# EXHIBIT 34

SUPERIOR COURT OF NEW JERSEY

HUDSON COUNTY

LAW DIVISION

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| Michael Ferguson, Benjamin Unger, Sheldon Bruck, Chaim Levin, Jo Bruck, Bella Levin,<br><br>Plaintiffs,<br><br>v.<br><br>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,<br><br>Defendants. | DOCKET NO. L-5473-12 |

**EXPERT REPORT OF CHRISTOPHER DOYLE, M.A., L.C.P.C.**

## I. QUALIFICATIONS AND PUBLICATIONS.

My name is Christopher Doyle. I am a licensed clinical professional counselor in the state of Maryland and the Director of the International Healing Foundation (IHF), of which I have been providing psychotherapy for clients who experience unwanted same-sex attractions and/or are gay-identified, for nearly five years. I hold a Master of Arts in Professional Counseling from Liberty University. In my five years of clinical experience, I have treated approximately 150 men who experience conflicts with their sexuality or sexual orientation. Most of these men do not accept a gay identity for their lives, and seek counseling to overcome unwanted homosexual desires and attractions and increase opposite sex attractions. I have also worked with countless parents and families, both in individual consultations, family healing sessions, and group psychotherapy retreats. I am the co-creator of several different therapeutic retreats at IHF, including the *Breakthrough Healing Weekend* for men with unwanted same-sex attractions, *Key to Your Child's Heart Healing Weekend* for fathers of same-sex attracted children, and *Key to Your Child's Heart Healing Weekend* for mothers of same-sex attracted children. I am also the author of several publications on adolescent sexual health and bullying prevention, and a former associate editor of the peer-reviewed scientific journal *Adolescent & Family Health.* I speak and write often on issues related to sexual orientation, sexuality, relationships, and sexual identity. My columns are regularly published at The Christian Post and I am also a contributor to Barbwire.com, and was the first ever recipient of the Dr. Joseph Nicolosi Award for early career excellence, presented by the National Association for Research and Therapy of Homosexuality. I am also a former same-sex attracted man, and have not had a homosexual impulse, attraction, or desire for over ten years. I have been married to my wife for eight years, and together, we have three children. Please also see my *curriculum vitae* which is attached hereto as Exhibit 1.

## II. STATEMENT OF OPINIONS AND BASIS THEREFOR.

### A. Background and Development of Homosexuality and Rationale for Psycho-Therapeutic Interventions to Reduce and/or Eliminate Unwanted Same-Sex Attractions.

The focus of this expert report will be to discuss, describe, and defend the various techniques that JONAH, Alan Downing, and People Can Change (PCC) employ in their psychotherapeutic and coaching to reduce and/or eliminate unwanted same-sex attractions (SSA), also known as sexual orientation change effort (SOCE) therapy. However, the author finds it necessary to first discuss some important considerations for the socio-political background of sexual orientation, development of SSA, and the rationale for SOCE interventions.

In their efforts to secure equality, the gay rights movement has taken homosexual behavior, once widely considered to be a clinical condition that could be successfully treated to various degrees (Phelan 2014, Phelan et el. 2009), and has turned it into a socio-political identity. The terms gay, lesbian, bisexual, transgender, queer (LGBTQ) – along with the over fifty gender identities recognized in LGBTQ circles – have no scientific basis whatsoever, but rather, are social constructs created by homosexual activists to achieve desired political ends (Doyle, 2014). Indeed, while critics of SOCE therapy often contend that its methods and techniques are not grounded in science (Beckstead, 2012), these accusations are not only untrue, as this report will

demonstrate, but quite actually, a projection of their own lack of scientific proficiency for an alternative to interventions that seek to change homosexual behavior.

No example is clearer than the American Psychological Association's 2009 Task Force on SOCE (APA, 2009). Called the *Report of the American Psychological Association on Appropriate Therapeutic Responses to Sexual Orientation*, the six member Task Force consisted of either gay-identified or gay-affirming psychologists who had previously gone on the record as opposing SOCE for philosophical reasons (Phelan et al., 2012, p. 55). According to the APA Ethical Principles, psychologists should refrain from taking on interests that impair their objectivity (APA, 2002). One of the Task Force's principle rationales for the creation of its Report was that "Advocates [those who opposed SOCE (e.g., Drescher, 2003) and those who promoted SOCE (e.g., Nicolosi, 2003)] asked" for such a report (p. 12). However, when it came to assembling the Task Force, advocates who were pre-opposed to SOCE (i.e., Drescher, 2003; Glassgold, 2007) were actually chosen to be members of the Task Force, while no proponents of SOCE were chosen (Nicolosi, n.d.).

Although the authors said that "Guidelines and standards for practice are created through a specific process that is *outside the purview* of the Task Force" (APA, 2009, footnote, p. 65, emphasis added), they made recommendations for public policy. Despite their own principle to not overtly influence public affairs (Tyler, 1969), this has been a recent trend for the APA. In several recent cases the APA has directly advocated for legal and policy changes (APA, 1998, 2003, 2005, 2008a). The Task Force undoubtedly was well aware that its report would be used as such and would be voted on by the APA's governing Council of Representatives at its annual convention. In fact, the report's authors asked for such a resolution. The policy aspect was passed without much scrutiny. Likewise, it did not accomplish a survey of its own membership, the mental health profession, or the general population for approval/disapproval, nor was there an established review period for feedback, despite the fact that the voice of the APA's members is generally solicited when the APA governance wishes to issue a major statement or resolution on behalf of the association (APA, n.d.). Unsurprisingly, the Task Force report's overall conclusion was unsupportive of SOCE interventions, and explicitly stated that the appropriate therapeutic intervention for all clients who experience same-sex attractions was to affirm that such behavior is natural, normal, and healthy – regardless of the client's goals, values, or religious beliefs.

In his book, *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*, former APA President, Dr. Nicholas A. Cummings, describes the current milieu of political correctness that is clouding honest scientific inquiry within the ranks of the APA:

> In 1973, American Psychological Association (APA) President Leona Tyler enunciated the principle which we would advocate in the name of psychology and when we would do so as concerned citizens. This principle became APA policy. In speaking as psychologists, our advocacy should be based on scientific data and demonstrable professional experience. Absent such validation, psychologists are free to speak as any concerned citizen, either as individuals or collectively through dedicated advocacy organizations. This separation is necessary if society is to ascribe credibility to advocacy when psychologists are speaking authoritatively as psychologists. Violation of this principle erodes the credibility

> of the science and profession to represent fact and evidence, and we become another opinionated voice shouting to be heard in the vast arena. Since enunciation of this principle, advocacy for scientific professional concerns has been usurped by agenda-driven ideology who show little regard for either scientific validation or professional efficacy. Although I am in agreement with many of APA's stances, I am opposed to the process that has diminished its credibility. It is no longer perceived as an authority that presents scientific evidence and professional facts. The APA has chosen ideology over science, and thus has diminished its influence on the decision makers in our society (xiv).

It is important to note, that in an affidavit filed in 2013 in this lawsuit, Dr. Cummings, who headed the mental health division of Kaiser Permanente, said he personally treated over 2,000 people with same-sex attraction, and his staff treated an additional 16,000. Of those of his patients who wanted to change their sexual orientation to heterosexual, "hundreds" were successful, going on to lead normal heterosexual lives (Cummings, 2013).

Ethical considerations aside, there were multiple problems with the Task Force's report, including methodological concerns, a failure to review and report all evidence, inconsistent application of standards for SOCE compared to gay-affirmative therapy, a lack of respect for client's autonomy and right of self-determination, questionable standards in evaluating the efficacy of SOCE, definitional problems for sexual orientation and sexual identity, false pretentions about sexual orientation and biology, and conclusions on what constitutes "harm" (Phelan et al, 2012).

## 1. Etiology and development of same-sex attractions

In spite of their agenda-driven ideology, one year prior to the APA's Task Force report in 2009, the APA issued a statement on the etiology of sexual orientation in their publication: *Answers to your questions: For a better understanding of sexual orientation and homosexuality.*

> There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles (APA, 2008).

Similarly, the United Kingdom's Royal College of Psychiatrists released a position statement in 2014 that concurred with the APA's 2008 opinion. Although they are not supportive of SOCE treatments, they did admit the following:

> The Royal College of Psychiatrists considers that sexual orientation is determined by a combination of biological and postnatal environmental factors . . . There is no evidence to go beyond this and impute any kind of choice into the origins of sexual orientation. *It is not the case that sexual orientation is immutable or might not vary to some extent in a person's life.* Nevertheless, *sexual orientation for*

> *most people* seems to be set around a point that is largely heterosexual or homosexual. Bisexual people may have a degree of choice in terms of sexual expression in which they can focus on their heterosexual or homosexual side. It is also the case that for people who are unhappy about their sexual orientation – whether heterosexual, homosexual or bisexual – *there may be grounds for exploring therapeutic options* to help them live more comfortably with it, reduce their distress and reach a greater degree of acceptance of their sexual orientation (Royal College of Psychiatrists, emphasis added, 2014, p. 2).

It is important to note the nuances in the Royal College's position statement. First, they admit that sexual orientation is not immutable and may vary to some extent in a person's life. Second, they are careful to say that sexual orientation for *most people* (not all) seems to set around heterosexual or homosexual – this implies that *some people* may vary from the norm in their experience of sexual orientation. Third, the Royal College supports the rights of individuals to explore therapeutic options to reduce their distress around sexual orientation conflicts. While it is important to note that the Royal College does not support SOCE, their language is written such that it would seem to be a violation of human rights to deny a client the choice to engage in SOCE, if that treatment was to help them reduce distress of their unwanted SSA or sexual orientation.

Thus, it remains important to note as a foundation of this report, that no research has conclusively gained the approval among a consensus of scientists, either in the United States or the United Kingdom, to assert that homosexual behavior is innate, hard-wired, or determined by birth. This conclusion, however, has not come without a considerable amount of scientific inquiry, most notably, from gay-identified and gay-affirming scientists in the last twenty-five years.

### i. *Biological theories.*

The main types of research for biological theories on homosexuality have largely been confined to three areas: genes, hormones, and the brain. Many studies have attempted to find a genetic link to homosexual behavior (Vasey and VanderLaan, 2012; Ramagopalan et al, 2010; Alter et al., 2008; Silventoinen et al., 2008; Collins, 2006; Davierwala et al., 2005; Mustanski et al., 2005; Camperio-Ciani et al., 2004; Toma et al., 2002; Rice et al., 1999; Hu et al., 1995; Hamer et al., 1993; Pool, 1993; Beardsley, 1991; Plomin, 1990). Perhaps the most famous study on genetics and homosexuality (often called gene-linkage studies) came from Dean Hamer (1993), who found a statistically significant correlation between homosexual orientation and a genetic sequence on the Xq28 chromosome. However, later studies failed to replicate these results (Mustanski, et al., 2005; Rice et al., 1999). While the media largely reported, inaccurately, on the results of this study, Hamer himself said: "We have not found the gene—which we don't think exists—for sexual orientation (McKie, 1993)."

Perhaps a better illustration to understand the genetic influence, or lack thereof, of homosexuality exists in the many twin studies (Alanko et al., 2010; Langstrom et al., 2010; Silventoinen et al., 2008; Otis and Skinner, 2004; Bearman and Brueckner, 2002; Bailey et al., 2000; Kirk et al., 2000; Hershberger, 1997; Buhrich et al., 1991; Graham and Stevenson, 1985; Lathrope et al., 1984). When examining this issue from a logical point of view, if homosexuality

were genetically determined, one would expect concordance rates, that is, the likelihood that an identical twin of a homosexual male will also be gay, to be 100 percent. But actual data is far from even being close to that number – in fact, the largest study of identical twin pairs, taken from data in the Australian Twin Registry, found that among approximately 33,000 sets of twins, the concordance rate was 14 percent for self-identified lesbians and 11 percent for self-identify gays (Bailey et al., 2000).

