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Faith, Forensics, and Firearms: A Case Study with Discussion of Professional and Spiritual Considerations for Forensic Experts of Faith

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This article studies a case in which a Christian citizen petitioned the courts for restoration of his firearms privileges years after he had endured an involuntary hospitalization. The article is divided into 3 sections: Section one introduces the case and narrates how ethics were a primary consideration in assuming the assignment and describes the unfolding of the proceedings. Especially important to the legal determination was the documented impact of the citizen's religious experience—which was embedded in other health and safety promoting processes. Section two provides a blinded rendition of the forensic report which demonstrated that the citizen was mentally fit to carry arms safely. Section Three furnishes a brief interview between the author and the *Journal of Christian Healing*; it explores professional and spiritual issues surrounding forensic practice and the considerations of the Christian psychologist.

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INTRODUCTION

When I was a graduate student my ethics professor lectured to my class of psychology doctoral students that when our professional formation was complete, when we were licensed, clinically skilled and seasoned, we had an obligation to society to conduct at least some forensic work. She asserted that, like it or not, experienced psychologists blossom into experts, and that good professional citizenship obligates the psychologist to provide that expertise to the legal system for the good of society. It was with that lecture in mind that I accepted one of the most onerous cases of my career.

Out of the blue I received a phone call from a well-spoken man who identified himself as Christian and a graduate student. He disclosed that he studied environmental science and hoped to conduct research in remote wilderness areas. Because such research involved the threat of attack by wild animals, his safety depended on his ability to carry firearms. In and of itself this sounded reasonable enough, but The Commonwealth of Pennsylvania had withdrawn his legal allowance to carry or possess firearms. The reason for this was his mental health record. Years ago he had endured an involuntary psychiatric hospitalization. By law this fact interfered with his weapons rights. The Commonwealth, however, was willing to consider restoring his weapons rights, but the stipulations were formidable. This citizen and his attorney were informed by Commonwealth authorities that a thorough psychological evaluation had to be conducted by a qualified psychologist. They further stipulated that dangerousness and significant psychopathology had to be ruled out within a reasonable degree of psychological certainty. And, lastly, they insisted that if these conditions were fulfilled that the forensic examiner had to

defend all the findings of the report before a Commonwealth judge and attorneys under oath. The man, one Otto De Gaulle (a pseudonym, like all names in this blinded document, except for my own), informed me that the report and clean bill of psychological health was integral to the legal process of restoring his access to firearms.

We talked further. I asked him why he had called my practice when the Commonwealth was so full of qualified forensic examiners. He sighed and replied that in the wake of several horrific massacres involving mentally disturbed shooters, his attorney could find no psychologist in the state who would consider taking his case. Against a national backdrop of endless coverage of shootings and inflamed gun rights shouting matches at the federal and state level, his attorney lamented that potential examiners either hung up on him or simply refused to even consider Mr. De Gaulle's case. In exasperation, Mr. De Gaulle's attorney, Frederick T, asked Mr. De Gaulle to assume the task of finding an examiner.

Mr. De Gaulle then disclosed something that incited within me the dual emotions of gladness and alarm: a practicing Christian, Mr. De Gaulle said a simple prayer to the Holy Trinity that he would find an examiner. Then he conducted an internet search on Commonwealth psychologists who had some sort of Christian affiliation and solid forensic credentials; my practice popped up on his short list, and he called me. "Would I take his case," he asked. A practicing Anglo-Catholic, I felt gladness that Otto had demonstrated faith that he would be rightly led in terms of finding an examiner, but I was alarmed that he might conflate our common religious convictions as somehow guaranteeing the clinical and scientific findings of my report. Such a thing would sorely trespass against best clinical and scientific practice; and to allow religious commonality to sway scientific findings in such an important matter of public safety is unethical and illegal.

I told Otto that I would take his case on the conditions that he submit to an exhaustive psychological interview, that he take one of the most researched metrics of psychological functioning that exists, that he authorize his attorney to release all relevant documentation, that I could interview knowledgeable third parties about his behavior and safety, and that I could extensively interview his family, especially his wife Collette who would be present during much of the examination. To ensure that he was accurately informed of the intensely objective nature with which the examination would be conducted, I told him that the findings of the report could not be guaranteed, that quite possibly he could suffer the time and expense of the forensic examination only to find that the outcome disappointed him. I might find him unfit to have his firearms privileges restored. Noting that he was also a scientist, Otto accepted these terms, offering that he would cooperate with the examination process to establish the reasonable psychological certainty that he could, or could not, safely carry firearms—all on the terms of best clinical practices.

Otto's examination was indeed exhaustive. It occupied hours and hours of his personal time and my practice allotments, involving frank interviewing around Otto's intimate life, the review of pages of documents, many interviews with third parties, psychometric assessment, and cross referencing my emerging clinical opinion with peer reviewed literature - which my research assistant painstakingly dug out of the data bases of the National Institutes of Health.

What emerged was an objective clinical portrait of a man who years before was extremely distressed regarding his physical and mental health, and whose career and marriage were all but collapsed. This clinical picture also demonstrated that Otto had engaged in healing processes that were utterly holistic, involving mental health interventions, physical health care, family and community support, and a personal religious conversation, sustained by regular

religious observance and church participation. As the outcomes below will establish, peer reviewed literature supports the notion that spiritual experience and religious affiliation tend to statistically drive health outcomes in the direction of health and safety.

