMLEY: Objection, Your Honor.
20 THE COURT: No. I'm gong to allow it.
21 A There --
22 THE COURT: It's cross-examination.
23 A There are prohibitions against homosexuality --
24 Q Okay.
25 A -- in many religions.

1 Q And if someone believes that, it doesn't
2 necessarily mean they're heterosexist or homophobic,
3 does it?
4 A It means they have a negative view of
5 homosexuality.
6 Q Okay. Does that mean they're heterosexist or
7 homophobic?
8 A It depends, again, on how they feel and think
9 about homosexuality.
10 Q Well, if they think that it's sinful, it's
11 not part of God's plan, and, therefore, it's disordered
12 from a religious viewpoint, does that mean that they're
13 heterosexist or homophobic?
14 A If someone think it's sinful, that's what they
15 think it is. Homophobia and heterosexism means that
16 you are -- you believe that something is inferior.
17 Q Okay. Well, if something is sinful, and it
18 shouldn't be done because you believe it breaks God's
19 commandments, then that's something you think would be
20 inferior. Sin is inferior to proper right conduct,
21 correct?
22 A Yes.
23 Q Okay. So from a religious viewpoint, someone
24 could believe that homosexuality is inferior because
25 it's sinful and it's opposite God's plan, and you would

1 not consider that to be heterosexist or homophobic,
2 would you?
3 A Can we say the question again?
4 Q If someone has just a religious viewpoint
5 that homosexual conduct is sinful and, therefore,
6 disordered, that would not mean they're heterosexist or
7 homophobic, would it?
8 A Well, again, if someone has a religious viewpoint
9 that women should have their clitorises cut off --
10 Q I'm not --
11 A -- I would say that they are sexist.
12 Q That's -- we can all agree on that. That's
13 mutilation. I'm just talking about whether they have a
14 viewpoint that homosexual conduct is sinful, whether or
15 not that makes them heterosexist or homophobic.
16 A Yes, but I think you're trying to box me into
17 something that I don't want to be boxed into.
18 Q I'm sure you don't, Doctor. I just want to
19 make it clear that someone could have a religious
20 viewpoint that it's disordered and that does not mean
21 that they are necessarily making a statement about what
22 the APA says. Would you agree with that?
23 A Say it again? I'm sorry.
24 Q Someone could say, I believe homosexuality is
25 a sin and, therefore, it's disordered, and that doesn't

1 mean they're contradicting the APA classification of
2 mental illness or mental disorder?
3 A They would have negative beliefs about
4 homosexuality that don't fit in with what science says
5 about homosexuality.
6 Q Okay. But if it's religious, you'll allow
7 them to have those views?
8 A I would allow them -- I would talk with them about
9 that, explore that with them.
10 Q Okay. But you're not going to just leave
11 them alone; you're going to make them change, right?
12 A No, but --
13 Q Can you just leave them alone? If someone
14 has a viewpoint --
15 MR. BROMLEY: Objection, Your Honor. Arguing
16 with the witness.
17 THE COURT: Ask the question.
18 MR. LI MANDRI: Okay.
19 THE COURT: You ask the question and then you
20 continue to talk. So I don't know what the question
21 is.
22 MR. LI MANDRI: I'm sorry. It's bad Italian
23 habits.
24 THE COURT: No, that's okay. Just ask the
25 question. And then if there's an objection, I'll rule

1 on it properly.

2 MR. LI MANDRI: I appreciate that.

3 Q If someone has a viewpoint that homosexuality
4 is sinful and people shouldn't engage in homosexual
5 conduct, do you feel you have to talk to them about it
6 and talk them out of it?

7 A Talk them out of it?

8 Q Right.

9 A No. My purpose of a therapist is back off, be
10 aware of my biases about homosexuality and religion,
11 and to explore with the client what their viewpoints
12 are of those issues, and to provide information, to do
13 some evaluation, to do lots of exploration and then to
14 have an opportunity for them to sort through all that
15 and come up with their own conclusions about that.

16 Q Thank you, Doctor. But if someone is a
17 religious person and they'll say thank you for the kind
18 offer to do all that, I don't want any of it, leave me
19 alone with my beliefs, are you content to allow people
20 to have their beliefs without having to try to point
21 out to them why you think they're wrong?

22 A Oh, most definitely.

23 Q Okay. Great.

24 A That's bad therapy to point out that they're
25 wrong.

1 Q Because you don't want to impose your biases
2 on other people, right?

3 A No.

4 Q And you would admit that you do have some
5 biases because of your background and your own personal
6 experience with having tried to change your same sex
7 attraction, and not being successful?

8 A All therapists have biases.

9 Q But in your particular case, with regard to
10 sexual orientation change efforts, you feel your failed
11 experience might cause you to have some biases, don't
12 you?

13 A I have also an understanding of people who have
14 failed, people who have been successful, people who are
15 trying to still struggle with all that. So it's not
16 just that bias. I have an understanding of the wide
17 range of individuals and the continuum and varieties of
18 ways to live out these aspects.

19 Q I appreciate that. I'm trying to get to your
20 personal experience. Do you acknowledge because of
21 your personal experience, you have some bias that you
22 may need to be conscious of and try to work with?

23 A Because I'm a competent therapist.

24 Q Yes. And also you have some negative
25 experiences having been excommunicated from the Mormon

1 church you grew up in because you refused to conform
2 your own personal conduct in public ways to their
3 beliefs, right?
4 A Those weren't negative experiences for me. They
5 were very important in my life development.
6 Q Okay. But you grew up as a devout Mormon
7 individual, correct?
8 A I did, yes.
9 Q And you were formally excommunicated from the
10 Mormon church?
11 A I was.
12 Q Okay. And that was because of being publicly
13 homosexual?
14 A It was because they saw me as an abomination. And
15 I wasn't willing and able to do what they wanted me to
16 do. So they got rid of me.
17 Q But you still consider yourself Mormon?
18 A I do.
19 Q And you still work largely with the Mormon
20 religious population in Salt Lake City that is the
21 capital of the Mormon Church, correct?
22 A I do, yes.
23 Q But you don't tell young Mormon men when they
24 come to you conflicted with same sex attraction and
25 they have these religious beliefs, you don't tell them

1 that you were excommunicated from the Mormon Church
2 because they thought you were -- and I don't mean to be
3 offensive, I think that it's an offensive term, but you
4 used it -- an abomination; you don't tell them that
5 your church found you to -- and, again, it hurts me to
6 say it -- I don't like the term either. You don't --
7 THE COURT: Counsel, can you ask the
8 question?
9 Q You don't --
10 THE COURT: Does he tell his patients he's
11 excommunicated.
12 MR. LI MANDRI: Right.
13 THE COURT: Is that what you want to know?
14 MR. LI MANDRI: Yes.
15 THE COURT: Do you tell your parents you were
16 excommunicated from the Mormon Church?
17 A It depends. It depends on the course of
18 treatment. I don't do it at the very beginning because
19 that would be intruding in their own space. I may down
20 the road if they ask about it. But I don't always tell
21 people about my experience because I don't want to
22 interfere with their own -- I don't want them to model
23 their resolution after me.
24 Q You don't think if someone comes to you and
25 they're a faithful adherent of the Mormon faith and

1 they're trying to reconcile conflicts over their same
2 sex attractions with their religious beliefs, that you
3 should, as a matter of informed consent, let them know
4 up front that you were once part of the Mormon Church
5 and were formally removed from it?

6 A I've been trained in how to deal with self
7 disclosure and when to be a blank slate, so to speak,
8 and when to share something and how to share it and why
9 to share something.

10 Q Okay.

11 A So sometimes I do and sometimes the client, it's
12 not important for their work.

13 Q So the answer would be no, you don't feel
14 necessarily you should tell them up front as a matter
15 of informed consent in all circumstances?

16 A My profession says I shouldn't do that up front.

17 Q Okay. So the answer would be no, you don't
18 do that?

19 A Up front I don't.

20 Q Okay. And can you show me where it states in
21 the ethics code of the American Psychological
22 Association that you should not disclose that type of
23 information to a patient? Because you said your
24 profession tells you that. Is that an actual ethics
25 code?

1 A It's built into the idea of competence.

2 Q I see.

3 A And the competence of psychology of -- psychology
4 -- I mean, the psychology of religion, it's to be aware
5 of those boundaries of religious authority and someone
6 who is looking for someone for help.

7 Q Let's move on. Thank you, Doctor.

8 THE COURT: All right. If we're going to
9 move on, I think it's a good time for the morning
10 break, okay? We're finished with that area.

11 So, ladies and gentlemen, we're going to take
12 our break now. We'll resume -- since it's in between,
13 let's resume at 11:20. All right? If you could just
14 leave your pads there on the chair. Please do not talk
15 about the case. Please do not talk about any research
16 or anything you might have heard. Please make sure you
17 want until all the evidence has been completed and,
18 more importantly, you hear my instructions on the law.

19 Thank you very much. And I'll see you at
20 11:20.

21 (Jury not present in court)

22 THE COURT: You can step down, Doctor.

23 THE WITNESS: Thank you.

24 THE COURT: Mr. LiMandri, I'm not trying to
25 chastise you, but you asked a question, and then you

1 continued to go on. And I think it's difficult at
2 times, particularly for the witness, I know it is for
3 me, and I don't want to speak for the jurors. But you
4 reach a point where you seem to ask the question, but
5 then you continue. So it can get --

6 MR. LI MANDRI: I understand that. You're
7 right. I don't take it as chastisement.

8 THE COURT: No, I'm just saying --

9 MR. LI MANDRI: I see it as a --

10 THE COURT: -- that because it starts off
11 with what might be a yes or no answer, but when you
12 continue, I think it makes it difficult for me then to
13 rule on an objection because of the framework of the
14 question. That's all.

15 MR. LI MANDRI: I understand. But I am going
16 to try to be more focused so we can get through this.

17 THE COURT: All right.

18 MR. LI MANDRI: And try to get yes, no
19 answers because --

20 THE COURT: You take the time that you need
21 for cross.

22 MR. LI MANDRI: Thank you.

23 THE COURT: All right. I'll see everybody at
24 11:20.

25 MR. BROMLEY: Thank you, Your Honor.

1 THE CLERK: Off the record.

2 (Off the record. Back on the record)

3 (Jury present in court)

4 THE COURT: All right. All seven jurors are
5 present and accounted for. And we will now continue
6 with the cross-examination.

7 Counsel.

8 MR. LI MANDRI: Thank you, Your Honor.

9 DR. L E E B E C K S T E A D , PLAINTIFF'S WITNESS,
10 SWORN.

11 CROSS-EXAMINATION BY MR. LI MANDRI: (Cont'd)

12 Q Hello again, Dr. Beckstead. I want to turn
13 your attention, if I can, to your article or study that
14 we referenced earlier.

15 MR. LI MANDRI: I've given it to opposing
16 counsel. And I'd like to mark it as D-371 for purposes
17 of identification.

18 (D-371, Beckstead study, marked for
19 identification)

20 Q And I would like to call your attention to a
21 quote on Page 652 of this study that you did, which was
22 published in 2004. And the quote on Page 652, your
23 study --

24 MR. LI MANDRI: And if I can, I'd like to
25 display it, Your Honor.

1 THE COURT: Okay.

2 Q It's the last paragraph on that page. And
3 what it states is, "In contrast to Shidlo and Schroeder
4 (2002), Spitzer (2003) recruited 200 individuals, 143
5 men, 57 women, who specifically reported some change
6 from a homosexual to a heterosexual orientation that
7 lasted five years. The majority of these participants"
8 --

9 MR. BROMLEY: Objection, Your Honor.
10 Hearsay.

11 MR. LI MANDRI: This is his --

12 THE COURT: This is his article.

13 MR. BROMLEY: But it's describing another
14 article.

15 THE COURT: Well, that's all right. I'll
16 allow it on cross. He can cross him on his own
17 article.

18 Q "The majority of" --

19 THE COURT: See what the question is.

20 MR. LI MANDRI: Thank you, Your Honor.

21 Q "The majority of these participants related
22 that they maintained an emotionally fulfilling
23 heterosexual relationship, had satisfying heterosexual
24 sex at least once monthly, never or rarely thought of
25 somebody of the same sex during intercourse, and were

1 bothered only slightly or not at all by unwanted
2 homosexual feelings. Some reported a complete absence
3 of same sex attractions. From these self-reports,
4 Spitzer concluded that conversion therapy can be
5 effective and, thus, should be provided." I'll stop
6 there.

7 Did I read that section correctly?

8 A But the next sentence is --

9 Q Yes --

10 A -- really important.

11 Q I just asked you --

12 A Yes, you did.

13 Q -- if I read that section correctly --

14 A You did.

15 Q -- of Dr. Spitzer's report.

16 A Yes, you did.

17 Q And so we're clear, Dr. Spitzer was the
18 president of the American Psychological -- no.
19 American Psychiatric Association who actually made the
20 motion to have homosexuality taken out of the DSM as a
21 form of mental disorder, correct?

22 A Correct.

23 Q And so he's known to be pro-gay in the sense
24 of the work he's done to promote the rights of
25 homosexuals, wouldn't you say?

1 A I would.
2 Q Okay. And he is highly esteemed and
3 respected in his profession?
4 A I don't know his esteem level.
5 Q Okay.
6 A But his -- this research, actually, is not highly
7 esteemed.
8 Q Okay. I'm not asking your opinion on that
9 research. But I did quote it, what you wrote about it,
10 in that section of your report correctly, did I not?
11 A But it's not the full story.
12 Q Did I --
13 THE COURT: Doctor --
14 THE WITNESS: Yes?
15 THE COURT: You'll have an opportunity on
16 redirect.
17 THE WITNESS: Okay. Yes.
18 THE COURT: Right now, you just have to
19 answer counsel's questions.
20 THE WITNESS: Thank you.
21 Q We'll come back to our article, some of your
22 conclusions and your own findings, which, by the way,
23 there was, what, how many people in your study group?
24 About 50?
25 A Fifty total.

1 Q And about half of those 50 people in your
2 study group reported a benefit to sexual orientation
3 change efforts, and you described them as proponents of
4 this type of work, correct?
5 A Correct.
6 Q Thank you. Also, you were on a task force
7 that issued a report called "Appropriate Therapeutic
8 Responses to Sexual Orientation"?
9 A Yes.
10 Q Okay. And I'm going to read from you a
11 couple of sentences from that report of the task force
12 you were on, and see if you agree with this statement:
13 "Same sex sexual attractions and behavior
14 occur in the context of a variety of sexual
15 orientations and sexual orientation identities, and,
16 for some, sexual orientation identity, i.e., individual
17 or group membership and affiliation, self labeling is
18 fluid or has an indefinite outcome."
19 Do you remember that statement being in the
20 task force report of which you were part?
21 A Yes.
22 Q Thank you. Also, you have done some work
23 with, I believe, Lisa Diamond at the University of
24 Utah?
25 A I haven't worked -- I haven't collaborated with

1 her, but I have done presentations with her.

2 Q Okay. And she also talks about how sexual
3 orientation identity can shift in her work, does she
4 not, from you being on panel discussions with her?

5 A Identify shifts, yes.

6 Q Okay. And are you aware in her more recent
7 work, she says that "Men have greater sexual
8 orientation fluidity than previously thought"? Are you
9 aware that's been her conclusion in her recent work,
10 Dr. Beckstead?

11 A I'm not so sure she's saying sexual orientation
12 fluidity, but she's talking about men also -- some men
13 have this -- also change their -- not -- maybe change
14 their awareness of attractions, but their identities
15 and their behaviors.

16 Q Okay. Thank you. So if someone's a
17 bisexual, for example, they could see a counselor to
18 help them orient their attractions toward either men or
19 women, if they identified with bisexual?