It is also worth noting that Dr. Francis S. Collins, who headed the Human Genome Project at the National Institutes of Health, said the following regarding the genetic influences on the development of SSA:

> An area of particularly strong public interest is the genetic basis of homosexuality. Evidence from twin studies does in fact support the conclusion that heritable factors play a role in male homosexuality. However, the likelihood that the identical twin of a homosexual male will also be gay is about 20 percent (compared with 2-4 percent of males in the general population), indicating that sexual orientation is genetically influenced but not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations. (Collins, 2006).

Hormonal influences have also been a subject of scientific inquiry among the biological theories for the development of SSA. A common theory is that pre-natal exposure to excess hormones (or not enough hormones) may cause homosexuality (Lish et al., 1992; Ehrhardt et al., 1984; Money et al., 1984). For example, the theory suggests that if a male embryo is exposed to lower than normal levels of Testosterone, or a female embryo to excess male Testosterone, SSA will result. Studies looking at the hormonal influences on sexual behavior are generally mixed, most indicating either no association or a very modest correlation at best (Frisen et al., 2009; Dessens et al., 2005; Banks and Gatrell, 1995; Dittmann et al., 1990; Gooren, 1990; McConaghy, 1987, Money and Lewis, 1982). Other research has looked at the Maternal Stress Theory, which argues that a mother's stress leads to a delayed testosterone surge in males (de Rooij et at., 2009; Meyer-Bahlburg et al., 2008; Ellis and Cold-Harding, 2001; Bailey et al., 1991) and the Maternal Immune theory, which theorizes that an immune attack on the fetus by the mother predisposes the unborn child to SSA. According to this theory, the mother's antibodies increase with each male child, thus raising the likelihood of SSA with each subsequent birth (Blanchard et al., 2002; Cantor et al., 2002; Blanchard and Bogaert, 1996). However, reviews of this literature have described these theories as "speculative" (Whitehead and Whitehead, 2013). For example, James (2004) describes the evidence for effects of prenatal hormone exposure on subsequent sexual orientation as "weak," while Banks and Gatrell (1995) said the association with hormones and SSA is lacking a causal link.

The third common area of scientific inquiry on the biological aspects of SSA resides within the brain. Early research tried to determine sex differences between brain matter by theorizing that a prenatal testosterone surge structured the brain to be male (Phoenix et al., 1959). Stemming from that school of thought, theories arose that homosexuals might be born with brain matter of the opposite sex, thus causing them to be sexually attracted, prenatally, to the same sex (Swaab et al., 1995; LeVay, 1991). Perhaps the most well known study based on this theory was conducted by LeVay (1991), whose research looked for differences in the adult brains of

homosexuals and heterosexuals, specifically in the region called the hypothalamus. The weakness in LeVay's study, however, was that he was not able to prove whether differences in this region of the brain were the cause of SSA or a result of homosexual behavior. A replicated study by Byne et al. (2000) confirmed a difference between the hypothalamus of males and females, but did not find significant differences between the brains of homosexuals vs. heterosexuals. More recent research (Berglund et al., 2006; Savic et al., 2005) looking at differences between the brains of homosexual vs. heterosexuals with certain interacting sex hormones have proven to be more reliable due to better research designs, but the results of these studies have not provided stronger evidence of pre-natal differences than previous research (Witelson et al., 2008; Lasco et al., 2002; Byne, 1995; Swaab et al., 1995). According to Whitehead and Whitehead (2013):

> We change our brains at the micro-level through the way we exercise, and anything we do repetitively especially if associated with pleasure, e.g. sexual activity. So, even if LeVay did find real differences in the brains of his subjects, this was probably the result of their homosexual activity, not the cause of it (p. 156).

It is the author's opinion that in order to determine accurate differences between the brain matter of homosexuals and heterosexuals, longitudinal research would need to be conducted on newborns (via MRI brain scans) for many years, to determine how, if any, environmental and experiential differences, affected the brain, between those who later develop and SSA and those who do not, while comparing their original MRI scans for any early dissimilarities (Doyle, 2011).

### ii. *Attachment theories.*

Bowlby's (1977) work on attachment between parent-child is foundation to one of the modern views of the development of same-sex attraction. He believed that a secure sense of self requires consistent contact with a parent perceived as "stronger and wiser" (p. 203). Insecure attachment, however, causes the child to feel anxious and vulnerable, and deprives him of the emotional reserve necessary to explore the world beyond the mother's sphere (Nicolosi, 2009, p. 74). Bowlby (1988) went on to do clinical research on the effects of emotional abandonment, which initially take the form of "protest," then "despair," and finally, "apparent withdrawal of attention from ongoing life" (pp. 93-96). This final reaction is similar to Moberly's (1983) concept of "defensive detachment," or a defense of dissociation so often seen in homosexual clients. According to Schore (2003), those who use the defense of dissociation are likely to have experienced early attachment trauma with the mother, which manifests itself in adulthood as a disconnect from the world and a shift to a depleted (emotional) state, precipitated by certain triggers with the original trauma (Nicolosi, 2009, p. 78). This concept builds upon the previous literature (Phelan et al., 2009), which suggests that a principal cause of SSA to be a detachment from the same-gender parent.

Ainsworth & Bowlby (1991) then expanded this concept of the attachment figure as "a secure base from which an infant can explore the world. In addition, (Ainsworth) formulated the concept of maternal sensitivity to infant signals and its role in the development of infant-mother attachment patterns (Bretherton, 1992, p. 1)." One of the major tenets of security theory is that

infants and young children need to develop a secure dependence on parents before launching out into unfamiliar situations (Bretherton, 1992, p. 4). According to Bowlby (1951), the mother is principal in the child's development and security by successfully transferring skills to the child and empowering him to master these skills and become independent of her need.

> It is not surprising that during infancy and early childhood these functions are either not operating at all or are doing so most imperfectly. During this phase of life, the child is therefore dependent on his mother performing them for him. She orients him in space and time, provides his environment, permits the satisfaction of some impulses, restricts others. She is his ego and his super-ego. Gradually he learns these arts himself, and as he does, the skilled parent transfers the roles to him. This is a slow, subtle and continuous process, beginning when he first learns to walk and feed himself, and not ending completely until maturity is reached . . . Ego and super-ego development are thus inextricably hound up with the child's primary human relationships. (p. 53)

Unlike earlier Reparative Therapy theory (Nicolosi, 1991), which emphasized the father as the principal source of detachment, and cause, for SSA, Bowlby emphasized the female parent. In infancy, he comments, "fathers have their uses, but normally play second fiddle to mother. Their prime role is to provide emotional support to their wives' mothering (Bretheren, 1992, p. 8)." Thus, if the father is unable to provide this emotional support to his wife, this will have a trickle-down affect on the child, and may cause him to be insecurely attached first to the mother, then later, the father. Not achieving the necessary bonding and secure attachment, the narcissistic mother and non-salient father then produce an atmosphere where a child may develop SSA (Nicolosi, 2009, p. 72).

Later work by both Ainsworth (1963, 1967) and Bowlby (1969, 1973, 1980) provided empirical support for their theories (for a complete bibliographic review, see: Bretheren, 1992). Modern SOCE (sometimes known as Reparative Therapy) has been greatly influenced by the work of Ainsworth and Bowlby:

> Under attachment theory, a major goal in psychotherapy is the reappraisal of inadequate, outdated working models of self in relation to attachment figures, a particularly difficult task if important others, especially parents, have forbidden their review. As psychoanalysts have repeatedly noted, a person with inadequate, rigid working models of attachment relations is likely to inappropriately impose these models on interactions with the therapist (a phenomenon known as transference). The joint task of therapist and client is to understand the origins of the client's dysfunctional internal working models of self and attachment figures. Toward this end, the therapist can be most helpful by serving as a reliable, secure base from which an individual can begin the arduous task of exploring and reworking his or her internal working models (Bretheren, 1992, p. 26).

According to Fisher and Greenburg (1977), the vast majority of the psychoanalytic literature supports the theory that homosexuality may derive from an insufficient attachment to parents, that is, a distant or negative father and an overprotective (or insecure) mother. In their 1996 book (2nd Edition), after reviewing all the psychoanalytic studies they still found the "classic father"

complex, that being, a distant, detached, cold, or hostile as seen by the homosexual son. They found this to be "overwhelmingly supported" (p. 242) by several empirical studies. In fact, they stated in their review of the literature that, "There is not a single study...that we have been able to locate in which male homosexuals refer to [their] father as positively or affectionate" (p. 242). They then concluded:

> The increased pool of data available reinforces the concept of the negative father... the concept of the negative father is strengthened not only by additional studies based on questionnaire responses and subliminal inputs, but also cross-cultural quantitative indexes (p. 139). The post-1977 material we have reviewed concerning male homosexuality has narrowed the apparent support for Freud's formulation in this area. Previously, we regarded the empirical data to be congruent with Freud's theory that male homosexuality derives from too much closeness to mother and a distant negative relationship with father. As noted, the increased pool of data available reinforces the concept of the negative father but fails to support the idea of the overly close, seductive mother...So we are left with only one of the major elements in Freud's original formula concerning the parental vectors that are involved in moving a male child toward homosexuality. This reduction in confirmed points on the graph makes it all too easy to conjure up alternative theories of homosexuality that could incorporate the "negative father" data...There would be no need to appeal to the Oedipal image of a son competing with his father for mother's love (Fisher and Greenburg, 1996, p. 139)

Unfortunately, the political incorrectness in performing research on homosexuality after it's removal from Diagnostic and Statistical Manual of Mental Disorders in 1973 had a profound effect on the quality and quantity of research on these developmental theories. Thus, it may not be certain that the poor attachment with father in combination with an overbearing mother is the primary cause for the development of homosexuality, *at least not for all males*, although it may indeed be the cause for some.* It is therefore necessary to consider alternative theories. Nevertheless, evidence of the effectiveness of attachment theory in psychotherapeutic interventions exists for a wide variety of clinical issues, including emotionally impaired clients and families, personality disorders, psychopathology, and other emotional disorders (Goldberg et al., 2013; Bowlby, 1988).

### iii. *Trauma-related and situational theories.*

Other theories for the development of homosexuality are based on the idea that those who experience SSA have higher rates of trauma when compared to the heterosexual population, and thus, sexual attractions emerge as a learned behavior (in the case of sexual abuse or assault)

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* It should be noted that Psychodynamic (as distance from Psychoanalytic) thinking has gone beyond the one dimensional over-possessive, intrusive, domineering mother -which is still true in so many cases- to what is now understood as "intense but insecure attachment." Unlike the original attachment theory, in this scenario, the mother goes back and forth between intrusive and detached, which may have implications for the development of SSA. For more information, see Schore (2003).

and/or as a result of physical, emotional, or psychological trauma in childhood, which may cause the individual to remain in early psychosexual stages of development and unconsciously sexualize emotional needs for the same sex (Nicolosi, 2009; Cohen, 2000; Medinger, 2000; Nicololsi, 1991).[†] According to Walker et al. (2012):

> There is a significantly higher rate of childhood sexual abuse among individuals who identify as lesbian, gay, bisexual, or queer . . . being a survivor of childhood sexual abuse can later affect adult sexual identity formation by examining it through the intersection of gender, race, and sexual orientation. Adult lesbian, gay, bisexual, and queer abuse survivors may experience unique clinical challenges while healing from this type of traumatic experience and developing a healthy lesbian, gay, bisexual, or queer identity (p. 385).

Conron et al. (2008) conducted a five-year study where they interviewed 38,910 adults, ages 18-64, and found that among those surveyed, 97.1 percent self-identified as heterosexual, 1.9 percent were gay or bisexual, and 1 percent reported being bisexual. Survey results indicated that gay/lesbian respondents were three times as likely to have a lifetime history of sexual assault compared to heterosexuals, while bisexual respondents were four times more likely to experience sexual assault twelve months prior to the survey. Gilman et al. (2001) studied a random, nationally representative household survey of the general U.S. population, consisting of 125 men and women reporting any homosexual behavior in the past five years and 4,785 men and women reporting exclusively opposite-sex sexual partners. Among those who identified as SSA, 20.9 percent experienced Post Traumatic Stress Disorder (PTSD) vs. 5.9 percent who identified as heterosexual. Tomeo et al., (2001) found that in 942 nonclinical adult participants, gay men and lesbian women reported a significantly higher rate of childhood molestation than did heterosexual men and women. Forty-six percent of the homosexual men in contrast to 7% of the heterosexual men reported homosexual molestation. Twenty-two percent of lesbian women in contrast to 1% of heterosexual women reported homosexual molestation. Jinich et al. (1998) also found a higher proportion of those who identified as homosexual (25%) to have experienced childhood sexual abuse compared to the general population.

