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March 1, 1990

The Most Reverend Thomas C. Kelly, O.P.
Archdiocese of Louisville
P.O. Box 1073
212 E. College Street
Louisville, KY 40201

Dear Reverend Kelly:

The following is the Psychiatric Evaluation of Rev. Louis E. Miller:

Psychiatric Evaluation

Name: Miller, Rev. Louis E. Date: 01/20/90

IDENTIFYING INFORMATION:

Father Miller is a 59-year-old priest serving in the Archdiocese of Louisville. He is just now completing a 13-year assignment where he was the pastor of St. Elizabeth Parish in Louisville. Even before the beginning of the current difficulty, he had planned on beginning a year's sabbatical starting on February 01, 1990.

Within recent months, Father Miller was confronted by the wife and parents of a young man (now 24 years old). In this confrontation, he was accused of having, some 13 years ago, tried to seduce the young man into a homosexual relationship, of hugging the young man while having an erection and touching the young man's genitals through his clothing. Father Miller had known this young man and his family throughout most of the young man's life. He had counseled him during high school, college and given him and his then future wife pre-marital instruction. The young man had chosen to marry a woman who was a registered nurse with two children and who was some seven years older than himself. In recent years, this marriage had begun to fail. In addition, the young man had gone from one job to another. During this period, he also apparently entered into an extramarital relationship. His wife had discovered a collection of pornography and later found her husband with another woman. He subsequently began psychologic treatment and, in the process thereof, this single incident with Father Miller was recalled. Currently, it seems that the young man, his wife and his parents are claiming that the incident is the root cause of all the young man's problems.

MILLER.DOC 0405

PRODUCED 10/17/02

The Most Reverend Thomas C. Kelly, O.P.
March 1, 1990
Page 2

Once this confrontation had occurred, Father Miller went to the Archbishop together with the others involved and presented these facts. It was decided to obtain this evaluation and to continue on with Father Miller's plans for a one-year's sabbatical. However, recent events (illness of his father) in his personal life have necessitated a change. For the moment, he will be remaining in the Louisville area and future plans are unclear.

PRESENT ILLNESS:

Father Miller admits to periodically acting out sexual impulses in this manner his entire adult life. This has involved young men between the ages of 10 and 15. He is at a loss to explain why his sexual impulses are manifesting themselves in that fashion. He admits to erotic thoughts about females of various ages but, with one exception, never has he acted these impulses out. This exception occurred in 1963 when he entered into some kind of a physical exploration (petting) with a thirteen-year-old.

There seems to be a particular type of male youth, in the 10 to 15 year age range, to whom he becomes attracted. Father Miller will experience a sudden sexual urge in the youth's presence. He will, in a friendly manner, place a hand on his shoulder. At this point, the patient usually has an erection. He then will embrace the youth touching the youth's genitals through his clothing. Following this, at a later time (half-hour or so), the patient may masturbate, having fantasies about the experience. On one occasion, in 1975, he and a youth indulged in masturbation together.

The first incident of frottage (fondling) occurred four years after his ordination in 1960. He "confessed" this to his superior, was subsequently moved to a new assignment and began psychiatric treatment. Other similar incidents have occurred as frequently as once every other month and as infrequently as once a year since that time. He has been moved from one position to another when these incidences have come to authority's attention. He has been in psychologic treatment several times.

PAST HISTORY:

The patient was born and raised in Louisville, KY. His earliest memory surrounds events when his brother was born when the patient was about three years of age.

He describes his father as being a self-sacrificing man who was deeply obligated to his family and children. He was hard working, did not drink or smoke and treated the children quite

The Most Reverend Thomas C. Kelly, O.P.

March 1, 1990

Page 3

fairly. Life was quite difficult for the family until 1948 when father bought a hardware store. This business became successful and the family entered into a better style of living. The father is currently 87 years of age and lives alone on a two-acre farm.

Mother was described as being even more self-sacrificing than the father. She made the family's clothes and kept everyone clean. She was quite dedicated to the children and her husband. Mother and father got along quite well doing a great deal for the family.

The patient is the fourth of eight children. Even though the father did not drink, of the six other boys in this family, five of them abuse alcohol. The one daughter is married and apparently doing well. Some of the brothers have been successful, others have been notably unsuccessful.

SCHOOL HISTORY:

The patient graduated from high school in 1948. He went on to St. Mary's Seminary where he graduated in 1952. He progressed to his ordination studies, being ordained in May of 1956. He received various assignments as associate and assistant pastors in the Louisville and surrounding Kentucky parishes from 1956 until 1964. At that time, he was placed in the hospital ministry. This followed the incident with the girl mentioned above. In 1973, he was given an assignment to a parish in the Greater Louisville area and in 1975 moved to another church because of frottage incidences. The same thing happened again, and in 1976, he was given a temporary assignment for a short period before beginning his current assignment in June of 1976. He relates that in 1986 he was held up at gun point and that resulted in his reentrance in the psychotherapy for a short period of time. His history of sexual acting out was not pursued during the treatment.

