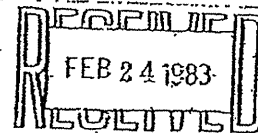


Psychology Associates

Licensed Clinical Psychologists

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CONFIDENTIAL COMPREHENSIVE MEDICAL AND PSYCHOLOGICAL EVALUATION

NAME: Father Franklyn W. Becker
ADDRESS: 5937 N. 35th Street
Milwaukee, WI
PHONE: 414-466-4382
REFERRAL SOURCE: Rev. Joseph A. Janicki
Victor for Priest Personnel
Archdiocese of Milwaukee
DATE OF BIRTH: 7-15-37
AGE: 45 years
DATES SEEN: 1-24-83; 1-25-83; 1-26-83; 2-14-83
DATE OF REPORT: February 21, 1983

REASON FOR REFERRAL:

Father Franklyn Becker was referred for a comprehensive medical and psychological evaluation due to concerns about possible mental health problems and other impulsive behaviors which may reflect poor judgment.

BACKGROUND INFORMATION:

Franklyn is the oldest of two sons. The first critical experience that he related that he could remember from childhood was the death of his father in an auto accident while on the way to church. He has vague memories of the funeral but is very cognizant that from that time on he took on a protective role with both his mother and his brother who was then five months old.

He described himself as a loner during his childhood, living in a small town and going to a one room school house. The friend

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who he was closest to moved away and subsequently he developed no other close friendships in grade school. He described himself as being a good student but his interest in music and art made him "different" from the boys who were athletic. He indicated that he shared more interests with the girls, to the point of playing with dolls with them and receiving one from his grandmother as a gift. He described feeling in-between in terms of masculinity and femininity and was often in a fantasy world. He started realizing an attraction to boys' bodies in approximately the 8th grade, and would feel excited during games of strip poker with his brother's friends or in the locker room. These feelings were not acted on and Franklyn indicated he was not fully aware of the complexity of these feelings.

He continued through high school being involved in band and chorus. One of the coaches seemed to realize a need and encouraged Franklyn to be the track manager. He did not date during this time but developed a close friendship with a young man who was the class president. Later during his first year in seminary this young man was killed in a train accident. Franklyn described this as a great loss and it brought tears to his eyes recalling it. He said he hadn't thought about it for awhile but on the way here passed through Poynette where the young man's mother now lives.

After high school he got a scholarship to Carroll College. He felt lost there and after two weeks he spoke with the campus priest and entered the seminary. He had always been close to the church, his mother was the organist and this orientation towards religious life was not surprising to him.

After the loss of his friend he identified for himself a great need for companionship. He did a lot of reading about friendship. The environment was very sheltered and there was a strong taboo against doing anything with a fellow priest, only in groups was socializing acceptable. Out of his need he wrote letters and put them under doors in order to communicate. This was considered inappropriate and the spiritual director discussed this with him. His attraction to men continued but he felt it was inappropriate. He related that puberty-adolescence was a difficult time in that as a result of his mother's young widowhood she had several affairs with married men. In spite of the fact that she was also close to the church Franklyn was very worried about his mother's spiritual future. He was convinced she would go to hell, and so he continued to be protective of her. She perceived this as interference and as a result ambivalence occurred in their relationships.

Franklyn denied any homosexual acting out until his 9th and last year in seminary. At approximately age 21-23 he visited a gay bar. The realization of his sexual orientation came to the surface and upon returning to the seminary he visited a classmate whose light was still on. He felt he had been getting a "come-on" from this fellow student earlier and again that night. They had a homosexual relationship. Apparently the stress or conflict regarding

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the relationship was too great for the other student and he went to discuss it with the rector. In March 1964, Franklyn discussed this incident with the bishop and because it was a first time situation no other action was taken. However, he subsequently found out his spiritual director was gay and it was through him Franklyn was encouraged to read *The Invert* and see a psychologist for counseling. He took the MMPI at that time which indicated high F score. He felt he took his vows with full knowledge of his homosexuality.

