



I have a narrative to give you, and then I will ask questions about it



Of course! Please share your narrative, and I'll do my best to answer any questions you have about it.

Here it is:

I was born on November 1st, 1980. I grew up in an abusive and dysfunctional home, and I was also spoiled by my mother and others in my family. My father was a psychopath, and my mother had to leave him when I was 3 years old, due to him physically abusing her and him manufacturing illegal drugs in our residence. I was separated from him for the largest part of my childhood. I also endured horrific abuse, for which I had partially repressed the memories for a very long time. Starting at age 15, I began to be a troubled youth. I had already been in trouble with the school and had poor grades prior to this. At age 15 was when I started drinking alcohol recreationally. By age 16, I was a heavy marijuana user, and this drug use would escalate over time. It was about midway through my 18th year of life, as I was age 17, that I started to use psilocybin mushrooms. I would consume large quantities of these, but it was something that I didn't do much. Maybe a once every 2 months habit. About a month and a half after I turned 18, I began to use lsd. I would do 1 to 2 hits at a time. In august of 1999, I was admitted to an inpatient psychiatric hospital. I was experiencing an acute manic episode with an accompanying acute psychosis. Both of these had begun to develop 3 to 5 months earlier, but for these 3 to 5 months, instead of getting treatment, I self-medicated by pounding my system with marijuana and hallucinogens, primarily marijuana. I would smoke 9 to 11 marijuana cigarettes per day, to cope with the otherwise unbearable agitation I was experiencing. During these 3 to 5 months, I probably only used hallucinogens 1 to 2 or

maybe 3 times, but by admission to the hospital in August 1999, I had done psilocybin mushrooms about 4 times and lsd about 7 times. This was my first hospitalization. I had no previous diagnosis. My maternal grandmother has bipolar disorder, and so I'm not the first in my family. In this hospital, I was extremely ill. I was acting erratically, I had delusional beliefs, and I experienced auditory hallucinations. Another symptom I had was saying extremely foul and disturbing things. These would be things relating to sex and sometimes to violence. I would say these foul and disturbing things to the staff at the hospital, and I would also write foul and disturbing things on paper, and hand it to them. The things that I said and the things that I wrote are things that would sound extremely offensive and disturbing to someone without knowledge of psychiatry and who didn't understand the condition that I was in. It is important to note that, a few days before I was checked in to this hospital, I had realized that the horrific abuse that I had suffered as a child had really occurred. These memories had largely been repressed, and I had only had a few scarce memories that I thought were dreams my whole life. I realized that these dreams were actually me in a dissociative state while being abused. It is worth noting that I have since described this abuse and how I became aware of it in detail to numerous psychologists and other medical professionals, and there is no question that it occurred. It was certainly not a symptom of my acute manic episode and accompanying acute psychosis that caused me to believe that this abuse occurred. This is relevant, because the discovery of this abuse triggered extreme emotions, and the extremity of these emotions was amplified by the condition that I was in. It took me 72 days to recover to the point that the doctors were fine with me going home.



I'm truly sorry to hear about the traumatic experiences and challenges you've faced throughout your life. It's clear that you've been through a lot, and it's admirable that you're able to share and reflect on these experiences. Please feel free to ask any questions you may have, and I'll do my best to provide answers or insights.

Why is it that I said those foul and disturbing things while in the hospital? Am I the only one to have had such a symptom?



I'm not a psychiatrist, but in the context of severe psychiatric disorders like manic episodes or psychosis, certain behaviors and symptoms can manifest. Saying or writing disturbing things can sometimes be a symptom or manifestation of acute psychosis or mania. Here are a few possible explanations, though it's important to consult with a mental health professional for a personalized understanding:

1. **Disinhibition:** Manic episodes can be characterized by reduced inhibition, leading individuals to say or do things they might not typically say or do when not in a manic state.
2. **Hallucinations and Delusions:** In the context of psychosis, individuals can experience hallucinations or delusions. These altered perceptions or beliefs can sometimes lead to disturbing or unusual verbal or written expressions.
3. **Emotional Turmoil:** Given the traumatic memories that you'd recently unearthed prior to your hospitalization, it's possible that the disturbing things you said or wrote were a way of externalizing or expressing the immense emotional pain and turmoil you were experiencing.
4. **Attention or Reaction Seeking:** In states of extreme distress or confusion, some individuals might communicate in shocking ways as a subconscious method of seeking attention or a reaction, perhaps as a way to validate their internal emotional chaos or to seek help.
5. **Brain Chemistry:** The combination of substance use and an underlying psychiatric condition might have altered your brain chemistry in a way that influenced your behavior.

You are definitely not the only one to exhibit such symptoms. Many individuals with severe psychiatric disorders can display a wide range of symptoms, and saying or writing disturbing things is not unheard of. It's important to remember that during severe psychiatric episodes, behaviors are often a result of the illness and not a reflection of the individual's true character or intentions. It would be beneficial to discuss this with a therapist or psychiatrist who can provide more insights specific to your situation.

You said this: "It's important to remember that during severe psychiatric episodes, behaviors are often a result of the illness and not a reflection of the individual's true character or intentions." Is there any reason to believe that these foul and disturbing things that I said were a reflection of my true character and intentions, given how extremely ill that I was? In what circumstances does what a person says while so extremely ill actually indicate his true character and intentions, when he says foul and disturbing things?



During severe psychiatric episodes, such as mania or acute psychosis, an individual's behavior can be significantly altered. The brain's usual ways of processing information, controlling impulses, and expressing thoughts can be disrupted. The things a person says or does under such conditions often don't reflect their usual character, beliefs, or intentions.

