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NAME: Louis E. Miller
AGE: 59
OCCUPATION: Priest
REFERRED BY: Richard Brush, M.D.
DATE EVALUATED: 1-26-90

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BACKGROUND INFORMATION: Father Louis Miller is currently undergoing psychological and psychiatric evaluation because of recent accusations of having attempted to seduce a young man into a homosexual relationship some 13 years ago. The patient's history is well outlined in a psychiatric interview by Dr. Brush on 1-20-90 and the patient was not re-interviewed when seen on 1-26-90.

Father Miller arrived for his appointment on time. He was a very gregarious and congenial individual, who talked without any need for prompting or questioning. He was in some degree of distress at the time of the evaluation because his father, 87 years of age, had just been discovered to have an abdominal aneurysm, which recently bled and the father is in the hospital. Father Miller had planned on leaving on sabbatical, but those plans have been changed until such time as his father's condition is better determined. Father Miller's most recent assignment terminated in January of 1990, and he is to be re-assigned in June of 1990.

Father Miller quickly reviewed the circumstances that have brought him to the evaluations. He had no difficulty in discussing these problems, which he acknowledges and describes as problems which occur very impulsively, without any planning or fore thought. Thus, he intimates that he is unable to

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MILLER.DOC 0411
PRODUCED 10/17/02

MILLER, Louis E.
Page 2

anticipate a situation in which he is likely to experience sexual urges, which he finds uncontrollable.

TESTS ADMINISTERED: Wagner Hand Test, Rorschach Inkblots, Thematic Apperception Test (partial) and Minnesota Multiphasic Personality Inventory.

TEST RESULTS AND INTERPRETATION: Father Miller's responses to the various test protocols, particularly the MMPI, suggests an individual who is attempting to minimize or deny any social adjustment or personal problems. This is an individual who is likely to retreat into autistic fantasy in order to avoid the stress of reality and in an attempt to inhibit acting out or unacceptable impulses. Individuals with the particular types of protocol responses produced by Father Miller, frequently do have significant sexual conflicts and certainly there is evidence of difficulty in relating comfortably in interpersonal situations. He is likely to feel somewhat socially isolated and withdrawn, despite the fact that he may be forced into close contact with others. There is a suggestion of a paucity of social skills and he may actually prefer spending time alone, as opposed to the demands upon himself to interact significantly with others.

This is an individual who does not appear comfortable with his own self-image or has not developed a well defined self-image. There is a tendency to approach interactions with others in a somewhat suspicious, if not, antagonistic manner and generally would be distrustful of the motives of others, despite the fact that he may present as a very pleasant and outgoing, comfortable interaction on the surface. That interaction, nevertheless, is superficial and is likely to have meaning only in a rather abstract sense, as opposed to a personal sense. In general, there appears to be a rather marked absence of empathic understanding of others and an attempt to understand them only on a very intellectual or again, superficial manner. There is evidence of marked lack of self-awareness or introspection, to the point where impulsive acting out, if not dissociative types of episodes would not be unusual.

There are some elements in the client's cognitive processing which are distinctly paranoid, that is, a tendency to pay attention to the minutia of events and looking for almost irrelevancies from which to draw conclusions. This was not a consistent tendency, but certainly enough to suggest that at times, the patient is likely to jump to conclusions about events which may not be warranted, particularly under stressful circumstances.

From an emotional status, at the time of the interview, the patient does admit to being rather tense and anxious and this is probably in response to the situation which is occurring with his father. In terms of more long term types of emotional awareness, he presents as a rather calm and complacent

MILLER, Louis E.

Page 3

individual, who is quite well controlled. While the patient appears to attempt to present a picture of control and calmness. He nevertheless admits that there is a constant gnawing going on inside and that gnawing he describes as the sexual temptation and it is suspected that there is a much greater conscious effort, which is used to control the impulse than the usual automaticity over such impulses.

The types of profiles produced are typical of individuals who, when growing up, experience a considerable sense of parental indifference or rejection. This may have resulted in a shutting down during some developmental tasks. Important learning experiences may not have occurred because of this, which would result in deficits in coping skills. The shutting down of the stream of thought may result in some forms of reality distortion, as well as inappropriateness in interpersonal situations.

The profile suggests a more characterological disturbance, as opposed to any acute problem. He is a well defended individual, and is likely to rely more on defensive externalization, such as projection.

The protocols are notable by the absence of indicators of guilt, depression or anxiety (except as noted above). This is not an individual who would be expected to respond to (or even seek) psychotherapeutic help, except under pressure from external sources. A behavioral or cognitive/behavioral therapeutic approach is likely to be more effective than psychoanalytic type of therapy.



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