Otto represents one of the 96% of American citizens who believe in God or a higher power. Research into such populations indicates a convincing, health-positive link between subjects' religion and mental health. Ohlschlager (2013) writes that studies establish

...myriad positive correlations shown by literally thousands of empirical studies on the relationship of religion to mental health (see Koenig, King & Carson, 2012; Koenig, McCollough & Larson, 2001). This evidence directly counters the long-held bias against religion by many of the leading lights of psychotherapy, who held that religion was inherently pathological and superstitious, with terrible consequences to persons and society. Searching all the scientific studies of the nineteenth, twentieth and twenty-first centuries, empirical evidence was gathered from nearly three thousand studies that showed that good and healthy religion influenced these various human conditions and relationships:

1. Greater overall well-being—80 out of 100 studies
2. Greater hope and optimism—80% of studies found
3. Greater purpose and meaning in life—15 of 16 studies
4. Greater self-esteem—16 of 29 studies, or 55%
5. Better adaptation to bereavement—8 of 17 studies
6. Greater social support—19 of 20 studies
7. Lower rates of depression—60 of 93 studies, or 65%
8. Fewer suicides—57 of 68 studies
9. Less anxiety—80% of cohort studies, and 86% of clinical trials
10. Less alcohol and drug abuse—76 of 86 studies, 88%
11. Less delinquency and crime—26 of 36 studies, or 78%
12. Greater marital happiness and stability—35 of 38 studies, or 92% (pp. 370-371).

Certainly Otto's health trajectory was in concert with the trend of these findings. My examination determined that the sum of Otto's religious experience embedded in multiple healing and accountability processes had resulted in a subject whose life transformed since his involuntary hospitalization into a soundly healthy person with a promising future. He was negative for psychopathology. There was no diagnosis. The preponderance of the evidence spoke not only to his sanity but also to his carefulness and safety. No clinical reason existed to suspect he would be unsafe to carry firearms. The results contradicted a dangerousness hypothesis.

My practice generated the forensic report and forwarded it to Frederick T. A court date was set and quickly came. In the courthouse various formalities were observed, all rising for the judge, stating the case, and so forth. Eventually I was called to the witness stand. Otto's attorney, the Commonwealth's attorneys, and the judge interrogated me regarding various aspects of the report, the methodologies involved, and the justifications for my findings. All agreed that Otto had participated in the forensic evaluation in good faith. They were also convinced that the exhaustive nature of the forensics had determined within a reasonable degree of psychological certainty that Otto De Gaulle was psychologically healthy and safe to carry firearms. The Commonwealth had no objection to the restoration of firearms to Otto, and the court so ordered it.

When court adjourned, I joined Otto, his wife Collette, and Frederick T. Fredrick and I both commended the De Gaulle's for demonstrating the courage, character, and citizenship to submit to this necessary but potentially intimidating, humiliating state scrutiny of their private life. Both Otto and Collette agreed that their personal religious faith and the support of their church family played a sustaining role in weathering the process of firearms restoration—just as it had played a decisive role in their health as a couple.

In the course of that conversation, Otto and I agreed that his forensic report represented an interesting scientific data point regarding the health-positive nature of durable religious observance. Making a formal, objective, and scientific case that his religious behavior increased the probability that he was a safe man was an aspect of the report's value and credibility in the legal process. Otto demonstrated unusual generosity by offering to release a blinded copy of the report for publication in the *Journal of Christian Healing*. Upon parting, he smiled and quipped, "I'm a scientist. I know how it is."

What follows is the blinded report approved by him, and then a brief interview between the *Journal of Christian Healing* and myself; the interview involves forensic practice and matters of Christian faith.

PSYCHOLOGICAL EVALUATION REPORT

Client: Otto De Gaulle

Date of evaluation: April 12, 2012

Evaluator: Charles Zeiders, Psy.D., Licensed Psychologist (Pennsylvania)

Date of report: April 26, 2013

Persons present: Otto de Gaulle (client), Collette De Gaulle (wife), and Evaluator

Sources of Information

Documents and Records

- Review of letter from client attorney Frederick T, Esquire to Evaluator, dated 3/27/13
- Review of letter from client attorney Frederick T, Esquire to Pennsylvania State Police Headquarters dated 1/11/13
- Review of electronic correspondence between Frederick T and Daniel X, Assistant Counsel for State Police
- Review of Psychiatric Discharged Summary dictated by Mary Q, M.D., County Community Hospital, dated 11/15/99
- Review of History & Physical Examination dictated by Mary Q, M.D., County Community Hospital, dated 11/11/99
- Review of practice Intake Information form completed by client on 3/26/13
- Review of client's curriculum vitae, last revised 3/13
- Review of Charter University Graduate Transcript, received 3/22/13
- Review of letters of corroboration from third parties:
 - Collette De Gaulle (wife) dated 3/25/13 – authenticated via phone 4/9/13
 - Burton and Cathy De Gaulle (parents) dated 3/22/13 – authenticated via phone 4/9/13
 - Jose V (friend) dated 3/25/13 - authenticated via phone 4/9/13
 - Dr. Anthony M (pastor) dated 3/21/13 - authenticated via phone 4/9/13
 - Professor Franklin P (academic advisor) dated 4/3/13 - authenticated via phone 4/9/13
 - Montgomery C (neighbor and co religionist) dated 4/3/13 - authenticated via phone 4/10/13

- Arthur L, M.D. (primary care physician) dated 4/4/13 – authenticated via phone 4/17/13

Clinical Instruments

Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

Beck Depression Inventory II (BDI-II)

Beck Anxiety Inventory (BAI)

Other

Clinical interview with client Otto De Gaulle (client) and Collette De Gaulle (wife) on 4/12/13, 9:45 am – 3:45 pm.

