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19 July 1993

Nancy Gertner Esq.  
Dwyer, Collora and Gertner  
400 Atlantic Avenue  
Boston, MA 02110

**Re: Neuropsychiatric Evaluation, Thomas A. Shay**

Dear Attorney Gertner:

At your request, I have examined Mr. Thomas A. Shay, a 21-year old single white male who stands accused of having received explosives in interstate commerce with the intent to kill, injure or intimidate another person, having attempted to destroy a vehicle by means of explosives, and conspiring to do the foregoing, for which he is being tried in the U.S. District Court, District of Massachusetts. My examination of Mr. Shay was conducted at the Essex County Correctional Facility in Middleton, Mass., on April 9, 1993, for a period of approximately 6 hours and June 11, 1993 for a period of approximately 5 hours. I have also conducted a general physical, and neurological examination of Mr. Shay. Additionally I have reviewed Mr. Shay's life history as reported in voluminous medical, social, judicial and educational documents provided to me by your office. Included among these documents are:

1. Department of Social Services report to the Honorable George Criss, Quincy District Court, October 4, 1982, signed by Joanne I. Harris, MSW.
2. Service plan, Shay family.
3. Social Service staffing, Baird Center, 9/21/87.
4. Residential staffing, Baird Center, 9/21/87.
5. Educational report, Baird Center, 9/21/87.
6. Clinical staffing, Baird Center, 3/16/87.
7. Residential staffing, Baird Center, 3/16/87.

8. Clinical staffing, Baird Center, 6/18/87.
9. Residential staffing, Baird Center, 6/15/87.
10. Educational report, Baird Center, 6/15/87.
11. Spaulding Youth Center Summary, July 19-25, 1986.
12. Spaulding Youth Center Discharge Summary, August 1986.
13. Spaulding Youth Center, Clinical Termination Report, June 1986.
14. Spaulding Youth Center, Progress Report, July 16, 1986.
15. Neuropsychiatric consultation by Joseph H. Sack, M.D., April 18, 1985.
16. Spaulding Youth Center, Cottage Summary, June 1986.
17. Fuller Memorial Hospital, Psychosocial History, 8/12/86.
18. Fuller Memorial Hospital, Neuropsychological Assessment, 8/14/86.
19. Fuller Memorial Hospital, Psychological Testing, 8/25/86.
20. Fuller Memorial Hospital, Psychoeducational Testing, 9/22/86 and 9/24/86.
21. Fuller Memorial Hospital, Guidance Counselor Contact Sheet, 8/22/86.
22. Fuller Memorial Hospital, Educational Assessment 11/3/71.
23. Fuller Memorial Hospital, Discharge Summary, 11/3/71.
24. Initial Rehabilitation Services Assessment, Fuller Memorial Hospital, 8/14/86.
25. Report of Fuller Memorial Hospital to Executive Offices of Human Services Department of Social Services Area 39, dated August 29, 1986, signed by Anthony J. Dowling M.D.
26. Smith Kline Bioscience Laboratories Chromosomal Analysis Report and Karyotyping, dated 8/9/86.
27. Discharge Summary, Fullbrook Center for Children's Services, 5/22/86.

28. Bridgewater State Hospital Records, 1991.
29. Alcohol, Tobacco and Firearms Reports, U.S. v. Thomas A. Shay.
30. Statements of Thomas A. Shay to law enforcement officials: 10/28/91, 10/29/91, 10/31/91, 11/1/91, 3/24/92, 4/1/92, 5/1/92, 6/4/92, and 6/11/92.
31. Correspondence of Thomas A. Shay: Press release to San Francisco news editors; Letter to Frank Armstrong; Letter to Russ Bonanno; Letter to Officer in Charge; Letter to Thomas A. Shay Sr.; Note from Tom Jr. to Tom Sr.
32. Report of Law Enforcement Investigators: Interviews of Douglas Critcher, Randy Stoerer, Fred Burke, Ed Carrion, Shelly Murphy.
33. South Shore Mental Health Center records, September 1978.
34. Metropolitan State Hospital Gabler's Children's Center records, March 3, 1977 through September 8, 1977 and July 1986.
35. Medfield State Hospital records, May 13, 1984 through May 15, 1984.
36. Nazareth Family Center records, October 2, 1982.
37. Bournewood Hospital, May 15, 1984.
38. Spaulding Youth Center records, October 1984 through 1986.
39. Baird School records, October 1986.
40. Compass Program records, 1987.

