EXHIBIT 46

SUPERIOR COURT OF NEW JERSEY

HUDSON COUNTY

LAW DIVISION

Michael Ferguson, Benjamin Unger, Sheldon Bruck, Chaim Levin, Jo Bruck, Bella Levin, Plaintiffs, v. JONAH (Jews Offering New Alternatives for Healing f/k/a Jews Offering New Alternatives to Homosexuality), Arthur Goldberg, Alan Downing, Alan Downing Life Coaching, LLC, Defendants.	DOCKET NO. L-5473-12

EXPERT REPORT OF JOSEPH NICOLOSI, Ph.D.

Qualifications and Publications

Please see my biological information which is attached hereto as Exhibit 1.

Statement of Opinions and the Basis Therefor

1. Psychological Basis for Treating Unwanted Same-Sex Attraction

   a. The Judeo-Christian concept of humanity and traditional psychology share the same understanding: the concept that human nature is supposed to "function according to its design." Traditional psychology and the Judeo-Christian world view both envision humankind as part of a universal heterosexual natural order, where some people may struggle with same-sex attraction (SSA), but SSA is not intrinsic to who they are.

   b. Following in a long-established – and never scientifically disproven – psychodynamic tradition, reparative therapists see homosexuality as a defense against the trauma of same-sex attachment loss that occurred in early childhood.

   c. According to this psychodynamic tradition, the man with SSA has failed to fully identify with his own gender, so he romanticizes what he lacks – he falls in love with the masculinity of another man.

   d. But men who seek out reparative therapy do not want to eroticize males; they want to "de-mystify" males and maleness - and identify with them, making them no longer "exotic" - and to have relationships with men characterized by mutuality and authenticity. These clients believe their anatomical design confirms that men were designed to be comfortable with, and fully grounded in, their own maleness, and that they were created to partner with the opposite sex.

e. Empirical research supports this world view, for men and women who are homosexually oriented report a much higher level of psychological distress and maladaptive behaviors, and this higher level of distress does not diminish in notably "gay-friendly" countries such as The Netherlands. This finding has long been known, but little discussed, in the scientific community.

f. The reparative-therapy ("RT") client understands that his unwanted attraction is not really about "that other guy," but more a statement about his feelings and perceptions of himself. He understands that the attraction is not primarily about sex, but traces back to his feelings about himself as he relates to others.

g. For these clients, same-sex attraction is a warning that he has compromised his healthy self-needs – most often, through a lack of authentic relational engagement. By authentic engagement, we mean consistently relating to other men in the assertive stance; freeing themselves of a posture of shame and hiding; maintaining deeply affirming relationships with close male friends; and not allowing themselves to be disempowered in relationships with women.

2. Factors Contributing to Unwanted Same Sex Attraction

a. The RT therapist does not simply accept at a surface level the client's sexual, emotional or romantic feelings and behaviors, but rather, invites him into a non-judgmental inquiry into his deeper motivations. The RT psychotherapist always asks "why" and invites the client to do the same.

b. The gay-affirmative therapist, in contrast, typically addresses this clinical material regarding homosexual attractions "phenomenologically" (i.e., accepting the

attractions at face value without questioning their origins).

c. The RT therapist investigates these issues on a deeper level:

i. The client's sexual feelings may be rooted in a need for attention, acceptance, and approval from males or may reflect his loneliness or boredom.

ii. He may engage in same-sex behavior for adventure, money, peer pressure; or to express hostility against male peers, or general rebellion.

iii. He may also find himself reenacting an early trauma of sexual molestation by another male.

iv. Homosexual behavior may also reflect some kind of developmental crisis that has evoked insecurities, prompting the fantasy that he can receive protection from a stronger male.

v. Anxieties and insecurities regarding approaching the opposite sex (heterophobia) may also prompt the search for the perceived safety and ease of finding a partner for same-sex behavior.

vi. Environmental factors such as incarceration in a prison, or living in a residential treatment facility where young males sleep together and are isolated from females, may promote same-sex behavior and consequent gay self-labeling. In addition, gay self-identification may represent a political or ideological statement to the world, as seen in radical-feminist lesbianism in the women's movement (Whisman, 1996).

d. It is a well documented fact that many teenagers manifest homosexuality but then discontinue as the teen moves on to adulthood. This is confirmed by studies which

show that as these teens get older they are increasingly less likely to self-identify as gay. A study of 34,707 Minnesota youth reported that 25.9 % of 12-years-olds were uncertain if they were heterosexual or homosexual (Remafedi, et. al, 1992). In contrast, only about 2 to 3% of adults eventually label themselves as homosexual. This means that approximately 90% of these "sexually questioning" teens could erroneously be identified as homosexual, if they are affirmed as gay by a gay-affirmative therapist, school counselor or an on-campus gay club.

e. Indeed, a teenager may become convinced that he is gay through the influence of a persuasive adult -- a gay-affirmative therapist, mentor, teacher, or even his own molester. Such influential adults could succeed in swaying an uncertain youth that homosexuality is, for him, simply inevitable.