Reason for Referral and Purpose of Evaluation

Otto De Gaulle sought this psychological evaluation in collaboration with his attorney, Frederick T of Universal Law Offices. Mr. De Gaulle seeks to lawfully possess firearms in the Commonwealth of Pennsylvania. However, in November of 1999, secondary to a marital dispute, Mr. De Gaulle was involuntarily hospitalized and a protection from abuse order was issued against him. Hence, the Commonwealth will not approve Mr. De Gaulle to lawfully possess firearms until Mr. De Gaulle is psychologically evaluated. Correspondence to Mr. T's office from Commonwealth attorneys requires that this evaluation offer:

- a) a detailed opinion as to whether Mr. De Gaulle would be a danger to others if he were to possess firearms,
- b) and that the evaluation should include any mental health diagnosis/prognosis that may apply.

Identification

Otto B. De Gaulle is a 43 year old Caucasian male married to Collette M. De Gaulle. He is employed by Charter University where he is a graduate student and graduate research assistant in Environmental Science. His wife, Mrs. De Gaulle, works as an IT supervisor at that same university.

Mr. De Gaulle and his wife have no children but enjoy a close relationship with Mr. De Gaulle's parents, Burton De Gaulle and Cathy De Gaulle of Victory, PA.

Mr. De Gaulle and his wife are active members of Good Samaritan Free Church and have many friends among the congregation.

He and Mrs. De Gaulle reside at [].

Presenting Problem

In his Intake Information for this evaluation completed 3/26/13 Mr. De Gaulle identified his presenting problem as follows:

I discovered that a voluntary commitment stemming from an argument with my wife on the phone in November, 1999 was coded as an involuntary committal, 302. A 302 excludes me from owning, possessing, and using firearms which are necessary for my line of work. In 2007 I returned to school to get advanced degrees in Environmental Science. In 2012 I discovered the 302 on my record. I may need to carry a firearm for protection from dangerous game in the western US including the states of Montana and Alaska and southern US while conducting research. Some of my research currently is

conducted in the Everglades of southern Florida. I have been wading in gator-infested swamps conducting fisheries research with *big* gators (over 10 feet) only a few feet away.

On the verge of completing his Master's degree and intending to conduct Doctoral work to pursue a career that involves field research in wild areas of the country, Mr. De Gaulle believes that a firearm would increase his safety when in the field.

During a 4/10/13 phone conversation Mr. De Gaulle's academic adviser, Franklin P, Professor of Environmental Science, the Professor confirmed that carrying a firearm would increase Mr. De Gaulle's safety. He further noted that firearms are especially welcome "when black bear show up in the field." Professor P also issued a letter that he has confidence in his student's character, mental stability, and capacity to competently handle firearms.

Circumstances of the 302

Two years prior to Mr. De Gaulle's involuntary hospitalization in 1999, Mr. De Gaulle was knocked by a forklift from the portable sawmill that was part of his business at the time. The concussion he sustained left him with health problems and led to financial problems and aggravated marital struggles with sexual adjustment. Health issues included gastrointestinal issues and incontinence. His symptoms of post-concussion syndrome included headache and susceptibility to stress. Stress fueled his GI problems, and just prior to November, 1999, Mr. De Gaulle's health further deteriorated from food poisoning that caused an alarming loss of weight – from 190 pounds to 146 – in a short span of time.

In poor physical health, exhausted, and worried about money and the durability of his marriage he and Mrs. De Gaulle began to argue. On the day of the involuntary hospitalization Mr. De Gaulle reports that he and Mrs. De Gaulle were arguing on the telephone about finances and furniture that they were moving. Mr. De Gaulle was at home. Mrs. De Gaulle was at work. Mr. De Gaulle was upset that Mrs. De Gaulle appeared to undervalue a chest he had given her. In the course of the conversation he angrily kicked and broke a panel of the chest. Contained therein was a gun Mrs. De Gaulle had previously placed there. Mr. De Gaulle admits he "racked the action [a maneuver that prepares the weapon for firing] partly to make sure it was not loaded and partly to scare her." Responding to Mrs. De Gaulle's query about the sound of his handling the weapon, the upset Mr. De Gaulle said, "Do you expect me to blow my head off?"- or words to that effect. During the clinical interview Mr. and Mrs. De Gaulle affirmed that Mr. De Gaulle's behavior represented a maladroit, passion-driven attempt to convey his upset to Mrs. De Gaulle, not a behavior or remark designed to express genuine intent to injure himself or Mrs. De Gaulle. Responding to pressure from concerned coworkers who were privy to this conversation, Mrs. De Gaulle called the police while Mr. De Gaulle calmed down in the presence of his father. Authorities came to the home and allowed Mr. De Gaulle to be driven to the hospital by his father. Mr. De Gaulle spent 5 days inpatient. In addition to psychiatric care and observation Mr. De Gaulle received treatment for his gastrointestinal problems. Mr. and Mrs. De Gaulle were under the impression that the inpatient hospitalization was recorded as voluntary. They believe that the 302 status of record is possibly a clerical error. Mrs. De Gaulle further noted that she succumbed to pressure from a social worker to sign a PFA against Mr. De Gaulle.

In her letter of 3/25/13 Collette De Gaulle elaborates the marital dispute of November, 1999 and notes the following about her impression of Mr. De Gaulle's actual dangerousness with firearms.

At no time did I have a fear for my wellbeing. I did not think then or now that Otto would harm me. Soon after the incident I requested the PFA be dropped so Otto and I could attend counseling and move on with our life.