In addition to the above-referenced materials I have reviewed the following videotapes:

41. People Are Talking, WBZTV, "Gay Teenagers," Thomas Shay, 6/18/90.
42. Arrival of Thomas A. Shay at Greyhound Bus Station (Press Conference), 10/31/91.
43. Arrival of Thomas A. Shay at Logan Airport, 4/1/92.
44. Attempted Hypnosis of Thomas A. Shay, 7/29/92.
45. WLVI Interview Excerpts 10/17/92.

46. WLVI TV Channel 56 News Report including interview with Thomas Shay 11/13/92.

I have also conducted the following collateral family interviews:

47. Nancy Shay (mother), at her home in Quincy, Massachusetts, 6/11/93, for a period of approximately 2 1/2 hours.
48. Amy Lenar, at her mother's home in Quincy, Massachusetts, 6/11/93, for a period of approximately 1 hour.
49. Nancy Shay (sister), at her home in Somerville, 6/11/93, for a period of approximately 2 hours.
50. Jean McGuire, at her home in Quincy, Massachusetts, for a period of approximately 2 hours, 6/26/93.

I have also reviewed the family interviews conducted by members of the defense investigatory team of:

51. Interview of Thomas Shay, Sr., April 17, 1993.
52. Interview of Nancy Shay (mother), April 23, 1993.
53. Interview of Amy Lenar, May 4, 1993.
54. Interview of Thomas Shay, May 6, 1993.
55. Interview of Jimmy Jay and family, May 7, 1993.
56. Interview of Jeanie McGuire, May 12, 1993.
57. Interview of Jeanie McGuire, May 18, 1993.
58. Interview of Brian Stratton, May 20, 1993.
59. Interview of Paula Shay, May 25, 1993.
60. Interview of Mrs. Nancy Shay, May 25, 1993.
61. Interview of Mrs. Rose Shay (Tom Sr.'s mother), May 25, 1993.

62. Competency to stand trial evaluations of Thomas A. Shay, Jr., related to the instant offense.

It was my intention to interview Thomas Shay, Sr., on June 26, 1993. However, Mr. Shay declined my interview.

I have also consulted with Ronald A. Cohen, Ph.D., a licensed clinical psychologist in the Commonwealth of Massachusetts and have reviewed the raw data from his neuropsychological testing of Thomas A. Shay, Jr.

Based upon my examination, my consultation with attorneys Gertner and Baron-Evans, and my detailed review of the documented life history, reports, and materials provided to me as described herein, it is my professional medical opinion that:

1. Thomas A. Shay, Jr., is a young adult of low average to subaverage intellectual functioning who possesses concurrent deficits in adaptive functioning that render him less effective in meeting the standards expected for his age range in such areas as social skills and responsibilities, daily living skills, personal independence and self-sufficiency.

2. Further, it is my professional medical opinion that Thomas A. Shay, Jr., has identifiable deficits in intellectual functioning consistent with those individuals who are diagnosed as having a learning disability.

3. Supportive clinical evidence exists that Mr. Shay exhibits certain personality traits that are inflexible and maladaptive and cause significant functional impairment and subjective distress that appear to rise to a level of diagnosable personality disorder. The manifestation of Mr. Shay's personality disorder historically is recognizable in early childhood and has continued to manifest itself throughout his adolescence and early adult life.

4. Additionally, it is my professional medical opinion, within a reasonable degree of medical certainty, that Mr. Thomas A. Shay, Jr., has in the past, and episodically at present continues to suffer from generalized symptoms of anxiety and depression that appear to be situational in nature and attributable moreso to his inherent maladaptive ability to cope with such circumstance as a result of his personality organization rather than the inherent nature of the circumstance itself.