In addition to the theories on trauma-induced SSA, other research has found that some individuals will participate in same-sex sexual behaviors, and in some cases, may experience SSA as a result, in certain situations and for certain time periods, due to a lack of suitable heterosexual partners, or for certain cultural rituals (Elliston, 1995; Stoller & Herdt, 1985). Akers et al. (1974) found in their research that certain behaviors in correctional facilities exhibited by inmates, such as homosexuality, were more of a function of the specific prison, rather than a characteristic they brought in with them. Other research in correctional institutions has found similar results, that homosexual behavior is a product of the environment, rather than a characteristic among inmates. For example, research has demonstrated that some inmates may return to only heterosexual partners after prison, while others who were initiated into homosexual behavior, either voluntarily or involuntarily, may continue to experience SSA and engage in homosexual behavior after being released (Sagarin, 1976; Gagnon et al., 1972; Kirkham, 1971). Similarly, cross-cultural research has found homosexual behavior to be

[†] The author is not attempting to provide a comprehensive or systematic review of the scientific literature, but simply providing clinical evidence to support this theory.

ritualistic and/or initiatory process, as with the Sambia initiation in Papua New Guinea – who used homosexual behavior as a way to "separate boys from their mothers and reinforce masculine authority traumatically, thereby creating a hierarchy of dominance over underlings (Herdt, 1982, p. 46).

## 2. Rationale for Psychotherapeutic Interventions to Reduce/Eliminate Unwanted SSA.

There exist a wide variety of reasons an individual may want to seek professional help to reduce or eliminate unwanted SSA. It is important to understand, in the author's opinion, that clients rarely experience incongruence between their SSA and desired life goals without some amount of co-occurring issue that also presents itself. While it is true that no major world religion expressly approves of homosexual behavior and relationships (Gagnon, 2002), and that some clients will seek out therapy due to their sincerely held religious beliefs, other clients will be propelled into therapy for a wide variety of clinical issues that causes maladjustment. These clinical issues typically present themselves as substance abuse, anxiety and/or depression, sexual abuse or trauma, partner violence or relationships struggles, and/or HIV/AIDS or other sexual transmitted infections (STI's) or diseases (STD's). Much like SSA, the therapist's job is to treat the underlying issues that may lead to these issues, while also working with the client to determine how the issues may be contributing or interfering with the resolution of underlying issues.

The presence of SSA, and the underlying issues that cause these feelings, may interact with a client's overall sense of well being and cause him to experience a number of co-occurring issues. It is well documented in the scientific literature that homosexual clients experience higher rates of substance abuse when compared to the heterosexual population. While some research (DHHS, 1994; Weinberg, 1972) suggests that societal rejection may cause homosexuals to turn to substances to cope with the pressure to conform, other research suggests that since homosexual attractions typically precedes substance abuse (Craig, 1987; Whitam & Mathy, 1986), the substance abuse may be a consequence of underlying unresolved issues.

### i. *Homosexuals experience higher rates of substance abuse and addictions.*

According to Phelan et al., (2009) homosexual men in the United States report being afflicted with drug and alcohol dependencies at rates that are much higher than that of the general population. Studies since 1975 show that these rates are as high as double those of the heterosexual population (Craig, 1987; Fenwick & Pillard, 1978; Fifield, 1975; Fifield, Latham, & Phillips, 1977; Gruskin & Gordon, 2006; Hatzenbuehler, Corbin, & Fromme, 2008; Lewis, Saghir, & Robins, 1982; Lohrenz, Donnelly, Coyne, & Spare, 1978; Meissner & Morton, 1977; Saghir & Robins, 1973; Sandfort et al., 2001; Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006; Saunders, 1984; Skinner, 1994; Weinberg & Williams, 1975; Ziebold, 1979), while a few researchers have reported lower prevalence. For example, Stall and Wiley (1988) reported only 19 percent higher, and Smith (1979) reported rates among homosexuals as being only 10 percent higher. More recently, Stall et al. (2001) found that in a study of a household-based probability telephone sample of 2,172 urban men who had sex with men in the previous five years (sample taken from Chicago, Los Angeles, New York, and San Francisco) 85 percent of homosexually behaving men reported alcohol use. Similarly, research has also found that binge drinking among those who experience SSA occurs in higher proportion compared to the general heterosexual

population (Ostrow, 1990; Ostrow, Beltran, & Joseph, 1994). Similar findings have also been reported for lesbians, whose drinking patterns average more than three times the general population (Drabble and Trocki, 2005; Cochran et al., 2000; Anderson & Henderson, 1985; Burke, 1982; Diamond & Wilsnack, 1978; Hughes & Wilsnack, 1994; Johnson & Palermo, 1992; King & Nazareth, 2006; Meads, Buckley, & Sanderson, 2007; Nardi, 1982; Sandfort et al., 2001, 2006; Valanis et al., 2000; Weathers, 1980; Wilsnack et al., 2008; Ziebold & Mongeon, 1982).

Drug use among homosexuals is also generally higher than heterosexuals. A meta-analysis by Marshal et al. (2008) found drug abuse among homosexuals to be 2.89 times higher than general substance abuse among heterosexuals. Drabble and Trocki (2005) found that odds of THC use—marijuana, hash, THC, or "grass"—was 4.70 (odds ratio) for homosexual women and 6.09 for bisexual women, compared to heterosexual women. Cochran et al. (2004) found that in a nationally representative sample of 194 SSA and 2,844 heterosexual men and women, homosexual use of cocaine among men was nearly two times (37.2 percent vs. 19.5 percent), hallucinogen use was nearly two times (34.7 percent vs. 18), and inhalents were over three times (30.8 percent vs. 9.8 percent) the amount of heterosexual men. Similar prevalence has also been reported in the literature (Wang et al., 2007; Sandfort et al., 2006; Cochran et al., 2004; Thiede et al., 2003; Gilman et al., 2001; Stall et al., 2001; Sandfort et al., 2001; Skinner, 1994; Ostrow et al., 1994; Seage, 1992; McManus et al., 1982; Goode & Troiden, 1979).

### ii. *Homosexuals experience higher rates of HIV/AIDS, other STD's, and partner violence.*

Homosexuals are also at a much higher risk for HIV/AIDS and STI's/STD's because of their risk-taking sexual behaviors. Because of the nature and risk of anal intercourse, men who have sex with men (MSM) are much more at risk than lesbians and the general heterosexual population. For example, the Centers for Disease Control and Prevention (2010) found that although MSM represent about 7% of the male population in the United States, in 2010 MSM accounted for 78% of the new HIV infections among males. While a complete review of literature is outside the scope of this report, Phelan et al. (2009, p. 60) summarizes the literature when it reports:

> The prevalence, consistency, and relapse risk-taking behavior for HIV and AIDS is much higher among homosexuals than among heterosexuals. Risky sexual behaviors are so widespread in the homosexual community that risk education programs over the past two decades have clearly failed, with seroconversion rates now approaching those before the programs started. The incidence of apparent heterosexual transmission of HIV/AIDS in the United States was rather low during the 20th century, making up approximately 10 percent of the total cases (Huether & McCance, 1996). However, the *risk* of HIV/AIDS among homosexuals at that time was approximately 430 times greater than among heterosexuals (Odets, 1994) because of the higher infection rate present in the homo- sexual population, the larger number of partners among homosexuals, and the greater likelihood of transmission through anal as opposed to vaginal sex. Homosexuals consistently represent the highest rates of HIV/AIDS cases in the United States. For example, in a 1990 report, close to 96 percent of San

> Francisco's AIDS cases were homosexual men (Ekstrand & Coates, 1990). In another cohort of 508 homosexual men in San Francisco, 50 percent tested positive for HIV antibodies (Hays, Turner, & Coates, 1992).

Romantic instability, either due to high-risk sexual behavior with multiple sexual partners[‡] or via other means, may also cause some with SSA to seek our therapy as a means to change sexual orientation and/or find heterosexual partners that can provide more stability. Research on homosexual women concludes that partner violence is more prevalent in lesbian relationships than in heterosexual relationships, depending on the study (Owen & Burke, 2004; Berry, 1994; Renzetti, 1992; Lie & Gentlewainer, 1991; Brand & Kidd, 1986; Lobel, 1986). While seemingly more pronounced in lesbian partnerships, research also suggests that homosexual men be at greater risk for partner violence as well (Seligson & Peterson, 1992). For example, Greenwood et al. (2002) found that the level of violence in relationships between homosexual men was considerably higher than the level of violence by men against women in the heterosexual community.

**iii.** ***Homosexuals experience higher rates of mental illness.***

Finally, the literature is vast on the prevalence of psychological disorders and mental health problems in the homosexual community. When compared to the general heterosexual population, the data is quite overwhelming. According to Phelan et al. (2009): "It would be difficult to find another group of people in society of comparable size to those with same-sex attraction that have such a high level of psychopathology that expresses itself in such varied forms (p. 85)." Bailey's (1999) conclusions about the Herrell et al. (1999) and Fergusson et al. (1999) studies provide important considerations:

> These studies contain arguably the best published data on the association between homosexuality and psychopathology, and . . . converge on the same unhappy conclusion: homosexual people are at substantially higher risk for some forms of emotional problems, including suicidality, major depression, and anxiety disorder . . . Some mental health professionals who opposed the successful 1973 referendum to remove homosexuality from DSM-III will feel vindicated. Second, some social conservatives will attribute the findings to the inevitable consequences of the choice of a homosexual lifestyle. Third, and in stark contrast to the other two positions, many people will conclude that widespread prejudice against homosexual people causes them to be unhappy, or worse, mentally ill. Commitment to any of these positions would be premature, however, and should be discouraged. It would indeed be surprising if anti-homosexual attitudes were not part of the explanation of increased suicidality among homosexual people, but this remains to be demonstrated. (p. 884).

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[‡] In working with approximately 150 men who experience SSA, clinical observations have revealed a significantly greater amount of sexual partners when compared to clients in the heterosexual population. It is not uncommon for adult homosexual clients to report from 50-100 lifetime sexual partners. One client currently in treatment reported between 1,200 – 1,500 sexual partners and remarked: "There have been so many in my sixty-plus year life, and because some were groups of men all at once, I have simply lost count."

## B. Summary of Plaintiff's Deposition Allegations and Defense Responses.

Now that a proper discussion on the development of SSA and rationale for psychotherapeutic interventions to address its underlying causes has been established, this report will briefly summarize the Plaintiff's allegations against JONAH, with specific references of the four client Plaintiffs as it concerns the therapeutic processes involved in-session. While the depositions of the two parents of the client-Plaintiffs were also considered, they will not be addressed in this report, primarily due to the fact that they were not in-session with their children, and therefore, their testimony on behalf of their children's complaints (on these therapeutic processes) would have to be considered hearsay.

### 1. The use of nudity as causing harm.

Some of the Plaintiffs allege that the use of nudity in coaching sessions with Alan Downing were harmful. For example, several times in his deposition, Chaim Levin called the nudity exercise he underwent with Downing "sexual abuse," but then admitted that no one else would call it sexual abuse, nor had he ever claimed it as sexual abuse (prior) or filed a criminal complaint against Downing. (Levin, 2014, 557-561). During the nudity exercise (which is intended to reduce body shame) Levin claims that he protested each time Downing instructed him to take an article of clothing off, and that he felt pressured and manipulated in removing his clothes. (pp. 318, 321-323, 560, 718). Levin also accused Downing of instructing him to touch or fondle his penis once nude (p. 536). Interestingly, Levin also admitted that at least two former clients of Downing said they participated in the same nudity exercise and that it was not traumatic for them (p. 539). Levin also contradicted himself in an opinion article he wrote (after he terminated coaching with Downing) on what he said Downing told him to do when removing clothing (reminding him of his need to push himself and that sometimes, he might feel uncomfortable doing this in treatment), claiming that Downing was "coercing" him to remove clothes (p. 442). Additionally, Levin admitted to taking part in the nudity exercises at the Mankind Project's (MKP) *New Warrior Training Adventure* weekend (it is important to note that MKP is very gay-affirming and uses many of the same processes as Downing) and didn't consider it sexually abusive.[§] (p. 718). Finally, in his deposition, Levin misstated the purpose of the nudity exercise, which is not to intended to "cure" gays (as he remarked) but to reduce body shame (p. 722). This is almost entirely the same point of the *New Warrior Training Adventure* nudity exercises, which Levin admitted to be "pushy" in their approach but did not consider it be sexually abusive. (p. 721).

