

19. Please describe the diagnoses and prognoses of the treatment staff of Villa Louis Martin regarding Gordon MacRae.

Gordon was charged and admitted to solicitation of a minor, as indicated in number 10 above. This was the immediate reason for his being referred to Villa Louis Martin. Two other incidents of sexual impropriety with youth were brought forward against Gordon, one which he admitted to and the other he consistently claimed never happened. A previous evaluation referred to Gordon as "a sexual offender who currently is not able to curtail such behavior without professional support" and another report said that he "fitted the description of a fixated sexual offender, a man who has a primary sexual interest in children, usually males." These reports drew conclusions on the basis of a few hours or few days of observation. The Villa Louis Martin accepted these diagnoses as working hypotheses, but, in time, came to see that Gordon was not fixated, definitely had control over his sexual behavior, but had, however, paid adults for sexual favors. In time it became evident that Gordon's behavior was affected by factors other than sexual drive. Dr. Guertin-Ouelette earlier had observed, after extensive psychotherapy with Gordon that, sexuality was not the primary issue for Gordon¹. These factors are:

Alcoholism: By his own admission Gordon was an alcoholic, with this disease being in remission for approximately six years before entering the program at Jemez Springs. There have been no indications of a return to alcoholic behavior from the time he entered the Jemez Program until the present.

Depression, suicidal ideation and suicide attempt: Gordon had attempted suicide shortly before entering the VLM program. (There is a history of suicide in Gordon's family.) He was depressed when he entered Villa Louis Martin. The depression was related to accusations made in his regard, as well as to a compulsive style of work and assumption of responsibility for others. Childhood events had probably disposed him toward depression. Rather than experiencing clearly defined depressive feelings, however, Gordon suffered from a lack of awareness of his feelings, albeit feelings were present. His being "out of touch" with his feelings seems to have been related to the abuse he suffered when he was a child, and to temporal lobe epilepsy.

¹. While the two reports mentioned earlier, one from House of Affirmation where Gordon was for only five days and the other from Strafford Guidance Clinic where Gordon was evaluated, according to the report, for two hours, arrived at far-reaching, all-embracing and definitive conclusions in regards to Gordon, the staff at VLM believes that such time periods would be inadequate to properly understand the complex problems which Gordon had. The conclusions arrived at with regards to Gordon at VLM came after many months and were similar to those arrived at by Dr. Guertin Ouelette after four years of psychotherapy with Gordon.

In October of 1989 an EEG was administered to Gordon and indicated that he was suffering from temporal lobe epilepsy. He was prescribed trilafton. He responded well to drug therapy for a representable period of time. His psychological/emotional functioning was quite different since beginning anticonvulsant medication, most noticeably in his greater awareness and expression of feelings.

Psychological consequences of physical, emotional, and sexual abuse. One of the apparent effects of the serious abuse Gordon suffered during his childhood was his penchant for taking on responsibility and caring for the needs of others -- more than for himself. This went to the extent of his assuming responsibility for the misdeeds of others. He also suffered from a feeling that he had hurt or exploited others and was not able to forgive himself for that².

In time this became the major therapeutic issue in Gordon's therapy. In therapy with Dr. Ellis Gordon came to realize that, as a child, he always believed that he had the problems and was at fault rather than his father. In therapy Gordon came to realize how disturbed his father was. This observation came after exploration of terrifying events he experienced as a child, e.g., his father wrapping him in a blanket or rug and then beating him while he was immobilized. On another occasion Gordon was tied to a tree while his father held a gun to his head, deciding whether or not to shoot him.

Gordon's progress in the program was excellent. He took personal responsibility for past and future behavior. He demonstrated an appreciation of and fidelity to ethical standards, and had an empathy and respect for others. He demonstrated god insight into past attitudes, behavior, feelings and thoughts, and was highly motivated to avoid past behavior.

The staff did not consider Gordon to be at risk for acting out behavior.

20. Please summarize the December 1988 report prepared by Dr. Guertin-Ouellette, Ph.D. which you refer to in your December, 1989 report.

Summary of December 1988 report by Dr. Guertin-Ouelette, Ph.D.:

Gordon came to Consultation Service for Clergy and Religious 4 years previous, suffering from alcoholism, regarded as self destructive behavior. After some time an allegation of improper behavior with a young boy was reported to Dept. of

² Dr. Guertin-Ouelette in his brief summary points out certain consequences that Gordon suffered from being abused: self destructive behavior, feeling responsible for everyone and taking on responsibility for anything that happens around him, being undeserving of anything, poor self-esteem.