#### Psychodynamic Formulation:

It is my professional medical judgment, based on the aforementioned clinical findings, Thomas A. Shay Jr. is a dysfunctional individual whose dysfunction is in large part attributable to a longstanding underlying personality disorder which has contributed substantively to his psychic dysphoria and feelings of personal inadequacy. Mr. Shay's longstanding behavioral and emotional problems beginning in early childhood and continuing at present are pervasive and

contributory to his developmental maladjustment which has caused him both unfortunate emotional and sociological sequelae.

I am also of the opinion, within a reasonable degree of medical certainty, that Mr. Shay harbors several unresolved internal conflicts central to the issues of his ineffective parenting by mother and father and protracted institutionalization as a young child and adolescent. Because of his personality organization, Mr. Shay is incapable of moving forward in an effective fashion that would integrate his inner feelings with the reality of his external world. The failure to successfully integrate such process and come away with the satisfaction of having either succeeded or minimally putting forth one's best effort is one of the fundamental building blocks of an integrally solid self-esteem. Mr. Shay is clearly at a deficit in this area of personality structure in large measure because of his inherent characterological organization, the traits which are unique to his personality, and the maladaptive behavioral patterns through which these egodystonic experiences are grounded.

A significant symptom of all of the above is an uncontrollable urge to spin out webs of lies which are ordinarily self-aggrandizing and serve to place him in the center of attention. Put otherwise, coping for Mr. Shay, given his personality structure, entails seeking attention, tailoring his words to the audience, creating fantasies in which he is the central figure and through which he attempts to enlist his audience—this is known as pseudologia fantastica. See attached bibliography. Mr. Shay's stories are an attempt to draw others into his fantasy world in order to meet the interpersonal needs which were not met during his childhood.

Finally, it should be noted that Mr. Shay has a genetic chromosomal disorder, seminiferous tubular dysgenesis, resulting in his having 47 rather than 46 chromosomes. Persons who suffer from this genetic abnormality are known to be at risk of exhibiting various degrees of mental deficiencies. Talkativeness with little substance to the content of speech is an outstanding behavioral trait of those individuals who suffer from this genetic disease. Clearly, this medical condition only further exacerbates if not etiologically explains the character pathology we see in this individual.

Diagnoses:

Axis I - Identity Disorder.

Rule out Bipolar Disorder: not otherwise specified.

Axis II - Personality disorder not otherwise specified with dependent, narcissistic, immature and self-defeating features

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Factitious Disorder-Pseudologia fantastica.

Rule out Borderline personality disorder.

- Axis III - Klinefelter's syndrome (seminiferous tubular dysgenesis).
- Axis IV - Psychosocial stressors: extreme family discord, history of parental abuse and neglect, severe characterologic dysfunction
- Axis V - Global Current Assessment of Functioning - significantly impaired due to life circumstances and diagnoses described herein.

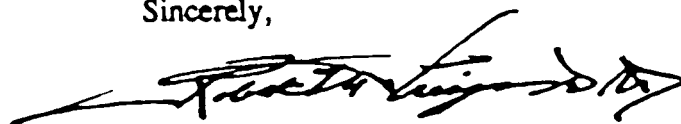
**Conclusion:**

At present, I am of the opinion, within a reasonable degree of medical certainty, that the nature and scope of Mr. Thomas A. Shay Jr.'s symptoms of mental distress, the effect on Mr. Shay of his mental distress, and the factors substantially contributing to his mental distress are the result of outstanding characterologic emotional dysfunction, the etiology of which is causally related to Mr. Shay's developmental history, inherent psychopathology, and medical condition. A central symptom of Mr. Shay's underlying condition is the uncontrollable urge to spin out webs of lies in an attempt to draw others into his fantasy world and place him in the center of attention.

I would be happy to further substantiate and/or expand upon the opinions contained herein at your request.

Thank you for allowing me the opportunity to provide consultation on this matter.

Sincerely,



Robert T.M. Phillips, M.D., Ph.D.

RTMP/br

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