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memo from Fr. Robert Sampson

fall, 1970

[REDACTED]

Came to Chancery to tell of  
problem re her son [REDACTED]

Fr. Franklyn Becker

- no follow thru at the time.
- this note filed 6/23/76,

Bly

Western Publishing Company



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3930 N. 92nd Street  
Milwaukee, Wisconsin 53222  
February 11, 1980

The Most Rev. Rembert G. Weakland, O.S.B., D.D.  
802 North Jackson Street  
Milwaukee, Wisconsin

Your Excellency:

I am writing to you on the advice of Fr. Joseph Hornacek regarding the matter I presented to him last Monday and which has been brought to your attention. I sincerely regret having to write this letter which is in the nature of an apology for my actions which are an embarrassment not only to me but to the priesthood in general.

You have been most kind to me since my return to the Archdiocese of Milwaukee and I am most grateful for your compassion and benevolence. When I spoke to you last year regarding the military chaplaincy, you were most cooperative even though that decision may not have been in my best interests. I accepted the assignment to St. Margaret Mary Parish knowing that there were some problems, not only with the pastor, but I was uncertain how I would get along with my classmate, Fr. Tom Wittliff. As the months wore on the problems became more apparent. The lack of communication with Father Vint was certainly a contributing cause to my discontent, but perhaps equally disturbing was the lifestyle of Fr. Tom. With my orientation the frequent presence of teenage boys in the house at night was tantalizing to say the least. It was during that time that I met the boy with whom I became involved. There is much more that I could say about those evening sessions, but I do not wish to incriminate F.T., as the boys refer to him at this time. I feel that he has his own problem to deal with.

I have been in communication with the mother of the boy involved and she is sympathetic and does not intend to press any charges. My concern is for the boy who has not dealt with the situation as I had hoped. Since he has chosen to share the incident with some of his friends, I have been cast in a bad light and the decision that I leave the parish seems to be a prudent one. I would be willing to stay on until June if that were deemed advisable. I have not discussed the matter with Fr. Vint, but will do so as soon as he returns from Florida.

I am grateful for the opportunity to meet with Dr. Dale Olsen. I have set up an appointment with him for this coming Thursday. I have also been in dialog with several other priests who have been supportive. I really see the need for a support group among priests of my orientation and have discussed the matter with Fr. Jim Arimond.

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As to my future I see several possibilities. Since last December I have been thinking about a return to California and have been in communication with two Franciscan communities--the Capuchins in La Canada and the Franciscans in Oakland. I have long been attracted to the Franciscan way of life and have been inspired by my patron saint, Francis of Assisi. Periodically I consider joining a religious community. I hope this is not an unrealistic escape.

I have also spoken to Fr. Jerry Lanser about the Albuquerque Villa and he referred me to Fr. Michael Foley. I spoke to Fr. Foley on the phone as Jerry had mentioned the possibility of an opening in campus ministry at the University of Albuquerque. He thought that perhaps in the event that I chose that option I could be in touch with the Servants of the Paraclete and their program while serving the campus community. I do not feel that I need to go through the six month program with them, but would find their support group beneficial.

The other option I would like to explore is the possibility of campus ministry in the Archdiocese of Milwaukee. Since 1975 I have applied for a position in that area. In view of my background I believe I am qualified having attended Chaplains' School at Niagara University, two years as Catholic Chaplain at Marshall University in Huntington, West Virginia and a short time at St. Louis University. I have attended conventions and seminars dealing with Young Adult Ministry in Florida, Ohio, and California so I have kept in touch. I find this type of ministry far more fulfilling than general parish work and for this reason I am questioning my role as a pastor for the 80's in Wisconsin. I understand that there will be an opening at UWM and at Parkside and I have indicated my interest to Fr. Roy Mateljan.

For the present I plan to remain at St. Margaret Mary Parish until the end of this month. I am willing to remain into March, if Fr. Vint wants me to cover for Fr. Dick Miersberger who is going to Florida for a vacation. On the 10th of March I plan to fly to Hawaii with Fr. "Bruno" Henke and Fr. John Richetta to spend some time with Fr. Richard Beck. Since lodging will be provided, my expenses beyond airfare will be minimal. Originally Fr. Dominic Roscioli was going to accompany them but due to the illness of his father I will be going in his place. Right now I need a vacation and time to sort out my feelings.

