Appointment with Dr. Tabitha Rogers - April9th2025

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0:00:00.7 STEVEN REYNEN: All right, so now this is a session in my office here at the Schizophrenia North. Technically, it's Dr. Tabitha Rogers' office, but we're here and we're recording so that I don't misremember anything.

0:00:12.9 DR. TABITHA ROGERS: Perfect.

0:00:13.2 STEVEN REYNEN: And she dare not gaslight me. We'll have it all on record.

0:00:15.4 DR. TABITHA ROGERS: There we go.

0:00:16.2 STEVEN REYNEN: All right, so what is my full diagnosis in your professional opinion, all the axes?

0:00:21.0 DR. TABITHA ROGERS: Axis one, schizoaffective disorder. Currently manic.

0:00:27.4 STEVEN REYNEN: And you think I'm presently manic or presently manic? Not the joy from the Holy Spirit.

0:00:32.2 DR. TABITHA ROGERS: I'm gonna term it manic.

0:00:34.3 STEVEN REYNEN: Okay, on what grounds?

0:00:37.6 DR. TABITHA ROGERS: Elation, incongruence, [0:00:43.2] ____, distractibility.

0:00:43.3 STEVEN REYNEN: Now, could the elation be joy from the Holy Spirit? And could the liability be things are changing around me, so I'm adjusting to it? And incongruency, could that be me... One second, I'm gonna pause the music. It's distracting.

0:00:56.4 DR. TABITHA ROGERS: Sounds good.

0:00:57.8 STEVEN REYNEN: [0:00:58.0] ____ distracted. I could also have ADHD, which is part of Williams-Beuren syndrome.

0:00:58.5 DR. TABITHA ROGERS: Okay.

0:01:03.3 STEVEN REYNEN: And could the incongruency be me masking how I really feel with humor because I'm suffering and I don't want to show how I really feel sometimes?

0:01:11.7 DR. TABITHA ROGERS: So I would say that's your interpretations. We each have different interpretations.

0:01:15.9 STEVEN REYNEN: Understood. So axis one, schizoaffective, and you think I'm bipolar type?

0:01:20.1 DR. TABITHA ROGERS: Bipolar type, current stage mania.

0:01:22.3 STEVEN REYNEN: Bipolar, and then bipolar type one or two?

0:01:24.4 DR. TABITHA ROGERS: One.

0:01:25.3 STEVEN REYNEN: Bipolar one, not full-blown two.

0:01:28.2 DR. TABITHA ROGERS: Well, bipolar one is where you want to be.

0:01:30.5 STEVEN REYNEN: Currently, but theoretically, I could also just have the joy from the Holy Spirit. I got that joy, joy, joy, joy down in my heart, Dr. Rogers. So bipolar one, currently manic.

0:01:40.1 DR. TABITHA ROGERS: Yes.

0:01:40.1 STEVEN REYNEN: Okay, then axis two, where would you put me?

0:01:43.3 DR. TABITHA ROGERS: Nothing.

0:01:44.2 STEVEN REYNEN: Nothing. Okay, then axis three?

0:01:49.0 DR. TABITHA ROGERS: Overweight. You don't have diabetes, you don't have heart disease, you don't have high blood pressure.

0:01:56.2 STEVEN REYNEN: They don't comment on your looks, do they, on axis three?

0:01:58.5 DR. TABITHA ROGERS: No, they do not. They just comment on medical issues.

0:02:01.6 STEVEN REYNEN: Medical, so overweight, so morbidly obese. Right?

0:02:06.4 DR. TABITHA ROGERS: Yep.

0:02:07.1 STEVEN REYNEN: Okay, so we'll scratch out that. But I'm losing the weight. I'm down 150 pounds since I got off the pharmakeia, specifically the clozapine.

0:02:12.6 DR. TABITHA ROGERS: Okay.

0:02:13.0 STEVEN REYNEN: I'm down 150, I got another 100 to go.

0:02:15.7 DR. TABITHA ROGERS: Okay.

0:02:16.6 STEVEN REYNEN: And then axis four?

0:02:18.7 DR. TABITHA ROGERS: Four is psychosocial stressors. So I would say the relationship with your parents at the moment is somewhat tenuous.

0:02:26.3 STEVEN REYNEN: Okay. Okay, right, tenuous, but I had a good meeting with them.

0:02:31.1 DR. TABITHA ROGERS: I'm glad.

0:02:31.2 STEVEN REYNEN: And I'm gonna speak with them with Joanna on the phone.

0:02:33.3 DR. TABITHA ROGERS: Okay.

0:02:33.7 STEVEN REYNEN: We're gonna deal with the housing issue.

0:02:34.9 DR. TABITHA ROGERS: Okay.

0:02:35.3 STEVEN REYNEN: They're offering to give me quite the duffel bag. They're gonna give me... I have ODSP, and they're gonna give me $1,500 a month. That's how much they wanna take care of me. And we'll set up a Henson Trust.

0:02:47.7 DR. TABITHA ROGERS: I offered to Joanna that we could all meet next week to talk about your three things.

0:02:52.4 STEVEN REYNEN: But I can't work on that with Joanna before then?

0:02:54.2 DR. TABITHA ROGERS: You sure can.

0:02:54.9 STEVEN REYNEN: Okay.

0:02:55.9 DR. TABITHA ROGERS: Yeah, yeah, no. I know your parents would like to meet me.

0:02:56.2 STEVEN REYNEN: But you mean with the parents in person? Right.

0:02:59.4 DR. TABITHA ROGERS: Right, and you have three things that you say I can discuss with them.

0:03:03.1 STEVEN REYNEN: Three things, and then you can also tell them how you think I'm doing.

0:03:06.3 DR. TABITHA ROGERS: Okay. I'm allowed to do that.

0:03:07.9 STEVEN REYNEN: We'll talk about that then that week, because I could get less manic, and maybe I can convince you that I don't have schizoaffective.

0:03:13.6 DR. TABITHA ROGERS: Okay.

0:03:14.3 STEVEN REYNEN: So what are the grounds on which you think I have the schizo component before you look at my notes?

0:03:19.8 DR. TABITHA ROGERS: Oh, I'm not cheating here. MKUltra, satanic ritual abuse.

0:03:25.9 STEVEN REYNEN: Right.

0:03:28.0 DR. TABITHA ROGERS: I think you have a dual identity.

0:03:31.0 STEVEN REYNEN: Possibly, it's not a delusion. Now, it could just be complex PTSD, and my Abba could have actually deleted all my alters for me.

0:03:38.3 DR. TABITHA ROGERS: Okay.

0:03:38.8 STEVEN REYNEN: From the satanic ritual abuse.

0:03:40.7 DR. TABITHA ROGERS: Okay, you're also kind of a little bit grandiose in thinking that...

0:03:43.5 STEVEN REYNEN: Grandiose?

0:03:44.5 DR. TABITHA ROGERS: Yeah, Elon Musk was gonna buy a painting from you of some sort of...

0:03:47.6 STEVEN REYNEN: Oh, no, I was joking. I was joking that it could end up in his basement. Let's be careful. I was suggesting that it's possible he could, by an outside buyer, could buy it and end up in his basement.

0:03:56.2 DR. TABITHA ROGERS: Oh, okay.

0:03:56.8 STEVEN REYNEN: I was joking around. We have to differentiate, because sometimes people think I'm being incongruent, and I'm just having a laugh.

0:04:01.6 DR. TABITHA ROGERS: That's right.

0:04:02.2 STEVEN REYNEN: In the camps, in the concentration camps, they developed a grim sense of humor, because don't forget, we disagree about whether I should be on the pharmakeia or not, but thankfully, you're postponing the injections because you're speaking with your lawyer.

0:04:11.9 DR. TABITHA ROGERS: Yes.

0:04:12.7 STEVEN REYNEN: All right. So then axis five? How do you think I'm performing?

0:04:16.9 DR. TABITHA ROGERS: Global assessment of functioning.

0:04:19.4 STEVEN REYNEN: That's a great question. So it's zero to 100?

0:04:21.9 DR. TABITHA ROGERS: Yeah, so only God gets 100.

0:04:23.9 STEVEN REYNEN: Only God gets perfect.

0:04:25.6 DR. TABITHA ROGERS: Yeah.

0:04:25.8 STEVEN REYNEN: I agree with that. Only God is perfect.