For a period of time he was involved in campus ministry and was very active in the gay liberation movement. It was during this time he wrote a letter to his mother explaining his personal reasons for involvement in this cause. Franklyn indicated he didn't think this affected their relationship. However, there still seems to be a part of her that thinks he will run off with one of his female friends.

Father Becker is currently living in a transitional rectory for the Archdiocese of Milwaukee and is in-between assignments.

PROCEDURE FOR EVALUATION:

Father Becker was examined over a three day period by a multi-disciplinary team. This team consisted of a spiritual director, a specialist in internal medicine, a psychiatric social worker, a psychiatrist, and a psychologist. Excerpts, summary statements, and conclusions from the various specialists follow.

MEDICAL EVALUATION:

A medical evaluation was conducted under the direction of David K. Aughenbaugh, M.D. from the department of internal medicine of the Wausau Medical Center. Dr. Aughenbaugh's report is as follows:

~~Dr. Aughenbaugh conducted a physical examination on 1-24-83.~~

As you know, Father Becker is a 45 year old white male. His family history is significant in that his father died at age 41 as the result of a motor-vehicle accident. His mother is 77 years old and in good health. Father Becker also has a 41 year old brother.

His childhood illnesses included only measles and chicken pox. He underwent a hemorrhoidectomy in 1963 and a rhinoplasty in 1979.

A complete review of systems was obtained. Father Becker wears corrective lenses for myopic astigmatism. He did admit to recent onset of hoarseness, and he tends to lean toward diarrhea; however, he normally has only one bowel movement per day with no other gastrointestinal symptomatology. The only other historical item of

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note is that he will occasionally experience backache secondary to fatigue.

On physical examination he measured 5 feet, 10½ inches in height, and he weighed 182 pounds. His blood pressure was normal 110/72 with a pulse of 72. His complete physical examination was normal in all other regards.

His chest x-ray was noted to be normal. His electrocardiogram did show minimal evidence for left ventricular hypertrophy. However, I would have a tendency to discount the latter in view of the fact that he had no cardiac enlargement on clinical examination, and his chest x-ray showed no evidence for cardiac enlargement either. His health profile was totally normal with the exception of a mildly elevated serum cholesterol at 241 mg%. Our normal range is between 150 and 230mg%. This is obviously a mild elevation in the serum cholesterol. It would be to his advantage to lose some weight. At 5 feet, 11 inches, he should weigh closer to 165 pounds or thereabouts. It would also be advisable to avoid foods high in saturated fats such as milk, eggs, cheese, fatty meats, etc. After having made such an adjustment it would also be worthwhile to repeat the serum cholesterol in 3-6 months. The urinalysis showed a trace of blood in the urine. Such a finding is normally of little significance. However, it would be worthwhile repeating the urinalysis at his leisure. Lastly, the complete blood count showed a minimal amount of anemia with a hemoglobin of 13.9 grams and a hematocrit of 43%. Again, it would be worth repeating the hemoglobin and hematocrit values at his leisure to ascertain whether or not the value of 13.9 grams and 43% represent lab-error. The white cell count was perfectly normal at 9700 cells with a normal differential.

SPIRITUAL EVALUATION:

A spiritual evaluation was conducted by Father Terry Heidn, O.F.M. Cap. Father Heidn is the director of the St. Anthony's

Frank does seem to have a regular prayer life. Spiritual reading and meditation are done on a regular basis. This does seem satisfying to him though there does not seem to be indication of any kind of substantial growth in this area.

His relationship and image of God is very positive. God is seen and experienced as Father and Brother and this is the way that he prays. Structured, formal prayer is difficult for him. The breviary does not hold much meaning. Seems to be drawn to a more reflective aspect of life and prayer.

The loneliness of his life-style causes some difficulty for him at times. He is seeking male companionship and has thought about the possibility of entering religious life, probably for the sense of community. Other aspects of religious life, e.g.