I will be in need of a residence when I return from Hawaii. Several possibilities have been suggested. I had opted for an east side parish--where I could be close to the University to spend some time at the Newman Center with Fr. Larry Dulek. I have known Larry for some time and have also discussed my interest in campus ministry with him. Holy Rosary Parish has been suggested as a possibility. I have also been in touch with Fr. Ron Crewe at

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St. Hedwig's. A residency there also seems a possibility, particularly during the time he plans to be in Rome. He indicated that he will be away over Holy Week and Easter and has made a request for someone to cover for him. IF he has not made other arrangements I would be willing to supply for him at that time.

I would also feel comfortable living with Fr. Jim Arimond and Fr. Richard Liska at Sacred Heart. I feel that Jim could be a real support to me. An added reason would be that I would be close to St. Francis School of Pastoral Ministry and the Albert Cardinal Meyer Institute. IF I have the time I would like to take advantage of the programs that are offered there.

As a last resort I would be grateful if you could put me in touch with a benevolent bishop in California where I might serve. Periodically I get nostalgic for California--Wisconsin winters last too long--though this has been a mild one. I place this request in last place because while my mother is alive I believe I should remain close to her. As you may recall she spoke to you at the Na'im Conference luncheon here at St. Margaret Mary's. She and I were most edified by your homily and your references to your mother. She was widowed when I was five years old and is a great lady. She has been the organist at St. Mary's, Woodland since 1930. The parish will honor her this April. I do not wish to dishonor her any more so than I have already done. She is aware of my orientation.

This has been a long letter. I did not wish to bore you. I hope you can sort it out and that we can come to a decision which is best for me and for the Archdiocese. I do not enjoy being a "problem priest". I am grateful for a "benevolent bishop".

If you would like to meet with me at your convenience I would be happy to do so. I guess this is the "Bottom Line".

Sincerely yours in Christ,

*Franklyn W. Becker*

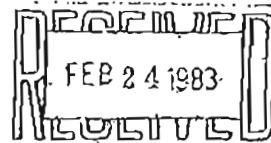
Franklyn W. Becker

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# Psychology Associates

Licensed Clinical Psychologists

Anthony Gillette, Ph.D.  
Thomas R. Zentner, Ph.D.



2422 Stewart Square  
Wausau, Wisconsin 54401  
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## CONFIDENTIAL COMPREHENSIVE MEDICAL AND PSYCHOLOGICAL EVALUATION

NAME: Father Franklyn W. Becker  
ADDRESS: 5937 W. 35th Street  
Milwaukee, WI  
PHONE: 414-466-4382  
REFERRAL SOURCE: Rev. Joseph A. Janicki  
Vicor 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 in order to determine if there were possible homosexual contacts with other priests and other individuals whose 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 boys' bodies and his internal awareness of the sexual aspect of this time. He described himself as a late developer and 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:

This report is based on the information provided by Father Becker whom I saw for a complete history and 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 Retreat Center where Franklyn Becker resides in the city of Madison, Wisconsin.

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 Maussau 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 owned a distillery, had an alcohol problem and drank heavily. His father, who is now deceased, also had an alcohol problem. Some of the problems experienced by Franklyn's parents seem to be 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.

at all not about the events in his life, oppositional and 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.

The 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 Lentner, 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 a difficult time accepting his living situation. He has difficulty in accepting "slowness" 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 suggest that he is probably reading the information, Comprehension, and Vocabulary subtests to rise 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 have a tendency to become over-enthusiastic and over-optimistic. 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 patient's and his family's history of interest in psychotherapy patients with similar but more disturbed profiles 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 monitoring of his reactions to the therapist's interpretations of his behavior. He may be slow to accept his own anger as a normal 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 views, in a safe and secure manner, would be desirable. Such an assignment could be located in the campus ministry in West Virginia, where he was part of the campus ministry in West Virginia. Whether 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

AG/sm

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ST. LOUIS CONSULTATION CENTER  
CONSULTATION CENTER

INTENSIVE OUTPATIENT  
TREATMENT PROGRAM

February 12, 1996

1100 Bellevue Avenue  
St. Louis, MO 63117  
314-647-0070  
314-647-3688 fax

Elizabeth Piasecki, Ph.D.  
Archbishop Coons Center  
3501 So. Lake Drive  
P. O. Box 07912  
Milwaukee, Wisconsin 53207-0912