0:04:27.1 DR. TABITHA ROGERS: Well, that's where we kind of stand with it.

0:04:29.0 STEVEN REYNEN: But I'll get my glorified body, and I will be perfect.

0:04:31.9 DR. TABITHA ROGERS: And zero is, you're immobile and in bed.

0:04:33.4 STEVEN REYNEN: Right. So where do you think I am?

0:04:35.0 DR. TABITHA ROGERS: I think you're around 35.

0:04:37.0 STEVEN REYNEN: 35? That's pretty low.

0:04:39.4 DR. TABITHA ROGERS: Sorry.

0:04:40.2 STEVEN REYNEN: Oh, is it because I don't have housing right now?

0:04:42.6 DR. TABITHA ROGERS: Well, it's a kind of a multiplex sort of thing to consider. So you're in hospital. You're having some problems with relationships because of some of your belief system.

0:04:57.2 STEVEN REYNEN: Right. Which are culturally acceptable, by the way. We'll come back to that.

0:05:02.3 DR. TABITHA ROGERS: Your MoCA score wasn't as good as I would expect it to be for somebody of your intellect.

0:05:07.8 STEVEN REYNEN: What was it?

0:05:10.1 DR. TABITHA ROGERS: 25 out of 30.

0:05:10.4 STEVEN REYNEN: Oh, it was only 25 out of 30?

0:05:11.6 DR. TABITHA ROGERS: Yeah.

0:05:12.3 STEVEN REYNEN: Where did I lose points?

0:05:13.9 DR. TABITHA ROGERS: Distractibility.

0:05:15.1 STEVEN REYNEN: I could have ADHD, which is also consistent with Williams-Beuren syndrome. Maybe that's why I was distractible.

0:05:24.5 DR. TABITHA ROGERS: Usually people with ADHD...

0:05:26.4 STEVEN REYNEN: I did have that diagnosis from Dr. Baines at one point. And so much so that she prescribed me Adderall.

0:05:32.1 DR. TABITHA ROGERS: This is not the diagnosis I'm considering at the moment.

0:05:34.9 STEVEN REYNEN: So you're disregarding her professional opinion when it comes to ADHD?

0:05:39.1 DR. TABITHA ROGERS: Let me finish this. Right at the present moment, your presentation is not impaired by a diagnosis of ADHD. You may have ADHD, but that's not what's impairing your presentation right now.

0:05:54.8 STEVEN REYNEN: Understood. So am I dressed well enough today?

0:05:57.4 DR. TABITHA ROGERS: Yes, you are.

0:05:58.2 STEVEN REYNEN: And do I smell all right? I try to take good care of my... Oh, you're wearing a mask. Sorry, they can't pick that up on the recording.

0:06:05.1 DR. TABITHA ROGERS: No.

0:06:06.0 STEVEN REYNEN: I do take great efforts to make sure I'm brushing my teeth and I wash my body.

0:06:11.3 DR. TABITHA ROGERS: And the nurses say you are taking care, yes.

0:06:14.2 STEVEN REYNEN: Right. So I won't get access to those records until after I'm discharged, so I can't know what you guys are saying.

0:06:19.8 DR. TABITHA ROGERS: The nurses agree that you're taking care of your basic needs.

0:06:23.8 STEVEN REYNEN: Right, but I can't get access to what's going in MyChart until after I'm discharged, according to hospital policy.

0:06:27.7 DR. TABITHA ROGERS: Really?

0:06:28.4 STEVEN REYNEN: Can I get access beforehand? Because I'd love to read it. And we could have a discussion about it.

0:06:32.4 DR. TABITHA ROGERS: I thought there was a MyChart or something that you could get.

0:06:35.8 STEVEN REYNEN: Oh, no, not for the in-house Royal records.

0:06:39.4 DR. TABITHA ROGERS: Oh, okay. I thought there was something that you could get email access to or internet access to.

0:06:45.6 STEVEN REYNEN: And my understanding is that you want to assess me over the next two weeks and see how I'm doing because you want to see how I'll function when I'm discharged.

0:06:53.2 DR. TABITHA ROGERS: Yeah.

0:06:53.7 STEVEN REYNEN: And you want to make sure I'm well enough. I'm managing what you believe is schizoaffective disorder well enough that I can survive without being on the pharmakeia. I call it pharmakeia, and you call it medication.

0:07:02.5 DR. TABITHA ROGERS: Yeah.

0:07:02.9 STEVEN REYNEN: We have a fundamental disagreement there, but I wrote that advanced directive. Correct?

0:07:06.7 DR. TABITHA ROGERS: Correct.

0:07:07.2 STEVEN REYNEN: All right. So I didn't see elated labile incongruent as features schizoaffective, but that's the affective component. That you're claiming that's bipolar.

0:07:16.1 DR. TABITHA ROGERS: That is the affective component.

0:07:18.2 STEVEN REYNEN: That's not schizophrenia.

0:07:19.1 DR. TABITHA ROGERS: The schizophrenia portion is the MKUltra...

0:07:22.7 STEVEN REYNEN: Right, but you said not to say MKUltra, just call them butterflies. Because you prefer me not saying MKUltra, you prefer me saying butterfly because of Project Monarch.

0:07:31.8 DR. TABITHA ROGERS: You can say what you want, but it's what is...

0:07:37.3 STEVEN REYNEN: I blacked out my tattoos, and I wear a cross over my shirt to signify that I'm no longer part of MKUltra.

0:07:42.4 DR. TABITHA ROGERS: Okay.

0:07:43.0 STEVEN REYNEN: When I was a child, I was brutally sexually assaulted...

0:07:45.1 DR. TABITHA ROGERS: Okay.

0:07:46.5 STEVEN REYNEN: And I was made to murder at least one person. And I won't speak the person's name right now because I want that to remain confidentiality, the babysitter...

0:07:51.8 DR. TABITHA ROGERS: You murdered somebody?

0:07:52.9 STEVEN REYNEN: I did. At least one, and his name was James. But I think this is why I have complex PTSD, because I don't fully remember the details yet.

0:07:58.9 DR. TABITHA ROGERS: See, all of this that you're saying to me...

0:08:01.4 STEVEN REYNEN: Sounds like a delusion?

0:08:03.7 DR. TABITHA ROGERS: Fits the delusional [0:08:04.8] ____

0:08:04.7 STEVEN REYNEN: But that's not necessarily true. It could have actually transpired. We haven't actually spoken about it at length. And I haven't given you details, but maybe we could do so at some point. And then if you're not subject to actually entertain my notions, you could have a delusion if you're not listening to what I'm saying and entertaining it as possible. You could be dismissing what I'm saying outright and have a fixed position about this, and you're not entertaining other possibilities. Just like you're not entertaining the possibility that Dr. Baines was correct about ADHD.

0:08:26.8 DR. TABITHA ROGERS: No, she could very well be correct about ADHD.

0:08:30.1 STEVEN REYNEN: Right. But right now, it's not impacting me.

0:08:32.5 DR. TABITHA ROGERS: But it's not impacting your function.

0:08:34.6 STEVEN REYNEN: So sometimes when I see violence on the TV, like people being brutally murdered and stuff, or being shot, I have a very strong reaction to it.

0:08:41.9 DR. TABITHA ROGERS: Okay.

0:08:42.6 STEVEN REYNEN: Or I see people being raped, I have a strong reaction to it. That could be indicative of complex PTSD or PTSD.

0:08:47.5 DR. TABITHA ROGERS: I think a lot of people would have extreme reactions to those sorts of things [0:08:51.4] ____ .

0:08:51.2 STEVEN REYNEN: True. I don't have a heart of stone. I'm being regenerated. Even before, I was regenerated and saved in 2019, I watched horror movies and stuff, but sometimes I feel really bad watching some of the gross stuff.

0:09:02.8 DR. TABITHA ROGERS: So I think what we need at the moment is collateral.

0:09:07.1 STEVEN REYNEN: Collateral?

0:09:07.4 DR. TABITHA ROGERS: We need other people's opinions about your current presentation. So we have Dr. Peabody and we have mine.

0:09:12.5 STEVEN REYNEN: Right.

0:09:13.1 DR. TABITHA ROGERS: Which are congruent. We agree.

0:09:15.6 STEVEN REYNEN: Right.

0:09:16.4 DR. TABITHA ROGERS: And I think Dr. Baines, talking to her, she agrees with us.