The couple presents a version of the hospitalization wherein Mr. De Gaulle denies the intent to harm, and Mrs. De Gaulle denies feeling actually endangered by him. Mr. De Gaulle noted - with Mrs. De Gaulle's agreement - that he also had no real intent to injure himself; he remains embarrassed by the more than decade-old incident.

The couple further agreed that amid the stress and confusion of having various authorities suddenly involved in their marital adjustment issues, they were unable to fully protect their interests or fully appreciate the potential long term ramifications of the decisions they were making and the papers they were signing. Both noted that they were a younger couple and less mature.

Summary of Previous Psychiatric Findings from Hospitalization

According to reports dictated by Mary Q, M.D., Otto De Gaulle was admitted to County Community Hospital on 11/10/99 and discharged on 11/15/99. She describes the patient as a 29 year old male admitted to the Mental Health Unit on a 302 status. The reason for the referral involved an argument between the couple who had been having sexual and financial difficulties. The couple was in the midst of moving and the patient noticed that his wife was leaving behind a trunk that he had made for her. Reeling from hurt feelings he destroyed the trunk that led to the escalation and threats of either hurting himself or the wife that led to his being admitted on a 302 basis. Dr. Q noted that there was no previous history of psychiatric treatment although the patient may have scheduled and then cancelled or missed outpatient mental health evaluations. Prior medical treatment also involved treatment for an inflamed colon with Prednisone, treatment by a neurologist, and a trial of antidepressants for sleep problems and unspecified symptoms. She noted that the patient reported a personal history of sexual abuse perpetrated by a neighbor from age 3 until 9 and also reported problems in school involving shyness and suffering bullying. The history was insignificant for a personal drug or alcohol history. The course of treatment in the hospital included successfully treating Mr. De Gaulle's stress related GI problems with steroids. Tests indicated that Mr. De Gaulle's concussion had caused a syndrome known as "postconcussion syndrome" which weakened Mr. De Gaulle's coping capacity in the face of intense stressors. During hospitalization the patient demonstrated a downcast mood but impressed the psychiatrist as intelligent with appropriate and controlled behavior. Mr. De Gaulle admitted to Dr. Q that he made a statement prior to admission regarding taking a gun and blowing his head off, but Dr. Q also noted that the patient's judgment was largely intact and that he denied suicidal or homicidal ideation or intent. He was discharged without medications and referred to outpatient counseling. Discharge Diagnoses were as follows:

Axis I	Depressive Disorder, Not Otherwise Specified
Axis II	Personality Disorder, Not Otherwise Specified, primary diagnosis
Axis III	Persistent Postconcussion Syndrome
Axis IV	Moderately severe financial limitations, currently unemployed, and serious marital problems.

Summary of Other Mental Health Treatment History

From the inpatient hospitalization Mr. De Gaulle was referred to Ivan X of the Centre for Psychotherapy with whom he discussed his concerns and marital adjustment issues. In 2005 the client saw a Dr. Ned E due to a flare up of marital contention that deteriorated the couple's rapport. (Retrospectively the couple agreed that much of their conflict at the time may have been driven by the interference of a relative who kept advising Mrs. De Gaulle to leave Mr. De Gaulle.) Mr. De Gaulle was looking for guidance due to the fact that Mrs. De Gaulle had filed for divorce. Mr. De Gaulle did not want the divorce and hoped to avert it. When Dr. Ned E advised Mr. De Gaulle that the only way he could heal was to let the divorce happen Mr. De Gaulle discontinued treatment with Dr. E and sought the advice of his pastor, Dr. Anthony M, and his best friend Jose V, a church elder. Mr. De Gaulle began to rely on his Christian community and spiritual coping to handle his stress and concerns about his marriage. In 2005 Mrs. De Gaulle agreed to participate in marriage counseling with Gwen J of The Marital Institute. The couple found that the communication skills they gained from this clinician were instrumental in helping them to communicate in a respectful, attentive fashion that led to an increase in marital rapport and friendship. Mrs. De Gaulle dropped her plans for divorce.

Spiritual and Religious History and Impressions of Religious Community

Mr. De Gaulle presents as a sincerely practicing Christian. When troubled in his life and marriage Mr. De Gaulle sought counsel from his friend Jose V, a church elder, and respected Pastor Dr. Anthony M. In 2005 Mr. De Gaulle began to attend Good Samaritan Free Church regularly. In 2005 the couple reconciled and Mrs. De Gaulle attended services regularly with Mr. De Gaulle. Counseling from the church contributed to assisting the couple to develop marital boundaries that prevented relatives from interfering in marital matters. Since 2005 the couple has attended a home group, Sunday school services, and Sunday worship services and participated fully in the church community. The couple believes that joining the church grounded them and matured them as a couple. Following the psychotherapy of 2004 and 2005, they credit their church community with helping them to adjust to an adult level of mutual respect, communication, and appropriate marital adjustment. Both were baptized on the same day in 2006. They attend at least 2 church functions a week. Importantly, Mr. De Gaulle enjoys the ongoing mentoring and counsel of Pastor Anthony M - in whom he still confides regarding transient marital adjustment issues and any other psychosocial stressors.

Nothing on the church's website, reviewed 4/23/13, indicates that the community has health-negative characteristics, such as cultic leanings, fanaticism, extremism, despised enemies, etc. The church appears to provide panoply of pro social, health-positive programs that involve worship, small groups, service projects, spiritual teaching, and ethical role modeling.

Family, Childhood, and Developmental History

Mr. De Gaulle's family of origin is intact. His father is Burton De Gaulle, born 1946. His mother is Cathy De Gaulle, born 1949. He has a younger brother, Fritz, with whom he enjoyed a close relationship in boyhood. He recalls being picked on in elementary school and experiencing some bullying. He met his future wife, however, in the 7th grade and graduated from High School with above average grades in math and science classes. In adulthood he maintains friendships that began in High School.