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poverty, would probably be difficult.

A concern right now seems to be what to do with his life, where does he fit in regarding ministry. Ministry is very satisfying for him. He is hopeful about the future. God is a part of his life. He is present and helping and Frank sees this presence and touch of God through people and events. At present he seems to feel on top of things. I sense much good will and a willingness to face life and to grow.

RECOMMENDATION:

I would suggest some kind of faith/ministry support group to help him deepen his prayer life and also provide some of the male companionship he is seeking. A regular spiritual director would also be helpful to allow him to explore and deepen his prayer life and how this connects with his life of ministry.

I think there is much to build on in his life already. He could possibly be dealing with mid-life changes so the need to re-evaluate his goals and how he wants to live his life now. There is a need find meaningfulness in his life now.

ALCOHOL AND DRUG ABUSE EVALUATION:

The alcohol and drug abuse evaluation was conducted by Mr. Ed Shoenbach, ADA counselor. Mr. Shoenbach is the coordinator of Alcohol and Drug Abuse services for the Marathon Health Care Center in Wausau and is a consultant to Psychology Associates. Mr. Shoenbach's report is as follows:

Franklyn was timely for his appointment and appeared neatly dressed. He answered all questions asked and was cooperative during the entire session.

Family history indicates that his paternal grandfather, who was a heavy drinker, had a problem with alcohol. This problem was experienced by Franklyn's parents and is related to the father's loss of control of alcohol. With his father's untimely death, it is difficult to establish any clear pattern of abuse or addiction. Mother drinks occasionally but has experienced no difficulty with alcohol or other medications at the present time. The brother living in Indianapolis has no apparent problems with alcohol at this time.

Current alcohol use is sporadic and usually in conjunction with a meal or with friends. No one has ever complained about his drinking and he can only recall one occasion (10 years ago) when he consumed enough "Black Russian" to make him fairly ill. His use of other medication can best be described as "judicious" and usually of the aspirin or anacin variety for sinus headaches. No prescription or minor tranquilizers or barbituates have ever been sought by Franklyn, and there has been no extended hospitalizations in his life that may have required analgesic

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or sedative type drugs to be prescribed. Franklyn stated that he has never viewed alcohol or tranquilizers as an avenue to deal with problems or tensions and could not imagine doing so as a response to current or future stress.

Seemingly at this time, no problems with alcohol or drugs are being experienced by Franklyn. This pattern will probably continue even if Franklyn is faced with increased stress, loneliness or other significant problems in living. It would seem that his father's perceived problem with alcohol left enough of an impression to steer the entire family away from alcohol as a problem-solver.

SOCIAL HISTORY:

A social history was obtained by Mary Beth Ament, M.S.W. Portions of this social history are contained in the background information section of this report. Further comments by Ms. Ament follow:

Since being assigned to parishes there have been several occasions where Franklyn has developed close relationships with adolescent boys (16 years) and which he describes to me resulted in an actual physical relationship. He feels that other relationships with young men have been broken off or stopped because his "reputation" is being passed along.

He feels the last incident with taking the boy on the Caribbean Cruise was misinterpreted, that nothing happened and that some of what he has been experiencing in relation to evaluations and writing a letter of intent of celibacy are unfair.

He described that his dislike for hypocrisy and impulsiveness as two major factors that make his homosexuality more of a problem. He feels being open about his sexual orientation and the extent of it in the priesthood is the only way to bring about change.

He does not believe that he is a homosexual, but that he is impulsive and that this has been with him since early on.

Because of his desire to stay in the priesthood he believes he can control his impulsiveness and it motivates him to continue to cooperate and go through whatever evaluation, counseling or other steps are suggested. But he does indicate that there is not much hope for his sexual preference to change at this time in his life.