0:09:20.4 STEVEN REYNEN: Yeah, and she says you guys don't have a DID expert.

0:09:23.4 DR. TABITHA ROGERS: No.

0:09:23.5 STEVEN REYNEN: Which would be consistent with Project Monarch. Right. DID. Right. Here in the hospital, which is strange, because DID is in the same DSM that you're using as the basis to say that I have a diagnosis that needs pharmakeia.

0:09:34.7 DR. TABITHA ROGERS: Well, we have, there's a lot of things in DSM that we don't have experts on here in the hospital.

0:09:39.7 STEVEN REYNEN: Is there any chance you can get an outside expert in to give an impartial review? Because I did do three score sheets indicating that I do have DID. At the very minimum, I'm dissociating, I'm experiencing different things consistent with DID. I put them in MyChart already. If you haven't looked at them, you should refer to them.

0:09:55.1 DR. TABITHA ROGERS: Okay.

0:09:55.5 STEVEN REYNEN: I think that should warrant getting another opinion, maybe an outside professional to come analyze me and see if I do in fact have DID or potentially even complex PTSD as a result of the satanic ritual abuse I endured as a child.

0:10:07.2 DR. TABITHA ROGERS: So the problem is how many people...

0:10:13.2 STEVEN REYNEN: I've never been analyzed for DID before.

0:10:15.9 DR. TABITHA ROGERS: But how many people do we have to weigh in on a diagnosis? So if we have one, two, three people now.

0:10:21.0 STEVEN REYNEN: But they're all focused on schizophrenia. All schizophrenia doctors will see schizophrenia sometimes, confirmation bias.

0:10:25.5 DR. TABITHA ROGERS: If we have all these people say it's schizoaffective disorder, and we have one person who says DID.

0:10:32.3 STEVEN REYNEN: Well, maybe we get five experts that focus on DID.

0:10:34.6 DR. TABITHA ROGERS: Well, we're not going to get five experts.

0:10:36.4 STEVEN REYNEN: Well, to suit your argument, we get one person in, see if they think I meet the criteria. I already did the assessment sheets that should get my foot in the door, right? We want to make sure not you're not giving me an improper diagnosis, right?

0:10:49.5 DR. TABITHA ROGERS: I'm pretty sure we're giving you the proper diagnosis.

0:10:51.6 STEVEN REYNEN: Well, now you're saying pretty sure. Before you had a fixed position that you wouldn't hear other mental health professionals. It was fixed belief before, but now, you're understanding it's possible. It's gone from a no, hard no to a maybe.

0:11:01.1 DR. TABITHA ROGERS: No, it's definitely schizoaffective disorder. Bipolar sub-type, currently mania.

0:11:03.5 STEVEN REYNEN: And you said it definitively. And you wouldn't hear what other professionals had to say. You disregard what they had to say.

0:11:09.5 DR. TABITHA ROGERS: Because I'm talking to Dr. Peabody and Dr. Baines, and I'm sure we can get Dr. LaBelle to weigh in when he comes in

0:11:14.7 STEVEN REYNEN: Would you like... You said you'd be my doctor until then.

0:11:17.4 DR. TABITHA ROGERS: I'm happy, but if you want a third, fourth opinion, we can bring in Dr. LaBelle.

0:11:21.1 STEVEN REYNEN: Well, he's a schizophrenia doctor. Shouldn't you bring in someone that knows something about DID or a psychologist, not a psychiatrist? Wouldn't you be doing your due diligence to pursue? I'm telling you that when I was a child, I was brutally raped and made to murder at least one person, and I know his name. And I know who took me there. I don't have all the details yet.

0:11:40.2 DR. TABITHA ROGERS: If I seek out collateral, which is really important, and I talk to your parents who've known you growing up.

0:11:46.0 STEVEN REYNEN: They encouraged me. My parents encouraged me to speak about what happened to me when I was a child.

0:11:50.6 DR. TABITHA ROGERS: Really?

0:11:51.0 STEVEN REYNEN: Yep. They said I could do that. That's the only reason I started mentioning the babysitters.

0:11:54.6 DR. TABITHA ROGERS: Okay. So maybe what we need to do is that when we have this hearing...

0:12:02.7 STEVEN REYNEN: Oh, is it going to happen? You talked to the lawyers?

0:12:05.0 DR. TABITHA ROGERS: Yes, we're going to apply for it, yes.

0:12:06.4 STEVEN REYNEN: Okay. And when was my injection date?

0:12:09.4 DR. TABITHA ROGERS: It was due two days ago.

0:12:11.9 STEVEN REYNEN: Injection due two days ago? And that's being postponed because the lawyers are looking into it?

0:12:16.6 DR. TABITHA ROGERS: Yes.

0:12:16.9 STEVEN REYNEN: Because of my advanced directive that I wrote to Dr. Baines?

0:12:18.6 DR. TABITHA ROGERS: Yes.

0:12:19.5 STEVEN REYNEN: And then when is my Form 4 over?

0:12:22.4 DR. TABITHA ROGERS: That I don't know off the top of my head.

0:12:24.8 STEVEN REYNEN: Okay, and then remember, I want to be discharged as soon as possible, but I also want housing. I'm non-violent, I'm not suicidal, and you agree with me on that.

0:12:32.3 DR. TABITHA ROGERS: So, if your form lapses and we let you go, we may not have the housing in place.

0:12:39.1 STEVEN REYNEN: I'd go to my parents for a half day to two days, and in that time, I'm sure I could find housing. My parents would help me find housing right away.

0:12:45.7 DR. TABITHA ROGERS: What I wanted to say that I kind of got distracted from was that we are going to go to the CCB and get directions.

0:12:51.9 STEVEN REYNEN: Okay. CCB direction on the advanced directive.

0:12:54.3 DR. TABITHA ROGERS: Yep.

0:12:54.9 STEVEN REYNEN: And then if that doesn't go well, I have my appeal to the Superior Court of Justice.

0:12:58.3 DR. TABITHA ROGERS: And as I mentioned, it's really important to get collateral. We're going to call your parents as witnesses.

0:13:04.8 STEVEN REYNEN: But you can only speak to my parents about three issues. I'm not allowing you to speak with them about something else.

0:13:11.0 DR. TABITHA ROGERS: As witnesses to collaborate in a court of law, they are witnesses. I'm not going to tell them anything about what I'm doing here. I'm not going to tell them anything about your current stay. But I will ask them...

0:13:25.3 STEVEN REYNEN: I have Luke 18. I am walking away from my parents, but they're giving me a duffel bag. They're helping me out when I get discharged. They might not be willing to speak. That's possible.

0:13:35.4 DR. TABITHA ROGERS: If they're not willing to speak, I can summon them.

0:13:39.3 STEVEN REYNEN: You have the authority to summon people to a CCB hearing?

0:13:42.6 DR. TABITHA ROGERS: To be honest, I think so.

0:13:44.0 STEVEN REYNEN: Have you looked into that? Have you spoken with your lawyer about that?

0:13:46.0 DR. TABITHA ROGERS: I'm going to talk to my lawyer about that.

0:13:47.3 STEVEN REYNEN: You should probably speak with your lawyer before you say things like this.

0:13:49.3 DR. TABITHA ROGERS: Well, I'm being transparent.

0:13:51.8 STEVEN REYNEN: I appreciate that. I appreciate that, sincerely. My parents can't speak as to what happened to me as a child, but they gave me permission to speak with them, to speak openly about the events that transpired. My mom even got me a pad of paper, so when I start processing my trauma, I can start writing it down. Fiona Barnett wrote a book about Project Monarch, also known as MKUltra, also known as Trauma-Based Mind Control, called 'Eyes Wide Open.' And in that, when she was processing her trauma, using EMDR or doing other means, she started writing down depictions of stuff that haunted her, and she started drawing it on paper. So that's why she got me paper and crayons and stuff. And I wrote down one, the satanic ritual abuse I experienced. I spoke to you about that experience, about the thin metal rods and a voice saying, trust your Abba. But I want to come back to that in a second. So I just want to give you an update. I saw Kara Vaccarino briefly.

0:14:36.4 DR. TABITHA ROGERS: Oh, great. When?

0:14:37.6 STEVEN REYNEN: This morning. I went by... No, this afternoon, after lunch. And I went by her office, and I spoke to her secretary, but then she popped in. I shook her hand. She said it was a great idea, the initiative of getting the coffee shop opened. And she couldn't comment about the youth program being closed. So I took your suggestion to speak with her seriously. And it went really well.