Sexual abuse complicated Mr. De Gaulle's early life. Mr. De Gaulle reported that he was raped as a child by a neighbor 6 to 8 years older than himself. Mr. De Gaulle reports that the

abuse may have lasted from age 5 until 11. He then put a stop to the abuse by avoiding the abuser. He also reports that he suffered the experience of a male relative making him feel uncomfortable by inappropriately touching him. Although he has no recollection of the male relative sexually assaulting him, Mr. De Gaulle reports that he was simply made uncomfortable by the male relative's attention to his body and touching his legs. He further remarked that he went through a period of wishing his father had been more protective of him in general. Like many young men who have suffered sexual abuse, Mr. De Gaulle coped with the pain of the childhood abuse by repressing it.

Following his concussion in 1997 Mr. De Gaulle experienced a return of the repressed material of the sexual abuse of his boyhood. He experienced shame and nightmares informed by abuse-related material. He worried that the experience may have undermined his ability to enjoy normal marital intimacy and he experienced shame.

Fortunately, the hospitalization of 1999 began a healing journey. Mr. De Gaulle was able to disclose his concerns about the abuse to Dr. Mary Q. Subsequently, he discussed aspects of the pain of the experience with all three of the psychotherapists listed above. He further was able to work through elements of the abuse material with his spiritual advisers from Good Samaritan Free Church. Importantly for this evaluation is the fact that Mr. De Gaulle notes that his religious convictions preclude him from acting out against a real or imagined abuser in the form of vigilante justice.

When recent sexual scandal rocked the graduate school (a well-respected academic had been exposed as acting out pedophilically for years), Mr. De Gaulle reflected again on his own abuse experiences and discussed these issues with the support of his church community and family of origin. He also initiated conversations with his father that helped them both to understand and resolve at the adult level that as a boy Mr. De Gaulle would have liked more protection from his father. Mr. De Gaulle handled feelings aroused by the scandal deliberately, rather than impulsively.

From hard therapeutic effort, clinical working through, spiritual counsel, and appropriate communication Mr. De Gaulle has made an ally of Mrs. De Gaulle in this area. The couple reports that they enjoy all the benefits of normal married life.

Schooling

As noted Mr. De Gaulle attended Kindergarten through 12th grade in County School District.

From 1988 to 1993 the client studied Mechanical Engineering at Charter University and successfully completed his B.S. Degree.

In 2007 until the present he has been a Masters of Sciences Candidate in Environmental Science, also at Charter University. His current grade point average is 3.74. His M.S. Thesis is titled []. After completing his M.S. he will pursue a Ph.D. in the same field.

Mr. De Gaulle's research interests involve disease issues of native fish and the impact of introduction of foreign fish to the native water systems and the impacts of navigation facilities on darters in major rivers.

His publications are relevant to his field of study. In 2010 he was listed as second author following his academic advisor in a technical report commissioned and published by the military.

Since 2009 he has made 4 major academic/professional presentations to internationally recognized professional groups.

Occupational

Mr. De Gaulle worked in a fast food restaurant from 1987 to 1992. From 1992 to 1994 he worked in a home remodeling retail store and supported operations by developing inventory and invoicing computer systems. In 1995 he purchased a portable sawmill and ran a business that specialized in wood work at job sites. From 1999 to 2004 he specialized in tile and commercial flooring. He reports that a downturn in the industry which, combined with physical strain from injuries, led him to return to school to pursue graduate work. With his wife's corroboration, he noted that he had a good reputation as a contractor and was never fired from a job.

From 2008 until the present Mr. De Gaulle has been employed as a Graduate Research Assistant in the Environmental Science Lab at Charter University. His duties include teaching science core requirements to undergraduates and conducting original research.

Available academic and occupational data indicates that Mr. De Gaulle is temperamentally diligent and achieves at a high level.

Medical

In 1986 at age 16 Mr. De Gaulle underwent successful corrective surgery for a "lazy eye." In 1991 he suffered a bike wreck on Charter's campus. At County Community Hospital he was treated for lacerations and concussion. For a few months he then experienced headaches and blurry vision.

In 1997 Mr. De Gaulle broke his shoulder in a sawmill accident. That same year a forklift accident left him with a concussion. Mr. De Gaulle was then treated both by a neurologist, Dr. O, as well as his primary physician. Medical issues stemming from the forklift accident included night sweats, nightmares, insomnia, neck and back pain, and vulnerability to stress with signs and symptoms of depression, anxiety, and anger present. Mr. De Gaulle believes that the antidepressant medication he took at the time may have been prescribed to treat some of his sleep issues. The closed head injury that Mr. De Gaulle experienced appears to have injured his mental and physical health - but not permanently.

In 1999 he was treated by Dr. Arthur L for gastroenteritis. An Associate Professor of Family and Community Medicine at The Gloria Lazar Medical Center, College of Medicine, Dr. Arthur L remains Mr. De Gaulle's primary physician.

In a letter dated 4/4/13 Dr. L writes that Mr. De Gaulle

... had a temporary marital disruption following this closed head injury episode ... His marital problems have long since resolved and he has been living happily [sic] with his wife for the last 12 or so years. These symptoms and signs of depression, anxiety, and anger issues have since cleared, and have not recurred in the more than dozen years since. There has not been any reason these years to have any concerns about Mr. De Gaulle's ability to use a firearm safely and appropriately... In the time I have known him since, I have not found any reason to question his safety to himself or others in owning or using a firearm.