Benjamin Unger spoke briefly on the use of nudity in his deposition. Unger discussed an exercise that JONAH supposedly employed, where a client was asked to remove his clothes while other men circled around him. (Unger, 2014, 151-152). However, he admitted that he did not feel comfortable participating and was not even present for the exercise (p. 152). Michael

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[§] There are two nudity exercises in the Mankind Project's *New Warrior Training Adventure* weekend, the second of which is more intimate and requires the men to see each other fully nude and sit in a circle in the daylight. Sometimes this exercise is called "cock talk" where men talk openly about their sexuality and bodies to reduce shame. This is much more invasive and anxiety producing, in my opinion, then a one-on-one session with a coach or therapist.

Ferguson, who was in treatment with JONAH for roughly three months, had no exposure or participation in coaching with Downing or JONAH that involved nudity. However, he said he participated in nudity exercises with a religions program prior to coming to JONAH, and that he considered the use of nudity in session as "sexual engagement" (Ferguson, 2014, p. 339).

In his defense, Alan Downing regarded using nudity in coaching with Levin as a way to help the client break through body shame and negative messages about himself, and never attempted to have power over or sexualize the client – the control always remains with the client during this therapeutic process, and the therapist does not impose his will, thereby helping the client regain his power (Downing, 2014, p. 494). Downing also denies that he ever instructed Levin to touch or fondle his penis during the exercise (pp. 246-247). Regarding the use of nudity with Michael Ferguson, Downing claimed that there was very little to no work around body shame, and thus, no use of nudity. However, Downing may have encouraged Ferguson to explore certain exercises (i.e., skinny-dipping) in order to "free" or "liberate" himself from any body shame, as "a lot of same-sex attractions are based in shame" (Downing, 2014, pp. 317-320).

**2. The use of healthy touch as causing harm.**

In their depositions, some of the Plaintiffs accused Downing of inappropriately touching, hugging, or holding them – in a sexualized or otherwise objectifying manner. Michael Ferguson claimed that there was inappropriate touching during a group holding exercise that he participated in with Downing (Ferguson, 2014, p. 333). Benjamin Unger claimed to have gone through at least one "touch" exercise with Downing, but that he did not view it as sexual (Unger, 2014, p. 201). Additionally, Unger remarked that Downing hugged him several times (presumably as a greeting) but that he did not know whether or not Downing was sexualizing him (Unger, 2014, p. 223). When questioned about the use of touch to heal trauma in coaching and/or through experiential/guts work processes in Journey Into Manhood or group therapy with JONAH, Downing remarked that touch, "done in a safe way reintroduces (clients) into human contact, healthy human contact and it would help them to learn that touch doesn't have to be sexual, that it doesn't have to be abusive. It is one of many techniques that would help bring someone back into the present and into a state of safe intimacy" (Downing, 2014, pp. 264-265).

**3. The use bioenergetics and psychodrama/guts work as causing harm.**

In their depositions, some of the plaintiffs also remarked that the use of Bioenergetics (Lowen, 1994) (e.g., hitting a tennis racket or baseball bat on a pillow to release anger) or other Psychodramatic/Guts Work processes caused harm. For example, in one session with Downing, Michael Ferguson said he felt distressed for being instructed to get in touch with his anger towards his parents during a therapeutic process (Ferguson, 2014 p. 195). Benjamin Unger alleged that beating a pillow with a tennis racket about his mother was harmful, and that the exercise, which lasted less than one minute, caused several abrasions on his hands. (Unger, 2014, pp. 131-133). He also remarked that he understood he was free to not participate in the exercise (p. 134). Chaim Levin also stated that a one-day "Guts Workshop" that JONAH held in Jersey City, NJ was harmful, yet, ironically, e-mails uncovered in his deposition revealed that he wrote to a friend the day after the workshop, recommending that he work with Downing (Levin, 2014, p. 165).

In his defense, Alan Downing describes in detail during many parts of his deposition, the reasons and processes around Psychodrama/Guts Work, which are to help clients resolve underlying issues that may be causing SSA. He explains that none of the processes are meant to help clients go from gay to straight:

> No exercise has anything to do with helping any individual shed unwanted SSA. These exercises are compilations, or they have a cumulative effect, perhaps in allowing someone to perhaps become more authentic, more at peace with who they are." (Downing, 2014, p. 210).

It would be arduous to describe, in detail, each process Downing defended in his deposition, but the overall intent was stated well here:

> These processes, as absurd as they look to the outside world, change men's lives. It allows them to see something differently, to symbolically work through a blockage in their mind that they have never been able to walk through before. I can honestly tell you it's sacred work. Whether it's men who have participated in the Journey into Manhood weekend or men who have participated in the New Warriors weekend. The outside world may not understand it, but it changes lives and it is sad that people who don't understand want to destroy that which helps people. (Downing, 2014, p. 525).

**4. The use of motivational interviewing to challenge a client as causing harm.**

Sheldon Bruck, who worked with Thaddeus Heffner for four sessions, said that one aspect of Heffner's counseling in particular caused him harm. Bruck said that Heffner was rude and unprofessional and obnoxious to him and that he screamed at him during a session telling him not to give up (Bruck, 2004, p. 143). In his defense, Heffner denies screaming at Bruck, and asserts that they never actually had a conversation about whether Bruck should continue with therapy, and first heard of his concerns in an email. (Heffner, 2014, pp. 141, 146).

**5. Plaintiff's concepts of sexual orientation change.**

An important factor to discuss is the concept of sexual orientation change in the counseling and coaching services offered by JONAH. During the course of the Plaintiff's depositions, they consistently made comments such as: "The Defendant's promised me I would go from gay to straight" and "I am still aroused by men" therefore, the services offered by JONAH did not work and caused harm. Such statements take categorical views on sexual orientation, neglect to consider the concept of sexual fluidity and that sexual attractions reside on a continuum. The Defendants deny using such phrases (Goldberg personal, 2014, p. 142, 398; Downing, 2014, pp. 62-64).

For example, Michael Ferguson (2014) insisted that having any SSA disqualifies any change at all on continuum of sexual attractions (p. 115). Further, his definition of sexual orientation, which he describes as "innate feelings of sexual or emotional desire," is simplistic and unscientific (pp. 164-165). Ferguson then went onto contradict himself when admitting that romantic orientation involves more than just the physical act of sex (p. 302).

Sheldon Bruck (2014) alleged that the four counseling sessions received by Thaddeus Heffner caused him harm, yet admitted that he didn't expect change in four sessions (p. 141) and that he did not give the program enough time for it to work for him (p. 210). Similarly, Michael Ferguson (2014) remarked that "no one could help him change in three months" and admitted that Sheldon Bruck's four sessions would not be sufficient either (p. 302). Further, Benjamin Unger (2014) said that JONAH promised that he could be turned from gay to straight in four years. Even if that were true, Unger spent only ten months in therapy with JONAH (p. 12).

There were also inconsistencies even in some of the Plaintiff's depositions regarding their own opposite-sex attractions. For example, Chaim Leven (2014) admitted on his application to the ManKind Project's *New Warrior Weekend*, which he attended during his coaching with Alan Downing, that he had "significant opposite sex attractions" and that he viewed some women as "hot" and "sexy" but yet in his deposition denied that he was sexually attracted to these women (p. 765, 802). Similarly, Michael Ferguson (2014) said he "got a charge" from dating a woman (p. 202).

While some of the Plaintiffs claim they did not go from "gay to straight" their own statements in depositions reveal that at times, they did indeed have opposite-sex attractions. Further, their own definitions of sexual orientation are unscientific, perhaps causing them to feel disillusioned by their lack of progress in coaching/counseling with JONAH. It is important to recognize that sexual orientation does not consist only of sexual arousal, attractions, or feelings. One of the most modern measures is the Klein Sexual Orientation Grid (1978), which refined the Kinsey Scale. It describes sexual orientation as a dynamic, multi-variable concept that includes both sexual and non-sexual elements, including sexual attraction, sexual behavior, sexual fantasies, social preference, emotional preference, self-identification, and lifestyle preference.

**6. Factors that may have affected plaintiff's lack of success.**

Factors that may have affected the Plaintiff's lack of progress or change include their length of time and consistency in counseling, lack of social support, substance abuse problems, as well as other co-occurring mental health issues. The Plaintiff who spent the longest time in counseling with JONAH was Chaim Levin. However, in his fifteen months of work, Levin missed several pre-scheduled therapy appointments, and was at times, inconsistent in the work that was required of him. He admits in his deposition to writing to his Rabbi: "I know Arthur means well, but I just gave up (Levin, 2014, p. 360)." Despite Levin's lack of financial resources (one of his excuses for quitting therapy), JONAH offered him financial assistance so that he could continue to get counseling with Downing, but Levin never accepted their offer. Even more astounding are the many messages Levin wrote on the JONAH list serve, saying how much the work he was doing with Downing was helping him, and how profoundly impacted he was by Journey Into Manhood. Indeed, Levin wrote multiple messages on the JONAH list serve about his joy and gratitude for Arthur, Elaine, and JONAH and testified to his brothers of the powerful and helpful aspects of JIM and the JONAH program, saying it greatly helped him reduce shame, improve self-esteem, and understand himself. Similarly, Benjamin Unger (2014) labeled the services he received by JONAH, in an e-mail, as a "Lifesaver" (p. 75). Further, Levin's inability to quit smoking the fact that he was using marijuana during counseling, at one point, admitting to using every day, as well as his belief that he might have Borderline Personality Disorder, may have acted as confounding factors that limited his success (Levin, 2014, p. 710).

Michael Ferguson, who was in counseling with Alan Downing for approximately three months, commented in his deposition that he didn't even want to change sexual orientation, but rather, his written goals with Downing were to abstain from unholy sexual behavior. Yet, Ferguson claims that JONAH promised he would change sexual orientation even though Ferguson never seemed to list this as a goal for counseling (Ferguson, 2014, p. 141). Similarly, most of Thaddeus Heffner's work with Sheldon Bruck was intake and gathering information over four sessions. It is entirely clear from Bruck's deposition that he was never serious about counseling, nor did he really ever work on specific goals with Heffner.

In summary, the four Plaintiff's experienced a number of factors that may have limited their success in counseling, including inadequate length and consistency in treatment, co-occurring mental health issues, substance abuse problems, lack of motivation and follow-through in counseling, and a lack of social support. Even if these Plaintiffs were to receive counsel with the most credentialed, highly qualified therapist, the above issues would likely preclude them from reaching their goals.

## C. Efficacy of Psychotherapeutic Interventions to Reduce and/or Eliminate Unwanted Same-Sex Attractions.

### 1. Individual (one-on-one) psychotherapeutic interventions.

In their work, JONAH's coaches and therapists employ a variety of individual therapeutic processes to reduce and/or eliminate unwanted same-sex attractions by resolving underlying issues that are identified to be causing homosexuality (Berk, n.d.). Over the years, individual counseling has been found to be effective in reducing and/or eliminating same-sex attractions and/or behavior, and has been widely reported in the scientific literature. While not all of the methods described below are predominantly or exclusively used by JONAH in their work, elements of these processes may be combined in an eclectic manner to help clients reach goals, thus, it is important to document their efficacy in the scientific literature.

