

Brother Gregory Sutton, FMS

December 7, 1989

## CLINICAL REPORT

Brother Greg Sutton is a 38-year old Marist Brother from Australia. He was referred to Southdown because of sexual abuse of children, 5 boys and 3 girls, ages 10-13, from 1975 to 1986. These were all children that Greg had taught or known over a period of time. The activity included his fondling of breast and genital areas and, at times, mutual masturbation. The last occasion in, 1986, involved an 11-year-old girl and lasted over a period of about 5 months. Greg came to realize that he saw himself as her lover and was quite shocked by his own emotional involvement. He asked to be removed from the school and underwent a psychological assessment. Treatment was recommended but Greg took an administrative job in a theological college and became involved in a sharing group of co-workers. He felt he was no longer at risk and decided he did not need to pursue treatment.

Shortly before Greg came for an assessment in September of this year, investigations began to surface regarding his sexual activities with children some five years earlier. Greg states that within three days he was on a plane heading for Canada. When pressed he waffles a bit but finally says that in addition to the firm directive from his provincial, he, too, thought it prudent to come for therapy.

Greg has one brother, three years younger, who is also a Marist Brother. He grew up in a traditional Catholic home where daily devotions were important. Both parents considered religious life when they were younger but Greg states the boys did not know this until after their own decisions were made. At first they lived on a farm and were quite financially poor. When Greg was nine they moved to the city where both parents found work, and the financial picture improved. Greg says his father is a shy, quiet man who was a P.O.W. during W.W.II. Greg feels closest to him and they share interests and are mutually respectful. His mother is a sensitive, gentle woman who sees his vocation as a blessing. Greg views his family as stable and supportive yet his reason for involvement with children was that he was seeking emotional support. When queried about this discrepancy he admits that his father was away a lot having taken a second job and also that Greg went away to boarding school at age 14.

On the WAIS Greg obtained a full scale IQ within the average range. An elevation on some performance scores indicates that he has superior visual motor coordination and perceptual organizational abilities which is not surprising as he is a draftsman. His performance on the Bender Gestalt was within normal limits. Greg's profile on the P.O.I. shows a fair amount of dysfunction. He finds it difficult to live in the present, worrying about past and future, a behavior of which he is well aware. He is rigid in

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his application of values and tends to seek approval from others. Opposites are viewed as unreconcilable, suggesting compartmentalized behaviour. Interpersonal relationships and expression of anger are difficult.

Greg's MMPI appeared to reflect an exaggeration of symptoms. His depression score was very elevated which was not consistent with interview data or with results from the Rorschach. The data indicate he feels a high degree of anxiety and is alienated and remote from his environment. He seems hypersensitive, somewhat self-involved and has a poor self image which conflicts with a high need to achieve. Lack of cognitive mastery may reflect compulsive sexual fantasies. He acknowledges disruptive feelings which he tries to control through spiritual means and through rationalizing defenses. Despite a low score for available energy, Greg feels a certain amount of psychomotor acceleration. Greg appears evasive and sensitive to criticism and his anger is not easily expressed.

Greg has no allergies and is not on any regular medication. His gall bladder was removed in the interim between assessment and entry into Southdown. He will need to have some blood work repeated as there were some abnormal elevations which were likely due to the problems with his gall bladder. Greg does not acknowledge a chemical dependency problem but there is a pattern of alcohol use clearly related to self-confidence issues.

Sexually, Greg denies any unusual or distressing occurrences in his own life. At boarding school while in his mid-teens, he participated in homosexual peer group activity. As he grew older he engaged in mutual masturbation with a few older boys or men. He has never had intercourse. Presently he masturbates and he has also fantasized about women. He is uncertain as to his sexual orientation.

Greg began thinking of religious life at age 11 when he was taught by Marist brothers. At age 15 he entered the community and enjoyed the early years. Vatican II had just taken place but many of the old formation structures were still in place. Greg acknowledges that his faith in God and feeling of relationship are weaker at this time, but he continues in devotional practices. He says community life is not a problem but admits that he has suffered from a lack of emotional support. He has not had spiritual direction nor sought any personal help prior to this time.

I have not yet had much opportunity to form an impression of Greg. The assessment indicates that he is a guarded, evasive man who seems to experience few emotions. He presents a "together" exterior. He reports an inner method of handling stress which includes extreme advance planning, controlling all possible variables at least by being aware of them if nothing else. He seems to lack insight.

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## Assessment diagnosis:

Axis I: Pedophilia

Axis II: Obsessive-compulsive personality disorder with  
immature personality traits - tentative..

Axis III: Nil (Cholecystectomy completed)

*Jorothy Stewart, PhD*

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