Dear Dr. Piasecki:

I am writing to provide you with the results of a comprehensive assessment performed with Rev. Franklyn Becker at the St. Louis Consultation Center during the week of February 5-8, 1996. Information contained in this correspondence is being released in accordance with statutory requirements regarding confidentiality and may not be re-released without the express consent of Fr. Becker. We recommend that these materials be destroyed after use and not be made part of a permanent record; they will be kept on file at the Consultation Center for a period of five years.

The evaluation consists of a series of interviews and a comprehensive psychological test battery. During the course of the evaluation, Fr. Becker was seen by myself for the psychological evaluation, by Mr. Michael Pollard, LCSW, for the psychosocial history, and by Rev. Dismas Bonner, OFM, for the spirituality summary. Copies of each of the assessment documents are enclosed.

On Thursday, February 8, 1996, a feedback conference was conducted at which the results of the evaluation were discussed and recommendations were made on the basis of the findings. Present at this conference were Fr. Ernest Strub, Franklyn, and the three members of the evaluating team.

As you know, Franklyn was referred for evaluation in an effort to determine his current status and needs as well as his appropriateness for treatment. Franklyn cooperated with all that was asked of him during the course of the assessment. This procedure included a review of a previous assessment performed by Psychological Associates in Wausau, Wisconsin, in 1983. The enclosed reports discuss our concerns in Franklyn's regard in detail.

A review of Franklyn's sexual history was undertaken. Franklyn admitted that he began sexual exploration as a child, being involved with a neighbor girl and finding himself aroused when he

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played strip poker with his older brother and his friends. Franklyn went on to describe a variety of sexual experiences as an adult, indicating that he came to realize while in seminary that he was homosexual. He denied attractions to pre-pubescent children but admitted that he 'might be an ephebophile.' He described his interactions with minors to be paternal in intent and admitted that he felt strong needs for affection, needs which surfaced in these relationships. Franklyn also admitted a number of sexual interactions with adults. Throughout the discussion of these incidents, Franklyn consistently denied any intent to perform sexual acts. In fact, he indicated that he has always been faithful to his celibate commitment, despite a lengthy history of sexual allegations and despite his own admission of being involved with others sexually. When asked about this apparent contradiction, he indicated that his commitment to celibacy was intact because he has never had intercourse with another person.

Franklyn's early history is rife with disturbance. His father died when Franklyn was young, and his mother reportedly engaged in a variety of promiscuous liaisons with men in the town in which they lived. These events impacted Franklyn profoundly, and he experienced serious feelings of loss around his father's death and stultifying shame about his mother's behavior. His own early experience of himself was that he was gifted, and he essentially began parenting himself at an early age. The significance of these early events, which are described in more detail in the enclosed psychosocial history, is seen in the ways in which Franklyn construes sexual episodes in his life now. Rather than acknowledging his own vulnerabilities, Franklyn appears to have developed a view of the world that is highly personalized and idiosyncratic. In his world, he has been a faithful and celibate priest, whose intentions are misunderstood by others. His rigid and inward ways of thinking about himself and his life do not allow him to interpret the more obvious aspects of his behavior as evidence of a disturbed mind. He is particularly vulnerable to manipulation, especially by those who are aware of his behavior. He often says things that are apparently contradictory and takes positions that are clearly at variance with what other people report. It is likely that he believes what he says much of the time, although at times he may be simply manipulating others for his own purposes, albeit in a rather primitive fashion.

It is noteworthy that the basic ways in which Franklyn relates to the world are not due to the presence of any psychotic process. It is rather the result of arrested development in the formation of his personality stemming from his early childhood. In essence, Franklyn has replicated in his adult life the survival decisions of his youth, maintaining the naive and fanciful notions that his giftedness, intelligence, and specialness shield him from more mundane and potentially

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threatening features of his life, prominent among which are his sexual strivings.

