

Text Thread with the Trustee (Father) — The Medical Exchange

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Wednesday, June 17, 2026, approx. 4:25 PM ET — a continuation of the June 15, 2026 family thread

Participants: Justin (beneficiary / son) · Abe — Dr. Abraham Horn, MD (father / trustee)

Consecutive messages from the same person are grouped under a single name. The extended-stay address is referred to generically; a photograph of mail sent into the thread is described rather than reproduced. The message wording is otherwise as written.

Abe

“I think you should see a neurologist”

[sends a photograph of a piece of mail addressed to the beneficiary]

“Do you want me to open and scan this or should I mail this to the [extended-stay] address? I’m not sure what to do.”

Justin

“I just told you I’m really not doing well today.”

“Just mail it to [the extended-stay address] I don’t care”

“I can’t drive while in like this”

“I have to see 3-4 different doctors.”

“And doctor, you know that too.”

“Why use such non sense about medicine you know about.”

“You do know... Jennifer had issues”

“You won’t research or look up anything as a doctor to help me”

“You just say stuff to appear normal acting towards me. You don’t ask about symptoms, etc. You’re suddenly ‘incapable’ of helping me with medical advice, while also suggesting you stuff you know isn’t really helpful in full at all”

Abe

“G whiz, for someone who isn’t feeling well, you still have plenty of energy to give me a raft of shit”

Justin

“DARVO? AGAIN? Yeah that’s what you do to me.”

“I’m asking for real medical advice and you’re calling it a raft of shit.”

“And suggesting I’m not feeling so badly as I say because I asked for help with medical stuff.”

Analysis — a physician’s refusal, then the reversal

The beneficiary states a concrete medical situation — not well, unable to drive, needing to see several doctors — to a father who is himself a physician. The reply is a one-line referral by text (“see a neurologist”) with no question about symptoms, followed by a pivot to the logistics of a piece of mail. When the gap is named, the request for help is recast as an attack. Three moves run through the exchange:

- **Deny by deflection.** A physician with the relevant knowledge declines to engage it — “you won’t research or look up anything as a doctor to help me” — and substitutes a referral-by-text for any actual engagement with the symptoms. The capability is present; its use is withheld.
- **Attack through minimization.** “For someone who isn’t feeling well, you still have plenty of energy…” is the classic move against a contested or invisible illness: the fact that the person can still speak up is treated as proof the illness is exaggerated. The complaint, not the condition, becomes the problem.
- **Reverse victim and offender.** The person asking for medical help is positioned as the aggressor giving “a raft of shit” — the structure Prof. Jennifer Freyd named DARVO (Deny, Attack, Reverse Victim and Offender), which the beneficiary names in real time. The same reversal documented in the June 15 thread appears here on a medical subject.

The reported symptoms — feeling unwell, unable to drive — are consistent with the chemical-exposure documentation elsewhere in this record. This is analysis of the documented thread above, not a clinical opinion about any individual.