20 A Would not help them orient their attractions, but
21 it help them to experience their attractions in a way
22 that they can manage them.

23 Q Manage them and perhaps be more in congruence
24 with their religious beliefs?

25 A Yes.

1 Q Thank you, Doctor. Now in your report, I
2 believe you did a second one. Let's see. We'll get to
3 that. In your report on Paragraph 25, you cite an
4 article by Kinnish called "Sex Differences and the
5 Flexibility of Sexual Orientation."

6 MR. BROMLEY: Your Honor, could I just ask
7 for -- are you talking about the article or the expert
8 report?

9 THE COURT: No. I think he said the -- you
10 said the report.

11 Q In your expert report at Paragraph 25 --

12 MR. BROMLEY: Thank you.

13 THE COURT: On Page 5?

14 MR. LI MANDRI: That would be -- I don't have
15 that directly in front of me. I do actually. But it's
16 Paragraph 25. So I assume --

17 THE COURT: Under the heading "Changing
18 Sexuality"? I just want to make sure we have the same
19 report.

20 MR. LI MANDRI: Yes, Your Honor.

21 THE COURT: Okay.

22 MR. LI MANDRI: Okay.

23 MR. BROMLEY: "Research has shown," is that
24 the paragraph?

25 MR. LI MANDRI: It says -- yes, "Research has

1 shown."

2 MR. BROMLEY: Okay. I have it.

3 Q And is one of the people you cite the Kinnish
4 Strassberg & Turner 2005 article?

5 A Yes.

6 Q Okay. That would be this article. And so
7 that's an article that you read and you relied on in
8 preparing your report inasmuch as you cite it in your
9 report, correct?

10 A Relied upon. I used it to understand the issues
11 of sexual fluidity.

12 Q Okay. And I want to read from Page 181 of
13 that report that you relied on and cited in your
14 report, and ask you if you agree with the statement on
15 Page 181 of that report from Kinnish that says,
16 "Findings from this study indicate that sexual
17 orientation is flexible to some degree for some
18 individuals, and that sex differences exist in
19 flexibility between heterosexual men and women, and to
20 an even greater degree between gay men and women." Do
21 you agree with that?

22 A Would you read it one more time?

23 Q Well, basically, he's saying that sexual
24 orientation flexibility exists between heterosexual men
25 and women, but even to a greater degree between gay men

1 and women.

2 A That doesn't fit with the -- all of what the
3 research says about sexual fluidity.

4 Q Okay. But you don't dispute that Kinnish
5 said that in his report?

6 A I don't know how they're defining -- I can't
7 remember how they define sexual orientation.

8 Q Dr. Beckstead, would you agree with this
9 statement: that it would be unscientific to say that an
10 enduring change to an individual's sexual orientation
11 is impossible?

12 A It would be unscientific to say that it's
13 impossible.

14 Q To have an enduring change in your sexual
15 orientation?

16 A I don't -- science doesn't work in impossibilities
17 necessarily. Like, we don't know if we can change eye
18 color. At this point in time, we don't know how to
19 change eye color.

20 Q Can you --

21 A So if I say it's impossible to change eye color,
22 it wouldn't be an -- it's an unscientific answer.

23 Q So the answer to the question, would it be an
24 unscientific statement to say that enduring change to
25 an individual's sexual orientation is impossible, your

1 answer would be yes, that would be unscientific,
2 correct?

3 A Impossible at this time.

4 Q In your report at Paragraph 92, and I'm
5 talking about your expert witness report in this case,
6 Paragraph 92 begins on Page 21 with the words "In
7 summary". And I'm going to read the sentence about
8 four sentences down and ask you if this is what you
9 wrote.

10 "Some aspects of sexuality, however, are
11 malleable to change through self-effort and
12 psychotherapy to produce healthy sexuality and
13 resolution of conflicts. These include," and then I'm
14 outside the quote.

15 But, in fact, did you write that, "Some
16 aspects of sexuality are malleable to change through
17 self-effort and psychotherapy to produce healthy
18 sexuality and resolution of conflicts"?

19 A Yes.

20 Q Okay. And would you agree that these include
21 one, motivations for sex; two, how you feel about your
22 sexuality; three, how you think about it; four, how you
23 tell people about it; five, how you act on it; six,
24 behaviors; seven, identities; eight, group membership;
25 nine, how you integrate it or not with other aspects of

1 yourself; ten, compulsivity; 11, addictive qualities;
2 12, self knowledge; and, finally, 13, self awareness.

3 Those are all things that are malleable to
4 change?

5 A Yes.

6 Q Thank you, Dr. Beckstead.

7 And I think you said this already on direct,
8 but I want to make sure I've got it. Isn't it true
9 that, in your opinion, there's a continuum ranging from
10 homosexual attraction to heterosexual attraction,
11 someone with a strong attraction to the other sex could
12 still have a slight attraction to the same sex?

13 A Those are called mostly heterosexuals, mostly
14 straight.

15 Q Okay.

16 A One label for them.

17 Q And if they wanted help dealing with those
18 same sex attractions, given they're mostly straight and
19 perhaps married individuals, you would not object to
20 them getting that kind of help?

21 A What kind of help?

22 Q Help dealing with same sex attractions if
23 they're mostly straight?

24 A Yes, if they're distressed about them.

25 Q Thank you. Yes. By the way, isn't it true

1 that all four of the plaintiffs who came to my clients
2 for help were experiencing distress about their same
3 sex attractions?

4 A My understanding of that is, yes.

5 Q Thank you. And all four of them were from
6 religious backgrounds?

7 A Yes.

8 Q Thank you, Doctor. In Paragraphs 53 and 62
9 of your expert report in this case, you quoted Karten
10 and Wade. And I wanted to read from Page 97 from
11 Karten and Wade, which I assume you citing it in two
12 placed in your report is something you are relying on
13 for propositions in your report, correct?

14 A What do you mean by propositions?

15 Q Statements made in your report. You cited
16 them after making statements in your report.

17 A That section, it says that those studies are
18 actually flawed.

19 Q Okay. In any event, these are studies that
20 you looked at and you considered, and you referenced in
21 your report?

22 A Yes.

23 Q Okay. I want --

24 THE COURT: Wait, wait.

25 MR. BROMLEY: Objection.

1 THE COURT: Wait a minute. He said they're
2 flawed. So we're not just going to read the report and
3 let the jury hear what they said. There's no way to
4 cross-examine the author of the report.

5 MR. LI MANDRI: Well, they're things he
6 considered and wrote about.

7 THE COURT: Well, he didn't rely upon them.
8 He said they were flawed. No, I'm not going to allow
9 it.

10 MR. LI MANDRI: Okay.

11 THE COURT: If he -- as we said, if the
12 doctor says it's a report that he relied in the
13 preparation of his report, that's fine. But this one,
14 he said was flawed.

15 Q Dr. Beckstead, when I asked you in your
16 deposition about gay men who have attraction to the
17 opposite sex, correct me if I'm wrong, but my
18 understanding is you said, "Gay is an identity, not an
19 orientation, and if you're exclusively homosexual, you
20 have no opposite sex attraction, and if you do, you're
21 on a bisexual continuum, and now we know there are more
22 people on that bisexual continuum than we previously
23 thought". Is that correct?

24 A That was the Lisa Diamond research.

25 Q Okay.

1 A And others' research.

2 Q And you would agree, and I think you stated
3 this in your article we've looked at already, "Mormon
4 Clients' Experience of Conversion Therapy" --

5 A I'm sorry. Can you read -- I think -- I think
6 there was something you said -- read that statement
7 again.

8 Q You want me to go back to the last question?

9 A I'm sorry. Yes.

10 THE COURT: Is that a statement or was that
11 his deposition testimony?

12 MR. LI MANDRI: That was deposition
13 testimony.

14 Q You said, "Gay is an identity, not an
15 orientation," that was the main point I wanted to make.

16 A Yes.

17 Q Okay. Let's move on.

18 In your "Mormon Clients' Experiences Therapy
19 Study," do you recall making the statement, "Yet, we
20 must accept that participants' self identifications and
21 constructive perspectives are valid for them because
22 they fit for them"? You wrote that?

23 A It's respectful.

24 Q Yes, of course. So you believe if someone
25 reports to you that something has been helpful and

1 beneficial to them, that it's respectful for you to be
2 able to take their word for how something has affected
3 them, correct?

4 A And also to understand what it means to them.

5 Q Okay. Thank you, Doctor. Also in your
6 report, Paragraph 24, you start -- you cite Savin and
7 Williams (sic). Is that correct?

8 A Yes.

9 Q Okay. That's something that you reviewed and
10 cited and relied on for your report, correct?

11 A Yes.

12 Q Okay. I want to read from Page 387 of the
13 Savin and Williams, actually, and Ream report, Page
14 387, which states: "Although most, 97 percent, of
15 heterosexuals maintain their heterosexual identity,
16 non-heterosexuals frequently change their identity
17 label over the life course; 39 percent of gay males, 65
18 percent of lesbians, 66 percent of male bisexuals, and
19 77 percent of female bisexuals." So were you aware of
20 that which you cited in your report, this study that
21 found that non-heterosexuals tend to change their
22 sexual orientation with much greater frequency than --

23 MR. BROMLEY: Objection.

24 Q -- heterosexuals?

25 MR. BROMLEY: Misstates the quote that he

1 just read.

2 THE COURT: It was not read correctly? Well,
3 why don't we show the --

4 MR. BROMLEY: No. It was read correctly, but
5 the question misstated it. There's no reference of
6 sexual orientation.

7 MR. LI MANDRI: Identity then.

8 Q Identity. They tended to change -- non-
9 heterosexuals tended to change their identity a lot
10 more than heterosexuals, correct?

11 A They're in the process of identity development.

12 Q So the answer's yes?

13 A Yes.

14 Q Thank you. That study, by the way, came from
15 a study -- it was called an "ADD Health Study of 17,000
16 Adolescents"?

17 A There is some controversy about that data. So
18 it's not really conclusive how much to rely upon.
19 There are some arguments about the validity of that
20 data.

21 Q Thank you, Doctor. But my question simply
22 was, was that an ADD Health Study of 17,000
23 Adolescents? Do you know?

24 A I can't remember that article in particular, but I
25 know it's out there.

1 Q All right. And now as to your own experience
2 with what you call conversion therapy, you understand
3 my clients call it gender affirming processes or gender
4 wholeness, right?

5 A I think that's their phrase for it.

6 Q Thank you. And they -- are you aware that
7 they testified they're not trying to convert anybody,
8 that people come to them for help and they try to get
9 help, but they're not trying to make anybody into
10 something they don't want to be? Have you heard that,
11 that's their testimony?

12 A Here in the trial?

13 Q Yes.

14 A I have not sat through.

15 Q Okay. In any event, you were in a program
16 sponsored or affiliated with the Mormon Church, the
17 Church of the Latter Day Saints, called Evergreen for
18 was only what, one to two months?

19 A One month or so.

20 Q Okay. And then you met with an individual
21 counselor for just six months after that?

22 A Yes.

23 Q And that was the sum total of your own
24 personal experience with trying to change your or deal
25 with your same sex attraction in a formal basis,

1 correct?

2 A In a formal basis, yes.

3 Q And one of the things that was related was
4 that you had a poor relationship with your father. In
5 fact, you explained that it's similar to what's
6 described and what you called reparative therapy. You
7 were close to your mother and close to your three
8 sisters, but you had a poor relationship with your
9 father, correct?

10 A I did.

11 Q Okay. And you understand that all four of
12 the male plaintiffs in this case, Mr. Bruck was a
13 plaintiff, no longer, but all four of them reported
14 poor relationships with their fathers?

15 A Yes.

16 Q Okay. Well, is that basically just a
17 coincidence?

18 A I think if we polled a lot of people in this room
19 who had a poor relationship with their father, it may
20 be a -- I mean, it may be -- it would be interesting to
21 see who did or did not.

22 Q Okay. Well, I'm talking about correlating a
23 poor relationship with the father with someone
24 experiencing emotional distress and coming for help for
25 same sex attraction.

1 A That's the problem with correlating.

2 MR. BROMLEY: Your Honor, objection. We've
3 had a conversation already about the causes of
4 homosexuality.

5 THE COURT: Why are we going --

6 MR. LI MANDRI: I understand. I just wanted
7 to establish that he's aware the plaintiffs who --

8 MR. BROMLEY: Objection, Your Honor. Either
9 we're going on or we're not.

10 THE COURT: Are you withdrawing the question?

11 MR. LI MANDRI: I'll withdraw the question.

12 Q Dr. Beckstead, it's true that you've been
13 labeled a gay activist and that you participate in
14 something called the LGBTQ Affirmative Guild, which is
15 an advocacy group?

16 A Yes, I'm part of that group.

17 Q And you participate in political events such
18 as Gay Pride parades, right?

19 A I'm not sure it's a political event, but yes, I --
20 it's a celebration.

21 Q Okay. The Q stands for questioning?

22 A Questioning, queer.

23 Q LGBTQ. It could include people that are
24 questioning whether they're -- what their sexual
25 orientation may be?

1 A Yes.
2 Q And those people are entitled to get help if
3 they are questioning and unsure and looking for
4 guidance, correct?
5 A Yes.
6 Q Thank you. This LGBTQ Affirmative Guild,
7 they do what they call gay affirming therapy?
8 A They teach how to do it or what it means.
9 Q Okay. You would agree, though, if someone
10 came and said, I'm conflicted with my same sex
11 attractions, as did the plaintiffs in this case,
12 conflicted with my religious beliefs, it would be wrong
13 to say your only option is to gay affirm and to live a
14 life as an open homosexual; you would agree that that
15 would be wrong to tell them that, right?
16 A That's not gay affirmative therapy.
17 Q I --
18 A It would be wrong to tell them that, yes.
19 Q Thank you, yes. And, in fact, you've had
20 clients, I think you said, come to you expressing that
21 they had both same sex attraction and opposite sex
22 attraction which was causing them discomfort or
23 conflicts, right?
24 A Yes.
25 Q Or you've had clients involved in bisexual

1 behavior wanting to limit themselves to one sex or the
2 other, correct?
3 A Yes.
4 Q And many of the people you've seen have this
5 complex because they're married to their spouse, an
6 opposite sex spouse usually, and want to remain
7 faithful to that person?
8 A Yes.
9 Q And, certainly, you don't tell them, hey,
10 look, you're going to have to live with the fact you're
11 bisexual and get used to having sex outside your
12 marriage; you don't tell them that, do you?
13 MR. BROMLEY: Objection. Compound.
14 THE COURT: I'll allow him to answer that.
15 A Appropriate therapy is not to tell somebody, hey,
16 look, this is what's going on, this is how you are.
17 It's too directive. It's too imposing.
18 Appropriate therapy is to back off and ask
19 questions to allow the client to explore what they mean
20 by their bisexuality and how they express it, and what
21 it could mean for them in the present and in the long
22 term.
23 Q So if they come to you and say, I'm a devout
24 religious person, I'm married, I have same sex
25 attractions and want help overcoming them, you don't

1 tell them, I could help you with that, we're going to
2 use that as a goal and move just in that direction?
3 You're going to explore other options with him?

4 A A wide range of options with him. I'll talk with
5 him about those possibilities.

6 Q I see. Even if they say, look, I'm very
7 religious and I'm afraid my mortal soul could be at
8 risk here and I real don't want to fall into some type
9 of sin, you're going to still tell them we need to
10 explore other options, you know, this eternal soul
11 business and sin, you know, may not be what you really
12 want to have motivating you. I mean, is that something
13 you say to them?