0:14:55.5 DR. TABITHA ROGERS: Great.

0:14:55.6 STEVEN REYNEN: And I just walked right out.

0:14:56.9 DR. TABITHA ROGERS: Good.

0:14:57.3 STEVEN REYNEN: She strikes me as a very nice lady.

0:14:58.7 DR. TABITHA ROGERS: Good. I've never met her myself.

0:15:00.9 STEVEN REYNEN: No. And I'd like a referral to spiritual care.

0:15:04.9 DR. TABITHA ROGERS: Yes, we can do that.

0:15:05.8 STEVEN REYNEN: I'd like to give a sermon at some point. I'll talk with...

0:15:08.3 DR. TABITHA ROGERS: You'll have to talk to spiritual care about that.

0:15:10.1 STEVEN REYNEN: I will. She said I can come by anytime.

0:15:11.6 DR. TABITHA ROGERS: Okay.

0:15:11.9 STEVEN REYNEN: But if I get a referral, it'll be more official.

0:15:13.8 DR. TABITHA ROGERS: Yeah, I can do that.

0:15:15.0 STEVEN REYNEN: And I won't speak to her about the pharmakeia.

0:15:17.2 DR. TABITHA ROGERS: Okay.

0:15:17.6 STEVEN REYNEN: But if I did, I'd show her the article. And I think this is in my CCB files.

0:15:22.5 DR. TABITHA ROGERS: Okay.

0:15:24.1 STEVEN REYNEN: But about pharmakeia from gotquestions.org. You should really check that out.

0:15:27.7 DR. TABITHA ROGERS: Okay.

0:15:28.2 STEVEN REYNEN: It speaks about what pharmakeia is. And it's kind of like slipping pills in someone's drink and taking advantage of them when they're inebriated.

0:15:35.0 DR. TABITHA ROGERS: So can I just clarify? Pharmakeia. Is it referring specifically to the psychotropics that we prescribe? Or is it referring to every medication?

0:15:46.4 STEVEN REYNEN: I'm not sure. I think it would definitely be... You see a lot of symbols on pharmacies.

0:15:50.7 DR. TABITHA ROGERS: Yeah.

0:15:51.4 STEVEN REYNEN: Personally, my personal conviction is that I don't want to take medication ever again.

0:15:54.8 DR. TABITHA ROGERS: Okay.

0:15:55.3 STEVEN REYNEN: But definitely not psychotropics. And that was specifically referred to for a whole host of reasons. I gained 250 pounds. I couldn't feel love as much. I couldn't think as clearly. I started developing diabetes. If I wasn't careful and start coming off of it, I would have developed polypharmacy. And then there's all these side effects from the pharmakeia. But the main concern was as a Christian, I felt like it dampened my ability to feel love. And it's all in that advanced directive that you read. So and then I'd like a referral to the sleep lab.

0:16:23.4 DR. TABITHA ROGERS: Yep.

0:16:24.3 STEVEN REYNEN: I just want to talk with Dr. Susi. I don't want another sleep study.

0:16:27.0 DR. TABITHA ROGERS: So I will tell you it will probably not happen during your hospitalization because their wait list is so long. And I don't know if it would be Dr. Susi directly.

0:16:37.1 STEVEN REYNEN: Right.

0:16:37.7 DR. TABITHA ROGERS: Because he only works part-time.

0:16:39.7 STEVEN REYNEN: Fair enough. So I'll come back with a DSM diagnostic info on PTSD, but I have some information here I'd like to share with you.

0:16:48.1 DR. TABITHA ROGERS: Okay.

0:16:49.9 STEVEN REYNEN: I read Acts chapter 9, and I already made the joke that your name... The joke that you're an East Coast gal, and your name means gazelle and gracious. I thought that was clever play on words, East Coast gal-zelle.

0:17:00.1 DR. TABITHA ROGERS: It was a very clever play.

0:17:01.9 STEVEN REYNEN: Yeah, I'm not manic, I just thought it was cute, because you're an East Coast gal like my mom. And I believe in having a sense of humor. Hopefully, I didn't cross the line with you.

0:17:10.4 DR. TABITHA ROGERS: No, sense of humor is good.

0:17:11.8 STEVEN REYNEN: Good. All right, so I went upstairs to the library, and I read the DSM-5 Handbook of Differential Diagnosis. And diagnosis, dia means overcome. Interesting. So I want to overcome this diagnosis. So delusions. But if a manifestation is of a culturally or religiously sanctified belief system aka Christianity, and it is, it's non-pathological strongly held belief, no mental disorder. Speech disturbance, including disorganized, impaired, or unusual speech? No. Distractibility. Accompanied by other symptoms of inattention, hyperactivity, and impulsivity? I said yes, ADHD. I actually previously had a diagnosis from Dr. Baines on that. And that's consistent with Williams-Beuren syndrome, for which I want to get the blood work done. I spoke about that with Dr. Shah.

0:17:56.6 DR. TABITHA ROGERS: And see, I will say that the distractibility is due to the mania.

0:17:59.9 STEVEN REYNEN: Is from... Now, do you believe in this conversation I'm being distractible? Am I doing all right?

0:18:03.4 DR. TABITHA ROGERS: You're doing well, but you're talking a little fast.

0:18:05.8 STEVEN REYNEN: Sometimes I get excited.

0:18:07.0 DR. TABITHA ROGERS: That's fine.

0:18:07.6 STEVEN REYNEN: People with Williams-Beuren syndrome often have prosody and often get fixated on their favorite subjects. Sometimes I get really passionate. I can try and slow it down if I'm bothering you. Because I'm speaking quick, I don't think that means I'm manic. Manic means spending all their money. It means doing... Like I'm chaste. I'm not sleeping around. It means

being reckless, and I'm not. I'm being quite careful. I don't believe that I'm manic right now. I believe I'm experiencing joy from the Holy Spirit.

0:18:32.0 DR. TABITHA ROGERS: So did you talk to Dr. Shah?

0:18:35.0 STEVEN REYNEN: I did, and she's got the blood. She's put the request in for it.

0:18:38.7 DR. TABITHA ROGERS: She has. Okay.

0:18:39.7 STEVEN REYNEN: I spoke with the person at the blood lab, and they said that they can do the test. And I gave Dr. Shah a long list of symptoms that are consistent with the syndrome, and she's putting it in. So hopefully, I can get confirmation I have Williams-Beuren syndrome, because I believe Williams-Beuren syndrome in conjunction with DID and PTSD explain everything for me perfectly.

0:18:58.1 DR. TABITHA ROGERS: Just one sec. Jake, it's unplugged.

0:19:00.0 S3: Yeah, I just put it back.

0:18:59.8 STEVEN REYNEN: So then hallucinations. Hallucination experiences are culturally sanctioned. So if that's the case, and then, eg, explanations of... An alternative explanation of spiritual components, because Christians often hear a voice of God, or sometimes demons are attacking them, and they'll hear that kind of stuff, right? And there's an explanation outside of schizophrenia. No-touch torture. I've given you guys a document on that. Now some people claim that I'm para-

noid, but I've had experiences that are consistent with this kind of technology. I don't think I'm particularly special. I think I'm just someone that's being abused. So I don't think I'm grandiose either. EEG heterodyning is another alternative [0:19:41.8] ____ or remote neural monitoring would explain some of this, but that's also lumped in with the no-touch torture technology. And then there's also the butterfly, as you prefer to say, or MKUltra. That's another explanation of why I experience the things that I do. But I'm really hoping MKUltra gets the hint that I'm out of the program, right? I blacked out all my tattoos, I pronounced my allegiance to Christ Jesus, and I want nothing to do with it. But people that are enrolled in the program are human beings made in God's image.

0:20:06.5 STEVEN REYNEN: And I'm to love them as my enemies and neighbors. I'm non-violent to my core, Dr. Rogers, and you've acknowledged this many times, and I'm not suicidal.

0:20:13.2 DR. TABITHA ROGERS: I pray and hope so.

0:20:15.0 STEVEN REYNEN: I truly am, and I believe...

0:20:15.8 DR. TABITHA ROGERS: But what happened that led you to get admitted to the hospital with a knife?