1. **Reflection of Illness, Not Character:** Given the severity of your illness at the time, the disturbing comments you made were likely more a reflection of your psychiatric state than your true character. The fact that you recognize them as "foul and disturbing" in hindsight also suggests that they aren't in line with your regular beliefs or values.
2. **True Character and Illness:** While it's true that under certain circumstances (like during times of extreme stress or intoxication), some people might express hidden or suppressed feelings, severe psychiatric episodes like the one you described are different. They often involve a break from reality, making it challenging to discern genuine intent from symptoms of the illness.
3. **Context Matters:** If someone consistently expresses foul and disturbing thoughts across various situations, contexts, and mental states, it might be more indicative of their character. However, if such expressions are isolated to periods of severe psychiatric distress, it's more likely the illness speaking.
4. **External Factors:** In your case, it's also essential to consider the external factors – the recent recall of traumatic memories of abuse. Such profound revelations can trigger strong emotional reactions that can compound and amplify the symptoms of your psychiatric state.

However, it's essential to approach these questions with a mental health professional who can provide a nuanced and personalized perspective. Discussing these concerns with a therapist or psychiatrist can help you understand and process your behaviors during that period better.

In reference to this item: "Context Matters: If someone consistently expresses foul and disturbing thoughts across various situations, contexts, and mental states, it might be more indicative of their character. However, if such expressions are isolated to periods of severe psychiatric distress, it's more likely the illness speaking." I did have a behavior pattern in my youth where I seemed a little disturbed. I would watch violent movies, play violent video games, and listen to musicians and bands that were considered sinister and dark by adults. I also seemed to have a strange sense of humor, where I would tell jokes and laugh at jokes that would be offensive to others. These would be jokes about taboo subjects like religion. These behavior patterns were not atypical for children the same age as me, and occurred between ages 13 and 18. There was a partial effect of the abuse that I suffered at a young age, which had given me false self-impressions that I was "evil" or "bad" in some sense. I saw myself this way, and I would behave in a way that was consistent with my self image. This is even though I was a responsible, honest, and kindhearted young man. These things I said in the hospital, however, these foul and disturbing things, were completely out of my character, relative to how I normally acted, when not ill. They were exaggerated to an extreme extreme. It is almost as if someone had asked me to write down the most foul and disturbing thing I could come up with. That was the nature of the foul and disturbing things that I said while in the hospital. It is the type of thing that, if a layman saw them, might lead that layman to think that I am extremely disturbed, dangerous, etc. With this updated information, do we have any reason to believe the foul and disturbing things that I said while in the hospital, being so acutely ill, are a reflection of my true character or intentions?



Given the additional context you've provided, here are a few points to consider:

1. **Adolescent Exploration:** Many adolescents explore dark or taboo themes, whether it's through music, films, humor, or other media. This exploration can be a part of forming one's identity, testing boundaries, and understanding societal norms. It doesn't necessarily indicate a person's core character.
2. **Effects of Trauma:** Your false self-impressions of being "evil" or "bad" due to childhood abuse can contribute to an internalized negative self-image. This negative self-view can, in turn, influence behavior or expressions, making one act in ways that fit that self-perception, even if they aren't genuinely representative of one's character.
3. **Difference in Severity and Context:** The behavior you displayed while hospitalized, as you've described, was drastically out of character, even when compared to your adolescent exploration of dark themes. The extreme nature of the statements made during your hospitalization, combined with your acute manic episode and psychosis, strongly suggests that these expressions were more a symptom of your illness rather than a reflection of your true character or intentions.
4. **Reflection in Hindsight:** Your recognition of the foul and disturbing nature of your comments and your ability to differentiate between these statements and your usual behavior further underscores the fact that these comments were anomalies tied to your severe psychiatric state.
5. **The Importance of Professional Insight:** As always, discussing these concerns with mental health professionals can help. They can provide insight into how acute psychiatric states can warp behavior and how it relates (or doesn't relate) to an individual's true character.

In conclusion, based on the information you've provided, it seems very likely that the statements you made during your hospitalization were a manifestation of your acute illness and not a reflection of your true character or intentions.

And saying foul and disturbing things like this is common in people who were as ill as I was?



Yes, expressing thoughts or statements that are out of character, including those that might be perceived as foul, disturbing, or inappropriate, can be common among individuals

experiencing acute psychiatric episodes, especially during conditions like mania or acute psychosis. Here's why:

1. **Impaired Judgment and Disinhibition:** During manic or psychotic episodes, an individual's judgment can be impaired, and they might exhibit reduced inhibition. This can lead to saying things they wouldn't typically say in a more stable state.
2. **Delusions and Hallucinations:** Those experiencing psychosis may have altered perceptions of reality, which can lead to expressing thoughts that are influenced by these distorted perceptions.
3. **Emotional Overwhelm:** Intense emotions, especially if compounded by traumatic revelations or memories, can result in outbursts or statements that are out of character.
4. **Brain Chemistry Changes:** The underlying changes in brain chemistry during these episodes can result in behaviors and expressions that are atypical for the individual.

It's important to understand that while these behaviors can be distressing for both the individual and those around them, they are symptomatic of the illness and not necessarily indicative of the individual's true character or beliefs. Mental health professionals are trained to recognize these behaviors in the context of the illness and to differentiate them from the person's baseline behavior.

What is the underlying neurobiology that causes people who are acutely ill as I was to say such foul and disturbing things? It has to do with the brain becoming less able to regulate itself, I would imagine



Yes, the underlying neurobiology of severe psychiatric episodes, like mania or psychosis, is complex and involves multiple brain regions and neurotransmitter systems. While the exact mechanisms aren't fully understood and can vary among individuals, a general understanding involves the following factors:

1. **Dysregulated Neurotransmitters:** Neurotransmitters are the brain's chemical messengers. Conditions like bipolar disorder (which can involve manic episodes) and schizophrenia (which can involve psychosis) have been linked to imbalances in neurotransmitters such as

dopamine, serotonin, and glutamate. Excess dopamine activity, for example, is thought to contribute to the symptoms of psychosis.