Psychoanalysis was one of the first and most common methods to help clients resolve SSA, where the analyst "explored causal and contributory factors insomuch that he could obtain intellectual insight and better understand his condition. Commonly, the focus was on strengthening the ego and diminishing inhibition and repressions which where believed to derail heterosexual development" (Phelan, 2014, p. 10). Psychoanalysis has been widely documented in the scientific literature to help clients and patients resolve homosexual attractions and increase opposite-sex attractions (Berger, 1994; MacIntosh, 1994; Siegel, 1988; Bieber and Bieber, 1979; Socarides, 1978; Jacobi, 1969; Lamberd, 1969; Ovesey, 1969; Wallace, 1969; Socarides, 1968; Freud, 1968; Bieber, 1967; Kaye, et al., 1967; Hadfield, 1966; Mintz, 1966; Cappon, 1965; Mayerson and Lief, 1965; Ovesey et al., 1963; Bieber, et al., 1962; Coates, 1962; Beukenkamp, 1960; Glover, 1960; Monroe and Enelow, 1960; Robertiello, 1959; Berg and Allen, 1958; Hadfield, 1958; Curran and Parr, 1957; Bergler, 1956; Eidelberg, 1956; Ellis, 1956; Caprio, 1954; Allen, 1952; London and Caprio, 1950; Stekel, 1930; Gordon, 1930).

Cognitive and Behavioral therapy "focuses on changing behaviors through altering negative, faulty, or otherwise irrational thinking patterns" (Phelan, 2014, p. 35). These therapies have been documented to help condition homosexual clients away from acting out on same-sex

desires and other unwanted sexual behaviors (Pradhan et al., 1982; James, 1978; Phillips et al., 1976; Callahan, 1976; Freeman and Meyer, 1975; Cantón-Dutari, 1974; Herman et al., 1974; Orwin et al, 1974; Tanner, 1974; Cantón-Dutari, 1976; McConaghy, 1973; Barlow and Agras, 1973; Maletzky and George, 1973; Kendrick and McCullough, 1972; McConaghy et al., 1972; Shealy, 1972; Hallam and Rachman, 1972; Cautela and Wisocki, 1971; Feldman and MacCulloch, 1971; Feldman et al., 1971; Van den Aardweg, 1971; Hatterer, 1970; Huff, 1970; Mandel, 1970; Larson, 1970; Bancroft,1970; Kraft, 1970; Bergin, 1969; Fookes, 1969; McConaghy, 1969; Serban, 1968; Cautela, 1967; Cautela and Kasternbaum, 1967; Kraft, 1967; Cautela, 1967; Frankl, 1967; Mather, 1966;; Feldman and MacCulloch, 1965; Schmidt et al., 1965; MacCulloch and Feldman, 1967; Solyom and Miller, 1965; Feldman and MacCulloch, 1965; Feldman and MacCulloch, 1964; James, 1962; James and Early, 1963; Freund, 1960; Stevenson and Wolpe, 1960; Ellis, 1959; Poe, 1952; Rado, 1949). Pharmacology is another method, sometimes used in combination with Behavioral and Cognitive therapy to help clients reduce the compulsion to act out on homosexual and other addictive, unwanted sexual behaviors (Elmore, 2002; Golwyn and Sevlie, 1993; Buki, 1964; Owensby, 1940).

Sex therapy teaches clients to "overcome fears of having sex with the opposite sex through various means including talk/coaching, desensitization, and/or use of surrogates" (Phelan, 2014, p. 64). Although not widely used and reported in the literature, its success in helping homosexual clients reduce SSA has been documented in a number of studies (Schwartz & Masters, 1984; Masters and Johnson, 1979; Conrad and Wincze, 1976; Pomeroy, 1972).

Hypnosis has been documented to be helpful for "clarification, extinction of former associations, and formation of new conditional associations" (Phelan, 2014, p. 66). While not widely used today, it has also been documented to help homosexual clients (Cafiso, 1983; Roper, 1967; Alexander, 1967; Regardie, 1949; Prince, 1898; Albert von Schrenck-Notzing, 1895; Although Charcot and Magnan, 1882).

Other eclectic therapies, where multiple techniques are used, have been documented to be helpful for reducing and/or eliminating unwanted SSA (Jones and Yarhouse, 2011; Nicolosi, 2009; Cummings, 2007; Bell et al., 1981; Liss and Welner, 1973; Moan and Heath, 1972; Braaten and Darling, 1965; Whitener and Nikelly, 1964; Woodward, 1958). Additionally, reports of clients undergoing SOCE with a variety of therapeutic modalities, some of whom benefitted from such efforts, is found in the recent literature (Karten and Wade, 2010; Karten, 2006; Spitzer, 2003; Shidlo and Schroeder, 2002; Beckstead, 2001; Nicolosi et al., 2000). Finally, Meta-Analyses and Syntheses have documented successful outcomes as well (Byrd and Nicolosi, 2002; Jones and Yarhouse, 2000; James, 1978; Clippinger's, 1974; Glover, 1960).

## 2. Efficacy of group therapeutic interventions

Throughout the course of therapy and/or coaching, JONAH also conducts group therapy with their clients (i.e., one day 'Guts Work' workshops), and also refers clients to attend experiential processing healing weekends, such as People Can Change's *Journey Into Manhood* and *Journey Beyond* weekends, as well as Mankind Project's *New Warrior Weekend*, as well as other similar retreats and healing weekends (Goldberg personal, 2014, pp. 417-418; Downing, 2014, pp. 225-226). The efficacy of group therapy has been widely and extensively documented in the scientific literature to be helpful clients wishing to reduce and/or eliminate unwanted

same-sex attractions and/or behavior (Birk, 1980; Birk, 1974; Bieber, 1971; Pittman and DeYoung, 1971; Truax and Tourney, 1971; Hadden, 1971; Birk et al., 1970; Miller et al., 1968; Hadden, 1966; Buki, 1964; Litman, 1961; Finney, 1960; Smith and Bassin, 1959; Hadden, 1958; Hadden, 1957; Eliasberg, 1954).

### i. *Psychodrama and experiential processing.*

The most common methods used by JONAH in their group work are Psychodrama and Experiential Processing, or what is also known as "Guts Work" (Goldberg personal, 2014, p. 419; Downing, 2014, p. 496). Techniques within this modality include a variety of methods to help clients re-experience and reprocess unconscious painful memories from their past that may be leading to unwanted SSA. Oftentimes, the goal of Psychodrama is catharsis and new insight into that which is driving unwanted homosexual feelings, desires, or behaviors. According to Powell (n.d.), catharsis is derived from the Greek word, which is translated as 'cleansing' or 'purification'. Most of the definitions emphasize two essential components of catharsis: the emotional aspect (strong emotional expression and processing) and the cognitive aspect of catharsis (insight, new realization, and the unconscious becoming consciousness) and as a result – positive change (p. 1). The APA (2007) associates catharsis with the psychodynamic theory and defines it as "the discharge of affects connected to traumatic events that had previously been repressed by bringing these events back into consciousness and re-experiencing them" (p. 153).

The founder of Psychodrama, Moreno (1946) believed that reenacting scenes from one's past, dreams, or fantasies can assist the client in bringing unconscious conflicts into consciousness by achieving relief and positive change, thus reuniting the unconscious parts of the psyche and the conscious self while revealing deep and long-standing negative emotions and neutralizing the negative impact of traumatic experiences (Kipper, 1997). While there has been some question on the effectiveness of catharsis, some research has validated it as a healing aspect for clients (Pascual-Leone, 2007; Watson and Bedard, 2006; Nichols, 1974). Other research has challenged the use catharsis, with some studies indicating that releasing anger in therapy is not helpful (Jemmer, 2006; Bushman, 2002). However, Powell (n.d.) argues that "some of the conclusion about ineffectiveness of 'venting anger' are generalized to all cathartic experiences (Kennedy-Moore & Watson 1999), therefore catharsis based therapeutic techniques are claimed to be ineffective. The question is how reasonable is this generalization and how the research on the ineffectiveness of 'venting anger' can be applied to the cathartic techniques in general?" (p. 6). According to Scheff (2001), the effectiveness of catharsis in therapy strongly depends on balancing the past distress and feeling of safety and support in the present, in other words achieving a client's optimum 'distancing' from the traumatic event, by being an 'observer' as well as the participant . . . The repeated somatic-emotional discharge of grief, fear, and anger with appropriate distancing and support are necessary components for success. Thus, JONAH and Alan Downing's use of bio-energetics (releasing of anger with a tennis racket or baseball bat), both in individual and group exercises, appears to have been appropriate. For example, in Alan Downing's deposition, he discusses how he would reiterate to clients that if they experienced any distress in cathartic processes, such as Bioenergetics and the use of nudity to release body shame, that he would be available 24/7 in the upcoming days and could be reached by telephone or email, in order to provide them with a sense of safety support in their work. (pp. 440-441). Additionally, the use of Bioenergetics in JIM weekends is not simply for the purposes of venting anger, but rather, to get in touch with repressed core emotions of anger in order to

break free from past negative messages that instill shame and feelings of inferiority, which are believed to reinforce unwanted SSA. For example, it is taught in JIM that releasing anger fully is a way experience release, relief, and peace (Wyler, 2014, p. 385). Fosha (2005) discusses how accessing core emotions produces genuine transformation for clients:

> Accessing core emotions and achieving a core state are both pathways to genuine transformation. The term core is not to be confused with the terms primary or basic in emotion theory. Core qualifies clinical phenomena and has two referents: functionally, it refers to a state wherein profound opportunities for deep, rapid, and mutative therapeutic work exist; qualitatively, it refers to affective expressions that are free of defense or red-signal affects. The categorical emotions, or core emotions, include sadness, anger, joy, fear, and disgust. In pure form, their experience and expression lead to an automatic state transformation. The core state refers to an altered condition, one of openness and contact. Within it, the individual is deeply in touch with essential aspects of his own self and relational experience and become potentially mutative. These affective experiences include feelings toward and about the other, authentic self-states or self-experiences, and relational experiences (p. 138).

Perhaps one of the main reasons Psychodrama is utilized both in JIM weekends and group work conducted by JONAH is its ability to tap into the right hemisphere of the brain, where traumatic memories and repressed emotions reside. In Psychodrama and affect or emotion-based therapy, sensations that reside in the body are traced back to right hemisphere of the brain while balancing the demands of the left hemisphere. Indeed, "the body remembers what the conscious mind may confabulate or may not remember at all. Central to the responsible conduct of psychodrama is the process of helping the protagonist to recognize and integrate what the right brain is trying to communicate without upsetting the social coping skills of the left brain" (Hug, 2007, p. 231).

The use and efficacy of Psychodrama in group work has been widely reported in the scientific literature over the years. Indeed, "as a therapeutic modality invented more than seven decades ago, psychodrama (has) made a significant impact on the development of group psychotherapy" (Kipper and Ritchie, 2003, p. 13). A comprehensive review of the scientific literature on Psychodrama would be practically impossible, as there are over 7,000 published studies of its use over more than 70 years (Sacks et al., 2009). Thus we are constrained to look at meta-analyses to evaluate its effectiveness. Prior to Kipper and Richie's (2003) meta-analysis, four recent reviews of psychodrama existed in English (D' Amato & Dean, 1988; Kellermann, 1982; Kipper, 1978; Rawlinson, 2000), all coming to similar conclusions, that although the initial empirical research on the effectiveness of psychodrama revealed some encouraging results, the data were insufficient and often lacked methodological rigor. However, Kipper and Ritchie (2003) argue that there are two main limitations with these reviews: 1) They take a qualitative method of analysis; and 2) They have not differentiated between studies of the effectiveness of the entire psychodrama procedure and studies concerned with the effectiveness of individual psychodramatic techniques (p. 14). Thus, in their analysis of 25 studies, they looked at the overall effectiveness of the studies from a quantitative perspective, and differentiated between four specific Psychodrama techniques (role reversal, multiple techniques, role-playing, and doubling) in these studies to determine which ones were the most helpful.

Results indicated that group Psychodrama was more effective than group Psychotherapy in general, and that role reversal, doubling, and role-playing enactment were the most effective techniques, while the use of multiple techniques did not appear to be effective.