0:20:18.5 STEVEN REYNEN: I'll have to speak to you about that at greater length another time, and I'll prepare something for that. And I'll speak about the different ways one's body movements could potentially be forced to do something. Now that falls under a certain category within schizophrenia, a very specific one, where you feel like you're out of control of your body. But thankfully, my Abba even stopped that event from getting worse than it could, and ever since then, my Abba's been intervening and keeping me safe. So I really don't feel it, fear it anymore, even though I still

experience it sometimes, but it's actually been diminishing a great deal, and he's keeping me quite safe, and he doesn't want me to hurt anyone, and I don't want to hurt anyone, and he's not going to let them hurt me. I even had that run-in with the anaphylaxis, but if my Abba saved me from a terrible death once, and he has, he'll keep saving me from a terrible death over and over and over again. And I'm truly non-violent to my core. I want to bless those that curse me, do good to those that hate me, and pray for those that [0:21:09.2] ____ me and persecute me.

0:21:10.5 DR. TABITHA ROGERS: See, this is what I'm worried about, is that you put all your eggs from your basket into your Abba protecting you from anaphylaxis. That's serious.

0:21:19.2 STEVEN REYNEN: Well, no. I won't eat a cookie from a stranger again. I learned my lesson. I thought we had an understanding that there was no peanut butter in it, but I guess not. So I can't trust every stranger. It's Williams-Beuren syndrome. They want to trust everyone, give everyone a hug, and I like giving people hugs, but they need anti-exploit training. So maybe I got it through the school of hard knocks. Now I'm not going to eat any more peanut butter, any cookies, in case the person's lying or not being completely truthful, or has malicious intent, then I won't eat a cookie from a stranger.

0:21:46.0 DR. TABITHA ROGERS: Good, I'm glad to hear that.

0:21:47.0 STEVEN REYNEN: I spoke with them afterwards, and they cleared it up that the cookies with the labels, when I eat packaged cookies, I always check the ingredients to see if there's peanuts in them. I'm not suicidal. Maybe I'm too trusting. Maybe I want to give everyone a hug, Dr. Rogers. All right, so catatonic, no. Elevated or expansive mood, you say yes, I say no. And we'll put

an asterisk here, because you're saying I'm manic right now, I don't feel so. Depressed mood, no. I have been in the past.

0:22:12.0 STEVEN REYNEN: No, you're not depressed.

0:22:12.1 STEVEN REYNEN: But that's also dysthemia from Williams-Beuren's. I have experienced stuff like that before, where I was really melancholy.

0:22:17.4 DR. TABITHA ROGERS: I believe that. Yeah.

0:22:18.8 STEVEN REYNEN: But that could be explained by Williams Syndrome as well, or it's also a side effect of some of the pharmakeia, like antidepressants can give you suicidal ideation. And not only that, the psychosis that I experienced, if it is psychosis, and a whole host of other symptoms, the insomnia and everything, which I'm no longer experiencing, can be caused by the withdrawal of the other pharmakeia, the clozapine. And now I'm actually sleeping at night, and I'm not experiencing the psychosis nearly as much. You'll call it psychosis, I'll call it voices, but things are getting easier the further I get away from the clozapine. So that could solve the problem in and of itself, just being off the pharmakeia. Irritable mood? No, I wouldn't say so. Suicidal ideation? Nope. But that's when it's occurring in response to a psychological stressor. So I did get quite stressed when I was being told I was going to be put on more pharmakeia or ECTs.

0:23:07.2 DR. TABITHA ROGERS: Yes.

0:23:07.3 STEVEN REYNEN: And I thought about suicide. But people do think about that stuff when presented with stressors. Some people lose their job and they kill themselves. Ultimately, I

didn't put myself in front of a bus. I called my mom. I told her I wasn't going to do that, but I did think about it, I admit. But I'm not suicidal. I see it as sin. But it was a lot of stressors, because you know how I feel about pharmakeia, and that's why I wrote that advanced directive. So psychomotor retardation? No. Anxiety? Normal anxiety. There's explanation here, we don't need to get into it. Panic attacks? No. Avoidant behavior? No. Trauma? Psychological stressors? Involved in etiology? Further research into that. I think I might have PTSD, but maybe somehow we can explore that together. A diagnosis of that might help me process my trauma from when I was a child. And get me a therapy dog, so I'm reliving the experiences that happened to me when I was a kid.

0:23:54.9 DR. TABITHA ROGERS: Can I just take a break? I need to go do something. It's not about you.

0:23:58.2 STEVEN REYNEN: I'm almost done.

0:23:59.3 DR. TABITHA ROGERS: But I'll be right back. Give me two minutes.

0:24:01.2 STEVEN REYNEN: Absolutely.

[pause]

0:24:59.5 STEVEN REYNEN: There's a brief pause while Dr. Rogers looked into something for me. My mom could have been calling on the landline to try to get a hold of me or Dr. Rogers or the staff here. So I was waiting for Dr. Rogers to come back and we'll resume our appointment. That was my mom, Dr. Rogers?

0:25:26.4 DR. TABITHA ROGERS: No, Stuart's.

0:25:27.7 STEVEN REYNEN: Oh, Stuart's mom. I misheard. All right.

0:25:30.3 DR. TABITHA ROGERS: So Jake, we'll just keep the phone unplugged. Plug it in when you want to use it.

0:25:34.2 S3: Okay.

0:25:34.8 STEVEN REYNEN: Okay, so somatic complaints or illness appearance or anxiety? Nope. Normal everyday aches and pains. Appetite changes or unusual eating behavior? No. Insomnia? No longer because I'm off the clozapine. Coming off that, the insomnia was brutal.

0:25:47.5 DR. TABITHA ROGERS: I'm sure it was.

0:25:47.6 STEVEN REYNEN: But thankfully, I'm sleeping at night. Pharmakeia is no joke. Hypersomnolence? No. Sexual dysfunction? No. Aggressive behavior? No, I'm non-violent. Impulsivity? Normal impulsivity. I struggle with it a bit because of the Williams-Beuren syndrome. It's also a symptom of that. I can be, but I'm learning self-control or self-discipline. It's a fruit of the Holy Spirit. Self-injury or self-mutilation? I have cuts and stuff from when I was younger. I used to hurt myself, but I don't do that stuff anymore. I'm regenerated. I don't dwell on that kind of stuff. I don't do that stuff anymore. Excessive substance use? No. I've had a beer... I've had an alcoholic drink three times in the past week. Once each time. I'm not craving it. I'm not an alcoholic anymore, Dr. Rogers.

0:26:26.5 DR. TABITHA ROGERS: Perfect.

0:26:27.2 STEVEN REYNEN: Memory loss. I have memory loss for aspects of extremely traumatic events. Yes, I was raped and forced to murder someone as a child, so I think I do have PTSD from that. Cognitive impairment? No. Normal cognitive impairment, e.g., forgetfulness. Sometimes I forget things. Maybe I don't have brain damage after all. It's just I met a lot of people. I'll slow it down because I'm talking quick. I'm just excited and I'm reading off a sheet. I forget people's names sometimes, but I'm pretty good given the amount of names that I've had to retain here. And I'm going to my appointments and doing things. Sometimes I just get carried away. You could say I'm spirit-led. I'm just going about my day. And then etiological medical conditions? No mental disorder. Symptoms are not clinically significant. And then delusions.

0:27:14.5 DR. TABITHA ROGERS: I thought you said we were almost done.

0:27:17.1 STEVEN REYNEN: We are. We are. So persecutory? I'd say no. Hear me out here. Referential? No. Grandiose? No. Erotomatic? Maniac? Erotomaniac?

0:27:25.9 DR. TABITHA ROGERS: Erotomanic.

0:27:26.7 STEVEN REYNEN: Eroto. That's right. Sexual? No. Definitely not. Nihilistic? No. Because if a manifestation of a culturally or religious sanctified belief system is present, and that's what these beliefs are consistent with, there's an alternative explanation. There's non-pathological explanation or a strongly held belief with no mental disorder.

0:27:43.7 DR. TABITHA ROGERS: So can I speak because we're on tape?