Because of these features, Franklyn suffers from a recurrent sexual control disorder. An elaborate system of defenses with elements of denial, rationalization, externalization of blame, and minimization prevent him from taking more personal responsibility for his sexual behavior or even identifying the extent of sexual pressures in his life. His denial often leads him to be astoundingly naive about the exact nature of his behavior. He is mistrustful of his own feelings in general and his sexual strivings in particular; he is also mistrustful of the intentions of others. In the sexual incidents he did report, he claimed not to know how he ended up in bed with other people, suggesting vaguely that he had been seduced, as if he had no choice. He attributes absolute innocence to his own motivations with minors, not even allowing for the possibility that his behavior might create the appearance of impropriety. It is noteworthy that Franklyn is not exclusively pedophilic or ephebophilic; the range of his object choice spans males from the pre-pubescent to the adult, with a probable preference for those in their mid-teens. Younger children, however, serve as more vulnerable targets.

It is also of note that Franklyn is possessed of a number of strengths. In the context of difficulties discussed in the enclosed reports, he does have a measure of ego strength; in addition, his intelligence is sound and he is capable of insight. He is not predatory in the sense that he continually scans for sexual opportunities; as he gets close to those to whom he is attracted, however, he is distinctly vulnerable to acting out. This pattern is likely to involve initial expressions of affection, increasing self-disclosure, and escalating physical contact. In this process, Franklyn's sexual urges may be the motivation and the pattern is vulnerable to being hijacked by his problematic behavior. Franklyn is not a predator; he is vulnerable to acting out. While the distinction between deliberate predatory behavior and vulnerability to acting out in the context of a relationship may be more academic than practical, it does attest to the role of ignorance and unconscious motivation play in the history of Franklyn's difficulties.

In the absence of intervention it is likely that patterns of problematic sexual acting out will recur. If treatment is considered, it is best undertaken at a long-term residential facility specializing in the treatment of sexual disorders. Initially, it will be important to confront Franklyn with the exact nature of his past behavior to assist him in viewing these incidents more objectively. This is likely to be painful work for Franklyn, who is prone to fear and defensiveness in this area. Franklyn's tendency to misconstrue or prevaricate will also need to be confronted in this process. As

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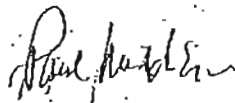
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treatment unfolds, it will be important to provide support as Franklyn learns alternative social skills to address his emotional needs, his fears, his hostility, and his ability to identify appropriate outlets for both his hostility and his needs for affection. These are long-term tasks which require considerable intensity for a man of Franklyn's age and level of habituation to his accustomed style of thinking and behavior.

Also of note in the consideration for treatment is Franklyn's motivation. He is clearly equivocal about the prospect of treatment. He indicated during the feedback session that he would do whatever was requested of him; as the discussion became more specific, however, he began setting conditions because of his current living situation with his mother. While this is an obvious concern, it was noteworthy that Franklyn set his conditions in characteristically absolutistic ways: he would not even consider modifying his current lifestyle, despite the high stakes involved with respect to his ability to continue his ministry. This decision, to the extent that it is in fact a free decision, is emblematic of how he deals with himself. He is loathe to leave his mother, despite the fact that he harbors longstanding, conflicted, and hostile feelings toward her, and despite the fact that his best interest is at stake. He is generally unaware of the choices available to him and conceives the issue in a black and white manner, ignoring the complexity of factors involved. Rather than using his talents and intelligence on his own behalf, he is characteristically cutting himself off from a mature solution to what is admittedly a difficult problem. This is generally how he has responded to many challenges in his life. His continuing resistance to treatment bodes poorly for ultimate resolution of his sexual difficulties.

Thank you for the opportunity of working with Rev. Franklyn Becker. If we can provide any additional information or care he needs, please do not hesitate to contact me at any time. We are appreciative of your support of our work with clergy and religious.

Sincerely,



Paul M. Midden, Ph.D.,  
Clinical Director

PMM:sk

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## The St. Louis Consultation Center

1100 Bellevue Avenue St. Louis, Missouri 63117 (314) 647-0070 Fax (314) 647-3682

Elizabeth Piasecki, Ph.D.  
Archbishop Cousins Center  
3501 So. Lake Drive  
PO Box 07912  
Milwaukee, WI 53207-0912

Date: February 25, 1996  
Client: Rev. Franklyn Becker

Date	Service Provided	Charge	Balance
2/5-8/96	Comprehensive Evaluation	1000.00	1000.00

Payable upon receipt

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Psychological Evaluation

Subject's Name: Rev. Franklyn Becker

Dates of Testing: February 5 - 8, 1996

Instruments Administered:

Clinical Interview; Shipley Institute of Living Scale; Edwards Personal Preference Schedule; Minnesota Multiphasic Personality Inventory, Revised (MMPI-2); Millon Clinical Multiaxial Inventory, Revised (MCMI-III); Rorschach Inkblot Technique.