14 A It depends on the course of treatment. But I will
15 stay where they are.

16 Q Okay. But you don't accept, obviously,
17 there's any objective truth that they may have in their
18 lives that they may want to keep as an objective truth
19 that's a normative standard set by a higher power and
20 should never be violated, that's not a approach that
21 you would take with them?

22 A Can you say that again? I'm sorry.

23 Q You do not accept the approach if someone
24 comes in and says, for example, I think the Ten
25 Commandments or the Torah is going to be the law for my

1 life, and I need your help in conforming my conduct to
2 that, you're not going to accept that, you're still
3 going to try to get them to explore other options?

4 A No, no, no.

5 MR. DINIELLI: Objection, Your Honor. I
6 don't know if this -- if that's a question.

7 THE COURT: No. I'll allow it. The doctor
8 answered it. No, he doesn't tell them that.

9 MR. LI MANDRI: Okay.

10 THE COURT: No, he wouldn't do that.

11 Q All right. We'll move on.

12 A I want to honor their spirituality and religion.

13 Q Pardon me?

14 A I want to honor their spirituality, religion, and
15 understand more about that, what -- how they're
16 experiencing their religion.

17 Q Thank you for confirming that. Dr.
18 Beckstead, isn't it true that you have found that
19 helping people overcome shame can lessen the intensity
20 around their arousal when they're attracted to someone
21 from the same sex? Isn't that true?

22 A Overcoming shame -- say it again?

23 Q Overcoming shame can lessen the intensity
24 around an arousal someone experiences if they're
25 attracted to someone of the same sex?

1 A Typically when they get aroused, it's associated
2 with shame and arousal. So if you reduce the shame,
3 then they're just left with the arousal.

4 Q Okay. So the statement would be true,
5 correct?

6 A Yes.

7 Q Thank you, Doctor. And, by the way, North
8 Star is a group that is affiliated with the LDS church
9 now. It used to have a group called Evergreen, but now
10 there's one called North Star in Salt Lake City, and
11 they will also see people, try to help people with same
12 sex attractions?

13 A To live the LDS doctrines.

14 Q Yes. And you've actually referred people to
15 that group?

16 A I talk with them about going there.

17 Q Okay. But haven't you actually referred
18 clients to support group such as North Star?

19 A I refer people to lots of organizations to check
20 out what's going on and see if the organizations fit
21 who they are and what they're experiences are.

22 Q Including North Star?

23 A Including North Star.

24 Q And North Star exists to help people live
25 their lives in conformity with Mormon teachings which

1 prohibit homosexual conduct, correct?

2 A Yes.

3 Q You're aware your client Mr. Ferguson has
4 taken a very activist position against North Star and
5 believes they should be shut down?

6 A I haven't kept up with Mr. Ferguson's efforts
7 around that.

8 Q Okay. So you don't know one way or the
9 other?

10 A I have not kept up with --

11 Q Okay. He's never told you that he's against
12 -- even though he was originally on the steering
13 committee of North Star and a proponent of their work,
14 now he's adamantly opposed and wants to shut them down?

15 A I do know that.

16 Q That is a fact, correct?

17 A That he's against North Star?

18 Q Yes.

19 A Yes.

20 Q Okay. So it's not just JONAH. He's against
21 all these religiously affiliated groups that do this
22 work, correct?

23 MR. BROMLEY: Objection, Your Honor. This is
24 outside the scope.

25 MR. LI MANDRI: Well --

1 THE COURT: Yeah. Why don't we ask Mr.
2 Ferguson that?

3 MR. LI MANDRI: Okay.

4 Q You're against all of these religiously
5 affiliated groups that do this kind of work, are you
6 not?

7 A No. There are lots of religious organizations
8 that are trying to find help for these individuals who
9 don't have a home. But it depends upon the level of
10 accurate information and the options that they do
11 provide.

12 Q Okay. Well, if someone goes to North Star
13 and they're same sex attracted, and the people at North
14 Star tell them the only way to be a good Mormon is to
15 overcome the same sex attraction, you're okay with
16 that?

17 A I would talk with my client about what their
18 understanding of overcoming same sex attraction means,
19 how they experience it, what the dialog is within the
20 community about that.

21 Q Okay. And if the client says, I want to get
22 rid of it altogether and they're going to help me,
23 you're okay with that?

24 A Again, I would talk with them about their
25 experience. So I would stick with them throughout that

1 process.

2 Q Okay. So can you answer yes or no? If
3 someone says, they're going to help me get rid of this,
4 that's my goal, that's what I'm going to do, you would
5 be okay with that, you wouldn't need to talk to them
6 anymore, they've made the decision, correct? Yes or
7 no?

8 A Would I be okay with that? It depends on where I
9 am in the process with them about that. But I would
10 describe it to them, my understanding, and I would ask
11 them to explore it as well.

12 Q So you'd describe them your understanding,
13 which is that may not be the right way, North Star may
14 be wrong, the Mormon church may be wrong, you need to
15 consider they may be wrong; that's what you feel you
16 would need to do in that situation?

17 A I don't tell them necessarily. I say many people
18 have --

19 Q Okay.

20 A -- liked it. Some people have also not liked it.
21 So I want them to get their own experience. It's about
22 informed consent.

23 Q Well, in any event, you estimate that you
24 have seen -- out of the clients you've seen that have
25 come to you conflicted with same sex attraction, that

1 30, 40 percent of them remain married, celibate, or in
2 their religion and do not adopt a gay lifestyle; would
3 that be true?
4 A Yes.
5 Q Okay. Now as to touching and holding, isn't
6 it true they have touching and hugging on the Male
7 Survivor weekend that you participate in if someone
8 consents to it?
9 A Yes.
10 Q Thank you.
11 A I'm sorry. Did you say touching and holding or
12 what?
13 Q The words, I believe, in the deposition were
14 touching and hugging?
15 A Yes. People hug --
16 Q Yes.
17 A -- and touch.
18 Q And he believes hugging -- you believe
19 hugging can be healthy, correct?
20 A I like to get hugs. Some people do, some people
21 do not.
22 Q Okay. But it can be healthy, yes or no?
23 A Healthy?
24 Q Yes.
25 A Yes.

1 Q Thank you.
2 A If it's consensual.
3 Q Yes. In your report, again of Mormon clients
4 who experienced conversion therapy, on Page 668, you
5 wrote that one person who attended Evergreen stated the
6 following, this was from your report, but you're
7 quoting the person:
8 "You were taught that it was safe to touch,
9 hug, cuddle, and be with other men in a natural bonding
10 fashion to help you receive some of what you were
11 lacking in your life. However, you were never, ever to
12 kiss, touch, or have any type of sexual experience with
13 these men or you would be removed from the group."
14 Do you writing that?
15 A Yes.
16 Q Okay. And you would agree that that would be
17 a good approach to this type of an issue is what you
18 wrote about in your report, so long as there's no kind
19 of kissing or sexual touching or sexual experience,
20 it's okay if someone consents to touch, hug, or cuddle
21 in a natural bonding fashion?
22 A Not in a therapeutic setting.
23 Q Okay. So you're against what this guy
24 describes he experienced at Evergreen.
25 Q I was trying to understand his experience,

1 why he -- why he liked it.

2 Q But you're against not just what JONAH does,
3 but what this person says he experienced in a positive
4 way --

5 MR. BROMLEY: Objection, Your Honor. This is
6 about JONAH, not about what other people --

7 MR. LI MANDRI: Well, I'm showing that JONAH
8 is not the only one, Your Honor, that does this.

9 THE COURT: I didn't hear the whole question,
10 so what --

11 MR. LI MANDRI: The question is --

12 THE COURT: Would you repeat the question for
13 me?

14 MR. LI MANDRI: Sure.

15 THE COURT: And don't answer it yet, Doctor,
16 until I rule on the objection, please.

17 Q The question is this experience this person
18 expressed and you wrote about in your report from
19 Evergreen about having a safe way to touch, hug, and
20 cuddle other men in a nonsexual way, you're against
21 that as well in that Mormon setting, and not just what
22 my client does?

23 THE COURT: Just wait a second. Where is
24 that in the report?

25 MR. LI MANDRI: It's in his study. It's not

1 in his --

2 THE COURT: All right. Not his --

3 MR. LI MANDRI: -- report.

4 THE COURT: Not his expert report. This is
5 in an article that he wrote?

6 MR. LI MANDRI: He wrote.

7 MR. BROMLEY: This is -- this is a quote in
8 an article from 2003.

9 THE COURT: Is that your -- Doctor, is that
10 your quote?

11 THE WITNESS: No, it's -- I'm taking a quote
12 from a research participant as data.

13 THE COURT: Why don't we rephrase the
14 question and just ask him if he's against that.

15 Q Are you against it in general, touching,
16 hugging, cuddling?

17 A In general?

18 Q Yes. In this type of a setting of a
19 experiential weekend.

20 A Ethical touch and appropriate touch have certain
21 guidelines and boundaries.

22 Q Okay. Thank you. So you're not against all
23 ethical touch or hugging, correct?

24 A I'm for ethical touch.

25 Q Okay. Matter of fact, you have a colleague

1 named Jim Struve?
2 A Struve, yes.
3 Q And I think you cited in your expert report
4 in this case his book "The Ethical Use of Touch in
5 Psychotherapy"?
6 A Yes.
7 Q Okay. And Mr. Struve is a gay affirming
8 therapist, and you respect his ability in doing gay
9 affirming therapy, correct?
10 A I do.
11 Q Now he writes in his book and you cite his
12 book and, obviously, you said you respect him, that,
13 "It seems likely that psychotherapists are touching
14 clients. Numerous confidential studies have confirmed
15 that within the privacy of therapeutic interactions, a
16 large number of clinicians actually do use touch."
17 So if that's Dr. Struve's opinion and that's
18 what he wrote in his book and you cited his book,
19 you're okay with that, correct?
20 A That numerous are using touch?
21 Q Right. Ethical psychotherapists.
22 A Depends on -- again, the idea of touch is so
23 broad. So, yes, the idea of -- that therapists are
24 touching their clients.
25 Q Okay. And, again, you cite Struve in your

1 report. If he wrote that 69 percent -- in the report -
2 - "Sixty-nine percent of respondents reported that
3 touch fostered a stronger bond, facilitated deeper
4 trust, and contributed greater openness. The 47
5 percent reported that enhanced their self esteem."
6 Okay. You'd agree that those are all
7 potential benefits of healthy touch?
8 A I reviewed the literature on touch --
9 MR. BROMLEY: Objection, Your Honor. The
10 term healthy touch hasn't been used.
11 Q Would you --
12 THE COURT: Counsel, where in his report is
13 he referencing this?
14 MR. LI MANDRI: No. He cites this study in
15 his report by Dr. Struve, who's a colleague of his.
16 It's not in his report.
17 THE COURT: How are --
18 MR. LI MANDRI: But he cites Struve. He
19 cites this.
20 MR. BROMLEY: We haven't gone to the report
21 itself.
22 THE COURT: Where does he cite it, I'm asking
23 you. Is it in his expert report or is it in an article
24 that he wrote? You're using the word report. I don't
25 see it in the bibliography of his report. Are we

1 talking about his expert report in this case?

2 MR. LI MANDRI: That's my understanding, is
3 that --

4 THE COURT: Then you tell me where it is in
5 the report so I can rule on this objection. Because
6 all the paragraphs are numbered. So what number?

7 MR. LI MANDRI: I'd normally have a paragraph
8 referenced. But this was a quote from his deposition,
9 so I didn't put a paragraph reference.

10 THE COURT: Well, then the question should
11 be: do you recall this question and answer at your
12 deposition.

13 MR. LI MANDRI: That's a better way to do it.

14 Q Do you recall my asking you in your
15 deposition about that quote from Struve which is, "It
16 seems likely that therapists are touching clients.
17 Numerous confidential studies have confirmed that
18 within the privacy of therapeutic interactions, a large
19 number of clinicians actually do use touch."

20 And then you responded, "It's how and why
21 they use touch"?

22 A Yes.

23 Q And that it can be used in an appropriate
24 therapeutic setting?

25 A Yes.

1 Q Thank you.

2 A Certain guidelines.

3 Q Okay. In fact, you may sometimes give a hug
4 to a client or patient, correct?

5 A I don't give a hug. I walk with the client about
6 hugging. It depends on the situation.

7 Q Okay. But you don't know how Mr. Downing
8 actually uses any type of hugging in his work, do you?

9 A They describe it as healing.

10 Q Okay. But in your deposition, you said
11 you're not there to talk about Mr. Downing and how he
12 uses it. Is that correct?

13 A What's the question again?

14 Q You're not in a position to say whether or
15 not Mr. Downing is using it correctly, correct?

16 A I'm here to talk about my understanding about
17 sexuality, abuse, and the dynamics of therapy.

18 Q Let's move on. You didn't read Mr. Wyler's
19 deposition from People Can Change, either, did you?

20 A I did not.

21 Q Okay. But you read all of Mr. Levin, Chaim
22 Levin's deposition, and you said you found him to be
23 credible. Would that be correct?

24 A Yes.

25 Q And you've also read the deposition of

1 Jonathan Hoffman, or not?

2 A I can't remember if I did or not.

3 Q But, in any event, you believe that after
4 this particular experience, Mr. Levin described the
5 nudity exercise with Mr. Downing as something that he
6 found empowering and exciting, although he later says
7 he regretted it. Would that be true, from your
8 understanding?

9 A It would make sense --

10 Q Thank you.

11 A -- with the issues of abuse and touch and all that
12 sort of stuff.

13 Q Okay. Are you aware that he didn't say that
14 he regretted it until after he spoke to Mr. Harari and
15 Mr. Besen?

16 A What was that? Am I aware of what?

17 Q He didn't -- it was 18 months after this
18 experience where he said it was not a good experience,
19 and that was after he spoke to a Mr. Harari and Mr.
20 Besen, correct?

21 A It fits -- it fits with the research of other
22 individuals who report harm.

23 Q And you know who Mr. Besen is because you've
24 been on panel discussions with both him and Attorney
25 Sam Wolfe here of the Southern Poverty Law Center,

1 correct?

2 A Do I know him?

3 Q Yeah, sure.

4 A Yes, I have been on a panel with him.

5 Q And you've been on panel discussions with
6 Wayne Besen and Sam Wolfe of the Southern Poverty Law
7 Center before this lawsuit, correct?

8 A Yes.

9 Q And it was all about what you call conversion
10 therapy and how bad it is and how it has to be stopped,
11 right?

12 A Yes. It's unethical.

13 Q Yes. And JONAH wasn't even the subject of
14 that panel discussion, was it?

15 A No. I don't think it was.

16 Q But isn't it true, Dr. Beckstead, that in a
17 gay affirming context, you believe that nudity can
18 sometimes be beneficial to individuals, yes or no?

19 A Gay affirming context. A therapeutic context?

20 Q Yes.

21 A No.

22 Q Okay. In any gay affirming context, nudity
23 can sometimes be helpful to an individual or provide
24 benefit?

25 A Well, if you're in a dark alley with somebody,

1 that could be gay affirming because you're having sex
2 with a gay man. But I wouldn't necessarily say that
3 that touch or whatever is going on is beneficial.

4 Q Is that what you meant in your deposition
5 when I asked you if the nudity could be beneficial in a
6 gay affirming context, and you said "Sometimes yes,
7 sometimes no"? Were you talking about somebody meeting
8 up in a dark alley? Is that what you understood gay
9 affirming to mean?

10 A If someone has a relationship with someone, it's a
11 gay affirming relationship.

12 Q I see.

13 A And they're having sex, it could be very helpful.

14 Q All right.

15 A It could be not.

16 Q I see. Okay. In Paragraph 51 of your expert
17 report in this case, you cite an article called
18 "Identity Formation, Outness, and Sexual Risk Among Gay
19 and Bisexual Men." And that was by White. And that's
20 something that you, again, reviewed and relied on and
21 cited in your report. Is that true?