He still indicates a strong need for a relationship and he hopes to find a satisfying one with someone his own age. He is not sure whether his attraction to adolescents is due to his need to be a father and have a surrogate son or to re-capture that missing period in his own life when his mother was involved in the affairs. He nevertheless thinks having a pastorate, and more responsibility will be helpful. He then won't feel the need to be oppositional to someone else's orders. He also feels involvement in a support

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group for gay priests could be beneficial.

PSYCHIATRIC EVALUATION:

A psychiatric evaluation was conducted by Richard L. Minnihan, M.D. Significant portions of Dr. Minnihan's report follow:

The recurring problems are due to Father Becker's "gay orientation". He states he has been involved in the gay coming out process and involved in awareness groups. He states he gets into difficulty because he will reveal himself to the adolescents. He states he will tend to become involved with adolescent boys in the age range of twelve to sixteen years of age. The youngest was twelve years of age. The activities apparently do not involve females. Not all the relationships are physical. Father Becker states he will act as a father image which may become physical.

Father Becker also states that he has been intimate with adult males.

When discussion centered about poor judgment, Father Becker indicated that at times he was imprudent. He states for example he probably should not have lied about the boy on the cruise trip. In addition, he became involved with a Milwaukee newspaper investigational report centering about the hypocrisy of the Catholic church and homosexuality. Father Becker states that he was angry at the time and believed that there was a hypocrisy within the church in regard to their attitude toward homosexuality. In addition, he cited an example in which he failed to consult proper authority for initiating a raffle to raise money. He also states that it was imprudent of him to allow himself to become involved with adolescent and pre-adolescents to the point of arousing suspicion.

Father Becker receives no medication. I did not obtain a history of alcohol or drug abuse. He has been essentially in good health. His mental status examination was essentially unremarkable. Father Becker appeared to be somewhat anxious and hesitant in his presentation. At times he became uncertain in his speech with mild stuttering. Thought processes were logically cohesive. There was no indication of an affective disorder by history or presentation nor signs or symptoms of psychosis. He denies sexual sadism and denies suicidal or homicidal ideations. Clinically, there is no evidence of organicity.

The diagnostic impression would be Pedophilia. His attitude is that homosexuality is an activity of self-orientation that must be acknowledged. It would appear from history that his involvement with adolescent and pre-adolescents is perhaps a greater problem. His tendency to be open about his homosexuality could be embarrassing in certain social situations. I found no disorder which would be likely responsive to chemotherapy. I think most likely this is a management problem. There is likely to be a continued tendency

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to become involved with adolescent and pre-adolescent boys. I think any assignment should preclude involvement with youth. There is also as noted above the likelihood that Father Becker believes homosexuality is a condition of the human, which should be accepted and openly discussed which may prove in conservative areas to be quite controversial and unacceptable.

PSYCHOLOGICAL INTERVIEW:

A psychological interview was conducted by Thomas Zentner, Ph.D. portions of that report follow:

Father Becker had fond memories of most of his assignments but particularly the campus ministry in Huntington, West Virginia. He explained that many moves during his career as partially due to what his supervisors have called "poor judgment". Franklyn views himself as a idealist and a person who "can't stand hypocrisy" and as a result, has periodically been in conflict with the establishment within the church. He reportedly has been outspoken in a number of areas but particularly gay rights.

Franklyn does not deny the sexual feelings he has for males but views his interest in teen-agers as an expression of his need for a "surrogate son". He has always felt a gap in his life not having children of his own but is not obviously resentful towards the church or his profession for precluding this possibility.

Franklyn lists his two major liabilities as being "headstrong" and "a bit on the obsessive side". One gets the impression that this man holds rather strong views but has no good way of expressing them in his present profession. The apparent anger he has for the position that the church takes on these views inevitably leads Franklyn into conflict with those in power. It would appear that Franklyn attempts to find more passive-aggressive ways to test the limits of the church leading to the opinion by some that he shows "poor judgment".

Franklyn has difficulty in accepting sloppiness in his home and when his fellow priests show these characteristics, he tends to stay away from them as much as possible.