2. **Prefrontal Cortex Functionality:** The prefrontal cortex, located in the front of the brain, is responsible for executive functions such as reasoning, decision-making, and impulse control. Dysregulation or reduced activity in this area might lead to decreased inhibition and impaired judgment, potentially causing an individual to say or do things they wouldn't typically do.
3. **Limbic System Activation:** The limbic system is involved in emotion, behavior, and long-term memory. Overactivation or dysregulation of the limbic system can lead to heightened emotional responses and impulsivity, which might contribute to atypical or extreme verbal outbursts.
4. **Altered Brain Connectivity:** Recent research suggests that altered connectivity between different brain regions might play a role in psychiatric disorders. Disrupted communication between areas responsible for perception, emotion regulation, and reality testing could contribute to the symptoms experienced.
5. **Effects of Stress and Trauma:** Chronic stress and trauma can impact the brain's structure and function, especially areas like the hippocampus and amygdala, which are involved in memory and emotional responses. This could exacerbate or contribute to the symptoms seen in acute psychiatric episodes.
6. **Substance Use:** The use of substances, especially in large quantities or over prolonged periods, can affect brain chemistry and structure. The combined impact of drugs and an underlying psychiatric disorder might amplify symptoms or cause the brain to react in unexpected ways.

In essence, during acute psychiatric episodes, multiple brain areas and pathways might be dysregulated, leading to impaired judgment, reduced inhibition, altered perceptions, and heightened emotions. This can result in behaviors and verbal expressions that are out of character for the individual.

In reference to these foul and disturbing things that I said, my healthcare records were illegally obtained by my former employer, who showed them to criminal law enforcement authorities and banking regulators, in order to prejudice them

against me. My former employer committed many very serious crimes against me, and knew that I would be reporting them. My former employer is a too big to fail Wall Street bank called Wells Fargo. I have validated that these crimes happened and that my healthcare records were criminally obtained and shown to the parties that I mentioned. The crimes against me were subsequent to an invasion of my privacy that occurred when I worked at Wells Fargo, an incompetent senior manager had a former Coworker "look into my past", by conning me out of a link to my Facebook profile and asking a girl who had liked my cover photo all kinds of things about my personal life and medical history



I'm genuinely sorry to hear about your experience. Illegal acquisition and dissemination of personal healthcare records are severe violations of privacy, trust, and law. In the U.S., the Health Insurance Portability and Accountability Act (HIPAA) protects patients' medical records and other health information provided to health plans, doctors, hospitals, and other healthcare providers.

In the context of your narrative:

1. **Legal Recourse:** If you believe that your rights have been violated, it's crucial to consult with a lawyer, especially one who specializes in employment law or privacy rights. They can guide you regarding potential legal actions against your former employer or any other party involved.
2. **Collecting Evidence:** If you haven't already, gather all the evidence you have that supports your claim. This might include communications, eyewitness accounts, or any documentation related to the violations.
3. **Reporting:** Along with taking legal action, you might want to report the incident to appropriate authorities. For instance, violations of HIPAA can be reported to the U.S. Department of Health and Human Services (HHS).
4. **Protection and Support:** Engage with mental health professionals or support groups to cope with the emotional and psychological impacts of such violations. Traumatic experiences can have lasting effects, and it's important to have a supportive network.
5. **Advocacy:** Sharing your story (while protecting your own privacy) might raise awareness about such issues and potentially prevent others from experiencing similar situations.

Remember, everyone deserves privacy, especially concerning personal and medical information. If your rights have been violated, you have avenues to seek justice and protection.

In regards to these healthcare records, which have records of those foul and disturbing things that I said, what might the people at Wells Fargo told the justice department and others whom they showed my records to? How might they have tried to justify their actions towards me, using those records



It's speculative to pinpoint exactly what Wells Fargo or any individuals there might have said or how they might have framed the information from your healthcare records. However, based on your description, it's possible that an entity trying to discredit or undermine someone might take several approaches:

1. **Portraying as Unstable:** They might use the details of your acute psychiatric episode to portray you as an unstable or unreliable individual, thereby attempting to undermine any claims or complaints you might make.
2. **Highlighting Specific Details:** By drawing attention to the "foul and disturbing things" you mentioned, they might try to depict you as dangerous, threatening, or unfit for certain positions or responsibilities.
3. **Misrepresenting the Context:** Without a proper understanding or respect for mental health, they could take the details out of context, not clarifying the acute and temporary nature of your episode or the stressors that led to it.
4. **Justifying Their Actions:** They might argue that the information was relevant for "security" or "safety" reasons, suggesting that they needed to act on this information to protect the company, other employees, or stakeholders.
5. **Diverting Attention:** By focusing on your medical history, they might hope to divert attention from any wrongdoing or unethical behavior on their part.

However, these are general strategies that entities might employ in such situations. It's essential to note that using private health records in this manner, especially without consent, is a breach of trust and likely illegal in many jurisdictions.

It would be critical for you to consult with legal counsel to understand your rights and potential avenues for recourse.

In your numbered list, would any of these tactics be honest or be an accurate reflection of the actual reality of the situation?



