

CLINICAL NOTES

Patient: Reverend John J. Geoghan

Unit No. 55737

ADMISSION DATE: August 10, 1989

DISCHARGE DATE: November 4, 1989

DISCHARGE SUMMARY

CHIEF COMPLAINT AND REASON FOR ADMISSION

This 54-year-old Roman Catholic priest was admitted after a psychiatric evaluation done at St. Luke's Institute in Maryland, following allegations of sexual abuse, namely, of a pedophilic nature that had transpired several years ago and was brought to the attention of mental health clinic authorities by three separate patients. As a result of these allegations and evaluation done at St. Luke's, the patient was referred here for more extensive longterm treatment.

HOSPITAL COURSE

The patient had a rather uneventful hospital course here. He was quite cooperative with the treatment, and worked very hard at it, even though initially he was quite depressed about it, devastated and was defensive and guarded. He met with the undersigned three times a week in 50-minute sessions, and was involved in a number of groups on the unit including unit group which met three times a week, clergy group, human development group which met twice a week, and the bereavement group as well as the assertiveness group. The patient did admit to being involved in pedophilic activity between 1975 and 1979. This was limited to fondling of prepubertal males, fondling of the genitals; it was not a classical case of pedophilia in that the abuse was sporadic and eventually did stop and had a playful childlike quality to it. It was not sexually stimulating or eroticized, and it was not sadistic nor without remorse. As I mentioned, the patient was quite defensive, angry, and devastated initially. Over time, his depression lifted, although his anxiety level remained high but never to the point where he required any psychotropic medications. He became more receptive to treatment and became more assertive. Issues of deprivation, maternal domination, immaturity, vulnerability, control and powerlessness issues emerged. As a result of all of this, during certain stressful, vulnerable points during his priesthood, he did focus on immature sexual objects. The patient reassured us that these impulsive episodes of pedophilia were now under control and he had integrated his life in a more constructive way, since he began getting involved in psychotherapy and seeing a psychiatrist ten years ago. The patient had been seeing an internist for his psychotherapy, which was more along the line of friendly paternal chats and not really psychotherapy. The patient, however, did see a psychiatrist, Dr. John Brennan, whom he saw for medication, and originally for some psychotherapy, but that had stopped. Dr. Les Lothstein, Chairman of the Psychology Department, and an expert in sexual disorders saw the patient and evaluated him. He found the patient quite defensive and somewhat concealing but did not feel that the patient presented with any classic pedophilic symptoms and that basically his problems centered

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DISCHARGE SUMMARY - 2  
Course in Hospital (continued)

November 4, 1989

around immaturity, intimacy, childhood deprivation and having a chronic dependent personality structure.

Psychological testing was done on this patient. The Minnesota Multiphasic Personality Inventory revealed that the patient showed an immature and impulsive nature who could be a high risk taker. The test also found him somewhat narcissistic and manipulative. It also found problems with his assuming the masculine role in that there were dependent and feminine identification patterns as well. They found him having difficulty in expressing anger and difficulty with close interpersonal relationships. The Milon Clinical Multiaxial Inventory was also done. The results of this test revealed a personality disorder, mostly of a histrionic and obsessive-compulsive nature, longterm, that has persisted most likely for several years. The physical examination was positive only for athlete's foot and mild COPD, based on the patient's long history of smoking. EEG was normal awake and in a drowsy state. All blood work was normal, including glucose, BUN, creatinine, uric acid, protein, calcium, phosphate, cholesterol, triglycerides, alkaline phosphatase, ASAT, ALAT, LDH, bilirubin, sodium, potassium, chloride, carbon dioxide, GGT, iron, albumen, globulin. CBC was within normal limits. Thyroid studies were normal. RPR was nonreactive. The patient had had an EKG at St. Luke's Institute as well as a CAT Scan and these were both within the normal range.

POST-HOSPITAL TREATMENT PLANS

After a meeting with the patient's superior, namely Bishop Robert Banks of Boston, it was decided that the patient could return to his home parish in Weston, Massachusetts, and resume his pastoral responsibilities. He was also linked up back with Dr. John Brennan of Brighton, a psychiatrist, for once a week treatment. The patient was given specific instructions on stress reduction and leisure skills management.

CONDITION ON DISCHARGE

Moderately improved. The patient seemed to have an increased capacity for stress, an increased capacity for socialization and increased capacity for assertiveness. He was also more in touch with his feelings and some of the issues of a dynamic interpersonal and developmental nature that have plagued him over the years.

DISCHARGE DIAGNOSIS

Axis I: 302.20 Atypical pedophilia, in remission  
300.02 Generalized anxiety disorder  
Axis II: 301.90 Mixed personality disorder with obsessive-compulsive,  
histrionic and narcissistic features

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DISCHARGE SUMMARY - 3  
Discharge Diagnosis (continued)

November 4, 1989

Axis III: Mild COPD

  
Robert F. Swords, MD/mhc

  
Vincent J. Stephens, MD  
Director, "The Retreat"  
Donnelly I South

8513

Dictated: 11/13/89  
Transcribed: 11/14/89

Mrs. Powell 7-18-89

Here are the records  
you requested.

Ricky Banks  
Please call if you need  
further information.

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on: Mrs. Powell

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