During a 4/7/13 phone consultation with this evaluator Dr. L corroborated that he had written the letter that is excerpted above. He also affirmed that he finds no clinical evidence that Mr. De Gaulle exhibits a mental or physical problem that would prohibit him from using firearms safely.

He offered that Mr. De Gaulle is an apparently healthy man who takes no prescription medications.

Other Relevant History

Drug and Alcohol

The record is negative for significant drug or alcohol history. Mr. De Gaulle drinks socially but in negligible amounts.

Criminal

He was served with a PFA in 1999 and 2004 following flare ups in marital contention. Somewhat embarrassed, Mrs. De Gaulle reported that she regrets initiating both PFAs and that she never believed that Mr. De Gaulle actually threatened or endangered her. In retrospect, she believes that she was pressured by a problematic, meddling relative to initiate these actions. Subsequently, with therapeutic effort and support from her church community, she has individuated from this relative and has drawn quite close to Mr. De Gaulle. Other than being served these dubiously motivated PFAs Mr. De Gaulle reports no significant criminal record or history, and I have found none in the record. He reports a history negative for fighting and has never been in a lawsuit. He denies ever being investigated for a crime.

Firearms

The Intake dated 3/26/13 asked Mr. De Gaulle to briefly explain his life-long experience with firearms, including mentoring, weapons training, hunting, military and other such experiences. He wrote:

I was taught from a very young age by my father to safely handle and respect firearms. I am a hunter and outdoorsman. I passed the hunters safety course at 12 years old. I was a Boy Scout attaining rank of Life, one step below Eagle. I have continued to hunt off and on throughout my adult life and to shoot recreationally with friends and family. I was teaching my wife proper gun handling and safety as my father taught me until I discovered the 302 on my record. Since then I have taken an about face so as not to further hinder my chances of remedying this in a timely fashion by legal means.

Mr. De Gaulle presents as a man without significant drug, alcohol, or criminal history - who, although experienced with weapons - is candid about his good faith effort to abide by the letter of the law regarding his handling of firearms. Third party informants corroborate a history absent of delinquency and some note that they have observed Mr. De Gaulle operate firearms appropriately at a shooting range.

Mental Status and Behavioral Observations

Mr. De Gaulle arrived with Mrs. De Gaulle to the examination 15 minutes early. Dressed casually like a graduate student, he was candid and forthcoming throughout the interview. Affectively expressive, Mr. De Gaulle demonstrated appropriate emotional responses throughout the interview; he looked transiently distressed, for example, discussing episodes of marital discord; he looked serious and respectful describing his relationship to the Reverend Dr. Anthony M; he looked pained, but determined to disclose, when queried about childhood abuse; he was intense and emphatic - but not exaggerated - when describing his Christian religious and

ethical commitments. His flow of speech was that of a normal person. There was no evidence of depression, disproportionate anxiety, dissociation, delusions, hallucinations, or attention problems. Throughout the interview he presented as a reliable historian and looked thoughtful or concerned if an exact time for a remote incident did not immediately come to mind. By history and graduate school performance he has excellent intellectual resources. At times he talked about the kind of career he would enjoy and appeared hopeful. No indicators of anger or hostility or suspiciousness were present. When asked, Mr. De Gaulle explicitly denied recent or remote homicidal or suicidal intent or ideation.

As a couple the De Gaulle's presented as a well-adjusted, cooperative spousal unit operating as a team. Both took turns and helped each other with reporting. Both were interviewed briefly alone and convincingly denied being unduly influenced or coerced by the absent spouse. The couple denied that Mr. De Gaulle suffered behavioral dyscontrol that might be born of a traumatic brain injury, and there was no evidence of such a problem during the interview. The couple remained consistent reporting their belief that Mr. De Gaulle has never been a genuinely dangerous person.

Third Party Information

For a psychological examination of this sort, obtaining third party information represents a necessary component of responsible data gathering. One authoritative tome remarks "... third-party information is a mandatory component of most forensic evaluations" (Melton, et al., 2007, p. 53). To this end, at the start of these processes, this examiner asked Mr. De Gaulle to obtain letters from people who have known him for a number of years in a number of venues. Parties directly familiar with Mr. De Gaulle's performance in family life, university work, church life, and so forth were asked to opine regarding their impression of his soundness of mind and ability to safely manage firearms. It was further established that the letter writers should expect that this evaluator would contact them via phone to corroborate that they in fact wrote the letters and that additional questions about Mr. De Gaulle might be asked.

Seven letters were generated by eight parties; informants included Mr. De Gaulle's parents (who co-signed a letter), in addition to his wife, friend, neighbor, pastor, academic advisor, and physician. All parties affirmed that as they know Mr. De Gaulle they experience him to be mentally sound and they believe that he will be safe with firearms. While the informants may be presumed to be biased toward Mr. De Gaulle's wishes, it might also be assumed that if any of them had reservations regarding his mental stability and capacity to manage arms, they might have voiced them – either out of concern for his own wellbeing or community safety. All letters were corroborated via phone.

Psychological Tests Administered and Results

Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

Mr. De Gaulle was administered the MMPI-2. He was mailed the test, filled out the 567-item measure of psychopathology in forced-choice or true-false format, and returned the test via mail. My practice then faxed the score card to the professionally accepted scorer of this test, Pearson Assessments. Pearson Assessments scored the test and faxed this examiner the scores and a computer generated narrative. During the clinical interview Mr. De Gaulle affirmed that he could swear under oath that it was he who had taken the MMPI-2.

