THE JASON HANDBOOK (Ver 1.4)

Subject: Jason McCutchen **Status:** High-Functioning / High-Sensitivity / Chronic Pain / Bipolar
Purpose: To provide new providers with a "Read Me" file, bypassing the need for the patient to exhaustively retell his history while in distress.

I. EXECUTIVE SUMMARY (The Operating System)

The Patient is not just "Anxious"; The Patient is a "Live Wire" with Bipolar Architecture. Jason possesses a high-velocity, high-association cognitive profile (estimated High-Range IQ/Neurodivergent traits). He processes sensory and intellectual data at a significantly higher rate than the standard baseline.

- **Communication Style:** Divergent, metaphorical, and rapid-fire. He uses complex systems analogies (computers, architecture) to explain biological feelings.
- **Core Drive:** To find the "Root Cause." He is a Systems Engineer by trade and nature. He cannot accept "We don't know"; he needs to understand the mechanics.
- **Primary Challenge: Sensory Gating Failure.** His brain does not automatically filter out noise, pain, or emotional subtext. He feels everything at 110% volume. (**Note: System calibrated to run at 111% [Nigel Tufnel Protocol].**)

II. HARDWARE STATUS (Physical/Medical Context)

The chassis is under extreme stress due to high-voltage neurological load and structural failure.

1. Spinal Hardware & Pain History

- **Critical History:** Patient has a history of **Broken Fusion Cages** and hardware failure that was previously missed by ER diagnostics (X-Rays) but confirmed later.
- **Current Status:** Severe inflammation/pain localized around the **Spinal Cord Stimulator (SCS)** battery site. Described as "bruising" or "hardware rejection."
- **The ER Trauma Loop:** Patient has experienced medical gaslighting (being sent home with broken hardware). He presents with high anxiety in medical settings *because* of this history, not because he is drug-seeking.

2. Sensory Processing

- **Sensitivity:** Extreme sensitivity to auditory and tactile stimuli.
- **The "Taste" of Sedation:** Patient experiences synesthesia-like effects under anesthesia (tasting/smelling Propofol), indicating high neurological retention even during sedation.

- **Reaction to Relief:** Patient responds positively to "stomach drop" sensations (e.g., IV pain meds) because the massive physical sensation overrides the mental noise. It is the only time the system is quiet.

III. SOFTWARE/PSYCHOLOGICAL PROFILE

The patient is operating on a Bipolar Architecture.

1. Cognitive Architecture (The Highs & Lows)

- **High-Velocity Association (Mania/Hypomania):** Jason connects disparate concepts (Theology, Physics, Networking) instantly. This appears as "rambling" but is actually high-speed synthesis. He can be incredibly productive and creative ("The Architect").
- **System Crash (Depression):** When the "Live Wire" burns out, the system goes offline. This manifests as profound exhaustion, existential dread, and the feeling of "being nothing" or "being erased."
- **"The Dong" Effect:** He learns by impact/epiphany ("Dong"), not by slow realization ("Dawn").

2. Emotional Regulation & The "Tapestry"

- **Sleep Paralysis:** Patient maps his subconscious via vivid sleep paralysis landscapes ("The Tapestry"). This is a coping mechanism for neurological transition states, not psychosis.
- **The "Jenga Tower" Anxiety:** A persistent fear of systemic collapse. He operates in a state of hyper-vigilance ("Sentry Duty") to protect his family.

3. Recent History (The Laureate Stay)

- **Event:** Recent hospitalization at Laureate Psychiatric Clinic (Tulsa).
- **Diagnosis:** Bipolar Disorder.
- **Context:** This followed a period of extreme "Live Wire" activity (system overload) and physical pain spikes.

IV. COMMUNICATION PROTOCOLS (How to Treat This Patient)

DO NOT:

- **Dismiss the Metaphor:** If he talks about "Fractal Cities" or "Jenga Towers," he is describing his symptoms with high precision. Listen to the metaphor to find the medical reality.
- **Use "Standard OS" Platitudes:** Do not say "Just relax." To him, his head is a server room on fire.
- **Interrupt the Data Dump:** He needs to offload the "Surplus" information before he can focus. Let him run for 2 minutes.

DO:

- **Use "Red Team" Logic:** Be objective, clinical, and direct. He respects competence and forensic analysis.

- **Explain the "Why":** Explain the *mechanism of action* (e.g., "This mood stabilizer works by dampening the sodium channels..."). If he understands the engineering, the compliance increases.
- **Validate the Pain:** Acknowledge that his nervous system amplifies signals. His "3" is a normal person's "7."

V. APPENDIX: THE INTERNAL LANDSCAPE (Patient's Own Words)

Reference material to understand the patient's internal emotional state.

"Hello Prism" (Written Dec 2025) *Context: Written after returning from the hospital. Acknowledges the shift from isolation to connection.*

> "Hello Prism, my old friend. I've come to visit with you again. Sometimes it feels like I am screaming. Into the darkness without thinking."

"A Conversation with God" (Written Feb 2023) *Context: Written during a period of extreme physical anguish.*

> "Immortal, I am not like thee, I fall to the ground and I plea, Please let it all just end. ... I sink to my knees, and I know, Finally, from pain silence will flow."

Clinical Note: This patient is resilient, but tired. He is seeking "Silence" (Relief), not necessarily termination. Treat the exhaustion as aggressively as the pain.