22 A Yes.

23 Q Okay. I'd like to read from Page 98 of that
24 particular report. It should be number --

25 A Is it White and Stevenson?

1 Q I'll tell you. Yes, it is.

2 MR. JONNA: It's Number 23.

3 Q Okay. In that report you relied on, it
4 states, "Despite making up only two percent of the
5 population" --

6 MR. BROMLEY: I'm sorry, Counsel. Could you
7 give me the page?

8 MR. LI MANDRI: I'm sorry, Counsel. It's
9 Page 98.

10 MR. BROMLEY: Thank you.

11 MR. LI MANDRI: First page.

12 Q "Despite making up only two percent of the
13 population, MSM," which means men who have sex with me,
14 "accounted for a disproportionate 61 percent of
15 incident HIV infections in 2010," citing the Center for
16 Disease Control and Prevention of 2012.

17 "Beyond men who have sex with men and men who
18 have sex with men of color have particularly high rates
19 of infection, and recent trends suggest that incidence
20 is increasing."

21 So you're aware of that information from this
22 study by Dr. White, correct?

23 A Correct.

24 Q All right. And when you talk about people of
25 some religious viewpoints have this, I guess, wrong

1 view about superiority of heterosexual sex over
2 homosexual sex, do you take this information into
3 consideration of the risk of homosexual sex versus
4 heterosexual sex?

5 A Because if they don't have an integrated view of
6 sexuality, if they don't know how to date, they don't
7 know how to communicate their needs, if they don't feel
8 good about their sexuality, they're going to act out in
9 risky situations.

10 Q I see. So if someone comes out as out and
11 proud and gay, and identify as such, they're less
12 likely to have this type of a high incidence of HIV
13 infection?

14 A It depend --

15 MR. BROMLEY: Objection, Your Honor.
16 Relevance.

17 THE COURT: No. I'm going to allow it
18 because I'm looking at Paragraph 51. I'll allow it.

19 A It depends if they've been taught how to
20 communicate their needs. It depends on if they've
21 learned how to value themselves so they can say no. it
22 depends if they've learned how to use a condom. It
23 depends if -- how much they're -- what sexism of
24 homophobia, they're acting on their sexuality. So if
25 you --

1 Q Okay. But then referring to the same study
2 that we just read from, which is, again, cited in your
3 report and relied on, on Page 99 of that study, I want
4 to read,

5 "The evidence linking identity and outness of
6 sexual behavior, however, remains inconclusive. Data
7 from across the United States suggests that being more
8 involved in the gay community, attending gay bars and
9 clubs, being out to more people, and reporting greater
10 comfort with the public homosexual identity are
11 associated with increased risk of unprotected anal
12 intercourse," which they call UAI, "having more sexual
13 partners and testing positive for HIV." And he quotes
14 the Center for Disease Control, and goes on to state,

15 "A possible explanation for these
16 associations is that individuals who identify strongly
17 as gay may view unprotected anal intercourse,
18 specifically receptive unprotected anal intercourse" --
19 again not to be crude, but I assume that's the person
20 on the down position -- "as an expression of their gay
21 identity" --

22 MR. BROMLEY: Objection, Your Honor.

23 Q -- "and affiliation with the gay community"
24 --

25 THE COURT: Stop. What's the question?

1 MR. LI MANDRI: The question is --
2 THE COURT: Are you asking him if he agrees
3 with that?

4 MR. LI MANDRI: I'm asking him if you do
5 agree with this.

6 A That that's their findings?

7 Q Yes.

8 A Yes, but there are other findings in the studies
9 that I listed in that paragraph.

10 Q Well, let's read one more. Continuing on.

11 "Additionally, men who are more openly out
12 may feel less inhibited in their sexual behaviors, and
13 the social and cultural norms in venues such as gay
14 bars and clubs have been reported to condone
15 unprotected sex." Are you aware of that? And do you
16 agree with that?

17 A Norms in gay bars are not necessarily healthy
18 sexuality.

19 Q Let's move on. I want to read just one more
20 section from this report that is the same number
21 paragraph in the same report, where the author states"

22 "Regarding sexual risk, respondents," people
23 they asked these questions about, "reported an average
24 of 3.6 anal sex partners over the preceding six months.
25 In that same period, slightly more than half of the

1 respondents, 54.3 percent, reported having anal sex
2 without a condom. Over the three months preceding the
3 survey, 48 percent of the men had sex while drunk from
4 alcohol, and nearly 20 percent had sex while high on
5 drugs." Again, were you aware --

6 MR. DINIELLI: Objection, Your Honor.
7 Relevancy.

8 THE COURT: Sustained.

9 MR. LI MANDRI: All right. I'll move on.

10 Q Getting away from that particular issue. Did
11 you also cite in your report at Paragraph 31 the study
12 from Fergusson, Horwood and Utress (phonetic), 1999
13 study, which is Number 24. Actually, it's entitled
14 "Sexual Orientation and Psychiatric Vulnerability, a
15 Twin Study of Neuroticism and Psychoticism." Is this
16 something that you cited in and relied on in Paragraph
17 31 of your report? It's actually -- this is by Brendan
18 P. Zietsch and Karin Verweij. You recognize that?

19 A Are we in 31?

20 Q I believe it should be --

21 THE COURT: Looks like it's the last line of
22 Paragraph 31.

23 A Oh, yes.

24 THE COURT: Is that what we're talking about,
25 Zietsch?

1 MR. LI MANDRI: Yes, Your Honor. That's it.
2 Q Zietsch?
3 A Yes.
4 Q Is that a study that you reviewed and relied
5 on in Paragraph 31 of your report?
6 A Yes.
7 Q Okay. Just read from this and we're off the
8 topic. See if you agree with this statement.
9 MR. BROMLEY: Counsel, do you have a copy of
10 it?
11 MR. LI MANDRI: I'm sorry. I pulled it out
12 for you. Forgot to give it to you.
13 MR. BROMLEY: And what page is it?
14 MR. LI MANDRI: I can tell you in a second.
15 It would be Page 1 --
16 THE COURT: Page 1?
17 MR. LI MANDRI: Page 1 under Introduction,
18 first paragraph. Not of the expert report, but of the
19 study he cites and relies on.
20 Q And it states, "Several recent large scale
21 studies have indicated that homosexuals and bisexuals,
22 i.e., non-heterosexuals, are at much greater risk for
23 psychiatric symptoms and disorders, including mood
24 disorders, e.g., major depression, bipolar disorder,
25 anxiety disorders, e.g., generalized anxiety disorders,

1 and phobic disorders, obsessive-compulsive disorder,
2 eating disorder, conduct disorder, substance misuse,
3 suicidal ideation, and suicide attempts."
4 So do you agree with that statement from this
5 report?
6 MR. BROMLEY: Objection, Your Honor.
7 Relevance.
8 THE COURT: I'm going to allow it.
9 MR. LI MANDRI: And then we'll move on.
10 THE COURT: He can answer that question.
11 A Do I agree with it?
12 Q Yes.
13 A Yes.
14 Q Okay.
15 A That's what I was talking before with minority
16 stress.
17 Q Thank you. You also agree that someone's
18 religious faith can be a powerful intervener and
19 motivator in controlling or stopping undesirable
20 behaviors, correct?
21 A It depends on how you use religion.
22 Q Yes. But it can be, correct?
23 A It can be.
24 Q Thank you, Doctor. In fact, you cite in
25 Paragraph 23 of your expert witness report in this case

1 a study called "Affirming Faith Experiences of
2 Psychological Health for Caucasian Lesbian, Gay, and
3 Bisexual Individuals" by Lease.

4 THE COURT: What paragraph is this?

5 MR. LI MANDRI: It's the Beckstead report, he
6 cites it, Your Honor, on Paragraph 23, the article that
7 I just -- study that he cites. I just want to read
8 briefly from Page 378.

9 THE COURT: What's the study?

10 MR. LI MANDRI: It's called "Affirming Faith
11 Experiences of Psychological Health for Caucasian
12 Lesbian, Gay, and Bisexual Individuals" by someone
13 called Lease, L-e-a-s-e.

14 THE COURT: You sure it's Paragraph 23?

15 MR. LI MANDRI: Do you have it in front of
16 you?

17 It's Lease, Horn, Noffsinger --

18 THE COURT: Okay.

19 MR. LI MANDRI: -- Frazier.

20 THE COURT: Do you see that in your report?

21 THE WITNESS: I do.

22 Q Okay. And that's something you reviewed and
23 relied on in preparing your report, correct?

24 A Yes.

25 Q Thank you. On Page 378, it states, "Faith in

1 God or a higher power plays a central role in the lives
2 of many people. More than two-thirds of the population
3 reports membership in a church or synagogue, and 60
4 percent describe religious faith as a very powerful
5 influence in their lives. Interest in spirituality and
6 religion is increasing in psychology as well."

7 MR. BROMLEY: Objection.

8 Q And my question is do you agree with that
9 statement from the study that you cited and relied on?

10 THE COURT: What's the objection?

11 MR. BROMLEY: Objection. Relevance, Your
12 Honor.

13 THE COURT: No. He can answer it. I'll
14 overrule the objection on relevancy grounds.

15 Do you agree with that?

16 A Will you say it again?

17 Q Do you agree with that statement that
18 spirituality and belief in God or a higher power can
19 play a positive role in people's psychological
20 experience?

21 A It plays a positive role in my life and in other's
22 too.

23 Q Okay. Thank you. We'll move on.

24 Isn't it true with regard to my clients'
25 program that you think the plaintiffs felt validated

1 and supported by the program?

2 A They felt validated and supported in talking about
3 their experiences, and in their beliefs about their
4 sexuality --

5 Q Thank you, Doctor.

6 A -- and religion.

7 Q And you agree that here was nothing you saw
8 in all the materials you reviewed that the plaintiffs
9 were aggressively or overtly shamed in my clients'
10 program. Is that true? Do you agree?

11 A The Journey Into Manhood script is about this
12 sense of being taunted with shameful messages.

13 Q And so that you can replace them with
14 positive messages and leave in a better place, correct?

15 A And in the Journey Into Manhood script, there is
16 constant messages about homosexuality and
17 heterosexuality that are wrong and that are shameful.

18 Q It's a message, you're saying. You're really
19 opposed to these messages if people come there with a
20 shared experience about wanting to get over their same
21 sex attraction, that if they're told it's wrong and
22 they could try to help them move to a better place, not
23 calling it a mental disease or disorder, but just
24 wrong, you're opposed to that. That's shaming and
25 that's always harmful, correct?

1 A The -- how shame works is that there's an
2 expectation and then if you can't achieve the
3 expectation, the gap between what's realistic and
4 possible is called shame. So if you're told you can
5 and should reach that limit and you can't, you're going
6 to feel not good enough if everyone else around can do
7 it.

8 Q Okay.

9 MR. LI MANDRI: Your Honor, just to cut
10 through this, I'd like to play Page 117 of Dr.
11 Beckstead's deposition, Lines 12 through 25.

12 MR. BROMLEY: No objection, Your Honor.

13 THE COURT: Okay.

14 MR. LI MANDRI: Thank you, Your Honor.

15 Do you have that clip?

16 (Portion of videotaped deposition of Beckstead
17 played from 12:16:01 to 12:16:31)

18 Q I want to ask if you recall that testimony,
19 Doctor?

20 A I do.

21 Q Thank you. I want to ask you a few questions
22 about psychodrama. You mentioned your experience with
23 something called the Male Survivors Weekend for Victims
24 of Sexual Abuse, correct?

25 A Yes.

1 Q Okay. And do they have an exercise called
2 Human Sculpting there?
3 A It's called sculpting.
4 Q I'm sorry. How do you say it?
5 A Just sculpting.
6 Q Sculpting. Thank you. And that involves
7 someone who's been a victim of sexual abuse placing
8 people in particular positions that he thinks are
9 appropriate to his recollection of an event and --
10 A No.
11 Q Okay.
12 A Not an event. Of his emotional experience that
13 he's stuck with.
14 Q I see. And you want to help him get past
15 that emotional experience and you use other people that
16 are positioned in various places, according to what he
17 says he recollects?
18 A It's to ask him to look inward and to put words
19 and experience and dynamics to what's happening in that
20 emotional experience and then to represent outside of
21 himself, so that he can see the bigger picture of it.
22 Q Okay. And, in fact, are you aware they do a
23 very similar experience at People Can Change for
24 people, if they want to have that experience and they
25 request it?

1 A It's not similar.
2 Q Okay.
3 A It's a -- not --
4 Q How do you know? You've never been there and
5 you've never seen it, have you?
6 A It's not a reenactment. And the way it's been
7 described is they're reenacting the scene.
8 Q All right. Do you know who a -- someone
9 named Randy Dodge who's been to -- been through both
10 experiences at your Male Survivor weekend, and at
11 People Can Change, and says they're very similar? Do
12 you know who that person is?
13 A I don't know who he is.
14 Q Okay. But you yourself have not been through
15 the experience or seen the experience of People Can
16 Change?
17 A I've read their script. And I've heard how --
18 other people's experiences of it.
19 Q Now the APA is not against psychodrama
20 categorically, is it?
21 A No. There are professional organizations about
22 it.
23 Q Okay. Professional organizations actually do
24 psychodrama, correct, and you're aware of that?
25 A Yes.

1 Q Okay. Including licensed practitioners,
2 correct?
3 A Yes.
4 Q By the way, you're aware there's licensed
5 practitioners that don't share all your views regarding
6 the ethics of helping people change their sexual
7 orientation, or at least deal with unwanted same sex
8 attractions; you're aware of that, correct?
9 A That I'm aware of people who disagree with what
10 I'm saying?
11 Q That are licensed practitioners in good
12 standing in the psychological community?
13 A I am aware of that, yes.
14 Q Thank you. In your Male Survivor weekend,
15 they actually have an experiential activity of breaking
16 through and moving beyond emotional blocks, and that's
17 what they call sculpting or shame busting, correct?
18 A We do not break through.
19 Q Moving beyond?
20 A It helps the individual move from a place of
21 stuck-ness to a place where they're free from the
22 blocks.
23 Q Okay. And that's an experiential activity
24 called sculpting or shame busting, right?
25 A Yes.

1 Q Thank you. By the way, some of your clients
2 have been to New Warriors weekends, experiential
3 weekends, reported that they liked the experience and
4 the community and the values of the program, correct?
5 A I think so.
6 Q And you've never told them, well, don't go,
7 it's unethical and it's harmful, they use nudity and
8 they use these experiences that are similar to some of
9 the experiences of People Can Change, Journey Into
10 Manhood weekends. You never said, don't do that
11 because it's all bad?
12 A As a therapist, I don't say, don't do this, don't
13 do this.
14 Q Well, but you're here in court saying, it's
15 unethical and it's always bad and it's always harmful,
16 and it should be stopped. But you don't tell your own
17 clients that who go on these weekends, do you?
18 MR. BROMLEY: Objection, Your Honor.
19 Misstates the testimony.
20 THE COURT: The doctor can answer the
21 question.
22 A This is not therapy. I'm here to express my
23 opinions about the --
24 Q Okay. But really, isn't it more important
25 when you're helping people that are coming to you for

1 help as a professional in a therapeutic setting to give
2 them accurate information? You don't want to tell them
3 something different than you're telling this jury, do
4 you?

5 A I give them accurate information, but it's a
6 process.

7 Q Okay. So if you thought going to New
8 Warriors was always bad because of all these men
9 running around naked in the woods and shouting gay
10 slurs at each other and all this other horrible stuff,
11 you would say, for Pete's sake, don't go there, it's
12 bad for you, it's going to cause harm. But you don't
13 do that, do you?