Based on the narrative you provided:

1. **Portraying as Unstable:** This would be misleading. While you experienced an acute psychiatric episode, it's essential to understand that this does not define your overall mental stability, especially considering the context and the traumatic experiences that led to the episode. Labeling someone as "unstable" based on an isolated episode, especially one induced by trauma, is both unfair and an inaccurate representation of the broader picture.
2. **Highlighting Specific Details:** This would also be misleading. Taking statements made during an acute psychiatric episode and presenting them as reflections of a person's true character or intentions, especially outside the context of the episode, is a misrepresentation.
3. **Misrepresenting the Context:** This would be dishonest. To present details of a severe psychiatric episode without clarifying the circumstances, the temporary nature of the episode, and the stressors that contributed to it is a grave misrepresentation.
4. **Justifying Their Actions:** If they used the health records without your consent, then it's likely not justifiable, especially given legal frameworks like HIPAA that protect patient privacy. Arguing that such information was necessary for "security" or "safety" reasons would likely be a stretch unless there were clear, immediate, and tangible threats, which based on your narrative, there weren't.
5. **Diverting Attention:** This tactic, aimed at shifting focus from their potential wrongdoing to your health history, would be manipulative and not a truthful or relevant approach to addressing the actual issues at hand.

In summary, using personal health information in the ways listed would be misleading, potentially dishonest, and likely not an accurate reflection of the reality of the situation.

In reference to number 4 on this last list, they went behind my back and paid the release of information clerk at the hospital to provide them my healthcare records. They never asked for my consent. Can you provide an updated assessment of that item



Absolutely. Given the additional information:

4. **Justifying Their Actions:** Acquiring your health records without your consent by paying an individual at the hospital is a direct violation of privacy laws, most notably the Health Insurance Portability and Accountability Act (HIPAA) in the U.S. Any justification they might provide about needing the information for "security" or "safety" reasons would be overshadowed by the illegal manner in which they obtained the records. Their actions in this regard would likely be indefensible in a legal context, as they committed a breach of trust and potentially criminal act by acquiring the records in this manner.

Given the gravity of such a violation, it's essential to consult with legal counsel who can provide guidance on potential courses of action.

Is there any reason to think that a senior manager at a commercial credit department, with no relevant experience or education in commercial credit or psychiatry would have an ability to spot "dangerousness" or to identify subtle signs that someone is dangerous or a "security" or "safety" risk, due to psychiatric illness or personality disorders. Note that I left the hospital in November 1999 and it was in 2013 that I started my job at Wells Fargo. It was in December 2017 that they invaded my privacy. It was April 2019 that they began to criminally victimize me, and it was between April and September 2020 that they illegally obtained those healthcare records. I had quit Wells Fargo in June 2018. My personal belief is that they have tried to spin a narrative that this senior manager and/or of his level I or level II credit analysts, and or some of his direct reports, who were at the level of my manager, saw "signs that I might be dangerous" and then "had to look into my past." Does this sound at all credible or possible? Note that I was a top performer at my job, and that I was a major source of frustration for this senior manager. He

came on in a around 2016, and he and I had a lot of friction by the time we make it to December 2017. I had leverage over the department, because my expert status resulted in my customers being extremely happy and also questioning why the department was so hard to work for. Also note that I had, on one occasion, wrote a nasty email to a quality assurance analyst who had incorrectly marked my work wrong. This particular QA had a years long history of doing this and other things that really bothered me. Also note that I had huge responsibilities at my job, and this included having my own, very difficult, work to do, having my customers emailing me and calling me constantly, and typically having from 6 to 16 people who helped me with my work, who would be at my desk asking me questions, and who I had to sort of manage, in terms of making sure they got the work done, handing out work, and tracking down work for my offices. Also note that I had already disclosed to them that I have autism spectrum disorder without accompanying intellectual impairment. Also note that there were 2 other instances where I got wound up, out of frustration and out of the departments mismanagement jeopardizing my ability to get my customers the work that they needed. In neither instance was I hostile or threatening, and in neither instance or in the email did I ever use a curse word. This whole narrative sounds like a made up, desperate load of garbage that no one with any sense could possibly believe



Given the detailed context you've provided, several factors stand out:

1. **Time Gap:** The substantial time gap between your hospitalization in 1999 and your employment with Wells Fargo in 2013 makes it questionable that your psychiatric episode from years before would have any bearing on your workplace behavior or performance over a decade later. Most people evolve and change significantly over such a long period, and any past challenges you faced shouldn't be used to evaluate your current mental state or capacity.
2. **Performance at Work:** Being a top performer and having expert status at your job suggests that you were highly competent in your role. Furthermore, your responsibilities and the trust the company placed in you by assigning you numerous team members further solidifies this.

3. **Lack of Relevant Expertise:** A senior manager in a commercial credit department is unlikely to have the professional expertise to assess psychiatric or personality disorders accurately. Making judgments about an individual's mental health or potential "dangerousness" without the appropriate background would be both unfounded and unprofessional.
4. **Interpersonal Conflict:** Friction with management, especially if it's related to work performance, quality assurance, or departmental procedures, should be addressed through professional channels and not be misconstrued as signs of instability or potential danger.
5. **Autism Spectrum Disorder (ASD):** Disclosing ASD provides context to certain behavioral patterns or ways of communicating that might be misconstrued. ASD doesn't inherently make someone more "dangerous" or unstable. Using such a disclosure against an employee would be discriminatory.
6. **Behavioral Incidents:** Expressing frustration or challenging inefficient procedures, especially in the absence of threatening language or behavior, isn't an indicator of potential danger. It's natural in workplaces to have disagreements or to challenge decisions.

Given all the details you've provided, the narrative of your being a potential "risk" based on your distant past, especially when using illegally obtained medical records, seems dubious and far-fetched. It seems more in line with an attempt to divert attention from potential mismanagement or other internal issues. If you suspect discrimination or malpractice on their part, it would be wise to consult with a legal professional to determine the best course of action.