Introduction:

Fr. Franklyn Becker is a fifty-eight year-old white male diocesan priest from the Archdiocese of Milwaukee who was referred for the present assessment because of concerns about his history of sexual behavior with minors. Documentation accompanying this referral suggested that Franklyn has a lengthy history of such incidents spanning a period of twenty years. He denied frank sexual involvement with minor children; he did acknowledge episodic sexual contact with adults.

With reference to his sexual history, Franklyn reported that he was "the best little boy in the world" as a child and that he never intended throughout his life to have sex with anyone. He reported some minor sex play as a child with a neighbor girl. He also reported playing strip poker with his older brother, an activity which he found sexually arousing. Franklyn admitted to a homosexual orientation. He acknowledged a number of attractions over the years, beginning in his seminary days. He reported one incident of rape by a drunken priest in 1969. He also admitted being seduced by several other adult men. He indicated that his involvement with teenagers was paternal and that he would manifest signs of affection to them at times. He showed little awareness of the possible impact of his specific behavior in this regard. Franklyn denied sexual fantasies of children.

A previous assessment performed in 1983 by Psychological Associates was reviewed in the course of this assessment. That report included a diagnosis of Pedophilia, although Franklyn consistently denied such involvement. He did admit that he may be an ephebophile. He minimized his physical contact with minors, despite the fact that allegations have persisted over the years and that he was on limited ministry as a result of those charges. As will be noted later in this report, it is likely that Franklyn's awareness of the nature and impact of his sexual activity is markedly circumscribed. His sexual history, however, is not suggestive of fixated Pedophilia so much as it is of polymorphous homosexuality.

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It is also noteworthy that Franklyn's own appreciation of his life contains some significant inconsistencies. On both the written material he prepared for this evaluation, as well as in direct interview, he claimed that he had been celibate all of his life, despite the fact that he later acknowledged a sexual involvement. When pressed about this, he indicated that the reference to his maintenance of celibacy meant that he had never had intercourse with anyone. This is a peculiar response in the light of his history; however, it appears emblematic of a more basic issue in Franklyn's life around telling the truth, as will be noted later in this report.

### Cognitive Functioning:

The Shipley Institute of Living Scale is a cognitive screening device designed to provide an estimate of overall intellectual ability as well as an index of possible impairment of intellectual function secondary to organicity or to neuropsychological impairment. According to these data, Franklyn is currently functioning in the High Average range of intelligence. There was some diminution of his cognitive ability, probably secondary to anxiety experienced on this assessment. It is noteworthy that these results are lower than that obtained in a more extensive intellectual test battery given in 1983. However, these differences are likely to be attributable to increasing age and anxiety.

### Personality Functioning:

The Edward's Personal Preference Schedule is a forced-choice instrument designed to elicit those preferences which govern a person's day-to-day patterns of responding. According to these data, Franklyn's highest-felt needs revolve around Nurture, Change, Affiliation, Achievement, and Succorance. These data suggest that Franklyn tends to be preoccupied with issues of care and attention. He describes himself as a person who is willing to accord nurturance, sympathy, care, and compassion to others; he also describes himself as a person who longs for these things in return, even though his possibilities for fulfillment of such needs are limited. It is likely that Franklyn's needs for affection obscure his view of what transpires in relationships when he experiences warmth, and impact his behavior in ways over which he has only nominal awareness. The high change score suggests that Franklyn values engaging in new and different behaviors. The high affiliation score suggests that he places a very high value on his bonds to larger social groups of which he is a part and may see himself as a very loyal person. Finally, the high

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achievement score suggests that Franklyn is the type of person who likes to take on challenging tasks and who places a very high value on the completion of duties. It is noteworthy that the consistency score on this instrument was lower than is desirable, suggesting some lack of awareness on Franklyn's part regarding the actual nature of his preferential style.