14 MR. BROMLEY: Objection, Your Honor.
15 Misstates the testimony.

16 THE COURT: The doctor can answer the
17 question.

18 A I would talk to them about the elements that I'm
19 concerned about and ask them how would they experience
20 it, and what they hope to gain from doing that
21 experience.

22 Q And that's what you've done in each and every
23 case where one of your clients had told you they've
24 gone to New Warriors weekend and it was a positive
25 experience?

1 A I've listened to what they've liked about it.

2 Q Okay. Let's move on. Now your Male Survivor
3 weekend takes place in what you consider a safe
4 environment where the people can take emotional and
5 physical risks so that they can move forward. Would
6 that be true?

7 A Yes.

8 Q And sometimes you have to take people out of
9 their comfort zone, correct?

10 A There's a difference between comfort zone and
11 safety zone.

12 Q Okay. But you do take them out -- you're not
13 going to have them do anything unsafe, obviously, but
14 you do take them out of their comfort zone, correct?
15 Yes or no?

16 A Yes.

17 Q Thank you. And it's a Male Survivor weekend
18 -- and you do several of these a year, correct? You
19 facilitate these experiential weekends several times a
20 year, right?

21 A Yes.

22 Q And it's highly experiential and a lot of
23 personal sharing goes on?

24 A Yes.

25 Q And you also -- do you believe in the idea

1 somatic empowerment -- okay. Isn't it true you believe
2 in the idea of somatic empowerment, which is similar to
3 body work?

4 A It depends on what you mean by body work.

5 Q What do you understand by body work, Doctor?

6 A Well, there are different levels of body work. A
7 practitioner could be working on the body. What I mean
8 by somatic grounding or techniques is helping the
9 person be in touch with their bodies and what's going
10 on with the bodies, and to experience a place of calm
11 and relaxation and power so they can handle what's
12 happening to them.

13 Q Thank you. And you're okay with that? That
14 makes sense?

15 A I teach that to them.

16 Q Thank you. Matter of fact, a number of the
17 facilitators at your Male Survivor weekends have
18 specialities in psychodrama, correct?

19 A Yes.

20 Q Now is it your testimony that someone has to
21 be confident in what you call the psychology of
22 religion, which is an intersection between religion and
23 sexual orientation to counsel people with same sex
24 attraction?

25 A If they are dealing with religious issues.

1 Q Okay. And this psychology of religion, is
2 this a new thing in psychology where certain types of
3 scientific values are going to trump personal values?

4 A They're using scientific principles to understand
5 religion.

6 Q I see. And, if necessary, to trump religion?

7 A No. To help individuals use their religion for
8 well being.

9 Q And that might involve abandoning certain
10 traditionally held views about religion, correct?

11 A If it promotes well being, if it's a --

12 Q If it promotes your concept of well being,
13 even if it promotes what the adherence to that religion
14 belief is negative?

15 A The goals of a therapist is to create mental
16 health, not a specific outcome of religion or sexual
17 orientation.

18 Q All right. But you do agree that religious
19 beliefs can be a core aspect of one's self, like sexual
20 orientation?

21 A Yes.

22 Q Thank you. And if a therapist were to ask
23 someone to reject their religious beliefs that they
24 hold, that would be imposing biases on the client, and
25 that would be bad?

1 A Yes.
2 Q So your primary objection to what my clients
3 do is that they don't tell people how to deal with
4 rejection, they don't tell people what a gay lifestyle
5 could be for them, they don't tell them the
6 possibilities of identifying as gay, and they don't
7 tell them ways that they could be spiritual as a gay
8 person; those are all criticisms you have of my client?
9 A They give them a roadmap with two roads.
10 Q Right.
11 A A dead end, and to heterosexuality.
12 Q And you're pointing up. Would that be
13 heterosexuality as with a view as the Torah true way?
14 MR. BROMLEY: Objection, Your Honor.
15 A It's not an informed decision. If you don't allow
16 someone to explore all options and the possibility of -
17 - they feel vulnerable in certain areas, then they
18 can't make a choice.
19 Q Okay. So if an Orthodox Jew comes to JONAH
20 and says, I want to live my life according to these
21 values they have them a whole potential spectrum of
22 values. Is that right? Is that what you're saying?
23 A It's to explore their beliefs, they're restricted
24 beliefs, the values of the beliefs, the benefit of
25 their beliefs.

1 Q And possibly throw their beliefs out the
2 window kind of --
3 MR. BROMLEY: Your Honor, this is cumulative.
4 We have been over this several times.
5 THE COURT: Yes. I'm --
6 MR. LI MANDRI: All right. I'll move on.
7 THE COURT: Thank you.
8 Q You're aware, Dr. Beckstead, that the
9 plaintiffs' depositions, they did include their stated
10 goals, correct, and they stated they wanted to -- some
11 of them -- all of them, actually, get married and have
12 families?
13 A Yes. I think so.
14 Q And they call came with unresolved emotional
15 issues. And I think you said a lot of people come to
16 you, they come to a counselor if they have same sex
17 attraction only because they have some emotional issues
18 they're dealing with, correct?
19 A That's why they go to therapy.
20 Q And a lot of the things you deal with when
21 people come to you with same sex attraction and they
22 have these emotional issues, they have to also deal
23 with sometimes family relationship issues, they have to
24 learn to be more assertive, assert proper boundaries,
25 all those things, right?

1 A They don't have to, but I would give them the
2 skills about doing so.
3 Q Right. Those are all part of how you help a
4 person coming to you with emotional issues concerning
5 same sex attraction?
6 A It's to talk about stigma competence.
7 Q And you don't know whether or not Mr. Downing
8 did these things with the plaintiffs or not, do you?
9 A Do I what?
10 Q You don't know if he dealt with family
11 issues, helping them form proper boundaries and things
12 of that nature? You don't know?
13 A I think there was some discussion of him talking
14 about how to be with families.
15 Q Okay. And you don't know what therapies and
16 modalities that are used by all the various JONAH
17 referral counselors, do you?
18 A I know of the therapy modalities of the three
19 defendants.
20 Q But not all the JONAH referral counselors?
21 A No.
22 THE COURT: How much longer do we have for
23 cross?
24 MR. LI MANDRI: I do have to go through a few
25 more studies, Your Honor, so --

Colloquy

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1 THE COURT: I'm not asking you to give me a
2 breakdown. I'm just asking you for time. Is it going
3 to be more than ten minutes?
4 MR. LI MANDRI: Yes, Your Honor.
5 THE COURT: All right, ladies and gentlemen.
6 We're going to take our lunch break.
7 (Off the record. Back on the record)
8 (Jury not present in court)
9 THE COURT: -- record. Go on the record,
10 Cat.
11 MR. BROMLEY: I'm sorry, Your Honor.
12 MR. LI MANDRI: I'm not going to ask him
13 anything about anything he didn't cite.
14 THE COURT: Let me -- we were handed a pocket
15 brief to use statements from reliable statements from
16 reliable learned treatise. That's what I was handed a
17 few minutes ago.
18 I asked counsel, and I'm doing this because
19 we're on the record now, whether or not he was asking
20 me to change any of my prior rulings. He said he is
21 not. He was giving it to me for, I guess, to propose
22 continued cross-examination of Dr. Beckstead.
23 If Dr. Beckstead refers to an article and I
24 didn't prepare this report, but I'm not going to even
25 count the number of articles he lists here that he

1 referenced in his report. As I said earlier, if he
2 used them in his report and he relied upon them, you
3 certainly have the right to cross-examine him on those.

4 What I'm concerned about is when we just read
5 from the report before we established whether or not he
6 relied upon them. I know it's difficult. He lists 100
7 of them to his report. I don't know what he relied
8 upon until you ask him.

9 So if you want to read from a report or an
10 article, please ask him X report set forth in your
11 bibliography, did you read and rely upon that in the
12 preparation of your report. If he says yes, you can
13 read from it.

14 MR. LI MANDRI: Yes, Your Honor. Thank you.

15 THE COURT: Now if you want to ask him about
16 things that are not in his report, you first have to
17 establish whether he agrees that they are a learned
18 treatise in his field, whether they are authoritative
19 in his field. If he does, you can cross-examine him on
20 it.

21 MR. LI MANDRI: Understood.

22 MR. BROMLEY: And just so I'm clear, Mr.
23 LiMandri. You're not going to be relying at all on the
24 third part of your pocket brief which is with respect
25 to studies found in professional journals that Dr.

1 Beckstead allegedly testified to as authoritative;
2 that's no longer part of the relief you're seeking?

3 MR. LI MANDRI: I'm only planning to ask
4 about things he cites in his report.

5 THE COURT: All right. So we're only going
6 to deal with the articles that are cited in his report?

7 MR. LI MANDRI: Right.

8 THE COURT: Okay. All right.

9 MR. LI MANDRI: Thank you, Your Honor.

10 THE COURT: Dr. Beckstead, you can resume the
11 stand.

12 (Jury present in court)

13 THE COURT: Okay. All seven jurors are
14 present and accounted for.

15 Good afternoon, ladies and gentlemen. And
16 once again, thank you very much for your promptness.
17 My apologies for our short delay, but I had to deal
18 with a separate matter.

19 We will now continue with the cross-
20 examination of Dr. Beckstead.

21 Counsel.

22 MR. LI MANDRI: Thank you, Your Honor.

23 DR. L E E B E C K S T E A D , PLAINTIFF'S WITNESS,
24 SWORN.

25 CROSS-EXAMINATION BY MR. LI MANDRI: (Cont'd)

1 Q Good afternoon, Dr. Beckstead. Doctor, are
2 you aware of any studies that actually reference the
3 work done by either Journey Into Manhood weekends or by
4 JONAH?
5 A Studies that reference them?
6 Q Right.
7 A There are several of them.
8 Q Okay. And there's a Karten and Wade study
9 that your reference Page -- Paragraphs 53 and 62 of
10 your expert witness report in this case, one of those
11 studies that references both JIM and JONAH?
12 A That's the one I said that was faulty.
13 Q Okay. You -- what do you disagree with, the
14 fact that they said these experiential weekends are
15 helpful for many people?
16 A The research did not analyze the meanings behind
17 their experiences, did not under -- did not analyze the
18 -- so in a sense, it's conceptually flawed and
19 methodologically flawed. It's basically it's taking
20 their word at face value and then putting it back onto
21 paper. So there's no analysis or understanding of what
22 they mean by gender identity, what they mean by
23 masculinity, and what they are meaning by their change
24 of their experience.
25 Q Well, do you think that people that responded

1 positively to their experience on the JIM weekend
2 didn't know what it meant when they said that it made
3 them feel better about themselves and it was a positive
4 experience?
5 A I have to read the entire article, but there are
6 several problems with the article.
7 Q And you rely on self reports in your study
8 that you did on --
9 A No, I did not. I analyzed them with them.
10 Q Yes. Okay. But, ultimately, it was what the
11 person was telling you, correct?
12 A It's a qualitative study that I did. It's very
13 different than a survey or very different from a
14 quantitative survey.
15 Q The information came from the people who
16 participated in it, correct?
17 A In a qualitative study, it's -- you analyze it
18 with them and you verify your understanding with the
19 participants.
20 Q You're verifying information that the
21 participant gives you, yes or no?
22 A Verifying with them, yes.
23 Q Thank you. So because you feel they didn't
24 adequately verify the fact that a high percentage of
25 the people thought the JIM weekend was positive, that

1 it's a flawed study?
2 A Again, just because someone likes doing it doesn't
3 mean it's necessarily good for them. A lot of people
4 like smoking. A lot of people like a lot of things.
5 That doesn't necessarily give the validity of that
6 behavior or that --
7 Q You're not suggesting the JIM weekends caused
8 lung cancer too now, are you?
9 MR. BROMLEY: Objection, Your Honor.
10 MR. LI MANDRI: I'll withdraw it, Your Honor.
11 Q "The Archives of Sexual Behavior," that's the
12 journal that the Spitzer study appeared in, correct?
13 A Correct.
14 Q All right. And that's a peer reviewed
15 journal, it's respected?
16 A Yes.
17 Q And you've published in that journal or have
18 you not?
19 A I did.
20 Q Okay. And I think you cite articles from
21 that journal about 26 times in your expert witness
22 report? Does that sound about right?
23 A It probably is.
24 Q A couple dozen times? Yes?
25 A Yes.

1 Q Okay. Good. Thanks. I also noticed that I
2 your expert witness report under materials you
3 considered, you list three certifications or sworn
4 statements, one from a Dr. Christopher Rosid, Ph.D.,
5 Michelle Cretella, M.D., and Nicholas Cummings, Ph.D.
6 Is that correct, you listed all three of those under
7 "materials considered in rendering this report" on Page
8 -- well, it's not paginated, but --
9 A Who are the ones that --
10 Q Rosid, Cretella, and Cummings?
11 A I'm not sure if I read all of their -- I reviewed
12 most -- some of the depositions and -- what did they
13 file again?
14 Q They're called certifications. They're sworn
15 statements.
16 A Yeah. I can't remember which ones I did.
17 Q All right. Do you know who Dr. Christopher
18 Rosid is --
19 A I do.
20 Q -- Ph.D.? Do you consider him an
21 authoritative reliable professional?
22 A Not necessarily.
23 Q Do you disagree with his views on sexual
24 orientation change efforts?
25 A I do.

1 Q I see. And Michelle Cretella, M.D., do you
2 know who she is?

3 A Michelle who?

4 Q Cretella.

5 A No.

6 Q Okay. And how about -- you certainly know
7 who Nicholas Cummings, Ph.D. is, correct?

8 A Yes.

9 Q He's the psychologist that in 1974 following
10 Dr. Spitzer with the American Psychiatric Association,
11 he made the motion for the American Psychological
12 Association to also have homosexuality no longer
13 considered a mental illness, correct?

14 A Correct.

15 Q So he's considered pro gay and he's well
16 respected?

17 A I don't know how he is respected in the field.

18 Q All right. So you're not in a position to
19 say whether what he had to say about this helping
20 people with same sex attractions is authoritative and
21 reliable?

22 A The comments that he makes, I don't trust them
23 all. I don't think they're the full story.

24 Q Okay. But if he says he's helped hundreds of
25 people change from homosexuality to heterosexuality,

1 you would take issue with that?

2 A I don't know what he means by heterosexuality.

3 Q Okay. The task force you were on did not
4 come up with a conclusive statement that what you call
5 conversion therapy should never be used, correct?

6 A Should never be --

7 Q They did not come out with a conclusive
8 statement saying, you should never provide this
9 therapy, yes or no?

10 A That wasn't the task of our task force.

11 Q So they didn't do that, right?

12 A It was beyond our task, our responsibility.

13 Q All right. And you're not aware of any case
14 that's been brought forward against any professional
15 practitioner who is found to have violated any ethical
16 code of the APA by providing sexual orientation change
17 effort?

18 A I don't know what's going on there, but I've not
19 heard that.

20 Q Okay. And you would recommend that if a
21 client had a complaint with a therapist that they would
22 talk to them before bringing a complaint against them?

23 MR. BROMLEY: Objection. Relevance, Your
24 Honor. This is not in his report.

25 THE COURT: What is the relevance of that?

1 Whether they would --

2 MR. LI MANDRI: Well, he talked about how my
3 clients' conduct was unethical and he said in his
4 deposition --

5 THE COURT: Well, that's a different
6 question. I mean, you're asking him about a client's
7 complaint.

8 MR. LI MANDRI: Okay. Let me rephrase it.

9 Q Isn't it your position that if a client is
10 going to bring, say, an ethical complaint against a
11 therapist, they should talk to them first?