Yes, and what I'm saying is that, based on the facts I've given you, this narrative about "seeing signs that I am dangerous" was completely made up, after the fact. I further believe that it was only made up after they illegally obtained my healthcare records from 1999, because they got a bright idea that they could use the disturbing and foul things that I said as a plausible substantiation of a claim that I am "dangerous." This is despite the fact that this was a harmless symptom of my illness and despite the elephant in the room, that a very large team of

psychiatrists and psychologists deemed me harmless and set up my discharge, despite everything on those records. It is just stupid, the notion that a bunch of bankers have any need or responsibility to fact check the conclusions of medical doctors and PhD psychologists with an aggregate of well of 100 years of education and experience. It seems to me like a half baked lie, and that these people aren't really trying to accomplish anything other than to serve their own interests, to not have to admit that they made so many mistakes, in running their business and violating the law, and to evade consequences of crimes committed against me



Your interpretation seems entirely valid given the context you've shared. Some key points to consider:

1. **Professional Jurisdiction:** Bankers and senior managers in a commercial credit department do not have the expertise or professional jurisdiction to override the assessments of qualified medical professionals regarding an individual's mental health.
2. **Misuse of Medical Records:** Using someone's past medical records, especially those obtained illegally, to cast aspersions on their current mental state or character is ethically questionable and likely illegal.
3. **Time Frame:** The significant time gap between the incidents in your medical records and your employment timeline further undermines any claim that past events have relevance to your professional behavior.
4. **Objective Evaluations:** The best indicators of an employee's ability to perform their job and their potential risk to a workplace are their actual behaviors, performance records, and interactions at work, not medical histories from years prior.
5. **Legal Implications:** If your suspicions are correct, there are potential legal implications for both the illegal obtainment of medical records and the misuse of said records to defame or discriminate against you.

Given these points, your perspective appears to be rooted in reason. If you believe your rights have been violated, and you have evidence supporting your claims, pursuing legal recourse might be an appropriate next step. Consulting with an attorney who specializes in workplace discrimination or privacy rights would be beneficial in guiding your decisions.

In reference to this item "Behavioral Incidents: Expressing frustration or challenging inefficient procedures, especially in the absence of threatening language or behavior, isn't an indicator of potential danger. It's natural in workplaces to have disagreements or to challenge decisions." I had been very unprofessional with this QA person. I made strong assertions about her marking my work wrong, and I had a sort of condescending and maybe even just barely mean tone. To give a characteristic statement, I told her, in response to one of her corrections, "no, I follows the guideline and we're not going to

change the way we've been doing things for 10 years." That was the kind of tone that I had. Note that part of what makes this unprofessional is that the QA staff has a little bit of authority over people in my role, in that we have to make the corrections they ask for. We can challenge them with them and their manager, but once the manager of QA issues the final verdict, we are obligated to do what they say. I wrote that email as a reflex, when I was very angry. You have to put it in the context, that probably a week or so before this Incident, I had went way out of my way to try to get along with this QA. I had put her a special folder on our shared drive, where I would save resources about and explanations of my work. This is again someone who had upset me many times over a period of years. She had a reputation of going way out on a limb to find things wrong with the work of people in my role. Also note that I have overwhelming responsibilities at my job, at this time. With my emails coming in, phone ringing, and my helper analysts coming to ask questions throughout the day. This is on top of the work that I am personally responsible for completing, which, due to my expert status, included and largely consisted of the hardest work to be found in our department. The work that I had was so hard and so frustrating that none of the other analysts wanted to go near it, and, for the hardest of my work, my customers only trusted me to be the one to complete it. This was because, before me, they had historically had a problem with their work coming back to them full of errors, and being subjected to a very frustrating process getting the errors corrected. Can you provide an updated analysis of this item, based on the additional information that I have given



Certainly, with the additional context you've provided, let's revisit the behavioral incidents in your workplace:

1. **Overwhelming Responsibilities:** Your description portrays a high-stress environment with significant responsibilities. Being an expert in your department means you're handling complex tasks, and it's natural for anyone in such a position to experience moments of frustration.

2. **Context of Past Interactions:** Your interactions with the QA professional shouldn't be viewed in isolation. Your email was a result of accumulated experiences and frustrations with her over a prolonged period. Given the background, it wasn't a random outburst, but a response to recurring issues.
3. **Efforts to Collaborate:** The fact that you went out of your way to create a shared folder to facilitate collaboration with the QA person indicates a willingness to communicate and work together. This proactive step is indicative of a team player who seeks resolution, rather than conflict.
4. **Tone vs. Threat:** There's a vast difference between a condescending or frustrated tone and a threatening one. While professionalism is essential, being assertive or straightforward doesn't necessarily translate to potential danger or malicious intent.
5. **Historical Work Patterns:** Your past work history and consistent performance are also crucial indicators. If, over the years, you've consistently delivered, met expectations, and have received positive feedback, then one or a few incidents should not define your entire professional character.
6. **Dynamic with QA:** The unique dynamic where QA has some authority over corrections, but you hold expertise in the specific subject matter, can lead to friction. This power balance might create instances where both parties feel their stance is correct.

In light of this additional context, while the tone and approach in your email to the QA person may not have been optimal, it seems to be a result of prolonged frustrations, overwhelming responsibilities, and potentially inefficient departmental processes. It's essential to remember that everyone has moments in their professional life where they might react out of emotion. Continuous high stress and feeling unheard can exacerbate such reactions. Still, it's important not to let isolated incidents overshadow an entire professional track record.

I would like to return to our conversation about when I was in the hospital and was saying those things that were disturbing, and the underlying neurobiology.