3. Concept of "Reparative Therapy"

a. In an age of sound bites and first impressions, the term, "reparative" may sound offensive to some, but the term describes a therapeutic approach to unwanted homosexuality.

b. The term represents an essential understanding of homosexuality as a reparation of internal deficits and represents a fundamental understanding of homosexuality established from the very beginnings of psychoanalytic theory.

c. Many gay identified persons find the term "reparative" offensive because it implies the person is in need of repair: "...as you would repair a car or a transmission." In contrast, the client desiring to overcome his SSA finds the reparative drive concept comforting and reassuring. Before he can out grow his homosexuality he needs to

"decode" (Socarides) the meaning of his SSA as a searching for healthy but unfulfilled attachment needs.

d. As with all good therapy, RT never involves coercion. The client has come to the therapist seeking assistance to reduce something distressing to him, and the RT psychotherapist agrees to share his professional experience and education to help the client meet his own goal. The therapist enters into a collaborative relationship, agreeing to work with the client to reduce his unwanted attractions and explore his heterosexual potential.

e. The foundation of RT, as with all good therapy, is the establishment of the therapeutic alliance. This important alliance is defined as follows: the client and therapist agree to work together toward clearly defined objectives as defined by the client, and those goals and objective can always be redefined. Beyond his determining what he wants from therapy as a whole, the client is further encouraged to explain what his goals are for each session, i.e., to bring into each session his "identified conflict." In short, the client must always lead.

f. Sometimes the client does not know what he wants, as is often the case with the teenager asked to come into treatment by his parents. Sometimes the teen will agree to see the therapist but does not want to change his SSA. In those cases, we agree NOT to work on his homosexuality but establish the therapeutic alliance upon the client's other goals, such as managing parental disapproval, peer rejection or general self-esteem issues

g. The four principles of RT are (1) the therapist's disclosing of his own views; (2)

encouragement of the client's open inquiry; (3) resolving past trauma; and (4) education regarding associated features of homosexuality.

i. Disclosing versus imposing. From the very start of therapy, the RT psychotherapist should disclose his views on homosexuality, not only as a scientist-practitioner, but also his views from a personal, philosophical or religious perspective. (The gay-affirmative therapist will also disclose his philosophical views to the client, but from a quite different, gay-affirmative perspective that sees homosexuality as a developmental path that is parallel and equivalent to heterosexuality.) The RT client needs to be clear about the therapist's understanding of homosexuality as an adaptation to childhood trauma, that homosexuality is a "reparative behavior" with serious emotional and physical future consequences. At the same time, the therapist must not impose those views on his client, but give him space to explore his own sexual identity and make his own self-determination. The RT therapist (like the gay-affirmative therapist) must not pressure or manipulate the client to believe or accept the same viewpoint as he does. Indeed, the therapist accepts and values the client as a person, no matter what his sexual orientation, behavior or self-label.

ii. Encouraging Inquiry. While the client may be motivated to enter RT to reduce his SSA, the RT therapist does not suggest any techniques that attempt to directly eliminate the client's SSA. Such attempts never work. Rather, the RT psychotherapist invites and encourages the client to inquire. He is

encouraged to ask questions of himself, and to look into his feelings, wants and desires that may lie beneath his SSA. This brings us to another important rule of RT – the therapeutic alliance must include the mutual understanding that the client can always feel free to disagree with the therapist (Nicolosi, J., 2009).

iii. Resolving Past Trauma. Reparative therapy views most same-sex attractions as reparations for childhood trauma. Such trauma may be explicit, such as sexual, physical or emotional abuse, or implicit in the form of negative parental messages regarding one's self and gender. Exploring, isolating and resolving these childhood emotional wounds will often result in reducing unwanted same-sex attractions.

iv. Education. It is the responsibility of the therapist not to withhold information that can be of use to the client. What the client does with that input is left for him to decide. Educational responsibility consists of three general areas:

(1) Causation. Research shows that same-sex attraction is associated with particular types of negative peer and family experiences (Bieber, et al, 1962; Green, 1996). When combined with a sensitive nature in the client, the consequent trauma can have damaging effects on both individuation and gender-identity development. The focus of treatment is identifying and resolving those traumatic experiences (Bieber, et. al.,1962; Greenson, 1968; Tabin,1985; Nicolosi, Byrd and Potts, 2002).