One gets the impression that this man is in almost constant conflict about his sexuality. On the one hand Franklyn knows of his orientation and is driven to express it, yet he knows the risks involved so is often left to choose not to express it. He wants to remain a priest very much and has already decided he will not do anything to obviously jeopardize his vocation. On the other hand, his distaste for the church's position on homosexuality is evident and he is not above passively-aggressing against the powers within the church to make his point. The result of this is for Franklyn to view himself a "priest without a home" and an individual that the church really does not know what to do with in terms of an assignment. The fact that the church has had

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difficulty in appropriately placing Franklyn may also serve to meet some of his passive-aggressive needs. In reviewing the history it seems that Franklyn may set up situations that allow him to confront the establishment in the church without obviously jeopardizing his career as a priest.

PSYCHOLOGICAL TEST RESULTS:

The psychological testing was conducted under the direction of Thomas Zentner, Ph.D. The tests administered include the Wechsler Adult Intelligence Scale, The Clinical Analysis Questionnaire, and the Minnesota Multiphasic Personality Inventory. The test results are as follows:

The results of the testing on the Wechsler Adult Intelligence Scale would suggest that Franklyn Becker is presently operating in the middle of the bright normal range of intellectual functioning. His Verbal I.Q. was 121, Performance I.Q. 108, and his Full Scale I.Q. was determined to be 116. The difference between the verbal and performance section approaches significance but does not appear to be organically based. Review of the subtest scores suggest pursuit of intellectual and cognitive activities as an adult and accounts for the skewing upward of the verbal skills. This interest in the more intellectual side of things is most clearly seen by examining the Information and Vocabulary subtest scores which are the two highest scores in the entire test. The subtest scores in the various subtests were as follows:

Information	17	Digit Symbol	8
Comprehension	14	Picture Completion	10
Arithmetic	11	Block Design	10
Similarities	12	Picture Arrangement	8
Digit Span	10	Object Assembly	11
Vocabulary	15		

According to Franklyn's reports, he reads voluminously. The subtest scores in the Information, Comprehension, and Vocabulary subtests are above what one might otherwise expect. His score in the Digit Symbol subtest suggest some difficulty in concentration and transferring perceptual material to the written mode. The score in the Picture Arrangement subtest suggests some difficulty in sequential non-verbal thinking. This result would support the notion that Franklyn has some difficulty in understanding how events might be linked together and the consequences certain actions might have.

Although this man was somewhat anxious during the evaluation, this testing is seen as a reasonably accurate assessment of his present level of functioning. There were no physical or behavioral factors noted that might have significantly affected his performance.

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He was mildly self-favorable and minimizing of psychological problems in responding to the MMPI. The profile appears valid.

His pattern suggests episodes of hostility and resentment for which he lacks easy and effective means of expression. He would overreact to threats to his security and he could become preoccupied about minor dangers and difficulties. He would be quick to feel poorly treated and unfairly dealt with. At such times he would be quite slow to forgive and forget. A few patients with similar but more disturbed profiles have shown a variety of paranoid defenses including projections, jealousies, evasiveness, and a circumstantial stream of thought when challenged. On the other hand, his item responses would not suggest any disruption of his thought processes as of the time of testing. In related cases, difficulties with drugs and alcohol often aggravated these problems. A few of these patients showed more clinical illness than their profile elevations suggested; they appeared to have provoked upheavals and disturbances around themselves as a way to externalize and to avoid their own subjective anguish. However, his current level of organization of his immediate functioning and practical self-sufficiency tests as quite good and above average as compared with normal adult subjects.

His profile suggests active and energetic periods if not hypomanic pressures. He is likely to be seen as buoyant and cheerful. He could take on multiple activities or commitments as if needing to distract himself as well as to prove his self-worth. He could be particularly conflicted around the importance of taking advantage of all the opportunities that he does get lest he "lose out" on an important experience. He could be stubborn about doing things his own way as if demanding validation that his way is "the right way." Talkative, expansive, optimistic, and euphoric when things are going well for him, he is apt to become abruptly emotional when under pressure. Transiently irritable and demanding when crossed, personal setbacks could unsettle his controls over his aggressive impulses. Tense and high strung at times, he could be prone to outbursts of anger and high strung at times. In the absence of stress and psychological threats, however, he would appear calm and peaceful if not tightly controlled.