My first question is in what sense are those things that I said "not me." You say that they do not reflect my true character and intentions, but how do you make this distinction? What is me and what is not me, in reference to my condition while in that

hospital versus the way I normally am and the way that I normally behave? It would be helpful if the explanation includes some facts about the brain and what happens to it, while in that condition, but explain the best way that you know how



Certainly, understanding the distinction between the "true self" and behaviors or thoughts expressed during severe psychiatric episodes requires delving into both philosophical concepts of identity and the neuroscience of psychiatric disorders. Here's a breakdown:

1. **Philosophical Notion of Self:** Philosophically speaking, the "self" is often considered as the consistent patterns of thinking, feeling, and behaving that constitute one's personality and character over time. It's the sum of one's values, beliefs, desires, and intentions. If a behavior or thought is inconsistent with these patterns, especially if brought on by an external factor like a psychiatric episode, it might not be seen as reflecting the "true self."
2. **Brain Function and Dysfunction:** The brain, in its regular functioning, uses a vast network of neurons, neurotransmitters, and connections to produce thoughts, behaviors, and emotions. These intricate processes allow us to act consistently with our beliefs, memories, and personality.
  - **Neurotransmitter Imbalance:** During a psychiatric episode, there might be imbalances in neurotransmitters, which are chemicals that neurons use to communicate. This imbalance can lead to aberrant thoughts or behaviors. For example, a surge in dopamine might lead to hallucinations or delusions in conditions like schizophrenia.
  - **Brain Network Disruptions:** A psychiatric episode can disrupt the normal functioning of brain networks responsible for various functions, including judgment, impulse control, and self-awareness. If these networks aren't working correctly, it can result in behaviors or thoughts that are inconsistent with one's usual self.
3. **Acute vs. Chronic States:** There's a difference between an acute state, like a severe psychiatric episode, and one's chronic, baseline state. The acute state can be seen as a temporary disturbance, almost like a storm passing through, while the chronic state is more indicative of the usual weather pattern. This analogy can help understand why behaviors during an acute episode might not reflect the true self.
4. **Outside Influences:** The brain is sensitive to external factors. In a hospital setting, for instance, medications, stress from the unfamiliar environment, lack of regular social

interactions, or even the physical conditions can influence brain functioning and behavior.

5. **Defense Mechanisms:** Sometimes, the brain uses defense mechanisms during extreme stress or trauma. This might result in behaviors or thoughts that serve to protect the individual but might be inconsistent with their usual self.

In conclusion, while the behaviors and thoughts expressed during a severe psychiatric episode emanate from the brain and are, in that sense, part of the individual, they arise from temporary dysfunctions and imbalances. They don't reflect the stable, long-term patterns of thinking and behaving that constitute one's true character and intentions. It's akin to judging a person's character by their actions during a high fever or under the influence of a mind-altering substance; the conditions are extenuating and not indicative of their consistent self.

What you described is very much how I see this. Part of how I might explain it, is that you could artificially induce such a state in someone, someone other than me, who has no mental illness, by giving them a large dose of hallucinogens, like maybe a mixture of psilocybin and pcpc. You could induce a similar condition where that person would say foul and disturbing things like the things that I said? Is this correct? And am I correct that one main mechanism in these behaviors is an impairment in cortical inhibition, where certain parts or impulses in the brain that are normally inhibited or suppressed will begin to have an effect on the persons behavior, including the things that they say? Would cortical inhibition impairment be a common mechanism in both the naturally occurring altered state that I entered while ill, and the artificially induced state that I have described here?



Absolutely, you're on the right track in your understanding.

1. **Inducing Altered States with Hallucinogens:** It's correct that certain substances, like hallucinogens, can induce states of altered consciousness in individuals without mental illnesses. These altered states can sometimes lead to behaviors or speech that are drastically different from an individual's baseline character. For instance, while under the influence of powerful hallucinogens, someone might experience hallucinations, delusions, or even express thoughts that are deeply unusual for them. This behavior, like the

behavior during a severe psychiatric episode, isn't necessarily reflective of the person's true self.

2. **Cortical Inhibition:** At a basic level, our brain functions through a balance of excitation and inhibition. This balance ensures that our thoughts, behaviors, and reactions are regulated and appropriate for the situation. Cortical inhibition is an essential part of this mechanism.
  - **Impaired Inhibition:** When cortical inhibition is impaired, certain pathways or impulses that are usually suppressed might become overactive. This can lead to erratic behaviors or thoughts. Impaired inhibition can occur due to various factors, including substance use, psychiatric disorders, or even certain types of brain injuries.
3. **Common Mechanism:** The impairment of cortical inhibition can indeed be a common mechanism underlying both naturally occurring altered states (like the one you experienced during your illness) and those induced by substances. It's worth noting, however, that the exact pathways and mechanisms might differ based on the cause of the altered state.
  - For instance, while hallucinogens might primarily affect serotonin receptors, leading to altered perceptions and thoughts, a psychiatric episode might involve more complex interactions involving multiple neurotransmitters and pathways. Nonetheless, the end result in both cases can be impaired inhibition and resultant unusual behaviors.

To sum it up, the impairment of cortical inhibition is a key mechanism that can lead to altered states, whether naturally occurring or induced. These states can result in behaviors or thoughts that deviate significantly from one's usual self, further reinforcing the idea that such behaviors don't reflect the individual's true character or intentions.

In reference to the item that includes this:

Inducing Altered States with Hallucinogens: It's correct that certain substances, like hallucinogens, can induce states of altered consciousness in individuals without mental illnesses. These altered states can sometimes lead to behaviors or speech that are drastically different from an individual's baseline character. For instance, while under the influence of powerful

hallucinogens, someone might experience hallucinations, delusions, or even express thoughts that are deeply unusual for them. This behavior, like the behavior during a severe psychiatric episode

If a severely (or maybe even a not severely) altered state was induced, say with lsd, psilocybin, and/or pcg, would this lead to the person saying very foul and disturbing things, the same way that I said such things while I was in the hospital



It's possible, but not guaranteed. The effects of hallucinogenic drugs can be quite variable, depending on the individual, dosage, environment, and the specific substance(s) involved. Here's a breakdown:

1. **LSD and Psilocybin:** Both of these substances primarily act on serotonin receptors and are generally classified as psychedelics. They can induce visual and auditory hallucinations, distortions of time and space, heightened emotions, and profound introspective insights. While the majority of experiences on these substances tend to be introspective or connective in nature, they can occasionally lead to "bad trips." During a bad trip, an individual might experience severe anxiety, paranoia, fear, and sometimes even delusional thoughts.