(2) Underlying motivations. There is a substantial body of evidence supporting the understanding of at least some forms of homosexual orientation as based upon disturbances in gender-identity formation (Coates, 1990; Green, 1993; Horner, 1992; Fast, 1984; Coates and Zucker, 1988; Nicolosi, Byrd and Potts 2002). The fulfillment of those needs can reduce, and sometimes eliminate, same-sex attraction (Nicolosi, Byrd, and Potts, 2002).

(3) Health Consequences. As part of his discernment process, the client deserves to know the long term medical and emotional liabilities associated with of a gay lifestyle, including the common maladaptive behavioral patterns. The timing and manner of delivery of these educational opportunities should be determined by the RT psychotherapist's sensitivity to the client and when it is in the client's best interest.

h. RT finds its treatment approach from the literature of child gender studies, psychotherapy, psychoanalysis, behavioral psychotherapy, Affect Focus Therapies, EMDR and Grief Work.

i. The theory and practice principles of RT and treatment known as "gender affirming therapy" (GAT) are extremely similar. While RT focuses on the resolution of unwanted same sex attractions through the healing (reparation) of a client's childhood attachment trauma and loss, GAT focuses on affirming and reinforcing the client's masculine identity, which will often result in a reduction or elimination of

same-sex attractions.

4. Theoretical Foundations for JIM Experiential Retreats

a. The New Warrior Training Adventure ("NWTA") is a masculinity-affirming experiential retreat which utilizes a series of processes and activities designed to help every man develop his own sense of himself as a man among men. Some of the activities are individual, many are group processes. These include physical activities, writing, and visualizations. NWTA is sponsored by The Mankind Project International.

b. Journey Into Manhood ("JIM") is an experiential two-day retreat in intensive emotional-healing work, designed specifically for men who are self-motivated and serious about resolving unwanted homosexual attractions. It is sponsored by People Can Change.

c. JIM combines some of the techniques (i.e., activities and processes) used at NWTA to affirm masculinity with the psychodynamic theory regarding unwanted same-sex attractions that underlie reparative therapy (described in Paragraph 1 above).

5. Outcomes of Sexual Orientation Change Efforts

a. Based on my experience and that of other practitioners of SOCE, it appears that roughly one-third of clients experience complete success, one-third reach a satisfactory state of affairs, and one-third do not achieve their therapeutic goals (Bieber, et. al., 1962; van Aardweg, 1985).

b. Licensing of mental health practitioners is intended to ensure a basic level of competence and compliance with ethical standards propounded by professional

organizations. Unlicensed but trained paraprofessionals such as life coaches, however, can and do provide competent, ethical treatment. The key is "therapeutic alliance," i.e., the client and therapist have agreed to work together toward clear objectives defined by the client.

6. Why Gays Cannot Speak for Ex-Gays

a. According to the literature, the "coming out of the closet" process begins in early adolescence with the discovery of same-sex attraction. The teenager then usually rejects his homosexual feelings because of the negative social values around him. His painful and lonely efforts to suppress, repress and deny his feelings result in guilt and shame, which eventually culminates in self-loathing.

b. But shortly thereafter, this teenager discovers that there are others like him, and often through the support and encouragement of a gay counselor, coach, teacher or religious leader, he decides that gay is "who he is."

c. The adoption of this gay identity necessitates the abandonment of any hope that he could ever modify his unwanted feelings and develop his heterosexual potential. He must surrender his earlier wish that he could have a conventional marriage and family. So in order to internalize this gay identity, he must mourn the possibility of ever resolving his unwanted homosexuality; i.e., he must grieve the loss of what he yearned for.

d. It is this process of grieving his own hopes and mourning his own dreams which prevents the person who later identifies as gay from believing that change is possible for others: "If I myself could not change, how could they?" Perhaps on a deeper level,

this thought is also rooted in anger: "If I cannot have what I wanted for my own life, neither should they."

e. This grieving process, that painful letting-go of one's dreams, biases the gay person's evaluation of the ex-gay experience. Gays see them as "gays-in-process," or gays with a small "g," and not entitled to claim a valid identity in their own right. Ex-gays, they believe, are merely gays who have not yet come out of the closet; they are suffering from internalized homophobia.