Arguably the most researched test of psychopathology in the world, Pope, et al. (2006) provides reasons for using the test in court: it offers personality information on defendants or

litigants whose mental health must be determined; the true false questions are easy to understand; computerized scoring ensures the test's objectivity; it is normed for Americans; it measures test taking style - such as faking good or bad and defensiveness - and offers validity scales; it offers a variety of clinical scales for pathology, a high score on which is associated with specific behavioral characteristics; the test is reliable and valid; the test helps practitioners to predict behavior. Melamed, et al. (2011) recommend the MMPI-2 to assess the risk of violent behavior prior to the issuance of a permit to carry a handgun.

While the full report is appended, important excerpts from Mr. De Gaulle's computer generated MMPI-2 computer generated report are as follows:

Profile Validity: This clinical profile has marginal validity because the client attempted to place himself in an overly positive light by minimizing faults and denying psychological problems ... His defensiveness on the MMPI-2 may be better understood by examining the S [Superlative Self-Presentation] subscale elevations. He approached the test items with a view toward presenting himself as being very serene in his approach to life. His high score on the Serenity subscale suggest that he would like to be viewed as having no problems or pressure. Moreover, he obtained a high elevation on S3 (Contentment with Life), suggesting that he wants to appear to others as happy and contented with his present situation.

Symptomatic Patterns: His MMPI-2 clinical and content scales are within normal limits. No clinical symptoms were reported.

Interpersonal Relations: Quite outgoing and sociable, he has a strong need to be around others ... He views his home life in a generally positive manner; he reports that it is pleasant and problem free. He tends to feel strong emotional support from those close to him.

Diagnostic Considerations: This client's clinical profile is within normal limits and no diagnostic considerations are provided.

Like many high performing professionals whose work and values demand high performance in multiple arenas, Mr. De Gaulle took the test in the so-called defensive manner. Mr. De Gaulle's experience of multiple selection processes and durably high performance in his exacting university work makes him analogous to well-adjusted groups of professionals who - while under-reporting distress on this instrument - are still considered well adjusted. For example, Pope, et al. (2006) remark that:

In general typical airline pilots tend to be well adjusted. They usually have been prescreened or preselected, and most come through rigorous military screening programs ... most are extremely defensive and take the MMPI with a response set to present a non-pathological pattern. (p. 17)

The pilots' "defensive" response pattern – especially as indicated by K and S validity scales – would be associated with the diligent, well-adjusted professionals' characteristic of putting their

best foot forward – even on a psychological test. Mr. De Gaulle’s professional situation and test taking style are similar to this group.

Another interpretive consideration of Mr. De Gaulle’s MMPI-2 score involves his religious involvement and his low clinical scale scores. Clinical scales measure Hypochondriasis, Depression, Conversion-Hysteria, Psychopathic Deviance, and other mental problems. High clinical scores are associated with higher probabilities of psychopathology. But research suggests a negative association between test-taker religious involvement and clinical scale scores. Conducting exploratory research with a sample of undergraduate college students, MacDonald and Holland (2003) observe that “... persons reporting involvement in organized religion obtained significantly lower MMPI-2 clinical scale scores and were found to be less likely to obtain a clinically significant score” (p. 399). They further note that:

... religion is associated with increased healthy behaviors, social support and an enhanced sense of meaning and coherence, three factors known to have a direct impact on levels of psychopathology and psychological distress. (p. 408)

Since 2004 Mr. De Gaulle has been involved in organized religion habitually; it may be that he experiences the health-positive benefits of organized religion and that his low clinical scale scores reflect good adjustment - in part attributable to that consistent religious involvement.

To sum, Mr. De Gaulle took the testing with a defensive style not dissimilar to well-adjusted, diligent, professionals. Religiously involved, his clinical scale scores fell below the level significant for psychopathology. Mr. De Gaulle’s MMPI-2 was negative for psychopathology and offered no diagnostic considerations. Overall, Mr. De Gaulle’s MMPI-2 profile offers a metrical depiction of a psychologically healthy man who wishes to present himself in a positive light.

Beck Depression Inventory-II (BDI-II)

On this professionally accepted screen for depression for the past 2 weeks prior to the examination Mr. De Gaulle’s BDI-II was insignificant for depression.

Beck Anxiety Inventory (BAI)

On this professionally accepted screen for anxiety for the past 1 week prior to the examination Mr. De Gaulle’s BAI was insignificant for anxiety.

Summary

Mr. De Gaulle seeks to obtain the Commonwealth’s approval to remove his firearms disability. During a marital dispute in 1999 following a 2 year period of ill health, Mr. De Gaulle made an ill-chosen but unserious remark about self-destruction born of exasperation and was involuntarily hospitalized. From 1999 to 2006 he responsibly attended to his mental and physical health. He retained two psychotherapists and a marital counselor. He worked with a neurologist and collaborated with his primary care physician. He also consulted professionals regarding his childhood sexual abuse and subsequently took his wife, pastor, and father into his confidence. His history is positive for appropriately addressing that quite personal matter. He and his wife resolved their differences and joined a lively Free Church community that is likely to provide ongoing health benefits to Mr. De Gaulle who is quite active in his church. Following an early history of bullying, Mr. De Gaulle made a successful social adjustment and appears to enjoy a