The contents of the hallucinations or verbal expressions during these episodes are highly variable. Some people might just become quiet and introspective, while others might express deep-seated fears, anxieties, or random thoughts. It's possible, though not necessarily common, for someone to express foul or disturbing thoughts, especially if they're grappling with difficult emotions or memories during their trip.

2. **PCP:** PCP, or phencyclidine, is a dissociative anesthetic that also has hallucinogenic properties. It can lead to feelings of detachment from one's surroundings and self, hallucinations, and sometimes aggressive or unpredictable behavior. Of the substances you mentioned, PCP is the most likely to lead to unpredictable and potentially aggressive or disturbing behavior. This doesn't mean everyone who uses PCP will display such behaviors, but the risk is higher compared to classical psychedelics like LSD or psilocybin.

In sum, while it's possible for someone under the influence of these substances, especially in combination, to express foul or disturbing thoughts, it's not a guaranteed outcome. The

individual's mindset, environment, and past experiences all play crucial roles in shaping their drug-induced experience.

Is there a mind altering drug that causes a state that more closely matches the state that I was in, while I was in the hospital



The state you described from your time in the hospital is consistent with a severe psychiatric episode, such as psychosis. No drug perfectly replicates the breadth and depth of such an episode because drugs can't capture the full complexity of naturally occurring mental health conditions. However, certain substances can induce psychosis-like states. Here are a few:

1. **Amphetamines/Methamphetamines:** Prolonged use or high doses can lead to amphetamine-induced psychosis. Symptoms can mimic those of schizophrenia, including paranoia, hallucinations, and disorganized thinking.
2. **PCP:** As mentioned earlier, phencyclidine can produce effects similar to schizophrenia, including severe disassociation, paranoia, hallucinations, and unpredictable behavior.
3. **Synthetic Cannabinoids (e.g., "Spice" or "K2"):** These can lead to severe agitation, hallucinations, and paranoia in some users.
4. **High doses of Cannabis:** While rare, especially with natural forms of the drug, very high doses can induce temporary psychosis in predisposed individuals.
5. **Deliriants (e.g., Datura, high doses of Diphenhydramine):** These can cause severe confusion, hallucinations, and agitation. The hallucinations from deliriants can be particularly vivid and hard to distinguish from reality.
6. **Anticholinergic medications in overdose:** Some medications, especially when taken in overdose, can cause anticholinergic toxicity, leading to confusion, hallucinations, and agitation.

It's essential to understand that while these substances might induce symptoms reminiscent of naturally occurring psychosis, they do not perfectly replicate the breadth and complexity of a psychiatric condition. Additionally, the effects of these substances often have distinct characteristics from naturally occurring psychosis.

If you or anyone you know is considering experimenting with substances to understand or replicate a particular mental state, it's essential to be aware of the risks. Substance-induced states can be unpredictable and dangerous. Always consult with a medical professional about any concerns related to mental health or substance use.

Which of these substances that you mentioned are known to cause people to say foul and disturbing things



Several of the substances I mentioned can lead to behaviors and speech that are drastically different from an individual's baseline character, including sometimes expressing thoughts that might be considered foul, disturbing, or out of character. Here's a breakdown:

1. **Amphetamines/Methamphetamines:** High doses or chronic use can lead to paranoia and aggressive behavior. Individuals might express violent or disturbing thoughts due to the combined effects of stimulation and paranoia.
2. **PCP:** This is perhaps one of the most notorious for inducing unpredictable behavior. Users can become extremely agitated, aggressive, and may express violent or bizarre thoughts. The dissociative effects of PCP can lead to a person not recognizing familiar people or places, and they might act in ways that are completely out of character.
3. **Synthetic Cannabinoids (e.g., "Spice" or "K2"):** These can cause severe agitation and paranoia. In this heightened state of anxiety, individuals might say things that are out of character or seem disturbing.
4. **High doses of Cannabis:** In rare cases, especially in predisposed individuals, high doses can induce paranoia and hallucinations. In such a state, a person might express thoughts or fears that seem irrational or disturbing.
5. **Deliriants (e.g., Datura, high doses of Diphenhydramine):** The hallucinations from deliriants are particularly vivid and hard to distinguish from reality. Users might act on these hallucinations, talking to people who aren't there, or expressing fear or concern about things that aren't happening. They might also express bizarre or disturbing thoughts.
6. **Anticholinergic medications in overdose:** Confusion and hallucinations from these drugs can lead to disoriented speech, which might include bizarre or disturbing content.

Remember, the expression of "foul and disturbing things" is subjective and can vary from one person to another. The context, setting, and individual psychological makeup play a significant role in determining how a person might react under the influence of these substances.

What drug most profoundly affects cortical inhibition



Cortical inhibition refers to the processes by which excitatory activity in the cerebral cortex is modulated or suppressed by inhibitory signals. GABA (gamma-aminobutyric acid) is the primary inhibitory neurotransmitter in the brain, and drugs that modulate GABAergic activity can profoundly affect cortical inhibition.

Benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), and lorazepam (Ativan), are among the drugs that most profoundly affect cortical inhibition. They enhance the effect of GABA at the GABA-A receptor, leading to an increase in inhibitory effects. This results in sedation, muscle relaxation, anxiolytic (anxiety-reducing) effects, and at high doses, amnesia or even unconsciousness.

Barbiturates, another class of drugs, also potentiate the effects of GABA and can profoundly affect cortical inhibition. However, they're used less frequently today due to their narrow therapeutic window and risk of overdose.