### ii. *The use of healthy touch and nudity in experiential processing.*

Two additional therapeutic techniques, the use of healthy touch and nudity, were listed by some of the Plaintiffs as a significant source of distress and harm (Levin 2014, pp. 318-320; Ferguson, 2014, pp. 37-38; Unger, 2014, pp. 180-182). As will be discussed first, the use of touch in psychotherapy has a long history and is not unique to JONAH or JIM, nor is its practice unethical. According to Zur (2007):

> As psychoanalysis emerged (in the twentieth century), an analytic ideology was created around the prohibition of touch. It was based on the conviction that any touch is likely to gratify sexual and instinctual infantile longings or drives, subsequently contaminating the analytic container and nullifying the possibilities for analysis to help the clients work through their issues . . . The conflict around the use of touch in therapy has stayed with the field since that time. In recent years the primary tension is between, on one side, the long-established scientific knowledge that has consistently proven that touch is essential for healthy human development and human relationships and, on the other side, the ethical concerns with exploitative and harmful sexual touching of clients by therapists. A great amount of scientific data has been acquired in the last half century on the importance of touch for human development, bonding, communication and healing . . . The clinical use of touch in therapy has also been studied extensively and has conclusively determined that touch can enhance the therapeutic alliance as well as increase a sense of trust, calm and safety (p. 62).

Despite its controversy, many professional psychotherapists use touch in some way or form in their work with clients, and therefore, it has prompted professional associations to regulate its use so as to legitimize the practice and protect its safe and ethical use in therapy. The United States Association for Body Psychotherapy (USABP) is an organization of such practitioners who use touch, movement, and breathing in their work. Their code of ethics gives specific guidelines on how touch should be used, boundaries around its use, and explicitly states that touch in psychotherapy should never be used to gratify personal needs (of the therapist) or be sexual in nature (USABP Code of Ethics, 2001).

The use of non-sexual, healthy touch is meant to help clients experience a positive attachment to the therapist, in individual and group psychotherapy, as well as for men within a SSA support or therapeutic group to bond in non-erotic ways in order to facilitate emotional intimacy and healthy need fulfillment. Certain processes within the group therapy of JONAH and JIM have utilized healthy touch. These techniques might be considered to be in the school of psychodramatic bodywork, which uses experiential methods, sociometry, role theory, and group dynamics to facilitate insight and integration on a cognitive, affective, and behavioral level. It helps clarify issues and enhances learning so participants can develop new skills (Phelan, 2009, p. 103). Aaron (2006) believes in the use of touch in the context of psychodrama to enact cathartic release. One example is supporting a client by gently holding (his/her) hands on his or

her back, which she believes will help him or her in grounding his or her emotions so he or she becomes more comfortable and centered.

According to Zur & Nordmarken (2011) touch refers to any physical contact occurring between a psychotherapist and a client or a patient in the context of psychotherapy, and is likely to increase the sense of connection and trust between a therapist and client. The enhancement of the therapeutic alliance is of utmost importance, and as has been extensively documented, the quality of the relationship between therapist and client is the best predictor of therapeutic outcome (Lambert, 1992). However, Zur & Nordmarken (2011) caution that when a client initiates or requests touch, the therapists must use his or her clinical judgment to ascertain whether providing or withholding touch is ethical and clinically advantageous in each therapeutic situation.

Phelan (2009) argues that touch has been a part of psychotherapy from its beginning until present, beginning with Freud, who "used massage to the neck and head to facilitate emotional expression and age regression in his patients, while allowing them to touch him" (p. 97). Totton (2003) discussed five types of touch in pysychotherapy: (1) touch as comfort; (2) touch to explore contact; for example, a therapist may ask a client to allow him to put his hand on his chest as a way to evoke or to stay with his feelings; (3) touch as amplification, which is the use of touch to help the client focus and bring attention to body sensations; (4) touch as provocation; in line with Reichian tradition, physical touch in the form of pressure is used on the client's rigid muscles to provoke discharge, for example; and (5) touch as skilled intervention; which is the enacting of a particular paradigm.

A number of studies have documented that the use of the touch in psychotherapy enhances the client's perception of the therapist and/or counseling experience (Horton et al., 1995; Hubble et al., 1981; Alagna et al., 1979; Bodderman et al., 1972). Pattison (1973) found that touch produced an increase in self-disclosure and self-exploration on the part of the client. In an exploratory study conducted by Bassya (2002) based on interviews with psychotherapists who used touch with their clients, positive outcomes were reported by four of the five cases. Similarly, Pinson (2002) found similar results with four psychoanalytic therapists, with the majority of patients claiming that touch had a positive effect on their treatment. Thus, used ethically and appropriately, healthy touch in individual and group psychotherapy and/or coaching can benefit the overall therapeutic relationship as well as the outcomes clients experience in therapy.

The use of nudity in individual therapy and coaching, as well as in experiential healing weekends, was another allegation of harm by some of the Plaintiffs (Levin, 2014, pp. 318-320, 714-715). Levin (2014) claimed that during an exercise to heal body shame, Alan Downing coerced him into removing clothing, despite the fact that the Plaintiff alleged to have protested after each article of clothing was removed, and then once nude said he was instructed to touch or fondle his penis (Levin, 2014, pp. 318-322). In his deposition, Downing (2014) categorically rejected Levin's allegations of how the session progressed (i.e., he said he never instructed Levin to touch or fondle his penis, and only lightly reminded Levin of his need to push himself to the limit and/or become uncomfortable in his work in order to heal body shame wounds). (Downing, 2014, pp. 247, 445-446) Working through the feeling of being uncomfortable with one's body to reduce shame is viewed as an integral process for Downing, and is not unique to his work. While

some may consider nudity in a therapeutic environment bizarre and unorthodox, it has been used for decades in some therapeutic circles, including therapists who practice gay-affirming therapy (de Freitas, 2006**). Neo-Reichian therapist June Schwartz comments:

> In my work, clothing is not optional. I require clients to be nude while practicing the breathing methods I teach. For many of them, that is not considered comfortable at all. But they accept it, either because they have seen the results of my work, or people they trust have referred them and they therefore come to trust me. But it's not as a matter of comfort that I insist on it (Goodsen, 1991, p. 103).

Like Downing, Schwartz does not practice nude with her clients, and views nudity as an essential element for certain processes in her psychotherapy.

But neither did Schwartz invent the concept of nudity within psychotherapy, which dates back to 1967. Designed as a form of group therapy, the session featured 24 participants who were encouraged to "disrobe" in order to facilitate "emotional intimacy [and] transparency" and decondition "distortions . . . associated with body image" (Nicholson, 2007, pp. 338-339). According to Nicholson (2007) it is important to emphasize that therapeutic nudism has a distinguished academic pedigree in academic psychology, most notably the humanistic psychology of Abraham Maslow.

> Maslow's concept of 'peak experiences,' (a) psychological term for a mystical experience (is important in the development of nudity in psychotherapy). Likening the experience to a 'visit to a personally defined heaven, Maslow described peak experiences as moments of maximum psychological functioning. 'He feels more intelligent, more perceptive, wittier, stronger, or more graceful than at other times.' Not only was a person generally enhanced during a peak experience, but he also felt a heightened sense of oneness with himself and the world around him. 'The person in the peak-experiences feels more integrated (unified, whole, all-of-a-piece) . . . and is more able to fuse with the world' (p. 341).

Paul Bindrim (1967; 1947) developed Maslow's concept of peak experience to further his work in nude psychology. Using nudity in what he called Encounter Groups, Bindrim's concept was that physical nakedness could facilitate emotional nakedness and, therefore speed up psychotherapy (Goodson, 1991, p. 19). Later, Ellen Woodall (2002) promoted nudity as a means of enhancing social equality, body acceptance and a natural way of being. Like Woodall, "Bindrim was convinced that the 'natural state' of humanity had been lost and that disrobing would peel back layers of modernist artifice and alienation and reestablish a healthy connection with one's body and the true self" (Nicholson, 2007, p. 345).

According to Howard (1970), it was essential for Bindrim's participants to be physically

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** The importance of the de Freitas piece is his report of six clients he treated with in nude psychotherapy to help affirm their homosexuality, as opposed to the type of work done by SOCE practitioners such as Alan Downing, who helps clients with unwanted SSA reduce body shame and increase self-acceptance.

open in order to facilitate emotional openness:

> Freely blending psychoanalysis and Maslovian theory, Bindrim told his participants that they needed to reenact the hurt and frustration in their life in order achieved a psychologically hallowed state. 'The idea is to regress, if possible, to the trauma that caused the distortion. That's the way to start toward a peak experience' . . . Nude therapy was based on the idea of the naked body as a metaphor of the psychological soul . . . For more pragmatically minded clients, nude therapy was simply a new technique to achieve old, earthbound aims: a happier marriage, better communication, greater self- acceptance. For more spiritually restive clients, nude therapy promised not only a new self, but a 'higher' self with a richer and more fulfilling emotional life and an enduring connection to a transpersonal power (Howard, 1970, p. 95).

In a supplemental document for his defense, Downing (n.d.) describes the purpose and intention for his use of nudity in coaching as originating from his experience in MKP's *New Warrior Weekend* and the desire to take the nudity exercises that helped many gay-identified men (at the MKP weekend) achieve a sense of equality with their heterosexual brothers, and incorporate these concepts in healing for men with unwanted SSA in order to gain a greater sense of self-acceptance and reduce body shame:

> Its primary intended purpose in my opinion based on my observations and conversations with other New Warriors (including leaders), is to create a sense of equality between all the men on the weekend, and to heighten ones vulnerability and openness . . . I also found it to be a powerful tool for demystifying stories that I told myself about my body and the bodies of other men . . . Demystifying and desexualizing male anatomy go hand in hand since with repeated exposure to non-sexual, non-isolating same gender nude experiences, my perceptions around men and me began to expand and then change. That which used to be exotic and therefore erotic became much more common place . . . My own use of nudity in individual sessions grew out of the recognition that many of the men with whom I was working were experiencing serious envy towards other men. This usually grew out of deep shame that they felt about themselves and a belief that they were less than the men with whom they compared themselves. I wanted them to be able to grow beyond these self-limiting perceptions but not all of them could wait for, or afford the next NWTA or Journey Beyond opportunity . . . In these latter situations I began to notice that nudity could be used not only as a way of literally changing perceptions around one's physical body, but it was equally effective as a metaphor for changing one perceptions of one's internal power and the ability to manifest that power by walking through fear and the old self-limiting stories (pp. 1-2).

Downing (n.d.) then goes onto to describe how he specifically incorporates the use of nudity in his coaching sessions, such as his work with Chaim Levin:

> The process consists of a man identifying his self-limiting beliefs, the things that hold him back from living his life fully, freely, and without shame. Once the self-

limiting beliefs are identified the client is given the option of discarding those old beliefs or holding on to them. If he chooses to discard them, then he identifies an article of clothing that he will associate with that belief and then consciously states his intention to shed that belief as he removes the article of clothing. After the article of clothing is removed, then the client is instructed to feel what it is like to "be" without the burden of the former belief. The physical association of one less piece of clothing whether because of exposure of skin to air, or because of less weight/pressure on the body, or even feeling the sensation of the ground on ones bare or stocking feet creates a physical association and metaphor which drives home the point. This is a multi-step process. After each step the client is given time to orient himself to his new state of awareness and asked if he wants to proceed further or if he wants to stop the process. The client is always in charge and has the option of stopping at any time. They are reminded of this before and throughout the process. As with any kind of process, resistance to going forward is acknowledged, processed, and challenged, however if the client chooses not to proceed then as a facilitator I look to acknowledge the accomplishment of where they came to, leaving open the possibility that they can revisit this another day, or that it is very possible that this is far as they need to go. It is essential that the client not experience any shame around how far they took the process or any decision they made. Once the client has reached their end point which may or may not include full nudity, then he is given time to acclimate to his new sense of self and find positive messages about himself that will eventually replace his recently released negative, self-limiting beliefs. In most cases he is also given the opportunity to explore his body visually or tactilely as suits his need. Once this second phase of the process is complete, then the client is instructed to put his previously discarded clothing on, one article at a time and to associate that article of clothing with a new, positive message about himself. The client is given the assignment to follow this ritual for the next week or more every time he gets dressed. Some key elements that I have incorporated in this process from the very beginning of offering it to clients include:

- Awareness that they are in control and can stop the process at any time.
- Making myself available by phone for several days after the process in the event that it stirs up emotions that they need to process.
- An understanding that they should experience no shame about the process and that they are free to discuss this with anyone they wish, while recognizing that what they experienced was very sacred and personal and that they should share it with people who can be supportive of their growth.
- A clear understanding of boundaries regarding touch and any sexual energy that they may experience as a result of the process.