number of long term friendships. A graduate student in Environmental Science Mr. De Gaulle has a number of publications and responsibilities which demonstrate a conscientious, diligent work-style and temperament. His medical record culminates with his primary care physical finding Mr. De Gaulle healthy in mind and body and capable of safely handling firearms. Mr. De Gaulle has no significant drug or alcohol history. In the past he has received firearm safety training and has a history positive for safely handling firearms. During the clinical interview he and his wife presented in a manner consistent with a well-adjusted couple. Both affirmed their belief that Mr. De Gaulle has never been a dangerous person. Mr. De Gaulle's observable mental status was that of an intelligent man with a bright affect who disclosed and behaved appropriately. No signs of relevant clinical syndromes or character pathology or gross neurological signs were evidenced. He took the MMPI-2 with a defensive style that sometimes characterizes diligent professionals, and he had no elevated scores indicative of psychopathology. The computerized report found his profile to be within normal limits and considered that Mr. De Gaulle has no diagnosis. Screens for depression and anxiety symptoms were also negative. While Mr. De Gaulle's history is positive for not uncommon psychological and adjustment problems, he has reasonably resolved them. He appears happily married, professionally accomplished, physically healthy, and mentally sound.

Answering the Referral Questions

- a) If the applicant, Mr. De Gaulle, were to possess firearms, he will possess the firearms without risk to the applicant's self or any other person.
- b) Mr. De Gaulle evidences no mental disorder and therefore has no diagnosis; he is mentally healthy and likely to remain so.

Conclusion

Thank you for the opportunity to examine Mr. De Gaulle and to provide these findings.

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INTERVIEW WITH THE JOURNAL OF CHRISTIAN HEALING (JCH)

JCH: The popular mind sometimes characterizes expert witnesses as "hired guns." What prevents you professionally and spiritually from allowing your clinical opinion to be bought?

Zeiders: Professionally expert witnesses are obligated to answer the legal referral question in keeping with generally accepted methodologies, science, and theory. Our obligation is to the truth of the matter. To allow one's opinion to be bought by money or liking or disliking something related to the case is to lose objectivity. Such a thing is a calamity for clinical integrity. Our ethical mission must always be clinical truth, as best as we can approximate that truth with our data and methodology. To *charge* for an opinion is reasonable and customary. But to *sell* an opinion is a grave ethical and legal transgression. The best forensic psychologists and psychiatrists always keep themselves on a short ethical leash in this regard.

From a Christian spiritual viewpoint the "hired gun" infraction is even more calamitous. When God revealed the Ten Commandments to Moses, he was very clear about the matter of

truth telling: You shall not bear false witness against thy neighbor (Ex. 23:1). The theologian McBrien (1995) observes that the “original aim of this commandment was to ensure truthful witness in law courts” (p. 333). To distort clinical truth, or even the truth of one’s expert opinion, under oath, is not simply secular perjury, but spiritual sin. McBrien’s excellent commentary on the Ten Commandments finds that the edicts are “unconditional imperatives” (p.331) and an “enduring expression of natural law” (p. 334). For an expert of faith bearing false witness as a “hired gun” is not an option.

JCH: What from the New Testament might also guide you spiritually as an expert?

Zeiders: Jesus observed that the truth will set us free (Jn 8:32). In scriptural context Jesus is the Truth that sets us free from the bondage of sin. On a high spiritual plane accepting the salvific reality of Our Lord clears not only our consciences but also our fear of eternal judgment. We become free from metaphysical dread because of Christ and what he has accomplished for us on a cosmic level. For me this sets the tone for my temporal, professional behavior. By doing my best as an expert, working in good faith to establish the best version of the clinical truth, and then offering that to the legal process, I am free to offer my forensic best without the undo dread that an expert of bad faith might experience in the same process. Simply doing the job with fidelity to the facts frees me from being caught out. But I do not want to overstate that religious faith and clinical integrity fully remove some degree of anxiety from participating in the legal process. To give a forensic opinion is a serious legal and social matter.

JCH: When you reflect on the anxiety you feel despite your attempts at faith in Christ and professional integrity, what does the Christian world offer you that consoles you?

Zeiders: *The Catechism of the Catholic Church* (1995) offers a deeply consoling, germane message about the nature of hard, difficult work. This message is beautiful, dignified, and reality-based.

By enduring the hardship of work in union with Jesus, the carpenter of Nazareth and the one crucified on Calvary, man collaborates in a certain fashion with the Son of God in his redemptive work. He shows himself to be a disciple of Christ by carrying the cross, daily, in the work he is called to accomplish. Work can be a means of sanctification and way of animating earthly realities with the Spirit of Christ (p. 643).

JCH: How does spiritual discernment enter into your process of deciding to take a particular case and your sorting of the data when you are evaluating a case?

Zeiders: In regard to discerning whether to take a forensic case, spiritual discernment and professional ethics combine elegantly. If the retaining party convinces me that I will be allowed to provide a true clinical opinion without pressure to spin the facts in a partisan manner, I am inclined to take the case. But I am most inclined to accept when I sense that my participation in the process will accomplish an actual good, something that impacts the world to make it better. In Adlerian terms, I find that “social interest” is my consideration. In Christian terms, a blessing of some sort must appear likely to emerge from my participation. Professionally, the probability of maintaining ethical faith with the facts, combined with inherent social good, represents my dual guiding criteria. But in terms of spiritual discernment I am drawn to that case wherein I can

tell truth and provide blessing. Even in terms of gravely serious legal matters the telling of truth and the provision of blessings is a way - while remaining professionally appropriate - to be of some service to God and man, and hopefully to imitate Christ.

JCH: Is your position similar to the Jungian notion of the hero's journey?

Zeiders: As attractive as it is, the Jungian idea of the hero-expert (LaLlave & Gutheil, 2012) may give rise to ego inflation and grandiosity. From the vantage of Christian depth psychology, the expert's role is organized best, not in the hero's archetype, but in the servant's role.

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