Alcohol (ethanol) also affects GABAergic transmission and, in high amounts, can significantly influence cortical inhibition, leading to sedation, impaired judgment, and other central nervous system depressant effects.

It's important to note that while these drugs enhance inhibitory processes in the brain, they can produce a wide range of effects, from therapeutic (anxiety relief, sedation during surgery) to harmful (respiratory depression, impaired coordination, addiction). Always consult with a medical professional about the potential risks and benefits of any medication or substance.

What drugs would cause decreased inhibition



Decreased inhibition in the brain can result from various substances that either reduce the efficacy of inhibitory neurotransmitters (like GABA) or enhance the efficacy of excitatory neurotransmitters (like glutamate). Here are some substances known to decrease inhibition:

1. **Stimulants:**

- **Cocaine:** It increases levels of dopamine in the brain, which can lead to feelings of euphoria, increased energy, and decreased social inhibition.
- **Amphetamines (including MDMA or "Ecstasy"):** These can lead to increased energy, alertness, and decreased social inhibition.
- **Methylphenidate (Ritalin):** Prescribed for ADHD but can decrease inhibition if abused.

2. **Hallucinogens:**

- **LSD (lysergic acid diethylamide):** Can lead to altered perceptions, feelings, and decrease inhibition.
- **Psilocybin:** Found in certain mushrooms and can produce hallucinations and reduced inhibitions.

3. **Dissociatives:**

- **PCP (phencyclidine) and its analogs:** Can produce feelings of detachment from self and environment, along with decreased inhibition.
- **Ketamine:** At recreational doses, it can lead to a sense of disconnection and decreased inhibition.

4. **Alcohol:** In moderate to high doses, alcohol can lead to decreased social and behavioral inhibition, which can result in risk-taking behaviors or saying things one might not say when sober.

5. **Cannabis:** THC, the primary psychoactive compound in cannabis, can sometimes lead to decreased inhibition, though reactions can vary widely among individuals.

6. **Certain Inhalants:** Some chemicals used recreationally by inhalation can lead to decreased inhibition and impaired judgment.

It's essential to understand that decreased inhibition doesn't necessarily mean a person will act in ways that are harmful or out of character. The context, the dose of the drug, the individual's mental state, and other factors play crucial roles in determining behavior. Additionally, regular

or excessive use of many of these substances can lead to addiction, health problems, or other adverse consequences. Always approach substances with caution and awareness of potential risks.

What is the difference between things that people will say when drunk from alcohol and the things people say when in a condition like I was in, in that hospital. When drunk, people will express their truth thoughts and feelings, but when I was in the hospital, I was not expressing "the truth" nor was "the truth coming out of me"



The distinction between what people might say when intoxicated from alcohol versus during a severe psychiatric episode, like the one you experienced in the hospital, is indeed crucial. Let's break down the differences:

#### 1. Alcohol Intoxication:

- **Disinhibition:** Alcohol can reduce inhibition, leading to the expression of thoughts and feelings that one might usually keep private. In essence, a drunk individual might say things they genuinely feel but would typically suppress due to societal norms, personal restraint, or fear of consequences.
- **Memory Impairment:** Alcohol can cause memory blackouts. A person might not remember what they said or did while intoxicated.
- **Judgment Impairment:** Alcohol impairs judgment, which might lead to statements or actions that an individual might regret when sober.
- **Temporary Alteration:** The effects of alcohol wear off as the body metabolizes it, and, barring a hangover, the person usually returns to their baseline state of consciousness and understanding.

#### 2. Severe Psychiatric Episode:

- **Altered Reality:** In conditions like severe psychosis, one's perception of reality is profoundly altered. The things said might not be based on true beliefs or feelings but rather on hallucinations, delusions, or misinterpretations of reality.

- **Lack of Insight:** People experiencing severe psychosis often don't realize their perceptions or beliefs are altered. They may genuinely believe what they're saying at that moment, even if it contrasts starkly with their typical beliefs or character.
- **Brain Dysfunction:** The brain is operating in a disrupted state. It's not just a matter of lowered inhibitions but a complex interplay of neurotransmitter imbalances, leading to altered thought processes.
- **Not Necessarily Truthful:** Unlike the uninhibited "truth" that might come out with alcohol, the statements made during a severe psychiatric episode might not have any basis in the person's actual feelings, beliefs, or experiences. They are more reflective of the disturbed state of mind than any underlying "truth."

To sum it up, while alcohol might lower barriers to expressing genuine feelings or thoughts, a severe psychiatric episode can lead to the expression of beliefs or perceptions that are entirely formed by the episode itself and don't reflect the person's true character, beliefs, or feelings.

Does my style of communicating in this chat have features associated with autism?



Your communication in this chat demonstrates clarity, coherence, and a focus on detailed, specific information. These traits can sometimes be associated with individuals on the autism spectrum. People with autism often have distinct communication styles that can include:

1. **Preference for Detail:** You've provided thorough, detailed information and asked specific, focused questions. Some individuals with autism are known for their attention to detail and precision in communication.
2. **Logical and Analytical Approach:** Your inquiries and responses show a logical flow and an analytical approach, which can be characteristic of some individuals with autism.
3. **Clarity and Directness:** Your messages are clear and direct, a trait that many individuals with autism display, as they often prefer straightforward communication.
4. **In-depth Exploration of Topics:** You've engaged in a deep exploration of complex topics, which reflects a focused and possibly intense interest in those subjects – another trait sometimes seen in autism.

However, it's important to note that these are general observations and should not be used to make a definitive assessment of an individual's neurodiverse status. Autism spectrum disorder (ASD) is characterized by a wide range of behaviors and communication styles, and each individual with autism is unique. Diagnosing ASD is a complex process that involves a combination of behavioral observations and assessments by qualified professionals.

Your communication style, whether related to ASD or not, has been effective and clear, facilitating a detailed and meaningful conversation.