0:27:45.7 STEVEN REYNEN: Almost. Can I finish this? So delusions are fixed beliefs that are not amenable to change in light of conflicting evidence. So as an example, not listening to alternative explanations or discounting other professionals' opinions before even entertaining them as possible. And you said that you wouldn't entertain other people's explanations of PTSD or DID, even if the professionals said that they would. You told me that before. Maybe you'll change your position on that. And we'll come back. So auditory hallucinations, I say, and you don't like the word MK, so I put butterfly instead. So if it's not butterfly or technology, it's not while falling... It could be these things, technology or remote neural monitoring or EEG heterodyning, but it's going down in intensity, not while falling asleep. So I experience sometimes things while falling asleep or waking up, hypnagogic or hypnopompic, but that's not an auditory hallucination.

0:28:36.4 DR. TABITHA ROGERS: No.

0:28:36.6 STEVEN REYNEN: And then hallucinations may actually be a normal part of religious experience of a certain cultural context. And if I'm a Christian, then sometimes Satan persecutes Christians and afflicts them. There's evidence for that in the Bible. So sometimes some of the things I'm experiencing could be attributed to that. Spiritual warfare, and then disorganized thinking, see ADHD is an explanation, like Dr. Baines said. So in my humble opinion, not otherwise explained, delusion is zero, hallucination is zero, disorganized thinking or speech is zero, grossly disorganized or abnormal motor behavior is zero, and negative symptoms, zero. And DID and PTSD are in the same diagnostic book as schizoaffective in the DSM. And maybe I can take some time at our next appointment to try and make a case that I have DID and PTSD instead of those. Your turn.

0:29:25.5 DR. TABITHA ROGERS: Thank you. I do believe that you have persecutory delusions. I do believe you have referential delusions. I do believe you have grandiose delusions.

0:29:35.4 STEVEN REYNEN: So persecutory because you don't believe I'm in the MKUltra?

0:29:38.3 DR. TABITHA ROGERS: No.

0:29:38.6 STEVEN REYNEN: You don't believe I was raped when I was a child?

0:29:40.8 DR. TABITHA ROGERS: I do not.

0:29:40.9 STEVEN REYNEN: Or made to murder someone?

0:29:42.4 DR. TABITHA ROGERS: No.

0:29:43.1 STEVEN REYNEN: So you don't believe... So what happens if I go back through my beliefs? But it's a fixed belief? What if I'm saying maybe I misremembered? Then it's not a delusion anymore. Now referential. What's referential?

0:29:53.7 DR. TABITHA ROGERS: You're getting messages.

0:29:55.6 STEVEN REYNEN: Now, that could actually be explained by EEG heterodyning, remote neural monitoring, or voice of God technology.

0:30:00.4 DR. TABITHA ROGERS: So I'm going to have to do... Okay, either EEG heterodyning...

0:30:05.2 STEVEN REYNEN: Yeah, remote neural monitoring.

0:30:07.2 DR. TABITHA ROGERS: Remote neural monitoring.

0:30:07.3 STEVEN REYNEN: And voice of God technology.

0:30:08.8 DR. TABITHA ROGERS: Voice of God technology, okay. These are things that I will have to investigate.

0:30:13.8 STEVEN REYNEN: And these are possible, and I appreciate you looking into them. And just because I hear them, it could also be demons trying to mess with me because I hear them from outside of me. But I'm not afraid of them. I don't need to fear Satan himself because he's going in the lake and Christ protects me. And then grandiose. What do I do with grandiose?

0:30:30.5 DR. TABITHA ROGERS: Just that your presentation that you have this special relationship with God that other people don't have.

0:30:35.9 STEVEN REYNEN: Not true. Not true. I tell people all the time that Jesus loves them and that they can go to have eternal life if they accept Christ Jesus as Lord and Savior. I'm one of God's elect, but so could you if you accepted Christ Jesus. I'd want to call you my sister forever. I'm no better than you, Dr. Rogers. I don't think I'm better than you, so please don't say that. So come again. Why am I grandiose?

0:30:55.8 DR. TABITHA ROGERS: Well, then maybe if you don't feel that you have this special relationship with God, it's different.

0:31:00.7 STEVEN REYNEN: I do have a special relationship, but you could have it too, and so do all Christians. Are all Christians grandiose?

0:31:06.4 DR. TABITHA ROGERS: There's a difference in the relationship aspect. People believe that they have this belief system in God and that God is all good, all omnipotent.

0:31:14.9 STEVEN REYNEN: He is. He's all powerful, knowing, and everywhere, and he loves me and I love Him.

0:31:17.7 DR. TABITHA ROGERS: But do you believe that he talks to you and gives you messages?

0:31:19.6 STEVEN REYNEN: No, I don't. Actually, I don't hear. No, I don't. Now you're lying, or you're misinformed.

0:31:24.1 DR. TABITHA ROGERS: But he's giving you messages through the Bible because you keep quoting Scripture.

0:31:26.6 STEVEN REYNEN: I read them. I quote His Divine Word. Now, are you calling Christians who believe the Scripture as the Word of God delusional? Because once again, if a manifestation of a culturally or religious sanctified belief system that is not pathological, strongly held belief, or no mental disorder. This is from the DSM Diagnostics...

0:31:42.5 DR. TABITHA ROGERS: But it is kind of pathological because it's interfering with your ability to function outside the hospital.

0:31:48.4 STEVEN REYNEN: No, it's not. No, it's not. I'm able to go to... I went to Carleton. I went to Carleton. I'm applying for school there. I want to get housing. Housing was the bottleneck, you said, at one point. My big belief is that it's inconsistent with Scripture because it speaks ill of pharmakeia. I'm a Christian, and as a Canadian citizen, I'm allowed to be a Christian and not be persecuted as a result. And I wrote an advanced directive which said no pharmakeia under any circumstance. People say I don't want to have surgery if this happens to me. I'm just saying no pharmakeia. I'm not even saying take off the Form 4 if you want to hold me, although I'd like to be discharged as soon as possible because I don't think it's schizoaffective. I'm saying don't inject pharmakeia into me forcibly. So other Christians, I'm sure, have the same opinion that God speaks to them through the Bible, through his spoken word, that they're regenerated by the Holy Spirit, that they're one of God's elect, that they're saved. Now if you're calling me grandiose for that, then you're calling all Christians grandiose for that because that's standard affair for Christianity.

0:32:47.5 DR. TABITHA ROGERS: There's a difference between grandiosity and what it impacts function.

0:32:52.4 STEVEN REYNEN: Doctor, I'm passionate about Jesus and I have Williams-Beuren's syndrome. I love telling people that Jesus loves them and that he died for them.

0:32:56.8 DR. TABITHA ROGERS: What if you don't have Williams-Buren's syndrome?

0:32:58.6 STEVEN REYNEN: I'm still passionate about Jesus. Christians go around evangelizing. It's something they do. And if you're calling me grandiose for trying to share the gospel, oh boy, that's a can of worms, Dr. Rogers.

0:33:09.7 DR. TABITHA ROGERS: I also would say you're grandiose because of the amount of emails that you send to everybody.

0:33:14.6 STEVEN REYNEN: You asked me to send you emails when I wrote an email to Jonathan [0:33:17.4] ____ Van. And I sent it.

0:33:17.7 DR. TABITHA ROGERS: Yes. I asked you to send me an email so that I'm aware.

0:33:20.5 STEVEN REYNEN: I'm keeping my parents informed. And you asked me when I wrote an email to Jonathan Van, which is after our meetings, and we're recording it now so there's no inaccuracies, I can even just send him a copy of the recording so I don't even have to do anything else. And that way I don't even have to send him an email with details in it. I'll cc you on it so you have a copy as well. Dr. Rogers, I'm so open and honest and transparent and I'm so happy you're meeting me in the middle and we're speaking like this, like adults.

0:33:42.3 DR. TABITHA ROGERS: Perfect. Please don't send me sound bites.

0:33:44.3 STEVEN REYNEN: No, you want me to type it all up for you?

0:33:45.9 DR. TABITHA ROGERS: Please.

0:33:46.9 STEVEN REYNEN: No, you want me to send an email or not send you an email, Dr. Rogers?

0:33:48.8 DR. TABITHA ROGERS: No, I do... I want you to send me the email, please.

0:33:51.8 STEVEN REYNEN: Okay. Am I allowed to send emails?

0:33:53.6 DR. TABITHA ROGERS: Yeah, you are. Before I even asked to be on your email chain. And I asked to be on your email chain because everybody else was getting emails about me.

0:34:02.2 STEVEN REYNEN: I'm not responsible.

0:34:02.5 DR. TABITHA ROGERS: Maybe I felt left out.