As a result of the publicity generated by Chaim Levin, Benji Unger and their handlers I have sharply curtailed my use of this process. On the rare occasion

that I have done the process since, I have added the following guidelines, mostly for my protection:

- Release signed by the client prior to executing the process, acknowledging their understanding of the intention of the process, their boundaries and mine, their responsibility.

- Recommendation that a third party be present.

- If the third party option is declined by the client, then they must agree to have an audio recording made of the session.

My experience with this process has been overwhelmingly positive. Until the video by Levin and Unger was made public, no one ever complained about this process or implied that it was in anyway sexually abusive or inappropriate. In fact, none of the three plaintiffs ever approached me after their individual process to express concern or dissatisfaction with what they had experienced. Since Unger, Levin, and Ferguson have gone public no other former client has come forward to join their complaint. In fact I have had many clients contact me expressing dismay that the plaintiffs are misrepresenting this process, which they found to be so helpful. In addition two former clients who went through this process, currently identify as gay, and were cited by the plaintiffs in their testimony contacted me to express their sadness about this going public and making it clear to me that they were not involved, and did not want to be involved with this. To the best of my knowledge the clients who experienced this process, including the three plaintiffs prior their going public, found it to be enlightening, empowering and free of shame. It was in this spirit and with this intention that it was delivered (pp. 3-4).

The author of this report realizes that even with a detailed explanation of the history of nudity in psychotherapy and how it is incorporated in helping men with unwanted SSA heal body shame issues, this concept may still seem foreign for the average person not familiar with its therapeutic benefits. Thus, it is important to understand how this is interpreted and benefits individuals with unwanted SSA, in their own words. In his book: *A Bigger World Yet: Faith, Brotherhood, & Same Sex Needs*, Tim Timmerman (2012) takes the reader inside of what it means to be a man with unwanted SSA, and how nudity with other men in a non-sexual, safe, and healing atmosphere, has greatly benefitted him:

You may wonder, 'How on earth can getting naked with another man be helpful? Wouldn't that just trigger sexual desires all the more?' I'm not equating this resolution with attempting to solve a heterosexual man's issues of lust by exposing him to a lot of naked women, an absurd notion at best. The key comes from the obvious physicality of the matter. Men are men, women are women, and there are biological differences between the two. Men who have difficulty seeing themselves as men need to learn how to self-identify as being part of the brotherhood in often the most basic of contexts: equal and the same as gender-mates. The nudity that has been healing to these men is far from erotic and is

> always in a brotherly context, free from sexual overtones. It is an inclusion of being 'one of the guys' that this community of men has felt so estranged from. Men who struggle with sexualizing their same gender have a false sense that men are 'the other' rather than women, so when naked in a non-sexual context, they are confronted with the fact that they have the same equipment and they are part of the larger community of men. In the right context, that camaraderie dilutes and negates any sexualizing that could take place. In our fear of the opposite, we inhibit what would bring health, and make the situation more problematic, more of 'the other,' more mystery. When confronting the truth that their body is basically like other men, much of the power of that lie is taken away (pp. 198-200).

It is important to note that according to Timmerman, a core aspect of being nude in the presence of other men in a safe, non-sexualized manner is to gain a sense of equality and belonging in the presence of other men, to feel a sense of belonging and brotherhood. This is precisely one of the reasons MKP's *New Warrior Weekend* incorporates the use of nudity. Once again, it is important to note that MKP is a very gay-affirming organization, and prides itself on its cultural diversity. On their website, MKP boasts that it welcomes men of all sexual orientations to participate in their weekend:

> We create trainings and circles in which all men are welcome to discover their deepest truths. We welcome men of all sexual orientations: gay, straight, and bisexual, including those who identify as having unwanted same sex attraction, to do their own work as they define it, to respect the identity and value of others, and to take responsibility for the impact their words and behaviors have on others (Mankind Project, n.d.).

The author of this report participated in the MKP's *New Warrior Weekend* in Washington, D.C. in 2010 and found the exercises involving nudity to be very similar, in intent, to that which Downing used in his coaching sessions with some of the Plaintiffs. Although the methods are not identical, the purpose for their use is to reduce body shame and challenge negative messages and perceptions that men have about their bodies. In order to achieve a sense of trust among men and to feel comfortable around each other while nude, during the second night of the training, the men being initiated are blind folded and marched a few hundreds yards to a remote location outside of camp, where they are instructed to keep their blind folds on and remove all of their clothes, including under garments. The men are then placed back in a single-file line and marched nude together while listening to the beat of distant drums and individuals chanting and screaming. When they arrive at their destination, they are greeted by dozens of initiated men (some of whom are staffing the weekend, others comprised of former initiated brothers) and instructed to dance around a large bon fire while fully nude. It is an uncomfortable, yet freeing, exercise in trust to dance naked around a group of strangers without knowing what will come next. The men are then instructed to sit around the fire while the leaders call them up one-by-one where they are honored in front of the entire group for their work and bravery thus far in the weekend. After experiencing a sense of bonding and group cohesion, the following morning the men are once again instructed to undress and form a circle with other, where the leader engages them in a discussion on sexuality, body shame, and manhood while holding a wooden phallus. This activity is often called "Cock Talk" and is meant to demystify the men of any body shame

and promote a sense of equality and brotherhood. According to an article on their website, the Mankind Project (n.d.) describes this process below:

> The male body, in its many forms, is beautiful, normal, ridiculous, natural. We use nudity on our training to reveal and confront shame about the male body and to challenge our negative self-images . . . Honest and affirming dialog about male sexuality is still taboo. Today's young men are raised in a stilted, secretive culture where their expectations of the male body may be almost exclusively formed by viewing pornography. This presents a deeply warped view the male body. (And we cannot help but also notice and confront the often harmful, degrading, warped and objectified view of the female form and female sexuality.) The rest of the time we see men in the media who are either the 'idealized' athlete, soldier, comic book hero, or the ridiculed overweight slob. None of these are healthy or typical representations. Deeply ingrained homophobia, self-hatred, and fear of being ostracized or teased has fundamentally altered the fabric of male development. Many men carry painful memories of locker-room torment, self-consciousness and shame. As adult men, the preoccupation with sexual prowess, sexual function (E.D., penis enlargement) or sexual orientation forms a constant stream of meta information in our culture (not to mention spam!). And the message is usually that we're not OK, not good enough, or not acceptable to society. Our intent is to create safety to reimagine a man's relationship to his own body and to his sexuality. Men have the opportunity to begin constructing a sexuality that will help them deepen their relationship to themselves and their wives or partners. This exercise helps men create the intimacy that they want in their lives (Phearing the Phallus - Sexuality and Nudity on the NWTA).

These processes are nearly identical in intent to that which Chaim Levin described as harmful in his work with Alan Downing. Additionally, both NWTA and Downing's use of nudity are consistent with the original intent of Maslow, and later, Bindrim's concept of physical nakedness acting as a pathway for an individual to experience emotional breakthrough, openness, and release.

## III. CONCLUSION.

In summary, this report has provided hundreds of citations to scientific peer-reviewed research to back up the therapeutic processes and efficacy of individual and group SOCE, as well as documented and debunked the three most common biological theories of homosexuality. It has also provided a thorough and reasonable rationale for why individuals who experience unwanted same-sex attractions seek out therapeutic interventions to reduce and eliminate their homosexual feelings, with specific references to the many increased medical and psychological risks that homosexuals face when compared to the heterosexual population. Finally, it is the author of this report's opinion that the processes Chaim Leven underwent at the gay-affirming *New Warrior Weekend* were much stronger and potentially, more fear and anxiety producing, than the nudity exercise he participated in with Alan Downing. Similarly, the other Plaintiffs' allegations, and their expert witnesses, that SOCE is lacking of scientific rigor, and therefore its methods to help them reduce and eliminate homosexual feelings caused harm, is categorically

untrue when examining the rich scientific history underlying the therapeutic processes of JONAH, People Can Change, Alan Downing, and Thaddeus Heffner.

**FACTS AND DATA CONSIDERED**

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

Deposition Transcripts: Alan Downing, Arthur Goldberg (personal capacity), Benjamin Unger, Chaim Levin, Sheldon Bruck, Michael Ferguson, Rich Wyler, Thaddeus Heffner

See Alphabetical Bibliography attached hereto as Exhibit 2.

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## COMPENSATION

Aside from the $300 per hour fee for my deposition testimony to be paid by the plaintiffs, I have agreed to offer his 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**

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571-379-4546
cdoyle@ComingOutLoved.com

## EDUCATION

*Liberty University, Lynchburg, VA*
**M.A. in Professional Counseling** **2010**
Areas of Concentration: Integration of spirituality and psychology in counseling

*Grove City College, Grove City, PA*
**B.A. in Political Science and History** **2004**
Honors: Graduated with High Honors in Political Science and History

## EXPERIENCE

*Northern Virginia (NOVA) Christian Counseling, Bristow, VA* **2014**

**Founder, Licensed Clinical Professional Counselor**
Counsels individuals, groups, and families with a primary emphasis on integrating Christianity with psychology.

**2013 - Present**

*International Healing Foundation, Bowie, MD*

**Director, Licensed Clinical Professional Counselor**
Counsels individuals, groups, and families struggling with sexual orientation.
Directs the day-to-day operations, including public relations, donor development, grassroots lobbying, educational outreach, media relations. **2010 - 2013**

**Resident Psychotherapist**
Provides individual, group, marriage/couple, and family psychotherapy **2009-2010**

*First Baptist Church of Glenarden, Glenarden, MD*
**Intern Therapist**
Provided individual and couple's therapy and co-facilitated weekly healing group

## RELATED EXPERIENCE

*Voice of the Voiceless, Bristow, VA* **2013 - Present**
**President and Co-Founder**

Founder of an advocacy organization that defends the rights of former homosexuals, individuals with unwanted same-sex attractions, and their families.

Contributes original articles to the organization's website, acts as the main spokesperson for the organization in the media, and directs the day-to-day operations and leads projects to produce a positive image of the ex-gay community.

*Equality And Justice For All, Arlington, VA* **2013 - Present**
**Political Consultant**

Lobbying federal and state legislatures on behalf of the ex-gay community and clients with unwanted same-sex attractions.

Assists and provides guidance to state coalitions and family policy councils in the effort to protect client and therapist rights; includes consultations and technical assistance documents to help further understanding, education, and insight in the political climate.

*Acception Productions, LLC, Bristow, VA* **2011 - Present**
**Director**

Writer/Producer/Director of *Acception*, a short film and bullying prevention health educational curriculum for grades 6-12.

Directs day-to-day operations of the organization, including marketing, academic relations, and speaking engagements to further the organization's mission.

*The Institute for Youth Development, Sterling, VA* **2006 - 2011**
**Behavioral Research Analyst** – "Youth Risk Behavior Prevention"

Responsible for disseminating research findings on youth-risk behaviors, analyzing data trends in adolescent sexual health, reviewing research on HIV/AIDS and sexual behavior in the United States and Sub-Saharan Africa, writing commentary on adolescent sexual health issues, and working on a cooperate agreement with the Centers for Disease, Control, and Prevention (CDC) on positive youth development.

**Editor-in-Chief** – "The Youth Connection"
Editor and contributing author of bi-monthly publication focusing on youth risk behavior prevention and positive youth development.

**Associate Editor** – "Journal of Adolescent & Family Health"
Associate Editor for the Institute for Youth Development's quarterly peer-reviewed journal.

**Acting Director** – "Compassion Capital Fund"
Administered technical assistance and provided guidance to grantees awarded funds through federal grant.