12 A No. Typically, they're either afraid of them or
13 they -- something bad happened. Typically, victims
14 don't talk to the perpetrator.

15 Q I see. But if you were going to bring an
16 ethical complaint against someone, you would certainly
17 talk to them first, correct?

18 A Yes. What was the question again before I say
19 yes?

20 Q If you were going to bring an ethical
21 complaint against another therapist, you'd want to talk
22 to them first.

23 A I have done that, yes.

24 Q You didn't talk to my clients before accusing
25 them of any unethical conduct, did you?

1 MR. BROMLEY: Objection.

2 THE COURT: I'll allow the question.

3 A I'm not taking any of your clients into any
4 ethical committee with any professional organization or
5 license --

6 Q You're aware this case could have even a more
7 drastic effect than an ethical violation?

8 A I'm aware of what my duties and responsibilities
9 of -- as an expert witness here are.

10 Q Okay. Let me ask you. Are you aware several
11 past presidents of the APA that have said it's wrong to
12 consider it unethical to provide sexual orient change
13 efforts, including Dr. Cummings?

14 A That it's wrong to what?

15 Q Consider it unethical to -- or -- well, let
16 me just ask you if you agree with this statement from
17 Dr. Cummings.

18 "Attempting to characterize all sexual
19 orientation therapy as unethical violates patient
20 choice and gives an outside party a veto over the
21 patient's goals for treatment. A political agenda
22 should not " -- "shouldn't prevent gays and lesbians
23 who desire to change from making their own decisions."

24 Do you agree with that statement from Dr.
25 Cummings?

1 MR. BROMLEY: Hearsay, Your Honor.

2 THE COURT: I'm going to sustain the
3 objection. You can ask the question outright. You
4 don't have to refer to another expert.

5 MR. LI MANDRI: All right.

6 THE COURT: He hasn't admitted that Dr.
7 Cummings is authoritative in the field or that he
8 relied on anything he said. So the objection is
9 sustained.

10 A He's not authoritative in this particular field.

11 THE COURT: Doctor --

12 THE WITNESS: Sorry.

13 THE COURT: When I sustained the objection,
14 you don't have to answer the question. He has to
15 rephrase it.

16 Q Do you know who Dr. Gerald Koocher is, a past
17 president of the APA?

18 A I remember the name.

19 Q Okay. Do you consider him, as a past
20 president of the APA, to be authoritative with regard
21 to the issue of psychologists who want to help people
22 with unwanted same sex attraction?

23 A It's not a name that I'm reading about when I'm
24 reading reviews and studies about this topic.

25 Q How about Dr. Robert Perloff, another past

1 president of the APA, who's spoken on the issue as to
2 whether it should be considered unethical to help
3 people with unwanted same sex attraction? Do you know
4 who he is?

5 MR. BROMLEY: Objection, Your Honor.

6 THE COURT: He's only asking him --

7 MR. BROMLEY: Assumes a fact not --

8 THE COURT: -- if he knows who he is. He can
9 answer the question.

10 A I don't know who he is.

11 Q And, finally, APA past president Dr. Frank
12 Farley. Do you know who he is?

13 A No.

14 Q Well, let me just ask you, do you agree with
15 the statement that political correctness should have no
16 place in the Ethics Code and recent attempts to
17 proscribe therapy aimed at sexual identity change are a
18 misuse of the ethics process; do you agree with that
19 statement?

20 A It's a misunderstanding of the research behind
21 sexual orientation change efforts.

22 Q You have also read Dr. Phelan's book called
23 "Successful Outcomes of Sexual Orientation Change
24 Efforts." I think it came out last year.

25 A I have read that.

1 Q And it cites -- it includes some, what, over
2 100 studies tracking sexual orientation change efforts.
3 Is that correct?

4 MR. BROMLEY: Objection, Your Honor. No
5 foundation as to whether he relied upon it.

6 Q Have you relied on any of the studies cited
7 in Dr. Phelan's book?

8 A No.

9 Q Okay. So if someone writes a book citing
10 over 100 studies on sexual orientation change efforts
11 that came out last year, you're going to disregard all
12 100 studies cited in it?

13 A I'm going to evaluate those studies and see about
14 their validity and reliability of those results.

15 Q And did you do that for all the studies cited
16 in this book that came out just last year on this very
17 subject? Did you evaluate all those studies, over 100
18 studies saying there's benefits?

19 A The sixth member of our task force who is the
20 editor of the Statistic Journal of APA, she evaluated
21 them all.

22 Q Over 100 studies?

23 A Yes.

24 Q Okay.

25 A And I have done the ones that were -- since 1980.

1 Q How many members are on that task force?

2 A There's six of us.

3 Q And how many of them are openly gay?

4 A I have no idea.

5 Q Well, at least five, right, of the six are
6 openly gay, and the sixth one is for gay affirming
7 therapy?

8 A I don't know the sexual orientation -- I know a
9 few of them.

10 Q Well, you've read the criticism that they
11 stack the deck with this committee, and they refuse to
12 let anybody on the committee who had an opposing
13 viewpoint; you've --

14 MR. BROMLEY: Objection, Your Honor.

15 Q -- read those criticisms, correct?

16 MR. BROMLEY: Objection, Your Honor.

17 THE COURT: I'm going to allow it. The
18 doctor relied upon and told the jury about his position
19 on the task force. I'll allow him to answer the
20 question.

21 Q You're aware of those criticisms?

22 A I am, yes.

23 Q And you've read Dr. Cummings' book and you
24 cite his book in your report where he takes the
25 committee to task?

1 A Let me where -- how I cite him.

2 Q It's Paragraph 87 of your expert witness
3 report in this case. It's Number 13. And I'm
4 referring to Page 74 of Dr. Cummings' book. And,
5 again, he's the esteemed past president of the American
6 Psychological Association that made the motion to have
7 homosexuality be classified as a mental illness. You
8 cite him and you relied on him in your report, did you
9 not?

10 MR. BROMLEY: Objection, Your Honor. Counsel
11 is testifying.

12 THE COURT: The question is did he rely upon
13 Dr. Cummings in his report.

14 A No.

15 Q Well, did you not cite him in Paragraph --

16 A I used it as --

17 Q -- 87?

18 A -- an example of someone who's saying our results
19 are biased, and then went on to explain why they're
20 not.

21 Q So you disagree with what Dr. Cummings says
22 if he says it was -- the results were tainted by the
23 fact that they only had people with one side of the
24 view on the committee?

25 A He gave a critique that didn't fit with our

1 process.

2 Q Are you aware that the person who selected
3 the committee defended his decision by saying, "We
4 cannot take into account what are fundamentally
5 negative religious perceptions of homosexuality, they
6 don't fit into our world view"? The person who
7 selected the committee, Dr. Cummings, reported that.
8 You're aware of that, right?

9 MR. BROMLEY: Objection, Your Honor.
10 Hearsay. I'm not sure --

11 THE COURT: Yeah, I don't --

12 MR. BROMLEY: -- who is being referred to as
13 saying these things.

14 THE COURT: I'll sustain the objection.

15 Q Well, do you know who Clinton Anderson is?

16 A I do, yes.

17 Q And he selected the committee that --

18 A No.

19 Q -- you're on, the task force?

20 A He and I think the president at the time and the
21 board of directors.

22 Q Okay. Are you aware of him making the
23 statement they can't into account what are
24 fundamentally --

25 MR. BROMLEY: Hearsay, Your Honor.

1 THE COURT: I didn't hear what you were
2 saying. Who said this --

3 MR. LI MANDRI: I asked him if --

4 THE COURT: Who said this statement?

5 MR. LI MANDRI: Clinton Anderson, who helped
6 select the committee, the task force on which Dr.
7 Beckstead served.

8 THE COURT: All right. Are you aware of the
9 criticism by this gentleman, Doctor -- is he a doctor?

10 MR. LI MANDRI: It's Dr. Clinton Anderson.
11 He selected the committee and said, we will not --

12 THE COURT: I don't want you to testify.

13 MR. LI MANDRI: Okay.

14 THE COURT: I'm asking the doctor, is he
15 familiar or have knowledge of this criticism by this
16 Dr. Anderson.

17 THE WITNESS: I want to hear exactly what he
18 said.

19 THE COURT: Okay. Go ahead.

20 Q Clinton Anderson, who selected the committee,
21 said, "We cannot take into account what are
22 fundamentally negative religious perceptions of
23 homosexuality, they don't fit into our world view."

24 A Our world view is scientific, so it's not that we
25 were rejecting religious viewpoints. We were -- we

1 were using scientific viewpoints of religion.

2 Q And you've written those viewpoints can
3 sometimes conflict, and it basically comes down to what
4 are one's values; haven't you written that in one of
5 your reports, the conflict between sometimes religion
6 and science is really a matter of values.

7 A It's not just values.

8 Q But it's part of it?

9 A Definitely is.

10 Q Thank you. And you can't identify anyone who
11 is on that committee with you who actually does help
12 people with sexual orientation change efforts, can you?

13 A No.

14 Q Thank you.

15 A Can I explain, though? Or --

16 Q You'll have a chance. But you're aware that
17 people did apply to be on the committee who actually --

18 THE COURT: Counsel, he didn't pick the
19 committee. That's irrelevant.

20 Q You are a member of another group called the
21 G8 Group?

22 A The what?

23 Q The G8, G8 Group?

24 A Yes. We call it the reconciliation and growth
25 project.

1 Q And that's people who are from your point of
2 view and then other people who actually do the kind of
3 work my clients do, like David Matheson?
4 A They may have done that in the past.
5 Q And you know David Matheson and consider him
6 a friend, correct?
7 A Yeah. Yes.
8 Q And you know he helped write the JIM script
9 that you've been very critical of?
10 A I'm aware of that.
11 Q Okay. And you've met with him and you've met
12 with Rich Wyler who runs People Can Change, in the
13 past, correct?
14 A Yes.
15 Q And you never told Rich Wyler, I think you
16 should stop what you're doing, it's very harmful, it's
17 very destructive, and all these negative things; you
18 didn't tell him that, did you?
19 A That wasn't the purpose of our -- of our meeting.
20 Q And you haven't told that to Jim Matheson
21 either?
22 A We have had many discussions.
23 Q But you never told him, this JIM stuff has to
24 stop, it's just horrible; you never told him that?
25 A I have told him many things about my understanding

1 of what's harmful and what's helpful.
2 Q You didn't tell him the JIM groups have to
3 stop?
4 A We have not got to that specific point, but we're
5 getting --
6 Q All right.
7 A -- to lots of discussions around what's harmful.
8 Q Isn't it true that this group of six people
9 that meets for twice a month for two hours, and has for
10 the last couple of years, tries to find common ground
11 in the different approaches to helping people with
12 sexual orientation distress?
13 A Yes.
14 Q And let's see, the website for that group
15 which features you, as well as the others, says that
16 they "want to have a shared commitment to understand
17 our different viewpoints and establish an inclusive and
18 comprehensive therapeutic approach." Would that be
19 accurate?
20 A Yes.
21 Q And you want to have a "process of respectful
22 dialog and collaborative consensus to develop mutual
23 respect"?
24 A Yes.
25 Q Okay. Would calling someone a snake oil

1 practitioner fit within the description of a "process
2 of respectful dialog and collaborative consensus"?

3 A I would say if the program is.

4 Q Okay.

5 A And in not having a discussion with these
6 individuals.

7 Q By the way, this group you meet with has ten
8 ethical principles to promote health, when helping
9 those distressed by sexual orientation and gender
10 identity, don't they?

11 A Yes.

12 Q And among those are, "The continued use of
13 terminology such as conversion therapy only fuels
14 adversarial tensions among people with different
15 perspectives about sexual orientation and gender
16 nonconformity." So one of the ethical principles of
17 this group you are a member of is to stop using loaded
18 terms like conversion therapy, correct?

19 A Meaning using your program as something that's
20 conversion therapy. So to remove the whole idea of
21 conversion and to find some sort of common ground in
22 the principles that do work besides trying to convert.

23 Q So you can use it when you want to, in other
24 words, right? Yes or no?

25 MR. BROMLEY: Objection, Your Honor.

1 THE COURT: Counsel, what -- you can argue
2 with the witness. He just gave you an explanation.

3 MR. LI MANDRI: Okay.

4 Q Among the benefits of even -- and I think you
5 cited the Shidlo and Schroeder 2002 study of potential
6 harms for sexual orientation change efforts. Is that
7 correct?

8 A Yes.

9 Q But he also reported potential benefits, even
10 though people reported harms, correct?

11 A Correct.

12 Q And those included increased relief resulting
13 from self disclosures; increased hope and insights;
14 effective coping strategies; improvements of self
15 esteem; increased sense of belonging; improvements in
16 relationships; increased spiritual and religious
17 feelings; and for some, a solidifying of gay identity
18 because therapy demonstrated that change in sexual
19 orientation was not possible for them. So those are
20 all the positive aspects that you cite in your report,
21 correct?

22 A Those are benefits that can be found in many
23 approaches of therapy.

24 Q And those benefits are for sexual orientation
25 treatment programs in general, correct, that I just

1 read?

2 A It depends on the program and the techniques.

3 Q Would the answer be now, "All of these are
4 considered benefits noted by Shidlo and Schroeder in
5 conversion therapy type treatment programs"? The
6 answer is yes? They're not differentiating when they
7 make the statement. Those are various programs they're
8 talking about, correct?

9 A The participants are saying, this is what I liked
10 going through this.

11 Q But they went through different programs?

12 A The researcher did not analyze because that's the
13 limitation of the study, of which intervention goes
14 with what.

15 Q And even in your study, some of the people in
16 the study, the half of them who thought it was
17 unsuccessful still felt they had benefits, such as
18 realizing they couldn't change and deciding to give up,
19 and being able to meet other people like themselves
20 after a lifetime of isolation, correct?

21 A That feels good when you're lost and alone.

22 Q Sure. That's why you wrote in your study,
23 and I'm referring again to the "Mormon Clients'
24 Experiences of Conversion Therapy," your report at Page
25 656,

1 "Both proponent and opponent participants
2 describe positive experiences with conversion therapy,
3 which was an unexpected finding, given the opponent
4 participants' ultimate rejection of reparative therapy
5 paradigm. Above all, these positive experiences seemed
6 helpful in replacing prior negative self concepts and
7 distress as described in the following sections.

8 Positive experiences, they found, were going from
9 seeing themselves" -- well, I want to avoid the loaded
10 term like perverts, so I'll just -- I'll stop there.

11 But they did find positive experience, even
12 in your study, correct?

13 A This why I was chosen for the task force. Because
14 what I did for my study was able to pull out what was
15 beneficial and what was harmful, and the creative
16 therapy approach that would help a wide range of
17 individuals.

