

In October of 1989 an EEG was administered to Gordon and indicated that he was suffering from temporal lobe epilepsy. He was prescribed trilaon. 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.

Social Services but was dropped as being questionable. Gordon had a tendency to initiate close relationships with younger boys. These proved to be very straight forward and altruistic types of relationships, chosen in order to be kind in order (Dr. Guertin-Ouelette's assumption) to treat himself the way he wished his parents had treated him.

Gordon was emotionally and physically abused by his father. This had led to feelings of abandonment, of being responsible for everyone, and of being undeserving of anything -- traits typical of the abused child. As a result he suffered from poor self esteem and self destructive tendencies. One of Gordon's strongest traits is his self destructive tendency.

Another aspect of the abused child that Gordon took on was a sense of responsibility for anything that happened around him. This might explain his eagerness in pleading guilty to the charge of endangerment. He was never been able to place blame on others. In the face of any apparent injustice Gordon finds reasons why this was due to him.

Some progress has been made in therapy, but Gordon was still in denial (regarding the above mentioned personality dynamics). Dr. Ouelette recommended that future therapy address obsessive compulsive behavior, particularly in regards to alcoholism, and make him aware of self-destructive tendencies. Dr. Ouelette felt that Gordon needed to work on self-concept and self esteem. Twelve step groups were recommended, and it was recommended that he go to a residential treatment center.

21. How long was Gordon MacRae in weekly outpatient therapy with Dr. Guertin-Ouellette, according to this report?

Four years.

22. Of the three reports cited above, from the House of Affirmation, the Strafford Guidance Center, and Dr. Guertin-Ouellette, and after one year of residential treatment of Gordon MacRae, did the Villa Louis Martin staff have a sense that any one of these reports more accurately reflected Mr. MacRae's diagnostic issues than the others?

My impression is that the staff's sense of Mr. MacRae's diagnosis was that Dr. Guertin-Ouellette's report, which was written after four years of psychotherapy, reflected his diagnostic issues more accurately than the reports from the House of Affirmation, where Gordon was for only five days, and the Strafford Guidance Center, where Gordon was tested for approximately two hours, according to the report itself.