*Williams & Jensen, P.L.L.C., Washington, D.C.* **2005 -2006**
**Lobbying Assistant**
Performed a variety of administrative duties for two Washington, D.C. lobbyists

*Freedom Alliance, Dulles, VA* **2004 - 2005**
**Executive Assistant to the President/Development Assistant**
Drafted opinion-editorials for *The Washington Times* and assisted development dept.

*The White House, Washington, D.C.*
**Intern, Office of Faith-Based and Community Initiatives** **2004**

## PUBLICATIONS, PAPERS, CONFERENCES, AND TRAININGS

- Benefits of Delaying Sexual Debut, 2nd Edition. (September, 2014). In Press.
- *#TherapyEquality Comes to Massachusetts, Gay Activists Getting Desperate.* (August 2, 2014). http://barbwire.com/2014/08/02/0900-therapyequality-comes-massachusetts-gay-activists-getting-desperate/
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http://barbwire.com/2014/04/17/unfinished-tolerance-totalitarianism-others/

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- *Setting the Record Straight on 'Gay Conversion' Therapy for Minors.* (March 13, 2014). www.christianpost.com
- "Campus Climate Report: Virginia University LGBTQ Centers an 'Unsafe Zone' for Students with Unwanted Same-Sex Attraction." (November, 2013). Paper presented at the Annual Convention of the National Association for Research and Therapy of Homosexuality (NARTH). Phoenix, AZ.
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- A Critical Evaluation of the *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation,* Resolutions, and Press Release. (2012, co-author). *Journal of Human Sexuality, 4,* 41-69.
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- Loving SSA People and their Loved Ones. (October, 2010). Paper presented at the 2010 Assembly of God Men's Conference. Trinity, RI.
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- *National Day of Silencing Science*. (April 16, 2010). Townhall.com
- My Client Has Unwanted Same-Sex Attraction: Now What? (April, 2010) Workshop presented for the Institute for Psychological Sciences. Arlington, VA.
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- Benefits of Delaying Sexual Debut (May, 2008). Washington, DC: The Institute for Youth Development.

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- Licensed Clinical Professional Counselor (Maryland, 2013 – Present)
- Student/Early Career Committee, National Association for Research and Therapy of Homosexuality (NARTH) (2008-2013)
- Northern Virginia Licensed Professional Counselors (2010-2012)
- Secretary, Board of Directors, Parents and Friends of Ex-Gays and Gays (PFOX) (2009 – 2011)

## MEDIA APPEARANCES

- NBC News, AOL, World Magazine, National Catholic Register, Baltimore Sun, Buzzfeed, The Huffington Post, Charisma, LifeSiteNews, Sky News, Associated Press, USA Today, National Public Radio, Fox News Radio with Alan Colmes, Christian Broadcasting Network, American Family Radio with Sandy Rios and Brian Fischer, Salem Radio, 66 Minutes (French TV), The Dr. Oz Show, Dr. Michael Brown's "Line of Fire" Show, WHUR's "Sighlent Storm" on XM Satellite Radio, WUSA 9 NBC (Washington, D.C.), WDBJ News7 ABC (Roanoke, VA), ABC News 7 (Washington, D.C.), NBC News (Richmond, VA), Mancow Muller Show, Bob Dutko Show, NewdRadio, Linda Harvey, The Peter Heck Show, WTOP Radio (Washington, D.C.), The Washington Post, The Washington Examiner, The Washington City Paper, The Washington Times, The Washington Blade, New Jersey Star-Ledger, The Washington Blade, Yahoo News

## AWARDS AND RECOGNITION

- 2011 Dr. Joseph Nicolosi/NARTH Early Career Therapist Award and Scholarship
- Featured in CitizenLink Magazine, September 2014 (In Press)

Christopher John Doyle
9011 Raging Water Drive Bristow, VA 20136
571-379-4546
cdoyle@ComingOutLoved.com

## EDUCATION

*Liberty University, Lynchburg, VA*
**M.A. in Professional Counseling** **2010**
Areas of Concentration: Integration of spirituality and psychology in counseling

*Grove City College, Grove City, PA*
**B.A. in Political Science and History** **2004**
Honors: Graduated with High Honors in Political Science and History

## EXPERIENCE

*International Healing Foundation, Bowie, MD*

**Director** **2013 - Present**
Directs the day-to-day operations, including public relations, donor development, grass roots lobbying, educational outreach, and counseling to individuals, groups, and families struggling with sexual orientation.

**Psychotherapist**
Provides individual, group, marriage/couple, and family psychotherapy **2010 - Present**

*First Baptist Church of Glenarden, Glenarden, MD* **2009-2010**
**Intern Therapist**
Provided individual and couple's therapy and co-facilitated weekly healing group

## RELATED EXPERIENCE

*Voice of the Voiceless, Bristow, VA* **2013 - Present**
**President and Co-Founder**

Founder of an advocacy organization that defends the rights of former homosexuals, individuals with unwanted same-sex attractions, and their families.

Contributes original articles to the organization's website, acts as the main spokesperson for the organization in the media, and directs the day-to-day operations and leads projects to produce a positive image of the ex-gay community.

*Equality And Justice For All, Arlington, VA* **2013 - Present**
**Political Consultant**

Lobbying federal and state legislatures on behalf of the ex-gay community and clients with unwanted same-sex attractions.

Assists and provides guidance to state coalitions and family policy councils in the effort to protect client and therapist rights; includes consultations and technical assistance documents to help further understanding, education, and insight in the political climate.

*Acception Productions, LLC, Bristow, VA* **2011 - Present**
**Director**

Writer/Producer/Director of *Acception*, a short film and bullying prevention health educational curriculum for grades 6-12.

Directs day-to-day operations of the organization, including marketing, academic relations, and speaking engagements to further the organization's mission.

*The Institute for Youth Development, Sterling, VA* **2006 - 2011**
**Behavioral Research Analyst** – "Youth Risk Behavior Prevention"

Responsible for disseminating research findings on youth-risk behaviors, analyzing data trends in adolescent sexual health, reviewing research on HIV/AIDS and sexual behavior in the United States and Sub-Saharan Africa, writing commentary on adolescent sexual health issues, and working on a cooperate agreement with the Centers for Disease, Control, and Prevention (CDC) on positive youth development.

**Editor-in-Chief** – "The Youth Connection"
Editor and contributing author of bi-monthly publication focusing on youth risk behavior prevention and positive youth development.

**Associate Editor** – "Journal of Adolescent & Family Health"
Associate Editor for the Institute for Youth Development's quarterly peer-reviewed journal.

**Acting Director** – "Compassion Capital Fund"
Administered technical assistance and provided guidance to grantees awarded funds through federal grant.

*Williams & Jensen, P.L.L.C., Washington, D.C.* **2005 -2006**
**Lobbying Assistant**
Performed a variety of administrative duties for two Washington, D.C. lobbyists

*Freedom Alliance, Dulles, VA* **2004 - 2005**
**Executive Assistant to the President/Development Assistant**
Drafted opinion-editorials for *The Washington Times* and assisted development dept.

*The White House, Washington, D.C.*
**Intern, Office of Faith-Based and Community Initiatives** **2004**

## PUBLICATIONS, PAPERS, CONFERENCES, AND TRAININGS

- *Campus Climate Report: Virginia University LGBTQ Centers an 'Unsafe Zone' for Students with Unwanted Same-Sex Attraction.* www.VoiceoftheVoiceless.info. In Press.
- *Setting the Record Straight on 'Gay Conversion' Therapy for Minors.* (March 13, 2014). www.christianpost.com
- "Campus Climate Report: Virginia University LGBTQ Centers an 'Unsafe Zone' for Students with Unwanted Same-Sex Attraction." (November, 2013). Paper presented at the Annual Convention of the National Association for Research and Therapy of Homosexuality (NARTH). Phoenix, AZ.
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- "Loving SSA People and their Loved Ones." (October, 2010). Paper presented at the 2010 Assembly of God Men's Conference. Trinity, RI.
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- "Benefits of Delaying Sexual Debut" (May, 2008). Washington, DC: The Institute for Youth Development.

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## MEDIA APPEARANCES

- NBC News, AOL, World Magazine, National Catholic Register, Buzzfeed, The Huffington Post, Charisma, LifeSiteNews, Sky News, Associated Press, USA Today, National Public Radio, Fox News Radio with Alan Colmes, Christian Broadcasting Network, American Family Radio with Sandy Rios and Brian Fischer, Salem Radio, 66 Minutes (French TV), The Dr. Oz Show, Dr. Michael Brown's "Line of Fire" Show, WHUR's "Sighlent Storm" on XM Satellite Radio, WUSA 9 NBC (Washington, D.C.), WDBJ News7 ABC (Roanoke, VA), ABC News 7 (Washington, D.C.), NBC News (Richmond, VA), Mancow Muller Show, Bob Dutko Show, NewdRadio, Linda Harvey, The Peter Heck Show, WTOP Radio (Washington, D.C.), The Washington Post, The Washington Examiner, The Washington City Paper, The Washington Blade, New Jersey Star-Ledger

## AWARDS

- 2011 Dr. Joseph Nicolosi/NARTH Early Career Therapist Award and Scholarship

**Christopher Doyle, MA, LCPC**, psychotherapist, educator, and author is the Director of the International Healing Foundation (IHF), a non-profit organization that since 1990, has helped thousands of individuals and families struggling with sexual orientation.

Christopher is a licensed clinical professional counselor, and counsels men and women with sexual orientation issues, as well as the parents and families of lesbian, gay, bisexual, transgender, questioning, and children with unwanted same-sex attractions (LGBTQU) in the Washington, DC area. He also offers telephone and online consultations/coaching to individuals and families struggling with sexual orientation issues worldwide. In addition, he co-facilitates therapeutic groups and seminars, including IHF's *Tender Loving Care* (TLC) Seminar, *Key to Your Child's Heart* Mother's Healing Retreat, *Key to Your Child's Heart* Father's Healing Retreat, and *Breakthrough* Healing Retreat for men with unwanted same-sex attraction (SSA).

As the first ever recipient of the Dr. Joseph Nicolosi Award for early career excellence, Christopher has been recognized as one of the emerging therapists in the sexual orientation field by the National Association for Research and Therapy of Homosexuality (NARTH) in 2011. A published author and expert in adolescent sexual health, Mr. Doyle's work can be seen in periodicals such as the *Journal of Human Sexuality*, and has written articles for *Townhall*, *WorldNetDaily*, and *The Christian Post*. He is the director and author of *Acception: Bullying Solutions and Prevention Health Education Curriculum (and film)*, *Benefits of Delaying Sexual Debut* (the Institute for Youth Development) and *Benefits of Delaying Sexual Debut – Africa* (Children's AIDS Fund). He is also a former Associate Editor of the peer-reviewed journal *Adolescent and Family Health*.

Christopher has been a guest on *The Dr. Oz. Show*, National Public Radio, *Fox News Radio with Alan Colmes*, Christian Broadcasting Network, American Family Radio with Sandy Rios and Brian Fischer, *Salem Radio, XM Satellite Radio*, *Mancow Muller*, WTOP Radio, CBS Washington, DC, ABC Washington, DC, NBC Roanoke, VA, NBC Richmond, VA, French Television's '66 Minutes' and many more. His work has been featured in *USA Today*, *Associated Press*, *NBC News*, *AOL*, *BuzzFeed*, *The Washington Post*, *The Washington Times*, *The Huffington Post*, *The Washington Examiner*, *World Magazine*, *National Catholic Registry*, *Charisma*, *Washington City Paper*, *Washington Blade*, *New Jersey Star Ledger*, *LifeSiteNews*, *WorldNetDaily*, and many more. Mr. Doyle has spoken to international audiences, including the National HIV Prevention Conference, National Association for Research and Therapy of Homosexuality Convention, and the International Abstinence Leaders Conference. He also speaks regularly to churches and faith-based audiences across the country.

As a former homosexual, Mr. Doyle has overcome sexual abuse in his own life, and knows both personally and professional what it takes to heal trauma. Residing in the Washington, DC area, Christopher is a husband to his beautiful wife Sherry and father of three children; Andrew, Ariana, and Aaron.

***Call today to set up an appointment with Christopher. It will change your life!***
Tel. (301) 805-6111 / E-MAIL US

**EXHIBIT 2**

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