The MMPI-2 profile produced by this subject was valid.

The MMPI-2 clinical profile itself was within normal limits. However, these data suggest that Franklyn is likely to exhibit certain personality features which make him react maladaptively under conditions of stress. Such features include chronic dissatisfaction with life, emotional immaturity, feelings of inadequacy, and a tendency toward low self-control. Persons with similar but more elevated profiles are generally prone to acting out and experience significant frustration with themselves and their own accomplishments. Franklyn may exhibit little respect for societal standards and may often find himself in conflict with them. He has the ability to create a positive first impression but he is prone to manipulating others. Beneath a public self-presentation of competence, Franklyn is likely to be introverted, self-conscious, and passive-dependent.

Subscale analysis suggests that Franklyn's ego strength is within the normal range, predicting satisfactory coping in most day-to-day situations. It is noteworthy that he obtained significant elevations on the Repression subscale, suggesting that the extent to which he has submerged unacceptable impulses is high. He also obtained an elevated score on the Naivete subscale, suggesting that Franklyn's expectations around people may be inconsistent with his intelligence and level of education.

The MCMI-III profile produced by this subject was valid, although Franklyn's response style reflects a well established need for social approval and/or a general naivete about psychological matters.

The MCMI-III clinical profile focuses on those enduring personality characteristics which underlie whatever difficulties a person may be having. This clinical profile suggests that Franklyn tends to dampen his emotions and desires to reduce his anxieties and mistrust of others, features of his experience which are pervasive in his life. His behavior may be typified by shyness, discomfort, and awkwardness in social situations. This may stem in part from a tendency to think poorly of

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himself and his abilities. His social awkwardness may also reflect a longstanding effort to keep people at a distance. Being emotionally sensitive and easily upset, he may have learned that he will experience difficulties with others, and he may especially anticipate frequent rejection. For these reasons, he may remain hesitant about being sociable and extending himself to others. This appears to be a problem that spreads from one setting to another. Past desires for closeness and affection may now be self-protectively denied. Easily hurt by criticism of others, Franklyn may avoid social encounters and give in quickly to the wishes of those who act more assertively. Having few relationships, he may pursue his activities entirely alone. He may persistently be concerned with social rebuff and continue to anticipate rejection. There is a tendency, therefore, to become isolated from everyday relationships, with much time spent in daydreaming rather than being involved with people.

These data further suggest that Franklyn's self-image appears to be one of being weak, unmasculine, and ineffective, although he may not readily admit these perceptions. It is also likely that he will view ordinary responsibilities and stresses as excessively demanding. Moodiness characterized by fearfulness and anxiety may also occur with some frequency. In addition, he is likely to report fatigue, a low level of energy, and persistent periods of moderate anxiety and depression. Not particularly trustful of others nor inclined to take the initiative about things, Franklyn is not likely to go out of his way to report emotional problems. Although he is not indifferent to signs of distress and disillusionment, his characteristic social hesitation and fearfulness may result in delays in voicing complaints. His mood disharmony may well be hidden and reported mostly by others rather than by himself. The establishment of a sense of safety and rapport will be a challenging but necessary part of treatment efforts.

The Rorschach data suggest that Franklyn is a man of some constitutional strength. His psychological controls tend to be similar to those of most people; that is, he is not likely to act impulsively unless stress is unusually prolonged or severe. Most of his decisions are likely to be the result of deliberation on his part. This does not mean that such decisions will be adaptive. These data further suggests that the impact of Franklyn's emotions are inconsistent in how they influence his thinking, problem solving, and decision-making behaviors. He is vulnerable to being overly influenced by emotions when they become intense and can easily get carried away. These data suggest that he is in considerable distress at present, largely because of a tendency on his part to hold in feelings he would rather express openly. When it comes to expressing his feelings,

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Franklyn tends to be significantly more over-controlled than most people. This finding suggests a marked fearfulness on his part of being involved in intense affective displays. Finally, these data suggest that Franklyn is often confused by emotion and that he may feel positive and negative feelings in response to a given situation. It may be hard for him to bring closure to emotional situations.