18 Q And then half the people in your study
19 reported that the interventions did help them, correct?

20 A That their experience of this -- of this process
21 helped them.

22 Q Yes.

23 A But, again, it was --

24 Q Thank you, Doctor. The average length of
25 time for the proponents of the people in your study was

1 about four years, correct?
2 A I think that's correct.
3 Q Thank you.
4 A Oh, I'm sorry? Length of time?
5 Q Average, yes.
6 A It was the length -- how many years they tried
7 doing so. So it was a number of interventions, though,
8 yes.
9 Q Okay. And you've seen clients with deep-
10 seeded issues concerning their sexual orientation for
11 two years or more, right?
12 A It would be for various reasons, not just because
13 of these deep-seeded issues.
14 Q There could be other what they call co-morbid
15 factors, correct? They might have anxiety or something
16 else?
17 A Post-traumatic stress or eating disorders.
18 Q Sure. I'm skipping over stuff to save time.
19 And you agree even people that go through
20 what's called gay affirmative therapy, not all of them
21 come out of feeling better than when they went in,
22 right?
23 A It's -- I'm not sure it's a yes or no answer. It
24 depends on how the gay affirmative, whatever that
25 means, the gay affirmative, but in theory, if you're

1 helping someone to feel better about themselves and
2 helping them to deal with discrimination,
3 theoretically, that's supposed to help them.
4 Q Okay. You keep mentioning discrimination.
5 Really, that's more of a political goal than a
6 scientific one, isn't it? That's trying to, for
7 example, pursue rights in the legislature --
8 A No.
9 Q -- through the courts? You think dealing
10 with discrimination issues is something that one
11 typically will find in a therapeutic setting?
12 A There are some research projects that show that
13 political events are actually affecting people, the
14 sexual minorities, negatively. But what I'm talking
15 about, it's the internalization of those, that
16 discrimination.
17 Q I see. Dr. Beckstead, so everyone who goes
18 through gay affirmance therapy always comes through it
19 feeling better than when they went in; is that what
20 you're saying?
21 A I don't know if I can make a claim like that.
22 Q Okay. So your answer --
23 A It depends --
24 Q -- would be no?
25 A It depends, again, how the gay affirmative therapy

1 is used and how you're defining it.
2 Q We'll move on. Thank you.
3 And you agree that certain people that do
4 report success because they did, in your own study,
5 they can maintain what they feel is a happy life and
6 live positively, correct?
7 A They were telling me so, yes.
8 Q Thank you. And out of the 20 people that
9 said they were successful, several were married and
10 some were dating, correct?
11 A Correct. But that doesn't mean that they remains
12 so. In fact, a couple of --
13 Q That's okay. Thank you, Doctor.
14 Now you also cited the Jones and Yarhouse
15 study. We're getting to the end, more or less.
16 Jones and Yarhouse study at Paragraph 63 and
17 65 of your report. Do you see that?
18 A Yes.
19 Q And I think we brought out that you actually
20 had done a separate study with Mr. Yarhouse, correct?
21 Dr. Yarhouse?
22 A Not a study. A commentary article.
23 Q Okay.
24 A On group therapy.
25 Q But, anyhow, you cited the study and you

1 reviewed it and relied on it in your report.
2 A No. I used some of his data that his -- that his
3 research participants did say that they lied to the
4 therapists, lied to their researchers, lied to their
5 spouses about changing.
6 Q But you did use --
7 MR. BROMLEY: Your Honor, the document that
8 counsel has handed us is dated 2009. The documents
9 that are cited in the report are dated 2007. So I'm
10 not even sure if we're talking about the same one.
11 Q Are we talking about the same study? Do you
12 know? Wasn't it just the same study reported two
13 different times?
14 A It's the same study reported two different times.
15 Q Right. And you did rely on some of the data
16 in the study?
17 A The qualitative data, I read through all of his
18 descriptions of the qualitative and the quantitative
19 results. And they were saying that they lied to their
20 -- to certain others.
21 Q All of them did? Everybody lied?
22 A No.
23 Q Okay.
24 A Not everyone was talking about that.
25 Q So some of it was reliable?

1 A No. That's not what it means. It says, as he was
2 talking to these participants, they gave up this
3 information. They told him about this. And I can't
4 remember exactly how much or which -- what the
5 sentences or data descriptions were, but when I read
6 that, that's -- it fit with all the other documents.

7 Q So how many people lied?

8 A Again, I don't remember how many.

9 Q But you felt that there was enough
10 information in it that was reliable for you to rely on
11 it in your report, correct?

12 MR. BROMLEY: Objection, Your Honor. He's
13 already answered the question.

14 THE COURT: Yeah. I'm not sure I understand
15 the question. I thought he said he didn't rely on it.

16 MR. LI MANDRI: Well, he said he relied on
17 parts of it, I thought.

18 A I was reading their descriptions of their
19 experiences. And there were -- I can't remember how
20 many accounts of people saying that they had lied or
21 misinformed or they weren't completely honest about
22 their success stories.

23 And then if you do notice in my report, there are
24 several other either studies or documents, books,
25 biographies, that say the same thing.

1 Q In your report, do you state that this study
2 by Jones and Yarhouse is not reliable because people
3 lied?

4 A Say it again?

5 Q Do you state in your report that people in
6 the Jones and Yarhouse study lied?

7 A I'm saying that, if I remember reading his
8 qualitative descriptions of his participants, their
9 participants, they gave that description.

10 Q Well, they lie to themselves, you're saying,
11 not to the -- not to the person taking the data?

12 MR. BROMLEY: Objection, Your Honor. It
13 says, "lied to themselves and others."

14 A That's what they were telling this -- these
15 researchers.

16 THE COURT: Are we referring to his report or
17 --

18 MR. LI MANDRI: Yes, his report, Page --

19 THE COURT: Well, his report at Paragraph 65,
20 the first sentence. And I'm not going to read this out
21 loud here, but let's look at what he says in the first
22 sentence.

23 MR. LI MANDRI: I'm reading the prior
24 Paragraph 63. But --

25 THE COURT: All right. Well, 65 --

1 MR. LI MANDRI: -- I'll move on.

2 THE COURT: -- he talks about misrepresenting
3 themselves.

4 MR. LI MANDRI: Okay.

5 Q Are you still Mr. Ferguson's therapist?

6 A I think as a person's always a therapist to their
7 client. So but I'm not seeing him at this point. It's
8 been a year, almost a year and a half.

9 Q And he came to you -- you're not testifying
10 as a therapist. No one asked you about his goals?

11 A Say that --

12 Q You're not testifying as his therapist here.
13 I'm not going to ask you about the goals he expressed,
14 if you're not.

15 A What would be the purpose of that? I want to
16 protect --

17 THE COURT: No. The question is are you
18 testifying as his therapist today.

19 A I'm not exactly, no, I'm not.

20 THE COURT: Thank you.

21 Q Okay. Finally, with regard to the -- let me
22 make sure before I say finally.

23 With regard to the panel discussion in 2012
24 in Salt Lake City, who was on the panel besides you and
25 Mr. Wolfe and Mr. Besen?

1 A Lisa Diamond and a few other consumers of
2 conversion and reparative therapy.

3 Q Were you interviewed for the article that
4 says, "Truth Win Outs and SPLC Fight the Ex-gay Myth"
5 that followed that panel discussion?

6 A I don't remember that. I don't think -- no, I was
7 not. I don't even know what you're talking about.
8 Which article?

9 Q It's an article that came out afterwards.
10 I've got a copy of it. But we'll move on, if you were
11 not interviewed for it.

12 Were you part of more than one panel
13 discussion with Sam Wolfe of the Southern Poverty Law
14 Center and Wayne Besen?

15 A One in Salt Lake City and one in Provo, Utah.

16 Q And is this the time you met Mr. Ferguson as
17 well, during the panel discussion?

18 A I don't -- I think it came afterwards.

19 Q And were they attempting to collect as many
20 potential, what they call, survivors of conversion
21 therapy at that time, to tell their stories?

22 MR. BROMLEY: Objection, Your Honor.
23 Irrelevant.

24 MR. LI MANDRI: Bias, Your Honor.

25 THE COURT: No. It's -- I'll allow it. It's

1 cross-examination.

2 A I think they were trying to understand what was
3 going on. I don't know what their purpose or mission
4 (sic).

5 Q Were statements made by Mr. Besen at that
6 panel discussion that this was a -- all of it is a
7 fraudulent practice that has harmed many people and
8 needs to stop?

9 A I know Wayne Besen's comments, and that would make
10 sense that those are his -- his views.

11 Q Did -- do you recall Sam Wolfe saying that as
12 well?

13 A I don't.

14 Q And you were also a keynote speaker at a
15 Circling the Wagons conference in 2014?

16 A Yes.

17 Q And did you not say in your presentation
18 there that, "For almost two decades, I have personally
19 been part of a professional war. Since the beginning
20 of my education training, I learned about therapists
21 who offer clients hope and change in their sexual
22 orientation. I sided myself, instead, with therapists
23 who affirm those who identify as lesbian, gay,
24 bisexual, and transgender. Because I was on the other
25 side, I was, therefore, against the other side. On

1 their side" -- "I was therefore against the other side.
2 My only interactions either in person or through the
3 media with the other side was in debating them, telling
4 them how wrong they were, and telling them how right we
5 were."

6 Is that a statement that you made?

7 A Yes.

8 Q Okay. So you consider yourself to have been
9 part of a professional war going on between people that
10 provide sexual orientation change efforts and those who
11 don't?

12 A There has been a war going on since -- since 1950,
13 I suppose.

14 Q And in that presentation, didn't you say that
15 you were, quoting you, "advised by the Southern Poverty
16 Law Center to follow our professional ethics and sit
17 down and talk with these supposed enemies before
18 initiating any direct professional fight against them"?

19 A They reminded me of ethics that we should talk
20 with our colleagues.

21 Q And have you endeavored to do that with
22 either my clients or with the people who run People Can
23 Change before this lawsuit occurred? Did you try to
24 sit down and talk with them, like you said that you
25 were advised to do?

1 A I don't feel like I'm doing an ethical complaint
2 against them. I'm working with the colleagues, the
3 individuals in my state about these issues.

4 Q Do you -- have you seen the Southern Poverty
5 Law Center website on the ex-gay survivors telling
6 their stories and their conversion therapy?

7 MR. BROMLEY: Objection, Your Honor.
8 Relevance.

9 THE COURT: Sustained.

10 MR. LI MANDRI: Let me just look through my
11 notes real quick, Your Honor.

12 THE COURT: Okay.

13 Q And you spoke about minority stress and
14 internalized homophobia which causes distress among
15 many of the people that come to see you. Is that
16 correct?

17 A Yes.

18 Q Okay. And did you take into consideration
19 some of the unfortunate health consequences that I
20 talked about from studies you cited as also being
21 potential causes of that distress?

22 A Yes.

23 Q So unhealthy sexuality can also be a cause of
24 distress, either for heterosexuals or homosexuals?

25 A By definition, yes.

1 Q And some of the things you mentioned in the
2 history of sexual orientation change efforts like
3 lobotomies and aversion therapy, drinking Kool-aid to
4 make you throw up, you're not aware anyone's ever
5 accused my clients of anything like that, correct?

6 A I think some aversion therapy.

7 Q What, the snapping the rubber band that Mr.
8 Bruck accused Mr. Heffner of?

9 A And fear and shame.

10 Q Okay. I'm talking about physical punishment,
11 not claims that someone was fear or shamed. Are you
12 aware of any physical reactions that were evoked such
13 as making someone ingest something that was harmful to
14 them or doing something like shocking them or
15 inflicting pain in a physical way?

16 A No.

17 Q Thank you. And the assumptions underlying
18 the sexual orientation change efforts you feel were
19 fault with my clients, they apply to all sexual
20 orientation change efforts. You find -- it's your
21 assumption they all have these bad underlying beliefs?

22 A What's the question again?

23 Q It's not just my clients you believe have
24 faulty assumptions; you think everybody who works in
25 this area does?

1 MR. BROMLEY: Objection, Your Honor.
2 Misstates.
3 THE COURT: What difference does it make?
4 We're dealing, I thought, with JONAH.
5 MR. LI MANDRI: Yes, I understand. But I'm
6 trying to establish it's not just JONAH --
7 THE COURT: Go ahead.
8 MR. LI MANDRI: -- for him.
9 THE COURT: If you can answer the question.
10 Q Can you answer the question? The faulty
11 assumptions you believe my client has, you think other
12 groups have, like Evergreen, Courage, NARTH, all of
13 them?
14 A I'm here to evaluate what could be harmful about
15 the JONAH program. And I would need to actually sit
16 down and do more of an analysis as to what aspects of
17 Evergreen or these other programs you're talking about.
18 Q Okay. But when you were on that panel, they
19 were talking about Evergreen being the problem, not
20 JONAH?
21 A The panel in Utah?
22 Q Right.
23 A It wasn't saying Evergreen was a problem.
24 Q There was no discussion about suing Evergreen
25 at that time?

1 A No.
2 Q You agree, though, that having validation and
3 support can feel good and be a good thing for someone?
4 A It depends on what's supported and what's
5 validated.
6 Q And that would apply to other self help
7 programs, not just my clients', but for example,
8 Alcoholics Anonymous, Overeaters, Sexaholics Anonymous,
9 any self help program that provides validation and
10 support, correct?
11 MR. BROMLEY: Relevancy, Your Honor.
12 THE COURT: We've covered a lot of this,
13 Counsel.
14 MR. LI MANDRI: Okay.
15 THE COURT: I'll let him answer this
16 question.
17 Do you agree with that?
18 A The research behind AA, I don't think it's
19 actually quite conclusive that it -- what actually does
20 -- is helpful about AA. So some self help help, some
21 doesn't. It's not so specific.
22 Q That's all the questions I have at this time.
23 Thank you, Dr. Beckstead.
24 THE COURT: Redirect?
25 MR. BROMLEY: Thank you, Your Honor.

1 REDIRECT EXAMINATION BY MR. BROMLEY:

2 Q Dr. Beckstead, I'll just pick up where Mr.
3 LiMandri left off. You haven't reviewed Alcoholics
4 Anonymous or anything like that in connection with your
5 work here, have you?

6 A No.

7 Q Now and Mr. LiMandri mentioned validation and
8 -- and support. And I think you had something more to
9 say. What do you mean when you say validation and
10 support?

11 A Well, it depends if you're validating them for
12 their experience, which means helping them to -- you
13 could empathize with them. You could say, yes, that
14 can be very difficult. But validating all of their
15 beliefs is not necessarily a good idea. So if someone
16 believes that homosexuality is a doomed lifestyle, then
17 it would be incompetent for the therapist to either
18 agree or even not say anything. So that sort of
19 validation could be dangerous.

20 Q So when you use the word validation, are you
21 -- you mean the word approval?

22 A It's approving. It's -- there's a colluding with.
23 So, again, this idea of validation can be difficult,
24 can be harmful. But it needs to be checked about what
25 exactly you're approving of.

1 Q So if someone's validating -- if somebody
2 walks in with a view that homosexuality is bad and that
3 he was validated, what is the result?

4 A It could be harmful. It would be the same thing
5 as if someone who is a woman and comes in and says that
6 she thinks being a woman is bad, and if I don't do
7 something to correct her, help her to see another way
8 you can see yourself, that would be bad therapy.

9 Q So, for instance, if someone was anorexic,
10 would validation be saying, yes, you are fat, for
11 instances?

12 A Right. That's the problem. Clients are coming to
13 therapy with bad thinking or incorrect thinking or
14 restrictive thinking. And so that's the purpose of
15 therapy is to explore and evaluate those beliefs.

16 Q Thank you, Dr. Beckstead. Mr. LiMandri asked
17 you a couple questions of the G8 and the Reconciliation
18 and Growth Project, I believe?

19 A Yes.

20 Q Now I think you mentioned ten principles?

21 A Uh-huh.

22 Q Are you familiar if one of the principles has
23 to do with whether or not homosexuality is a mental
24 disease?

25 A Yes. That was one of the principles of -- that we

1 came to the conclusion and that was part of our common
2 ground principles that same sex attraction is not
3 necessarily a symptom of mental illness or
4 developmental delay.

5 Q And so the group of eight all agreed on that
6 point?

7 A Yes.

8 Q And that group of eight doesn't include
9 Arthur Goldberg?

10 A No.

11 Q Does it include Alan Downing?

12 A No.

13 Q Does it include Thaddeus Heffner?

14 A No.

15 Q Now the term gay affirming therapy was used a
16 fair amount. I'm wondering if you could just explain
17 what you mean by gay affirming therapy.

