

EXHIBIT 50

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,
5 BELLA LEVIN,

Plaintiffs,

- against -

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

Defendants.

10 Docket NO.: L-5473-12

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355 South Grand Avenue
Los Angeles, California

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October 30, 2014
10:28 a.m.

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VIDEOTAPED DEPOSITION of JOSEPH NICOLSI,

19

Ph.D., pursuant to Agreement, before Susan E.

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Lansing, CSR No. 6355.

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ELLEN GRAUER COURT REPORTING CO. LLC

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Ref: 108242

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2 A. No.

3 Q. Why not?

4 A. I don't think it would be therapeutic.

5 Q. Do you think it could be harmful to the
6 participants?

7 A. It could be beneficial or harmful depending on
8 how it was structured. There would be a lot of
9 ingredients that would be necessary to make it a
10 positive experience for the client.

11 Q. You said that that could or could not be a
12 positive or negative experience depending upon how it
13 was conducted?

14 A. Correct.

15 Q. Would you expect that before a mental health
16 professional were to engage in that kind of a behavior
17 with clients, that he would be licensed?

18 A. Would I expect the therapist to be licensed?
19 Yes, I would expect the therapist to be licensed, but I
20 could also consider -- I can also imagine how someone
21 unlicensed could also provide a therapeutic experience
22 for a client.

23 Q. We talked about gender-affirming therapy. You
24 described reparative therapy as, in addition to
25 subscribing to the theory that male bonding can help one

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2 overcome same-sex attraction, that exploring childhood
3 traumas relating to their maleness can help one overcome
4 same-sex attraction?

5 A. Yes.

6 Q. That's a correct summary?

7 A. Correct.

8 Q. Can you think of any other differences between
9 gender-affirming therapy as you understand it and
10 reparative therapy?

11 A. Theoretically that would be the only thing that
12 comes to mind. I'm sure that in terms of therapeutic
13 practice there might be a wide variety.

14 Q. Are there any other what you would call schools
15 of thought with respect to theoretical or practical
16 approaches to unwanted same-sex attraction?

17 A. Well, there's what they call Cog. B, cognitive
18 behavioral therapy. That would focus on behavior, would
19 focus on thinking. So, the focus of the therapy would
20 be on behavioral responses or even thinking. I don't
21 particularly find those therapeutic approaches to be
22 effective.

23 Q. Are there people who you know to follow those
24 approaches?

25 A. Yes, I do.

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2 Q. Any organizations that seem to subscribe to
3 that method?

4 A. I think there would be members of NARTH who
5 would subscribe to that approach.

6 Q. Any other approach to unwanted same-sex
7 attraction that you can think of today?

8 A. Well, we certainly use something called EMDR.
9 We do something called affect focus therapy. These are
10 established therapeutic techniques that we have
11 incorporated to and tailored to our clientele. So,
12 these are different approaches.

13 Q. Explain EMDR.

14 A. EMDR is EMDR, Eye Movement Desensitization
15 Reprocessing. And that is a very effective technique
16 for resolving past trauma. It's really a therapy for
17 trauma. And we find it can be very effective in having
18 our clients recall traumatic memories in going through
19 the EMDR process and so they can recall the trauma
20 without that affective response.

21 Q. And affect focus therapy?

22 A. Affect focus therapy would be focusing on the
23 affect or the emotional response. So, we would be -- so
24 the therapist and the client would be focused on the
25 emotional reaction in the present, in the consultation

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2 room, regarding the past memory.

3 Q. Are you aware of any individual who is
4 considered to be the founder or proponent of affect
5 focus therapy?

6 A. There are many. Fosha, Diana Fosha would be
7 one example. Neborsky, Robert Neborsky.

8 Q. Anyone else?

9 A. I can't remember really at this point.

10 Q. How did you decide to use reparative therapy
11 techniques in your practice as opposed to any of the
12 other techniques?

13 A. It evolved. It evolved. I created the term
14 "reparative therapy" based on the notion that homosexual
15 attraction is really a reparation, a repairing of one's
16 deficit sense of one's self which is projected onto the
17 other person. Now, the concept of homosexuality as a
18 reparative drive is consistent in the psychoanalytic
19 literature so it's a fundamental concept.

20 Q. Subparagraph (c), still on 1, you say,
21 "According to the psychodynamic tradition, the man with
22 SSA has failed to fully identify with his own gender."
23 And again, tell me what that means. Obviously I've read
24 lots of your writing, but this is for the record and I'd
25 like your current explanation of what that means.