PAST SEXUAL HISTORY:

His family was extremely inhibited in acknowledging and discussing sexual matters. When the patient sought out approval as a seventh grader to enter classes having to do with sex education, mother signed the appropriate forms only after patient placed considerable pressure on her. She was extremely embarrassed on these matters and father never discussed sex. He relates initially masturbating at approximately the age of 12. He was overwhelmed with guilt at these times, so much so that he avoided any kind of contact with the opposite sex. He wanted to be a priest, a doctor or an architect but there was no money for college. As a result, he

MILLER.DOC 0407

PRODUCED 10/17/02

saved a considerable sum to help pay for his own education. "I always knew I would get through college." His father apparently didn't see the benefits or values of any education and as a result the patient was not supported in the matter.

When I explored the patient's past sexual history in greater detail, exploring what might have happened very early, he related a particular memory. At the age of 4 or 5 when he would go to the grocery store at mother's request. Apparently, there were two employees who would enter into some kind of sexual play with him in the "back room of the store." This apparently happened for a total of three or four times. He also recalls an incident of being sexually accosted in a movie theatre when he was approximately 14 but he walked away from this incident without participating.

MENTAL STATUS:

Mental status exam shows a man who appears his stated age and who was alert and cooperative during the interview. He is oriented in all spheres and shows no abnormality of his thought flow or thought content. His affects were within normal limits. As we discussed his current circumstance and his future, he occasionally would become tearful (but not inappropriately).

MEDICAL HISTORY:

Patient has a long history of hypertension. He is currently taking Visotek 10 mgs. twice a day and Calan SR 240 mgs. a day. At the time of my evaluation of him, his blood pressure was 170/95. This heightened blood pressure is undoubtedly related to the increase tension he's experiencing during this interview. He also suffers with gout and cervical spondylitis. He uses medication to control these symptoms.

DIAGNOSIS:

Father Miller's condition is most accurately labeled toucherism or fondling, but for statistical and dynamic reasons this is included in the diagnostic category Frotteurism (DSM III R-302.89).

He exhibits some signs of an anxiety and/or depressive neurosis but this is probably a result of the situation in which he has found himself rather than a problem based upon unconscious conflict.

DISCUSSION AND FORMULATION:

Considering the findings of Dr. Tureen with regard to a possible personality disorder, he finds Father Miller is lacking in social skills and retreats into fantasy because he is uncomfortable with interpersonal relations. Even though pleasant and outgoing superficially, this covers an absence of empathetic understanding of others, except in an intellectual and superficial manner. Evidence also exists of lack of self-awareness or introspection.

Father Miller exhibits an unusual degree of complacency with regard to his current predicament. However, in the interviews and testing, there is evidence of a considerable degree of stress and tension under the surface. This seems to be kept under control by a conscious effort. In the past, when sexual tension has increased, these defenses have not served to control his behavior. The result was an eruption of sexual impulses.

He was unable to sublimate these sexual impulses in physical activity or in other less objectional behavior, such as masturbation. The end result was the choice of a particular sexual object as "target." He was successful in controlling the extent of the acting out of the impulse to a more indirect expression (fondling), thus avoiding a more direct expression as would be seen in more blatant sexual behavior. (There was one such episode reported.) His choice of males rather than females and children ages 10 to 15 rather than adults might be explained by a number of different theories (genetic etiology vs. traumatic etiology, etc.).

Undoubtedly, the early seduction at the grocery store and the sexually inhibited home environment made significant negative contributions to his adult adjustment. One is further impressed with the data that four of his five male siblings are reputed as being alcohol dependent. For some reason, character pathology is rampant in the male siblings of his family.

RECOMMENDATION:

The Archbishop is faced with a difficult placement decision, particularly since Father Miller has repeated this behavior in the past. If he is considered for assignment to a parish, a major point for thought should be whether or not to assign him to one wherein there is frequent contact with males between the ages of 10 and 15 or 16.

The Most Reverend Thomas C. Kelly, O.P.
March 1, 1990
Page 6

Though Father Miller and I have established an amicable relationship, I am not trained in either the behavioral or cognitive approach which both Dr. Tureen and I believe is the type of treatment indicated. If the Archdiocese should choose to have Father Miller seek active treatment once again, this type of treatment is probably available in the Louisville area (as it is in Cincinnati). For convenience sake, it might be better to have treatment there, although I would be happy to recommend an appropriate facility here in Cincinnati if you so desire.

Sincerely,



Richard W. Brush, M.D.

RW:ps

Enclosures (2): Report of Dr. Tureen
Statement for Services Rendered

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