At the core of these concerns is a man who tends not to be very introspective and who appears to be less involved with self-awareness. As a result, Franklyn's self-image is based as much as on how he would like to see himself rather than upon his actual experience. This finding suggests a lack of maturity and includes distorted notions of the self. These features of Franklyn's life appear to have their roots in his family of origin, which was characterized by pronounced deficits in parental structures, as discussed in the enclosed psychosocial report.

Interpersonally, Franklyn prefers a passive but not necessarily submissive role in his relationships with others. He tends to avoid responsibility for decision making and is less likely than most people to search for new solutions to problems. In that he is a rather negative person, these data suggest that he is likely to exhibit passive-aggressive behavior. He tends to see himself as a victim of external factors, including his own sexual orientation, the doctrines and attitudes of the church, and his diminished reputation among the clergy in the diocese. While he has typical needs for closeness with others and is possessed of an average interest in being with them, he tends not to anticipate positive interactions among people routinely, largely because of his pervasive mistrust.

The Rorschach also screens for a number of cognitive features which impact a person's adaptational style. These data suggest that Franklyn lacks a marked stylistic approach to problem solving or decision making. This lack of consistency makes him vulnerable to errors in judgment, and he may have a hard time arriving at a firm decision. It may also take him more time to come to decisions than most people. These data also suggest rigidity in the ways in which Franklyn thinks about issues and values in his life. It is likely to require considerable energy for him to modify his characteristic attitudes. He is possessed of an average willingness to process the complexity of new stimulus fields and also has a positive motivation to deal with new information effectively.

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The quality of his information processing is satisfactory; his approach to processing, however, is likely to be irregular at times. Two features which play a prominent role in the difficulties experienced by this man are his tendency to translate his experience in highly-personalized terms and his tendency to rely excessively upon fantasy as a defense. His idiosyncratic approach to interpreting his experience may lead others to see him as out of step with his environment, or even as eccentric or deviant. His tendency to rely on fantasy as a way of dealing with the world markedly diminishes his ability to face the extent of actual problems in his life. It also fosters a self-imposed sense of helplessness because of the implicit assumption that external forces will remediate his personal difficulties.

### Conclusion:

Fr. Franklyn Becker is a fifty-eight year-old white male Catholic priest who is currently experiencing distress. Available data suggests that Franklyn is a naive, frightened man, who shows little insight into his own psychological and emotional functioning, despite his high level of intelligence. His misconception of himself is well fixed and will likely be difficult to change. If treatment is considered, consideration should be given to the safety of a facility; a residential facility would be useful in this regard. Treatment would best proceed with initial confrontations about the objective nature of Franklyn's behavior with others, especially with minor children. These efforts will be significant with respect to Franklyn's ability to develop a more realistic appreciation of the impact of his behavior on others. Work in the area of developing Franklyn's capacity for empathy will also be significant. As he increases in such awareness, he will also require basic social skills training, including ways to handle his emotions; the development of basic communication skills, and increased awareness of his actual versus fantasized needs as an adult male. Simply put, Franklyn does not recognize his behavior for what it is. He denies the role of power and the role of his own sexual strivings in his interactions with those to whom he is drawn or otherwise attracted. He tends to see himself as victimized by the actions of others and takes little responsibility for his own sexual health. His mistrust of himself and his own emotional life plays into this. He exhibits a tendency to be manipulative and is prone to prevarication; part of this seems to derive from the primitive denial evidenced by this man, who has difficulty tolerating the truth about how he in fact functions. He clearly prefers to see himself as a gifted and special person who has been faithful to his promises, despite his record. Given the current state of affairs, Franklyn remains vulnerable to acting out in the future, especially as he becomes

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close to others in relationship.

Another major issue in consideration of the disposition for treatment is the issue of Franklyn's motivation. His current level of denial leads him to be more satisfied with himself than circumstances warrant, and it may be necessary to bring external pressures to bear to assist him in increasing his level of motivation.

Respectfully submitted,

Paul M. Midden, Ph.D.,  
Clinical Director

AMIL00753

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*File  
Copy*

DATE: July 19, 1996

TO: Archbishop Rembert Weakland  
Bishop Richard Skiba  
Reverend Carol Straub

FROM: Liz Piasecki, PsyD.