7. American Psychological Association (APA) "Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation." (August, 2009)

a. If the APA had intended to conduct an objective investigation of the therapeutic effectiveness of sexual-orientation change therapy, it would have followed established scientific practice by choosing a balanced committee that included individuals with differing values and world views. Particularly, they would have selected clinicians who see the value of sexual-reorientation -- not just such therapy's philosophical opponents.

b. Instead, the Report was issued by five psychologists and one psychiatrist all of whom -- including the one non-gay-identified member and the one bisexual member -- engaged in gay activism before their selection for the Task Force.

c. Remarkably, the APA rejected for membership on this committee every practitioner of sexual-reorientation therapy who applied for inclusion.

d. The scientific bias of the Task Force is further evidenced by four facts:

i. The Task Force failed to reveal the well-documented, far-higher level of

pathology associated with a homosexual lifestyle. If they had truly been interested in science, they would have believed it their duty to warn the public about the psychological and medical health risks associated with homosexual and bisexual behavior. Their failure to advise the public about the risks not only betrays their lack of commitment to science, but prevents sexually confused young people from accurately assessing the choices available to them.

ii. Why do some people become homosexual? The reader of the Report might justifiably expect some discussion of the factors associated with the development of same-sex attractions. Instead, the Task Force failed to study the risk factors—instead, saying that it is a "scientific fact" that homosexuality is "as developmentally normal as heterosexuality."

iii. The Task Force did not study individuals who reported treatment success. Even if (for the sake of argument) therapeutic change had been reported to be successful in only one case, then the committee should have asked, "What therapeutic methods brought about this change?" But since the Task Force considered change unnecessary and undesirable, they showed no interest in pursuing this avenue of investigation.

iv. The Task Force's standard for successful treatment for unwanted homosexuality was far higher than that for any other psychological condition. What if they had studied treatment success for narcissism, borderline personality disorder, or alcohol/food/drug abuse? All of these conditions, like

unwanted homosexuality, cannot be expected to resolve totally, and necessitate some degree of lifelong struggle. Many of these conditions are, in fact, notoriously resistant to treatment. Yet there is no debate about the usefulness of treatment for these conditions: psychologists continue to treat them, despite their uncertain outcomes.

e. Another overlooked fact is that, prior to the start of their investigation, the Task Force members admitted to being opposed to the very existence of reorientation therapy, based on their view that homosexuality must be viewed by others as "positive." In the introduction of their report, they state:

> "The task force…[accepts]… the following scientific facts:
>
> Same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality—in other words, they do not indicate either mental or developmental disorders." (APA, 2009, p.2.)

Here, the Task Force members are "a priori" acknowledging that they would not consider any non-normative causes of homosexuality, nor any reasonable motivation for a person to change. But this view is not a "scientific fact" -- it has not been scientifically demonstrated; and, furthermore, it is as much a question of philosophy as of science.

The Task Force's assumption that a homosexual orientation is a good and desirable

orientation (and by logical extension, that any attempt at change is bad for the individual), was not unique to the Task Force members, but reflects the official policy of the APA. The Report was, from the start, not intended to open an investigation into the matter, but to reaffirm APA policy.

f. The Task Force Report speculated about two types of responses to homosexuality--first, as seen in the person who claims his homosexuality as a source of his deepest self-identity, and second, in the person who believes he was not designed for homosexuality and chooses to reject it as a source of identity. They are defined by:

> Organismic Congruence (claiming a gay identity), defined as "affirmative ... models of LGB psychology" and "living with a sense of wholeness in one's experiential self."
>
> Telic Congruence. This applies to people of faith who do not wish to identify with their homosexuality; they instead choose to live consistently within their values. Therefore, to live out one's traditionalist religious values, according to the Task Force, is to make oneself incomplete and inconsistent within one's experiential self. (APA, 2009, p. 18.)

g. This is a half-truth, and a deceptive distinction. It implies that persons striving to live a life consistent with their religious values must deny their true sexual selves. They will not experience organismic wholeness, self-awareness and mature development of their identity. These attributes are only possible, by their definition, for individuals who embrace, rather than reject, their same-sex attractions. Religious individuals

seeking "valuative congruence" are assumed to experience instead a constriction of their true selves through a religiously imposed behavioral control.

h. This erroneous distinction (one that can only be made by persons who have never known the harmonious integration of religious teachings) misunderstands and offends persons belonging to traditional faiths.

i. The members of the Task Force apparently fail to understand that the person of traditional faith finds his biblically based values to be guides, signposts, and sources of inspiration that will guide him on his journey toward wholeness. He intuitively senses that they lead him toward a rightly-gendered wholeness which allows him to live his life in a manner congruent with his creator's design.