He tests as unevenly tolerating frustrations and as occasionally impulsive. Needs for attention and approval are likely to conflict with his fears of being hurt and his underlying ambivalences about emotional closeness and vulnerability. This could focus specifically on sexual behavior and approach-avoidance conflicts around sexual involvements. That is, his positive needs for sexual gratification would particularly conflict with his insecurities around emotional closeness. Socially outgoing, he tests as prone to problems around his sexual impulsiveness. The ego gratifications around his sexual activities could have become over-emphasized, and thus they could distort the giving and receiving of love. However, he would be resentful of external controls and especially of what he

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would see as "meddling" by friends or family members. His responses suggest homosexual relationship in his sexual history. If gratifying experiences have been mainly or entirely homosexual, this pattern would be strongly resistive to change. His overall balance of masculine and feminine interests appears markedly passive, verbal, and esthetic. A disinterest in or rejection of culturally defined masculine activities is suggested.

Having high principles and standards, his underlying moral code appears inflexible both toward himself and others. In a few cases this was tied to religious beliefs, political convictions, or other personal causes and moral standards with an excessive rigidity. Past phases of active involvement in religious or other organizations would not be unusual. Employment, community involvement, church activities, or related responsibilities may represent a positive compensation for the less than desired emotional gratifications in his interpersonal relationships. He would have strong needs to be seen as normal, or at least "as normal as everyone else". His defenses against being seen as "not normal" would include rationalizations and such reaction formations as, "It is not my anger; I want to be kind and at peace".

In some cases this pattern has been associated with a "left out sibling" life role. During the childhoods of these patients, siblings and other family members had been favored because of physical or various other handicaps. Unreleased resentments and projections accumulated around the child's efforts to deal with this and to explain his sense of feeling left out. Often the father had been absent from the home or had been an obviously weak figure with whom to identify. Frequently the patient as a child had been particularly demanding toward the mother with a lack of substantial emotional gratifications. Fixed patterns of blame and targets of unreleased resentments thus developed in these family interactions. Thus, they became more generally sensitive to feeling left out and to seeing others as favored over them. Despite these interpersonal problems, past periods of effective adjustment are likely, although he could have repeatedly overreacted to threats to his security.

The present patient's profile is similar to that of many disturbed psychotherapy patients with similar but more disturbed profiles. They have often benefitted from anti-manic agents. While the calming effects were often desirable, many patients reacted against such medications, some in part because of their fears of becoming depressed and their dislike of being "drugged". However, the low elevation of his profile suggests that such medications may be indicated at times of stress and acute threat to his security; they would be indicated no more than marginally if at all as of the time of the current testing. Although he did not report an excessive use of alcohol, he tests as addiction prone. The risk of increasing problems with alcohol, medications, or related forms of chronic chemical dependency tests as serious. His response to item 294 suggests asking if he has been in trouble with the law. If currently involved, the stress of this could have precipitated or aggravated his symptoms or otherwise have led him to make professional contact. His responses also suggest a careful

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review of his sexual history as to any repetitive pattern involving (1) increasing sexual tension, (2) hasty or ill-judged sexual encounters, and (3) subsequent struggles over his self-justifications that block out his negative self-judgments.

Any fixed and defended projections of his anger would predict a relatively gradual recovery from the current episode. Previous emotional upheavals would be prognostically unfavorable, even if of a different nature from his current adjustment. The family histories or patients with similar but more disturbed profiles often suggested genetic contributions, especially if there were histories of major mood swings in family members.