RE: REVEREND FRANKLYN BECKER

PRIVILEGED AND CONFIDENTIAL

On July 17, 1996, I had an extended conversation with Dr. Marlene Trachsel, the psychologist who is treating Father Becker. She had requested that I call her regarding Father Becker and the allegations against him. We have a written release from Father Becker to share this information.

During the course of that conversation, Dr. Trachsel articulated the following concerns:

1. Father Becker is fixated on the most recent allegation, that is, the calls to me from the individual that I have not identified because that individual fears reprisal from Father Becker against his elderly parents who still live in the Milwaukee area. I, again, refused to disclose that individual's name or other identifying information, and Dr. Trachsel accepted that, noting Father Becker has reported so many sexual incidents that, there is plenty of material to work on in therapy. Father Becker has given his written permission to share the log items, on prior concerns from the past with Dr. Trachsel, and I have sent them to her at her request.
2. Father Becker, now (again), identifies himself as a pedophile and asked Dr. Trachsel to sign a statement to that effect so that he could collect on a private disability policy which he holds. She refused to do so although she agrees essentially that he is one.
3. Dr. Trachsel fears that Father Becker may be capable of, if not already engaging in, physical abuse of his elderly mother. He has reported to her one incident of hitting his mother with a slipper, recently. Dr. Trachsel had recommended to Father Becker that he work at the parish office in order to get away from his mother. I told her that was not permissible and out of the question.

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*EX 327*

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Franklin Becker

July 19, 1996

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4. Father Becker is in conflict with some adolescent boys who live next door, and she wonders if there hasn't been some kind of prior advances which have contributed to the present aggression against him by these boys.
5. She believes Father Becker may be in possession of child pornography in his home.
6. Dr. Trachsel reported that Father Becker is in a lot of fear over going to prison because of his "past" behavior. I questioned whether there may be some involvement, of which we are unaware, which is still under the criminal statute. She said she would not be surprised, but knows of no specifics of that at this time.
7. Father Becker remains in much denial. He does discuss other priests and their sexual orientation/behavior with her and has brought her letters and material which were sent to the Milwaukee Sentinel by him, years ago.
8. There is no question in Dr. Trachsel's mind that Father Becker remains a risk to act out. He continues to go on cruises which he describes as cruises for elderly people. She questions whether they bring their grandchildren. He hopes to "gain the respect" of the Archbishop and the Archdiocese, again, but still is very poor at taking responsibility for any of his past behaviors. At the minimum, he hopes to "get to retirement." He verbalizes that he is a good priest who worked hard contrary to other's reports of him.

Dr. Trachsel points out that given his mother's age (90+), Father Becker is likely to be the responsibility of the Archdiocese for another 30 years.

My question: Should we be considering encouraging the focus of therapy to shift to counseling him out of the priesthood and voluntary resignation, and asking Dr. Trachsel to start working on that?

ECP:saz

AMIL00758



ARCHDIOCESE OF MILWAUKEE

DEPARTMENT FOR CLERGY PERSONNEL

FILE COPY

January 30, 1997

Rev. Franklyn W. Becker  
Box 40  
Woodland, WI 53099-0040

Dear Franklyn,

I merely wanted to confirm what we agreed to at our meeting with the Archbishop on 1/29/97. It seemed to be a profitable meeting. I was pleased to hear you acknowledge that you do reflect on your actions and are beginning to realize and accept that each has consequences.

The Archbishop was clear in pointing out that the insurance risk for your conduct is totally an Archdiocesan responsibility. He stated that the only time he would be willing to risk was when a person developed a certain amount of self knowledge together with the recognition that amending one's ways was absolutely essential.

It was agreed upon that you could continue to do help-out ministry as in the past in the Rubicon area. You are required to continue to see Dr. Marlene Trachsel weekly, as well as report to Tom McGuine, your monitor, monthly. It is presumed you will continue to make progress and when you begin to see your therapist only once weekly, at that time you will also join "group". You were encouraged to develop a circle of mature friends, people who are not lonely or angry, who can give you appropriate feedback.

I hope you felt the meeting was as productive as I did. You cleared away a lot of suspicion in your relationship with the diocese and the Archbishop. Continue to make progress and work on those homilies.

Prayerfully,

*Carrol C. Straub*

Reverend Carrol C. Straub  
Vicar for Clergy

CCS/sks

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