

EXHIBIT 48

1 SUPERIOR COURT OF NEW JERSEY

2 LAW DIVISION HUDSON COUNTY

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3 MICHAEL FERGUSON, BENJAMIN UNGER,
4 SHELDON BRUCK, CHAIM LEVIN, JO
BRUCK, BELLA LEVIN,

5 Plaintiffs,

6 v.

7 JONAH (Jews Offering New Alternatives
8 for Healing f/k/a Jews Offering New
9 Alternatives to Homosexuality), ARTHUR
GOLDBERG, ALAN DOWNING, ALAN DOWNING
LIFE COACHING, LLC,

10 Defendants.

11 Docket No. L-5473-12

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13 3950 Fair Ridge Drive
14 Fairfax, Virginia

15 November 10, 2014
16 9:34 a.m.

17 Videotaped Deposition of CHRISTOPHER DOYLE
18 held at HILTON GARDEN INN - FAIRFAX Pursuant to
19 Notice, before Rebecca Stonestreet, RPR, CRR, and
20 Notary Public in and for the Commonwealth of
21 Virginia.

22
23 ELLEN GRAUER COURT REPORTING CO. LLC
24 126 East 56th Street, Fifth Floor
New York, New York 10022
25 212-750-6434
REF: 108371

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DOYLE

of change. It would be very difficult to do that.

Q Right.

A So I don't --

Q That's why you don't do it?

A I don't do it, no.

Q Okay. Okay.

A Although, I mean, I -- yeah. I try to stay away from talking about success rates.

Q Yeah. So you talk about these efforts to reduce or eliminate unwanted same-sex attraction.

Is it possible for your methods to eliminate same-sex attractions that are not necessarily unwanted but just indifferent?

If a person comes to you and says, "I'm same-sex attracted. I'm not really -- it's not really unwanted, but I'm indifferent to it."

So can your therapy change that person's sexual orientation?

A Well, I don't think the therapy changes -- necessarily changes sexual orientation. I think what the therapy is intended to do is to resolve underlying issues that may be causing someone to feel distress about some certain sexual feelings and they may be unwanted.

1 DOYLE

2 Q Right. So -- but would you expect,
3 though, a person that came to you that was
4 indifferent about their same-sex attraction, that
5 if you were able to, say, resolve the trauma
6 associated with sexual abuse that they experienced
7 as a child, that the effect of that would be that
8 their same-sex attraction would go away because you
9 had -- you had resolved the underlying issue?

10 A It may diminish, and in some cases, it
11 may eliminate, yes. I don't -- I can't say that
12 for sure because each person is different and each
13 person, the interventions work differently. I
14 mean, I don't think we can generalize for the whole
15 list of clients out there that if we do X, Y is
16 going to automatically happen.

17 I think we can -- you know, we do the
18 best we can as far as -- as far as designing
19 interventions and treatment plans that we believe
20 are effective, but the outcomes can vary.

21 Q But presumably that scenario could play
22 out for someone?

23 A It could, yeah, sure. Yeah.

24 Q All right. So further down in the
25 report, in the next -- there's the next paragraph.

1 DOYLE

2 this section besides Dr. Nicolosi's work?

3 A I looked at a lot of -- I looked at a lot
4 of Bowlby's work and Bowlby and Ainsworth, what
5 they've written over the years as well as some
6 reviews of Bowlby and Ainsworth's work.

7 Q Uh-huh. And did Bowlby -- did Bowlby and
8 Ainsworth do any work on sexual orientation?

9 A Not that I know of. These are
10 foundational theories.

11 Q And they never concluded that their work
12 in the foundational theories had any connection
13 with sexual orientation, did they?

14 A I think that you're confusing an issue,
15 Scott. The problem that you have here is that
16 there's lots of foundational work on issues that we
17 work on with clients that don't necessarily have
18 anything to do with sexual orientation.

19 Q Right.

20 A And that's the premise of our work.
21 We're not treating sexual attractions. We're
22 treating issues underlying them.

23 And so, yes, Ainsworth and Bowlby didn't
24 do work on sexual orientation, and I wouldn't
25 expect them to. The reason is because we're