18 A It's to acknowledge the reality that there are gay
19 individuals in the world. And so to offer something
20 that's competent and that's not going to cause harm.
21 It's to have some knowledge about sexual minorities,
22 and the experience they go through, their identity
23 development, the ways they cope, their stressors. It's
24 to have an understanding of your bias about the
25 treatment or about their experiences. And then to know

1 specific skills that would be important to helping
2 sexual minorities.

3 So the basis, again, as I said, is to correct that
4 societal problem of oppression and no support.

5 Q Does a gay affirming therapist necessarily
6 tell the patient that they should be gay identified?

7 A No. A gay affirmative therapist, again, is
8 assessing throughout the sessions how -- how and if
9 minority stress is negatively affecting the client's
10 self concept, coping, relationships, and then to treat
11 that minority stress. There's this idea you should not
12 be color blind, meaning that you can't see everyone as
13 the same, that we all experience some sort of
14 difficulties, and then to not put the -- blame the
15 client for the problems, but to see maybe that there's
16 a societal issue.

17 Q Thank you, Dr. Beckstead. So Mr. LiMandri
18 asked you a few questions about the materials that you
19 reviewed. It might be helpful to look at your report,
20 which you have in front of you. And if you could look
21 at Exhibit B, which is about halfway through its --
22 actually, it's towards the end, before the citations
23 and the articles.

24 A Yes.

25 Q So you see that? So does that refresh your

1 recollection as to what you've reviewed in terms of
2 rendering a report?

3 A Yes.

4 Q So I believe Mr. LiMandri asked you whether
5 you had read the deposition of Alan Downing or Arthur
6 Goldberg or Elaine Berk. And you said you hadn't read
7 it. Have you reviewed it at all?

8 A I did. I looked through them. I looked through
9 all of them. And looked through what they were saying
10 and their viewpoints. And what I was trying to do was
11 to just get an understanding of their focus and
12 treatment. And I had enough information, reviewing all
13 the information, that I didn't think I need to read the
14 entire thing.

15 Q So you didn't read them word-for-word?

16 A There was a lot for me to read. And, no, I did
17 not read everything word-for-word.

18 Q And based on these materials that you
19 reviewed, did you feel comfortable that you had enough
20 information about the therapies that were used by the
21 defendants in this case?

22 A They were consistent problems throughout the
23 depositions, throughout the -- his book, throughout the
24 Psycho-Educational Model that were just glaring that
25 these are problematic issues.

1 Q One of the things that Mr. LiMandri asked you
2 about was religion. He had some questions about
3 religion. Do you consider yourself a religious person,
4 Dr. Beckstead?

5 A I do.

6 Q And have you ever in the context of your
7 therapies ever counseled someone to abandon their
8 religious beliefs?

9 A Definitely not.

10 Q You practice in Utah, correct?

11 A I do.

12 Q And are there patients of yours who continue
13 to live devout Mormon lives that you counsel?

14 A Yes.

15 Q And is that unique?

16 A It's what I do. It's what many people do in --
17 locally. Actually, it's many therapists in this LGBT
18 affirmative therapists, that's what they do as well.

19 Q Now the -- have you ever heard the word
20 disorder used in a religious context?

21 A No.

22 Q Now, Dr. Beckstead, if a counselor is
23 directing a client to remove clothing in a therapeutic
24 environment, does it matter what the justifications are
25 for that suggestion?

1 A No. It's absolutely wrong.
2 Q And if the therapist tells a client that
3 homosexuality is -- or heterosexuality is how all
4 people are born, is that -- does it matter the
5 motivation of the person?
6 A No.
7 Q Now, Dr. Beckstead, you talked a little bit
8 about bias before. And Mr. LiMandri asked some
9 questions about the fact that you yourself had gone
10 through conversion therapy, and that you had been
11 excommunicated from the Church of Latter Day Saints.
12 Is -- have you been trained to deal with your own
13 internal bias?
14 A In my research and in my clinical practice.
15 Q Is that something that's generally the case
16 for psychologists?
17 A It's the crux of our training is that each course
18 that involves interacting with specific client issues
19 or a specific client population, we are journaling,
20 reflecting, talking about our biases, we're getting
21 feedback about it. We're actually sitting with clients
22 and providing care to these -- to specific populations
23 or concerns. Our supervisor is correcting us or
24 exploring those issues with us.
25 So, again, it's to make sure that my bias is not

1 creating the treatment, that my bias is contained and
2 that I'm offering the treatment that is based in
3 science and professional judgements.
4 Q And are concerns about bias concerns that
5 psychologists have generally?
6 A Well, we all have biases. That's the whole point.
7 It's the multi-culture competence is based upon the
8 idea that, first, you need to be aware of your bias;
9 then know the knowledge of your population; and then
10 develop the skills based upon that knowledge.
11 Q I wanted to mention -- to talk briefly about
12 the concept of touch. And Mr. LiMandri asked you a few
13 questions about it. Now -- and I believe there was
14 some times you wanted to explain a little bit more.
15 So in the context of your therapy, do you
16 ever actually ask people to hug them?
17 A No.
18 Q Clients?
19 A No. That would just be wrong.
20 Q So how in your practice does touch or hugging
21 come up?
22 A In my practice?
23 Q Yes.
24 A Even if someone is crying sitting across from me,
25 I don't get up and sit next to them because I don't

1 know how that experience is. It could take away from
2 his own experience. So I keep a safe distance away so
3 that they can do what they need to do.

4 So I'm not trying to teach touch. I'm not saying,
5 this is how you should do it. There is no sexuality
6 done. Of course, no nudity done in therapy.

7 Now the way touch would be, I suppose, is after a
8 client is finishing the therapy, and ending treatment
9 with me, and we have talked about it, the client may
10 ask me, can I give you a hug. And so I would say,
11 sure. And so we would hug. And then release and let
12 go.

13 But the idea of holding on to the client, and it's
14 just far outside the terms of ethical practice. And
15 that book that Mr. LiMandri is talking about
16 specifically has many guidelines about how the touch is
17 -- should be done.

18 Q That book, I believe, was Mr. Struve's book?

19 A Yes, Struve and Hunter.

20 Q Struve and Hunter? Do you know if the book
21 that Struve and Hunter wrote has anything in particular
22 about dealing with touch when issues of sexuality are
23 being discussed in therapy?

24 A Yes. Both of those are premier therapists in
25 sexual abuse. So they talk about specifically that if

1 sexuality is discussed, then no touching is involved.
2 Because talking about sexuality, it takes the client
3 into their own experiences, and it could create and
4 typically does create sensations and understandings.
5 So if you touch the client then, then we just don't
6 know how that's going to be affecting them.

7 And one of the guidelines also is that any touch
8 for clients is to be talked about first of all, and
9 then afterwards. And it's not to assume that one touch
10 or one intervention is going to work for one client all
11 the time, or for all clients.

12 So it really is such a -- the idea -- what the
13 book was trying to say, instead of having this very
14 cold detached view from people who are weeping or have
15 been cold and left alone, is to have some sort of
16 contact. But it's definitely not to use that touch as
17 an intervention, to heal or to move them beyond.

18 Q And but not to be used in the context of
19 sexual therapy?

20 A Definitely not.

21 Q Now, Dr. Beckstead, you had been asked by Mr.
22 LiMandri a few questions about the attraction,
23 identity, behavior, the three boxes that we had talked
24 about earlier. Now is it possible that you can change
25 behavior?

1 A Yes.
2 Q And you can change identity?
3 A Yes.
4 Q Is it possible to attract the under -- to
5 change the underlying attraction?
6 A No scientific evidence says that we can.
7 Can I ask you, what was the question again? Is
8 the --
9 Q Is it -- when you're talking about
10 attraction, is it possible to change attraction, the
11 underlying attraction?
12 A The underlying attraction. No. Again, that's --
13 yes, no evidence that we can. Or we know how to.
14 Q There's no evidence that you can?
15 A Exactly.
16 Q Okay.
17 MR. BROMLEY: That's all we have, Your Honor.
18 THE COURT: Thank you very much, Dr.
19 Beckstead. You may step down.
20 THE WITNESS: Thank you.
21 (Witness excused)
22 THE COURT: All right, ladies and gentlemen.
23 At this time, we'll take our afternoon break rather
24 than start a witness and end shortly and then take a
25 break. All right?

1 Again, please don't discuss the case with
2 yourselves, among yourselves, with anyone else. Please
3 don't attempt to do any research or check anything you
4 might have heard. Please try -- if you see anything
5 about the case, please do not read it. If someone
6 brings something to your attention about the case,
7 please bring that to my attention immediately. All
8 right?
9 And let's resume at three o'clock. Thank you
10 very much.
11 (Jury not present in court)
12 THE COURT: So do we have a witness for three
13 o'clock?
14 MR. BROMLEY: We do.
15 MR. DINIELLI: Yes, Your Honor.
16 THE COURT: Okay.
17 MR. DINIELLI: It'll be Michael Ferguson.
18 And his direct, I expect, to be between 45 and 50
19 minutes.
20 THE COURT: All right. Well, then maybe
21 we'll -- we may only get the direct done then today.
22 We'll see how we go. Let's see what happens. Okay.
23 MR. DINIELLI: Thank you.
24 THE COURT: We'll start at three o'clock.
25 All right. Off the record.

1 (Off the record. Back on the record)

2 (Jury present in court)

3 THE COURT: All right. All seven jurors are
4 present and accounted for. Thank you, again, ladies
5 and gentlemen, for your promptness.

6 Please call your next witness, Counsel.

7 MR. DINIELLI: Thank you, Your Honor.

8 Plaintiffs call Michael Ferguson.

9 THE COURT: Mr. Ferguson, just remain
10 standing and raise your right hand for the officer.
11 M I C H A E L F E R G U S O N, PLAINTIFF'S WITNESS,
12 SWORN.

13 THE COURT OFFICER: State your name for the
14 record, please.

15 THE WITNESS: Michael Adam Ferguson, M-i-c-h-
16 a-e-l, A-d-a-m, F-e-r-g-u-s-o-n.

17 THE COURT OFFICER: Thank you. Be seated.

18 DIRECT EXAMINATION BY MR. DINIELLI:

19 Q Good afternoon, Michael.

20 A Good afternoon.

21 Q When you were growing up, was your family
22 religious?

23 A Yes, we were very religious growing up.

24 Q What was the denomination?

25 A We are Mormon.

1 Q Could you describe for us the role that
2 Mormonism played in your life growing up?

3 A Yes. Growing up, Mormonism shaped my identity.
4 Mormonism is what give me a vision for what I wanted
5 out of life. Mormonism is what gave me a vision of
6 getting married to a woman. It's what gave me a sense
7 of purpose entirely.

8 Q Were you personally observant?

9 A I was very observant, yes.

10 Q In your religion, Michael, what is a mission?

11 A A mission is a period of time, for young men it's
12 two years, and you are preaching the Gospel of the --
13 of the Mormon Church and you're baptizing people to
14 become Mormons.

15 Q Did you yourself go on a mission?

16 A Yes, I did.

17 Q Where did you go?

18 A I did my mission in Arizona.

19 Q Michael, does Mormonism have a position on
20 homosexuality?

21 A Yes, it does.

22 Q Could you describe that briefly, please?

23 A Yes. So the Mormon position on homosexuality is
24 that if you're gay, that you either are celibate for
25 the rest of your life, which means that you abstain

1 from having sex, or that you marry a woman anyway.

2 Q Again, when you were growing up, was there
3 anyone in your religious community who was gay?

4 A No, there was not. Not openly, anyway.

5 Q When did you first notice that you were
6 attracted to boys but not girls?

7 A I first noticed -- I first started to notice
8 attractions to the same gender peers when I was in
9 fifth grade.

10 Q After your mission, Michael, did you date
11 women for a period?

12 A Yes, I did.

13 Q And what kind of a woman were you looking
14 for?

15 A I would describe my ideal woman as a virtuous
16 daughter of God.

17 Q A virtuous daughter of God. Does that have
18 particular meaning for you as a Mormon?

19 A Yes. It would have been a woman who has given her
20 heart to the Lord, and who has given very sacred
21 covenants inside of the Mormon temple.

22 Q So while you were dating women, did you still
23 think that you were gay?

24 A Yes.

25 Q But if you were dating women, why did you

1 think you were gay?

2 A Because being gay or straight is not just an issue
3 of who you are dating.

4 Q Okay. When you were dating women, Michael,
5 did you ever have any sexual fantasies about any of
6 them?

7 A No, and they were very frustrated about that.

8 Q Prior to first becoming involved with the
9 JONAH program, did you try to change your sexual
10 orientation?

11 A Yes, I did.

12 Q Again, briefly, what kinds of things did you
13 try?

14 A Sure. I went to college at Brigham Young
15 University, which is the Mormon college in Utah. And
16 while I was there, I went to a counselor and did talk
17 therapy to try to become straight. I also attended --
18 it was an Evangelical Christian group. It's one of
19 those groups that people describe as pray the gay away,
20 where it's, you know, about focusing on Jesus Christ.
21 And then I also went to a 12-step group.

22 Q Michael, did any of those programs work for
23 you in changing your sexual orientation?

24 A No.

25 Q But why were you doing all this work, going

1 from program to program to program? Why wasn't it --
2 why were you doing this?

3 A At the, time I deeply believed that my eternal
4 life depended on marrying a woman. That's one of the
5 requirements to enter into the celestial community of
6 God, which is the highest level of heaven in Mormonism.

7 Q Thank you. Michael, did you at some point go
8 to a Journey Into Manhood weekend?

9 A Yes, I did.

10 Q How did you first learn about a Journey Into
11 Manhood weekend?

12 A I first learned about Journey Into Manhood by word
13 of mouth.

14 Q Who told you about that?

15 A It was someone named Ty Mansfield.

16 Q And who was Ty Mansfield?

17 A Ty Mansfield was also a student at Brigham Young
18 University. I met him through the choir program.

19 Q Did Ty tell you how he knew about these
20 weekends?

21 A Yes. Ty had gone on several Journey Into Manhood
22 weekends himself, and also staffed them.

23 Q What did Ty tell you, if anything, about
24 these weekends?

25 A Ty spoke extremely highly of Journey Into Manhood.

1 He said that for him it was just as sacred as the
2 Mormon temple. And for a believing Mormon to say
3 something like that is a very big statement. He didn't
4 tell me anything about what happened on the weekend,
5 though. He was very, very clear that it was secret,
6 and that if he told me the secrets before I went, it
7 wouldn't be effective.

8 Q Did you decide to go to one of these Journey
9 Into Manhood weekends?

10 A Yes, I did.

11 Q What were your expectations going into that
12 weekend?

13 A Going on to the Journey Into Manhood -- excuse me,
14 going on the Journey Into Manhood weekend, I expected
15 to learn different techniques and different strategies
16 for reducing and overcoming unwanted same sex
17 distractions.

18 Q Did the Journey Into Manhood cost money?

19 A Yes, it did.

20 Q How much did it cost?

21 A The weekend cost \$650.

22 Q And did you pay that?

23 A Yes, I did.

24 (Continuation of day's proceedings in Volume 2)
25

CERTIFICATION

I, Patrice Mezzacapo, the assigned transcriber, do hereby certify that the foregoing transcript of proceedings in the Hudson County Superior Court, Law Division on June 16, 2015 on CD No. 6/16/15, Index Nos. 9:33:33 to 11:01:23, 11:21:55 to 12:28:11, 1:42:28 to 2:40:25, and 3:02:28 to 3:08:20 is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate compressed transcript of the proceedings as recorded.

Patrice Mezzacapo, AD/T #214
METRO TRANSCRIPTS, L.L.C.

Date: