



Saint Luke Institute

March 1, 1994

CONFIDENTIAL

Msgr. John Urell
Diocese of Orange
2811 East Villa Real Drive
Orange, CA. 92667

Re: Msgr. Michael A. Harris
SLI #12887

Dear Msgr. Urell:

We thank you for your kind assistance in helping us conduct an assessment with Msgr. Harris. Your willingness to collaborate with us is much appreciated and a substantial aid to our efforts. We are also appreciative of the assistance of Kenneth Fineman, Ph.D.

As you know, Msgr. Harris is a 47-year-old priest of the Diocese of Orange. He was referred to St. Luke Institute for an evaluation because of allegations that he sexually molested four adolescents- three young males and one young female.

One alleged victim, was a student at a high school where Msgr. Harris was assigned (1976-1987). While , was a student approximately aged 16-17, claimed that "Michael used to masturbate in front of him" both at his office and at the school. told his mother about this about 2-3 years ago and swore her to secrecy. He also told his brothers. After recent death of AIDS, his mother felt free to reveal the allegations.

An attorney that befriended revealed to the Diocese that two clients of hers claimed to have been molested by Msgr. Harris when they were students at the high school. The attorney believes them and added that the allegations included mutual masturbation, fondling, oral sex and "possibly penetration."

The attorney has not provided the names of the clients who alleged the abuse because one "will never come forward" and the other is now in therapy and will "soon be able to talk about this publicly."

A patient of another therapist spoke about being molested by Msgr. Harris. This person is a woman and said she was molested at age 13 or 14. This person has not come forward publicly either.

Magr. John Urell
Re: Magr. Michael A. Harris/SLI #12887

Magr. Harris reportedly denied the charges to the Diocese. At Saint Luke Institute, he did not deny nor affirm the charges. After being told that whatever he said would be included in a report to his diocese, he repeated his statement that he has been in "relationship" with the young people and it may be that his gestures have been "misinterpreted."

Magr. Harris was referred to Saint Luke Institute for an evaluation.

Magr. Harris was given the following elements of our evaluation protocol:

1. A psychosocial interview,
2. A clinical interview,
3. A physical and neurological examination,
4. An Electrocardiogram,
5. A chest x-ray,
6. Psychological testing battery including personality and projective tests,
7. Neuropsychological testing including intelligence tests, memory tests, the Halstead-Reitan Neuropsychological Tests,
8. Spiritual Assessment.

The following are the results:

PSYCHOSOCIAL HISTORY: We take an extensive history of our clients' background in order to understand the impact of early events on their current behavior. Although Magr. Harris gave us details of his background history, only the clinically relevant information will be given in this report. Magr. Harris said he could not remember much of his childhood and implied that he may have psychologically "blocked" some of the memories.

Michael reported a family history which had considerable trauma. His mother had been physically and emotionally abused by her own mother including being beaten and locked in a dark closet. Michael described his grandmother as a very sick woman. It was apparent that Michael's mother suffered because of her own upbringing and his grandmother had a powerful and negative influence on the family.

Michael's mother eventually became an active alcoholic and died of diseases related to alcoholism. Her alcoholism created further problems in the family. Because of her drinking, his mother's personal and professional life and their home life "all fell apart."

At times Michael felt close to his mother and at other times he was enraged with her drinking. Her drinking problem began during the onset of Michael's adolescence which he said, "made matters worse" for him.

Msgr. John Urell

Re: Msgr. Michael A. Harris/SLI #12887

Michael said he is like his mother in his being compassionate and caring plus being successful at work. He said he is also like his mother in that he has "some addictions and compulsions."

His father was largely absent from the family. He worked several jobs at a time. Michael was not close to his father. Avoidance was the way his father seemed to deal with the family problems. Michael spoke of often feeling ashamed and embarrassed, especially as an adolescent and young adult.

Michael said he is like his father in that he is a hard worker, "almost compulsive." In fact, Michael called himself a workaholic, which appears to be accurate. He works seven days a week from about 8am to 1030pm.

Msgr. Harris spoke of other family crises such as "dad losing his job," a baby brother who died at birth, and the death of his grandparents.

Michael recalled other difficult events. He recalled the nuns at his school being "cruel." For example, at one point, he was doing a math problem and the teacher publicly ridiculed him.

A theme in Michael's history was a lack of nurturance and comfort and emotional isolation. At later points in his life, some of Michael's actions appear to be directed at receiving (and giving) the comfort that he did not receive as a child.

When he was about 12 years old, he was on a ride at Disneyland and he was leaning up against the man behind him. The man had an erection which Michael found to be confusing and unwanted.

Regarding his sexual history, Michael found puberty to be a difficult time. He said he did not feel prepared and found himself "making it up as I went along." There was much "guilt, fear and confusion."

At the age of 13-14, Michael reported a sexual relationship with another boy his age. The relationship lasted about one year.

He dated some teenage girls but the relationships were "largely platonic." He hugged and kissed some girls. When asked if he found the experience sexually stimulating, he said, "yes and no...not profoundly."

Michael said that some of his sexual fantasies continue to be homosexually oriented. He said he is still predominantly attracted to young men between the ages of 20 and 30 years old. In one of the interviews, he did admit that he has been sexually aroused while hugging adolescent boys.

Michael said that sexuality is an area of conflict and concern for him. He wrote, "Generally I sublimate my sexuality with hard work and long hours."

Msgr. Harris said that he continues to experience confusion regarding his sexual orientation. "At times I feel I am still in sexual adolescence. Confusion, compulsion, unresolved need fulfillment, guilt, fear anxiety, etc., are still a part of my life in this regard."

When Michael was asked how he would feel if he found out he were homosexually oriented, he responded, "confused, it's a struggle, abnormal, upset, down on self, bad." When asked how he

Msgr. John Urell
Re: Msgr. Michael A. Harris/SLI #12887

would feel if he found out he were attracted to adolescents, he said, "the same (as above), even more so." It may be that some of his confusion around his sexual orientation is the result of these strongly negative feelings about his sexuality and proclivities towards young men.

Msgr. Harris said he will sometimes get ideas in his head, often sexual ideas, which "preoccupy us" and he has to make a "conscious effort to shift out of it." He called this a "compulsive" aspect to his sexuality. Sometimes, masturbation allows him to "shift out of it."

Msgr. Harris did not answer questions about sexual experiences after high school. He did say that after ordination some women and some children have flirted with him.

When he was asked what the feelings of an adult might be if this same adult had been sexually involved with an adolescent, Michael said the adult might want to "care, to reach out, to console, to love." This was the same phrase he used when describing what he would like to experience from the therapists at Saint Luke's. Perhaps, in Michael's search for the nurturing that he did not receive as an adolescent with the onset of his mother's alcoholism, he is been searching for, and trying to give, this nurturance to young males.

PSYCHIATRIC HISTORY & BEHAVIORAL OBSERVATIONS:

Msgr. Harris has been in outpatient therapy several times. He first went into therapy from 1972 to 1973 with a psychiatrist who treated him for about nine months, once a week. He went in for anxiety and sexual conflicts. This was around the time that he began to work as a high school teacher in addition to parish work.

He later entered therapy with Dr. Gottschalk, another psychiatrist, in the late 1970's for about one year. He returned to therapy in the mid-1980's to Dr. Gottschalk for another year, and since this past December he has reconnected with Dr. Gottschalk. In addition to weekly sessions, he has been treated with Kanax (anti-anxiety) which he continues to take.

Michael reported that he has a long history of anxiety related symptoms. He had "alot of stomach problems in the seminary" which were related to anxiety and stress. From 1972 to the present, he has experienced about 10 or 12 periods of significant anxiety in which he has problems sleeping, he loses his appetite and has problems concentrating and focusing. He feels drained, fearful, anxious and tired. Michael will wake up at night with his arms tense and fists clenched over his head.

Msgr. Harris said he is currently experiencing one of these periods of anxiety which is the longest and most intense experience to date. He is able to function but he has to work hard to get through these periods.

During the evaluation week, Msgr. Harris' external demeanor

Msgr. John Urell
Re: Msgr. Michael A. Harris/SLI #12887

was striking for its calmness. He looked very good and presented a "put together" exterior. This was so much the case that Michael reported that some residents began to confide in him as if he were a therapist.

This calm and "together" exterior was in marked contrast to the level of distress which Michael reported. The stress, anxiety, conflict and upset which he experiences internally were not manifested externally.

Michael demonstrated a narrow range of emotions. The only emotions demonstrated were when Michael showed a slight amount of sadness and grief when asked what an adult would feel after having molested young people. Michael spoke of the grief and remorse that would be present.

Several times, Michael reported that he needed badly to grieve and to cry but he is not able to do so.

Msgr. Harris reported no personal or family history of sexual abuse. His personal alcohol usage includes about two drinks of scotch and/or wine a week. There was no family history of mental illness or alcoholism except the alcoholism of his mother and the emotional problems of his mother and grandmother noted previously.

Because of his anxiety and mood problems, Michael lost 13 pounds since last September; he has recently gained 9-6 the pounds back.

Msgr. Harris reported no active suicidal ideation. He did make statements such as: "I wish God would take me" but there appeared to be no significant suicidal risk.

Msgr. Harris was fully oriented to his person, the place, and the time. There was no sign of psychotic process.

LEGAL STATUS:

There are no civil or criminal charges in process at this time.

PHYSICAL EXAMINATION AND LABORATORY EXAMINATION:

While with us, Msgr. Harris underwent a physical examination by our consultant in internal medicine. Upon examination, he was 6' 2" tall and weighed 198 lbs. His blood pressure was 118/78.

Examination of the head and neck were unremarkable with no evidence of thyroid pathology. Chest and cardiovascular examinations were within normal limits. An abdominal exam revealed no liver or spleen enlargement or other nodules. His extremities were normal. A neurological exam revealed normal coordination and reflexes. His EKG and chest x-ray were normal.

Msgr. Harris underwent a thorough laboratory examination as part of his evaluation. His cholesterol was elevated at 243

Msgr. John Urell

Re: Msgr. Michael A. Harris/SLI #12887

MG/DL (normal range 145-200 MG/DL). His triglycerides were significantly elevated at 338 MG/DL (normal range 45-200 MG/DL). There were no elevations in his liver enzymes. There was no evidence of past or current sexually transmitted diseases. His HIV test was negative. His urinalysis was normal. There were no drugs in his system. A special test of hormones (testosterone) known to correlate with sexual urgency was within normal limits.

Msgr. Harris has a history of colon polyps. Our internist recommended that he have regular colonoscopies, including one at this time, to ensure that the polyps have not returned.

Michael reported difficulties urinating and frequent urinations that may be related to prostate problems. Our internist recommended he see a urologist.

It was also recommended that Michael go on a low fat, low cholesterol diet.

Overall, Msgr. Harris appeared to be in good health.

NEUROPSYCHOLOGICAL EXAMINATION: As part of our evaluation we examine the

functioning of the brain, since the brain mediates all perception and experience. On the testing, Msgr. Harris's Verbal IQ was in the Very Superior range (135), his Performance IQ was in the Superior range (120), and his Overall IQ was in the Very Superior range (133). This suggested that Michael has excellent intellectual skills. His greatest strength is in his Verbal Abilities while his Performance Skills were significantly lower, although still above average.

In the neuropsychological testing, Msgr. Harris showed inconsistent, scattered deficits.

He had significant difficulties with his Memory for Nonverbal material. There was mild impairment in his immediate ability to Recall Simple Figures but his delayed ability to Recall Simple Figures was within normal limits. There were signs of mild impairment in his Incidental Spatial and Tactile Memory. His ability to Recall Complex Figures was markedly impaired.

His Memory for Verbal material was variable and inconsistent. There was mild impairment in his Learning of Word Pairs and in his Immediate Story Recall. His Delayed Story Recall was markedly impaired but his Recall of Word Pairs was within normal limits.

His Frontal Lobe functioning was excellent and consistent with his IQ scores.

His Abstraction/Problem Solving Abilities fluctuated. His Verbal Abstraction and Complex Verbal Problem-Solving abilities were very good. His Complex Nonverbal Problem-Solving was borderline impaired and his Mental Flexibility showed mild to moderate impairment.

Msgr. Harris' Attention and Concentration skills were a relative weakness. His Auditory Discrimination of Verbal material was very good but his Nonverbal material was borderline im-

Msgr. John Urell
Re: Msgr. Michael A. Harris/SLI #12887

paired for his level of intelligence. His Numerical Reasoning was a relative weakness as was his ability to Recall Digits.

Msgr. Harris' Sensory Perception was excellent including Tactile, Auditory and Visual abilities.

His Motor Functioning was good. His Visual Perception was grossly within normal limits.

Overall, there was signs of borderline to mild neuropsychological deficits, particularly in Non-verbal Memory, Attention/Concentration and some in Verbal Memory.

The pattern of these deficits suggest that they are probably not organically based. Rather, they are likely to be situational and a result of the significant internal stress that Michael is under. Michael did not report any difficulties in Memory.

At this time, we do not recommend follow-up neuropsychological testing. His Memory skills should be monitored to ensure that they return to normal as the stress subsides.

PSYCHOLOGICAL TESTING: Our psychological testing is an important part of our evaluation process. It allows us to compare responses our clients make to objective norms and to validate our interview impressions through test data. Psychological testing is divided into two different parts. Personality testing assesses a client's personality style as well as the level of psychological distress he or she is currently experiencing. Projective testing allows us to assess a client's strengths and weaknesses in how they handle their thinking and their feeling life. It also allow us to understand some of the conflictual psychological issues that a client may be experiencing.

Msgr. Harris took a personality inventory called the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2). He produced a valid MMPI-2 profile.

Michael endorsed a number of MMPI-2 items which were indicative of the tension and anxiety he is feeling such as: "I am a high-strung person;" "My sleep is fitful and disturbed;" and "I work under a great deal of tension."

His responses also indicated sexual problems. He endorsed such statements as: "I am worried about sex;" and "I wish I were not bothered by thoughts about sex." When given the statement, "I have never indulged in any unusual sex practices," Michael answered 'false.'

His overall MMPI-2 profile was typical of someone who may appear charming and tends to make a good first impression. Nevertheless, such people can be superficial and untrustworthy in interpersonal relations. Such people have a tendency to act impulsively and use other people for their own gratification.

People with these profiles tend to be immature and have difficulties with authority. Michael's responses suggested someone who experiences conflicts concerning his sex-role identi-

Msgr. John Urell
Re: Msgr. Michael A. Harris/SLI #12887

ty. He is likely to have insecurities regarding his maleness.

Michael's profile was similar to those who are prone to the development of addictive problems.

Msgr. Harris also took the Millon Clinical Multiaxial Inventory, Second Edition (MCMI-II). Again on the MCMI-II, Michael endorsed items indicative of anxiety plus signs that his anxiety and internal conflicts are manifested in somatic symptoms.

Michael endorsed the statement, "I protect myself from trouble by never letting people know much about me." Despite his charming nature and many personal contacts at work, the testing and Michael's statements suggested that he is emotionally isolated.

The MCMI-II results suggested someone who solicits the attention of others and is dependent upon the support of others. His fear of losing emotional nurturance from others may compel him to be compliant and obliging. At times, he may be superficially charming. When faced with interpersonal tensions, he is likely to try to maintain an air of buoyancy and well-being.

Underneath an entertaining exterior is likely to be repressed anger and frustrations which may erupt at times. The loss of a significant source of emotional support and guidance may prompt acute distress.

These MCMI-II test findings were supported by Michael's responses in the clinical interviews. He tries very hard to be successful and appreciated by others. In a narcissistic-like fashion, Michael finds emotional support from his workaholic achievements and public recognition. This is his major source of support at this time. These "narcissistic emotional supplies" are now being threatened by the allegations of child sexual abuse and causing him much distress.

On the Beck Depression Inventory, Msgr. Harris endorsed items suggesting that he is currently experiencing depressive symptoms of clinical significance. The Revised NEO-Personality Inventory (NEO-PI-R) also noted significant depressive symptoms.

The NEO-PI-R profile was typical of someone who is poor at controlling impulses and desires, although able to handle stress. He is likely to be active and sociable yet this affability may mask personal feelings of insecurity and low self-esteem.

Michael also took several projective tests: the Incomplete Sentence Blank, the Rorschach, the House-Tree-Person Projective Drawings and the Draw-A-Person Projective Drawings.

Msgr. Harris produced a valid Rorschach protocol. The Rorschach suggested that Michael has good capacities for dealing with stress. However, the current circumstances are resulting in a significant increase in situationally related stress.

His potential for impulsiveness was reported in the Rorschach results. In ambiguous or complex situations he is vulnerable to disorganization in thinking, affect and/or behavior.

The Rorschach highlighted a tendency toward a narcissistic-like overvaluing of his self-worth. Thus, Michael is likely to try to reaffirm and protect this exaggerated sense of self-worth

Msgr. John Urell
Re: Msgr. Michael A. Harris/SLI #12287

perhaps through rationalization, externalization and denial. This makes it difficult to establish meaningful and deep interpersonal relations.

Underneath this appearance of a high self-worth are likely to be some perceived negative features of self-image. As Michael said in the interview, he experiences a sense of "self-loathing."

The Rorschach noted a marked sexual preoccupation. At the same time; it suggested that Michael may be socially isolated.

Despite his external affability, the Rorschach suggested that Msgr. Harris may have negative, angry attitudes toward the environment. While these attitudes may not be manifested directly, he is vulnerable to having distorted perceptions of situations, particularly when negative feelings are aroused.

Given the environment in which he was raised, it is not surprising that Michael would have such negative attitudes. It will be important for him to learn to develop a sense of trust and learn to satisfy his needs for warmth and comfort in healthy, interpersonal relationships with peers.

SPIRITUAL ASSESSMENT

Michael is strongly committed to priesthood and afraid of what will happen to him in the future. He enjoys celebrating liturgy and presiding at sacramental functions.

In the seminary and during his first years of priesthood, Michael had several consoling experiences of God in which he felt good about himself and cared for and consoled. He agreed that these are the only times he has felt this way. He currently struggles with feelings of self-loathing.

Msgr. Harris reported that he is not being "fed" spiritually. His excessive work leaves him little time to pray or take care of his own spiritual needs. While he acts as public celebrant of liturgical functions, he engages in little or no private prayer except for a few minutes of the Rosary before he falls asleep. He uses the Rosary not only as a prayer but as a repetitive act to help him fall asleep.

Upon inquiry, Michael said that he is afraid to spend time alone praying. He is afraid of what will surface. His workaholicism and lack of prayer are signs of his difficulty facing internal conflicts.

Msgr. Harris said he is trying to reconcile the notion of a good God and the presence of evil in the world. This is also true of his person as well: Michael is not able to reconcile the good persona that he shows to the world with the self-loathing and conflict he feels within.

It is recommended that Msgr. Harris begin to revitalize his spiritual life including instituting short periods of daily private prayer. We believe that this revitalization of his spiritual life will be an important part of his recovery.

Msgr. John Urell
Re: Msgr. Michael A. Harris/SLI #12887

DIAGNOSES:

Axis I: Paraphilia Not Otherwise Specified, ephebophilia, same sex, non-exclusive, 302.90
Anxiety Disorder Not Otherwise Specified, 300.00
Adjustment Disorder With Depressed Mood, 309.00

Axis II: Personality-Disorder Not Otherwise Specified with prominent narcissistic traits and dependent traits, 301.90

Axis III: elevated cholesterol and triglycerides
history of polyps in colon
mild neuropsychological impairment primarily with Nonverbal Memory, Attention/Concentration, and some Verbal Memory Abilities, probably secondary to situational stress.

SUMMARY AND RECOMMENDATIONS:

Msgr. Harris did not deny or confirm that the allegations were true. Based on the testing and the interviews, our clinical team believes that there is substance to the allegations. It has been our experience that in many cases like these, the allegations that have surfaced are only a few of the actual incidents of abuse that have occurred.

Michael indicated that he would be willing to be open about the truth if the information would not be given to the Diocese or be used in a court of law. While this position is understandable, Michael has always been most concerned about appearances and his reputation at the expense of his own healing and inner health. As a result, he has been applauded by the community but he has become isolated, confused, anxious and depressed.

Msgr. Harris needs to choose recovery and integrity over appearances and reputation. This will be a hard choice for him. Because of the lack of support and emotional warmth in his dysfunctional family, it appears that Michael learned to survive by looking good and performing well. As a child, this was his only option. As an adult, Michael realizes that this method of coping is no longer working. He is committed to a change.

We support that commitment. We believe that with hard work and therapeutic assistance, Michael can learn a new way of interacting with the world- one that includes healthy relationships and a balanced life. Michael has tried to give and get warmth from young people in dysfunctional ways. We offer him the possibility of learning to relate to his peers in more satisfying ways.

The evaluation team at St. Luke Institute recommends residen-

Mmgr. John Urell

Re: Mmgr. Michael A. Harris/XLI #12887

tial treatment for Mmgr. Harris. He has been in outpatient therapy several times with some benefit. However, to date, it has not provided the milieu for the substantive change which he seeks.

Also, Michael has excellent verbal skills which are a blessing as well as a problem. In verbal therapies he is able to talk about his feelings and he knows the "right" answers and can verbalize them easily. But this does not get at his problems.

One of the tasks for Michael is that he needs to "feel his feelings" instead of merely thinking about them. The variety of non-verbal therapies available in a residential treatment program will challenge him to get beyond his intellect and polished exterior to the pain and struggles within.

Also, in a residential treatment program, Mmgr. Harris will be given an opportunity to learn how to develop healthy peer relationships. He will be tempted to keep up his polished exterior and he may try to resist becoming a patient. It will be a step forward when Michael can become vulnerable to his peers and receive assistance from them.

The evaluation team recommends the following:

- 1. Inpatient treatment at Saint Luke Institute,**
- 2. No unsupervised contacts with minors in the interim,**
- 3. Follow-up the medical recommendations: colonoscopy to check for polyps; urologist to check prostate and urinary problems; low fat, low cholesterol diet,**
- 4. Increased attention to his spiritual life including daily periods of private prayer.**

We wish to thank Mmgr. Harris for his cooperation during the intensive, evaluation process. It was a joy to have him here at Saint Luke and we send him our best wishes.

We are most appreciative of the kind cooperation of Mmgr. Urell for the evaluation. It was of great assistance to us.

We hope that this process has been a help to the Diocese of Orange and to Mmgr. Harris. If there is any way we can be of assistance in the future, please do not hesitate to ask.


We thank you for your confidence in St. Luke Institute and we ask for your prayers for our ministry of healing.

Msgr. John Grell
Re: Msgr. Michael A. Harris/SLI #12007

Sincerely Yours in Christ,


Fr. Stephen J. Rossetti, D.Min., Ph.D.

Reviewed and Approved By:


Stephen Montano, Ph.D.
Clinical Psychologist

cc: Msgr. Michael A. Harris