The pattern suggests some guardedness and reluctance to open up in psychotherapy, to expose himself psychologically, and to risk his precarious pride. Projecting anger onto the therapist, he could be sensitive to what he would perceive to be "hostile interpretations" by the therapist, and he might even try to provoke such interpretations as a way of testing the therapist. Strong needs to maintain control over himself could help him to sustain his level of functioning. However, these controls could also limit his freedom to explore his emotional feelings. The relatively low level of expressed anxiety and depression would also tend to limit his involvement in treatment. Contacts with family members and other informants could add considerable perspective to the situational variations of his behavior and the related current stresses.

The treatment of patients with similar but more disturbed profiles began with reality confrontations, including what the patient was doing and what he was running around or away from facing. He could benefit from support when situations become threatening and acutely disturbing to him. The facing and managing of family or interpersonal resentments is apt to be central, even if he were slow or roundabout in letting go of his denial. Interviews are likely to focus on helping him to recognize and verbalize the immediate hurt-anger sequences in these interactions. This could involve a careful balance between maintaining his self-esteem and his own anger, and sometimes desirable reaction lest his anger go out of control. The channeling and directing of his energies and needs for excitement and stimulation can be beneficial; vigorous physical activities were reported as a positive compensation for many patients with similar profiles. Ways in which he felt superior to his peers as a child or now feels emotionally unique and different could lead to an exploration of his interpersonal ambivalences. A related sense of "elitism" or of having somehow superior values and status may overprotect against negative judgments and threats to his self-esteem. A more complete acceptance to the intensity and directions of his own angry feelings could help him to express them more easily and comfortably. It should be re-emphasized that the relative normality of his profile is a favorable prognostic sign.

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RECOMMENDATIONS:

The results of the medical evaluation suggest a consultation with a nutritionist concerning a change in diet to reduce weight and reduce a mildly elevated serum cholesterol level. It is also recommended that serum cholesterol level testing be repeated in three to six months. Furthermore, a urinalysis should be repeated at a later date as well as hemoglobin and hematocrit testing as well.

The results of the spiritual evaluation suggest that a faith/ministry support group would be helpful as well as regular contact with a spiritual director.

There were no recommendations as a result of the alcohol and drug abuse evaluation.

The results of the psychological/psychiatric evaluation indicates that Father Becker's homosexuality is a deeply ingrained sexual orientation that is not amenable to change. It further suggests that there is a high likelihood that he will continue to act out sexually, especially with adolescent males if given the opportunity. This type of sexual orientation and activity is not open to change through psychotherapy, the use of medication, etc.

Furthermore, the evaluation suggests that Father Becker has a frequent need to take an oppositional stand to authority figures, traditional points of view, and what he has labeled as "hypocrisy". As a result he frequently behaves in a passive-aggressive manner. This passive-aggressive stance toward authority along with his homosexual acting-out are what accounts for much of his so called "imprudent actions" and errors of judgment. Some impulsiveness on Father Becker's part has also been noted by the testing and by Father Becker himself.

An assignment which would allow Father Becker to vocalize his opinions and beliefs in a responsible manner would be helpful. Such an assignment could be located in Milwaukee is open to question. Certainly there would be an added recommendation that such an assignment be away from male minor children since the possibility of sexual acting-out with such children is high.

Father Becker himself is in some quandry over what type of assignment and setting would best meet his needs and allow him to express his ministry. Some psychotherapy to help him sort out these decisions and conflicts would be in order right now. Graham and Friedman, clinical psychologists in the Milwaukee area, would be recommended in this regard. However, it should be emphasized that psychotherapy will not prevent further sexual acting-out on the part of Father Becker or continued passive-aggressive actions toward authority figures. It may however help him to find a way to express his ministry while meeting his other needs at the same time.

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On the part of the evaluation team I would like to take this opportunity to thank you for allowing us to be of service to Father Becker and the Archdiocese of Milwaukee.

Anthony Gillette
Anthony Gillette, Ph.D.
Coordinator

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