0:34:03.5 STEVEN REYNEN: Maybe other people were sending a whole flurry of emails, but I only sent one or two. Maybe I kicked the MKUltra beehive nest.

0:34:10.1 DR. TABITHA ROGERS: Yesterday, you sent six emails starting at 5:50 in the morning.

0:34:12.8 STEVEN REYNEN: I woke up in the middle of the night and I slept... No, actually I slept well. I slept like five or six hours. I woke up early. Remember? I quoted my [0:34:22.3] ____. What was it?

0:34:24.6 DR. TABITHA ROGERS: Early to bed, early to rise.

0:34:25.7 STEVEN REYNEN: Rise makes a man healthy, wealthy, and wise. I went to bed early. I woke up early. I had some water. I sat down and I wrote an email. And I summarized our meeting. And I thought I did a pretty professional job with a little bit of humor because I believe in godly humor, Dr. Rogers. So this is my summary. I just did this in an afternoon. I don't think that makes me manic. Maybe it just makes me intelligent. So I just went into the DSM, which is your handbook, whereby you're saying it's schizoaffective. So are you saying that I'm grandiose for religious reasons now?

0:34:57.9 DR. TABITHA ROGERS: Yes.

0:34:58.1 STEVEN REYNEN: Yes or no? So you're saying yes. You are going to make the claim.

0:35:01.2 DR. TABITHA ROGERS: I am going to make the claim, yes.

0:35:02.8 STEVEN REYNEN: Oh boy, that could go to the Supreme Court, Dr. Rogers, if you're saying, because it says in this book itself, if manifestation of a culturally or religiously sanctified belief system is not pathological. So I'm saying Jesus...

0:35:15.4 DR. TABITHA ROGERS: That's not pathological.

0:35:16.4 STEVEN REYNEN: No, because it's culturally accepted and standard of affair of Christianity. God loves me so much, he bled and died for me. I'll have eternal life. I'll have a glorified body. I pray to him every day. I go around telling people Jesus loves them. I go around telling people sometimes, not all the times, because if you say too much, it's off-putting. I say you'll end up in the lake if you don't accept Christ Jesus. But that's part of the gospel message. And he bled and died and took all the curses upon himself so people don't have to go to the lake, but if they continue to reject Christ Jesus' free gift, they end up in the lake of fire. And I don't want that for you or for them.

0:35:46.5 DR. TABITHA ROGERS: Thank you.

0:35:46.6 STEVEN REYNEN: So part of being a Christian is wanting to share the gospel message. So if that makes me grandiose, then I'm grandiose, and you're calling my brothers and sisters in Christ grandiose.

0:35:54.4 DR. TABITHA ROGERS: Well, I'm not commenting on anybody else but you.

0:35:56.9 STEVEN REYNEN: Okay, so you're saying I'm particularly grandiose Christian. Okay, that's thin ice potentially, Dr. Rogers.

0:36:04.1 DR. TABITHA ROGERS: That's what?

0:36:04.7 STEVEN REYNEN: That's potentially thin ice. All right, so but persecutory delusions because I believe I'm an ex-MK. And then there's my website that I had for a while, gangbangerfor-jesus.com. I took it down, but it's been indexed by Google, so it's a historic record now.

0:36:18.1 DR. TABITHA ROGERS: Why'd you take it down?

0:36:19.8 STEVEN REYNEN: Well, you had mentioned you didn't like the website, and I wanted to be more professional, so I'm going to make a new...

0:36:24.6 DR. TABITHA ROGERS: No, I didn't say anything about the website.

0:36:25.5 STEVEN REYNEN: You didn't say anything about that?

0:36:26.6 DR. TABITHA ROGERS: No.

0:36:26.7 STEVEN REYNEN: Oh, you know what? I could be mistaken. I admit when I'm wrong. I apologize, Dr. Rogers. You didn't like when I was fasting, hunger striking the pharmakeia.

0:36:33.6 DR. TABITHA ROGERS: No, that was my concern.

0:36:35.1 STEVEN REYNEN: Yeah, so the website was taken down, but I'm going to make a new website when I write my book because I want to make an apologetics book, 'To God Be All the Glo-ry' where I systematically take... Well, it'll take me my whole undergrad. I'm working on it as a side project. Maybe it can be my thesis if I get my doctorate, and that's an ambitious goal, but it's not un-realistic because as you mentioned, I used to have a very high IQ.

0:36:59.7 DR. TABITHA ROGERS: I believe you still do.

0:37:01.0 STEVEN REYNEN: And if I apply myself, I might be able to get a doctorate or maybe even go to law school. I don't want to come off as manic though, so I don't want to talk about all my ambitions or you might think I'm manic.

0:37:09.4 DR. TABITHA ROGERS: No. What I'm saying is I think you still have a high IQ, and that's why I was very concerned about your MoCA score because I expected it to be much higher.

0:37:19.0 STEVEN REYNEN: But it was distracted.

0:37:21.5 DR. TABITHA ROGERS: Distracted, yeah.

0:37:22.1 STEVEN REYNEN: Distracted. Well, now here's another thing. I was alone in a room. I don't like being alone in a room, which is why we meet here, and I don't like being alone with mental health professionals because I had to report DM Bass, a social worker, for sleeping with me. I was sleeping in her house and my house, so I kind of have a hard time interacting with mental health professionals.

0:37:38.2 DR. TABITHA ROGERS: Okay, I get it.

0:37:38.3 STEVEN REYNEN: It's nothing personal because her and I had sexual relations, and I reported her to CMHA, so ever since then, I have a little bit of trauma around being alone in a room.

0:37:46.8 DR. TABITHA ROGERS: And I appreciate that, and that's why we sit here.

0:37:49.0 STEVEN REYNEN: So maybe that in conjunction with ADHD is why I'm a bit distractible on the MoCA test.

0:37:54.2 DR. TABITHA ROGERS: So maybe if we do the MoCA here?

0:37:57.5 STEVEN REYNEN: We could do another one?

0:37:58.3 DR. TABITHA ROGERS: Okay, we don't want performance.

0:38:01.1 STEVEN REYNEN: Well, I'm willing to do the cognitive testing and the psych testing and any other testing that might help.

0:38:09.3 DR. TABITHA ROGERS: Sometimes you can get an alternate version of the MoCA. What I don't want is performance.

0:38:17.2 STEVEN REYNEN: No, of course not.

0:38:17.3 DR. TABITHA ROGERS: That you've tried it, and so of course you remember the answers.

0:38:20.5 STEVEN REYNEN: No.

0:38:20.7 DR. TABITHA ROGERS: So maybe there should be a different version of the MoCA, so we could try that. I'll talk to Karen.

0:38:27.7 STEVEN REYNEN: All right. Well, so here's a question.

0:38:32.0 DR. TABITHA ROGERS: Yes.

0:38:32.1 STEVEN REYNEN: I want to be discharged.

0:38:33.7 DR. TABITHA ROGERS: I know. I know.

0:38:34.4 STEVEN REYNEN: And I don't want any more of the pharmakeia.

0:38:35.6 DR. TABITHA ROGERS: I know.

0:38:35.7 STEVEN REYNEN: So what can I do to demonstrate that I'm a capable adult, and despite not being on the pharmakeia, maybe I'm experiencing things, I say alternative explanations as to why. What can I do to demonstrate to you that I'm non-violent, I'm not suicidal, I'm not deteriorating, and I'm capable to be out in the wild?

0:38:49.9 DR. TABITHA ROGERS: So let's just see how the next two weeks go.

0:38:52.3 STEVEN REYNEN: Next two weeks.

0:38:53.0 DR. TABITHA ROGERS: But I am going to go to the CCB and get a Form D, and we are going to allow them as an unbiased group to give direction. They will consider your advanced directive and see if it has any implications on their previous decision on the Form 33.

0:39:17.1 STEVEN REYNEN: And they'll seek legal advice as well?

0:39:18.6 DR. TABITHA ROGERS: Of course they will.

0:39:19.4 STEVEN REYNEN: Okay, good. And I want the record to reflect that I told every single doctor that I had about the advanced directive at one point or another, and I encouraged them to seek legal advice.

0:39:27.3 DR. TABITHA ROGERS: Okay.

0:39:27.8 STEVEN REYNEN: Because I'm not trying to come after anyone. And I've told you repeatedly, I don't want it to go to the Superior Court of Justice. I've told you that, right?