8. Based on my experience helping thousands of men overcome their unwanted same-sex attraction over the last 30 years, and my review of documents in this case, it is my opinion that it would not have been a misrepresentation for the defendants to have made any of the following statements alleged by the plaintiffs: (1) people are not born "gay"; (2) motivated people can be helped to change their sexual orientation; (3) sexual orientation change efforts have a sound basis in science; (4) homosexual attractions and behavior are disordered from a psychological and Judeo-Christian perspective; (5) people who practice homosexual acts tend to have a much higher incidence of physical and psychological health problems; (6) same-sex attractions are frequently caused by early childhood wounds resulting from maladaptive parental relationships, peer rejection, sexual molestation, and/or later experimentation and indoctrination into the gay lifestyle; (7) significant progress in overcoming unwanted same-sex attractions can be achieved when the client works

cooperatively with his therapist toward his self-identified goals, oftentimes for a matter of years.

Facts and Data Considered

See the Bibliography attached hereto as Exhibit 2.

American Psychological Association (August, 2009) "Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation"

Phelan, J.E., Whitehead, N., Sutton, P.M. (2009) What Research Shows: NARTH's Response to the APA Claims on Homosexuality *Journal of Human Sexuality 1*

van Aardweg, G. (1985) *Homosexuality and Hope,* pp. 105-106

Expert Witness Reports: A. Lee Beckstead, Ph.D., Janja A. Lalich, Ph.D., Carol Bernstein, M.D., Joseph Nicolosi, Ph.D., Christopher Doyle, M.A., L.C.P.C., James Phelan, Psy.D., John R. Diggs, Jr., M.D., Rabbi Avrohom Stulberger

Compensation

Aside from the $300 per hour fee for my deposition testimony to be paid by the plaintiffs, I have agreed to offer my expert opinions in this case *pro bono publico.*

I reserve the right to supplement my opinions in the event additional information is provided to me.

Exhibit 1

Joseph Nicolosi, Ph.D.
Biographical Information

Dr. Nicolosi graduated from the New School for Social Research (M.A.) and received his Ph.D. in Clinical Psychology from the California School of Professional Psychology, Los Angeles. He is licensed as a psychologist in California.

In 1980, he founded the Thomas Aquinas Psychological Clinic in Encino, California, and has served since then as Clinical Director. Although he works with a wide variety of clients, his specialty is the treatment of men who wish to diminish their same-sex attractions and develop their heterosexual potential.

Dr. Nicolosi is one of three founding members--and former President--of the National Association for Research and Therapy of Homosexuality (NARTH), a 1,000-member professional association founded in 1992 (www.narth.com). NARTH's goal is:

- To support mental-health professionals who work with same-sex-attracted clients seeking change.
- To promote respect within the mental-health profession for worldview diversity--whether a person seeks to identify as gay, or to work toward developing his heterosexual potential.

The NARTH website is viewed by over 100,000 visitors each month. It is the only secular group in the U.S. which protects the rights of therapists to counsel clients with unwanted homosexuality.

PUBLICATIONS

Books:

Reparative Therapy of Male Homosexuality, 1992 (published by Jason Aronson, Inc.)

Healing Homosexuality, 1994 (Jason Aronson, Inc.)

A Parent's Guide to Preventing Homosexuality, 2002 (Intervarsity Press)

Shame and Attachment Loss: The Practical Work of Reparative Therapy, 2009 (InterVarsity Press)

Dr. Nicolosi's books have been published in the following foreign languages:

1. *A Parent's Guide to Preventing Homosexuality*
   --Italian
   --Turkish
   --Arabic
   --Spanish
   --Portuguese
   --Bulgarian
   --Russian
   --Romanian
   --Polish

2. *Reparative Therapy of Male Homosexuality*
   --German
   --Italian
   --Turkish
   --Polish

3. *Shame and Attachment Loss*
   --Italian
   --Polish

4. *Healing Homosexuality: Case Stories of Reparative Therapy*
   --German
   --Italian
   --Spanish

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Nicolosi, Joseph (1993). "Psychotherapy Can Change Sexual Orientation," in *Homosexuality: Opposing Viewpoints*. D. Bender and B. Leone, Eds., San Diego, CA.: Greenhaven Press, pp.126-132.

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INTERNATIONAL TRAINING SEMINARS FOR THERAPISTS:

Reichelsheim, Germany in 1998
Reichelsheim, Germany in 2003
Milan, Italy in Sept. 2004
Berlin, Germany, in Sept. 2006
London, England, in May 2007
Mexico City, Mexico, May 2008
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Rome, Italy, Sept. 2008
London, England, 2009
Mexico City, 2011
Poznan, Poland, 2011
Jerusalem, Israel, June 2013
Buenos Aires, Argentina, September 2013

EXHIBIT 2

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