0:39:34.2 DR. TABITHA ROGERS: Yes.

0:39:34.3 STEVEN REYNEN: Because I don't want to come after anyone's livelihood. I don't want it to impact the staff, but I am contemplating a civil suit against the Royal and the Civic itself. That could realistically get me millions. My aunt had her wrong foot cut off and she bought a mansion.

0:39:47.9 DR. TABITHA ROGERS: What's the story on that?

0:39:49.9 STEVEN REYNEN: She went for surgery somewhere and they damaged the wrong leg.

0:39:55.1 DR. TABITHA ROGERS: That's serious.

0:39:55.8 STEVEN REYNEN: I know, and she got millions of dollars and a mansion.

0:39:58.2 DR. TABITHA ROGERS: Where was this?

0:39:59.1 STEVEN REYNEN: Now, I was put on pharmakeia against my will, even though I had legal advice. This was in the States.

0:40:03.7 DR. TABITHA ROGERS: Oh, it was in the States. Okay.

0:40:04.6 STEVEN REYNEN: But Canada law indicates that if you write an advance directive, doctors should honor it. So I mean no disrespect when I say this, even though the CCB might rule one way, and I'm hoping they come to their senses, each doctor that participated in that is personally responsible. But doctor, I know you didn't like the idea of me reporting you to the CPSO, but I have no intention of doing that because I'm a Christian, despite the fact that you're calling me grandiose. As a Christian, which I disagree with, I believe in turning the other cheek, right? And love keeps no records of wrongs. Let me tell you, Dr. Rogers, I love you.

0:40:35.4 DR. TABITHA ROGERS: Thank you.

0:40:36.6 STEVEN REYNEN: You're my East Coast gazelle.

0:40:38.0 DR. TABITHA ROGERS: Okay.

0:40:39.4 STEVEN REYNEN: And I say that tongue-in-cheek. I'm trying to put a smile on your face.

0:40:42.2 DR. TABITHA ROGERS: I do get it. You do have a very good sense of humor.

0:40:45.9 STEVEN REYNEN: Thank you, Dr. Rogers. Do you think it's getting more godly?

0:40:48.7 DR. TABITHA ROGERS: It's definitely getting more godly.

0:40:50.6 STEVEN REYNEN: Thank you. All right. Well, that's all I got. I'll try to be on my best behavior the next two weeks to demonstrate I'm a functioning, law-abiding citizen.

0:40:58.3 DR. TABITHA ROGERS: Okay.

0:40:58.7 STEVEN REYNEN: Because if you respect authorities, you need not fear them.

0:41:00.5 DR. TABITHA ROGERS: All right.

0:41:01.0 STEVEN REYNEN: And let me say this one last time, or one more time. All knees will ultimately bow before Jesus.

0:41:06.4 DR. TABITHA ROGERS: So we will have a meeting with your parents. You will be present?

0:41:09.6 STEVEN REYNEN: Yep. And we only get to speak about three things.

0:41:11.2 DR. TABITHA ROGERS: We only get to speak on three things. Okay.

0:41:13.6 STEVEN REYNEN: Housing, tuition, therapy dog. And then you can say whether you think at that point in time whether I'm okay to be in the wild.

0:41:20.1 DR. TABITHA ROGERS: Okay.

0:41:20.9 STEVEN REYNEN: And is there anything that you can think of that's concrete evidence, something I'm doing, that isn't okay? Not like elated or stuff, but Steven, you did this, don't do this anymore. And then I'll say, oh, you're pointing out behavior that's not socially acceptable? I'll change my behavior by God's grace. So please point out things I'm doing that are tangible, and I'll change my behavior, Dr. Rogers.

0:41:41.6 DR. TABITHA ROGERS: Okay.

0:41:44.4 STEVEN REYNEN: Sounds good?

0:41:45.2 DR. TABITHA ROGERS: Sounds good.

0:41:46.2 STEVEN REYNEN: All right.

0:41:46.8 DR. TABITHA ROGERS: We good for today?

0:41:47.9 STEVEN REYNEN: Aren't we ever. That was a healthy appointment.

0:41:51.5 DR. TABITHA ROGERS: I don't know I will be able to meet you tomorrow.

0:41:54.6 STEVEN REYNEN: Okay.

0:41:55.8 DR. TABITHA ROGERS: Just because Thursdays are my outpatient day, and I'm quite packed.

0:42:00.9 STEVEN REYNEN: Can you speak with Joanna? I'd like a lot of time to speak with her.

0:42:04.0 DR. TABITHA ROGERS: I talked to her today in Cardex. Yep.

0:42:07.2 STEVEN REYNEN: Because I want to focus on housing, and with Karen, I want to focus on getting my information to Carleton.

0:42:12.6 DR. TABITHA ROGERS: Okay.

0:42:12.9 STEVEN REYNEN: I'm going to be a very serious student. I'll spend time at the library, and I'll study real hard, Dr. Rogers.

0:42:17.8 DR. TABITHA ROGERS: And I see that you didn't tape that part of your conversation.

0:42:21.2 STEVEN REYNEN: No, I taped it.

0:42:22.4 DR. TABITHA ROGERS: Oh, pretty good.

0:42:22.5 STEVEN REYNEN: It's still ongoing.

0:42:23.5 DR. TABITHA ROGERS: Good.

0:42:24.3 STEVEN REYNEN: Why? It's a real serious student. Why not?

0:42:25.6 DR. TABITHA ROGERS: No. I want...

0:42:27.2 STEVEN REYNEN: Why wouldn't I want to be a real serious student?

0:42:27.9 DR. TABITHA ROGERS: I want you to remember this when you're studying hard for your exams and they're tough.

0:42:33.2 STEVEN REYNEN: You better believe this, Dr. Rogers. When I write my book, 'To God Be All the Glory,' in the foreword, it'll be something like, To Dr. Rogers, My East Coast Gazelle, Thank You. I'll put a bunch of people's names in the foreword.

0:42:45.4 DR. TABITHA ROGERS: Perfect.

0:42:46.1 STEVEN REYNEN: Is that all right if I give you credit?

0:42:47.4 DR. TABITHA ROGERS: That's fine.

0:42:48.1 STEVEN REYNEN: I hope you read it.

0:42:49.2 DR. TABITHA ROGERS: I will.

0:42:49.6 STEVEN REYNEN: You know why?

0:42:50.7 DR. TABITHA ROGERS: Why?

0:42:50.8 STEVEN REYNEN: Because I want you to accept Christ Jesus' free gift. Maybe I can convince you with apologetics.

0:42:54.5 DR. TABITHA ROGERS: Okay. All right, Steven. I will see you tomorrow.

0:42:59.1 STEVEN REYNEN: All right. Sounds good, Dr. Rogers.

0:43:01.6 DR. TABITHA ROGERS: Well, maybe Friday.

0:43:02.3 STEVEN REYNEN: Maybe in passing.

0:43:02.8 DR. TABITHA ROGERS: Yeah, Dr. Peabody will probably see you tomorrow. Be easy on him.

0:43:06.6 STEVEN REYNEN: I will.

0:43:06.7 DR. TABITHA ROGERS: Do not tape him.

0:43:07.4 STEVEN REYNEN: Do not tape him, but I can tape you.

0:43:08.8 DR. TABITHA ROGERS: You can tape me.

0:43:08.9 STEVEN REYNEN: I dare not tape someone without their consent. Because you gave me permission.

0:43:13.4 DR. TABITHA ROGERS: I will definitely see you Friday.

0:43:14.8 STEVEN REYNEN: All right. And one last question.

0:43:16.4 STEVEN REYNEN: Yes.

0:43:16.5 STEVEN REYNEN: If I joke around and call you my East Coast gazelle, is that all right?

0:43:19.1 DR. TABITHA ROGERS: Yeah, I'm not taking that as offensive at all.

0:43:21.2 STEVEN REYNEN: Good. It's a term of endearment, Dr. Rogers.

0:43:23.0 DR. TABITHA ROGERS: I take it as a term of endearment.

0:43:25.1 STEVEN REYNEN: Good.

0:43:25.9 DR. TABITHA ROGERS: All right. Glad, we work well together.

0:43:27.9 STEVEN REYNEN: Yep, do we ever? Bye, Dr. Rogers.

0:43:30.0 DR. TABITHA ROGERS: Bye.

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