

WARNING

If you do not hold an active desensitization certificate of S3 level or higher, close this book immediately. This material is unfiltered and is classified as an A2 level [REDACTED].¹ As such, it may include [REDACTED]² words and describe [REDACTED]³ events or situations.

1. hazard

2. harmful

3. traumatic

Editors' preface to the seventeenth reprint

Case Study, by Dr. William Lanter, has a special place among the classical texts on psychophysionics. Although not a textbook in a traditional sense, it is universally included in psychophysionics training programs. Today there is not a single psychophysionics practitioner or researcher who has not read *Case Study*.

The book contains Dr. Lanter's firsthand account of the 2113 events that prompted the most significant paradigm shift our discipline has known so far. At times disturbing, the book poses substantial health risks even to a well-trained reader.

Unfortunately, no summary or retelling can bring to life the events as William Lanter experienced them; one has to work through his original notes. No other didactic resource does as much to consolidate students' training and prepare them for the many life-threatening empathic incidents they will encounter in their practice. Despite its inherent risks, a dedicated *Case Study* reading course has been a cornerstone of psychophysionic training for generations.

To the teacher:

Ensure no more than a five-to-one student-to-teacher ratio, so that instructors can promptly detect and handle any empathic incidents that arise during supervised reading sessions. Students should not generate any handwritten or photographic copies of the material; all notes must be thoroughly examined by the instructor. It goes

without saying that all book copies are to be kept in class; at no time should a student read the book unattended.

To the student:

Case Study is often referred to as “the gateway book” or “the test of courage” in the student community. **These descriptions are in error.** It indeed offers a challenge comparable to what psychophysics specialists face in their daily practice. However, like actual psychophysical work, *Case Study* is **not** a test of courage, bravery, or stoicism; it is a test of wisdom and caution.

Please **follow your instructor's directions** to the letter. Sometimes it may seem that peeking a line or two ahead would do no harm. Every year, such curiosity claims the lives of many talented and highly motivated students. **If at any point you feel unwell (even in the slightest), stop reading and notify your instructor.**

You are about to embark upon a trying, but truly rewarding journey. If you approach it with due humility and restraint, this book will prepare you for your next steps in the exciting field of psychophysics.

Christen Lessange, Janja Demkovich, associate editors. June 2173

A SCRABBLE PLAYER

Saturday, February 18, 2113

Michael waited in his chair while I plodded through his biometric report. The boy remained surprisingly still for his young age; only his gaze darted in random directions, struggling to find anything worth resting on. *I wish there was something for you to look at, buddy*, I thought.

Thanks to last year's PI guidelines,¹ my office had become deliberately bare: shelfless white walls, two chairs, a window blinded by a plain curtain, and a desk with a few papers on it. The new code instructed practitioners to purge "items with potentially lethal associations" from "patient-accessible spaces." In other words, the psych's office should contain nothing whatsoever, perhaps not even the psych himself.

"Here, you can draw something, if you like." I handed Michael a pen and a few sheets of c-paper, hoping to occupy him for a bit.

1. It is believed that Dr. Lanter is referring to the 2112 Psychophysionics Institute's Practitioner's Guidelines, §2.4.7, "On interior design." Editors' note.

He took to drawing at once, seeming glad to be distracted. Who wouldn't be? And yet, having gutted my office, the admins trumpeted "unprecedented success": no fatal relapses on the institute's premises in six months. *Unprecedented indeed.* Anything could trigger a lethal association: wallpaper patterns, furniture, plants, decorations. *So what did they think they'd achieved by removing these?*

More patients now survived their sessions, but only to collapse at home, at work, on the street, or wherever they encountered their trigger, this time with no psych around to save them. No doubt, in a few years, the admins would revert the regulation and celebrate the decrease in out-of-clinic relapses instead. *This is what we call progress: pouring mortality numbers from one column to—*

I forced myself to focus.

Michael's blood tests were normal, except for the RBC count, which lingered at 3.8 million cells per microliter. *Mildly anemic; expected, given his condition.*

Two weeks ago, Michael and his cousin had been clearing his family garage when they stumbled across a Scrabble set and decided to play a game or two. Michael ended up with the letters *R, E, W, O, A, D, N*. The game's in-built assistant malfunctioned, suggesting *DROWN* as a hint, at which point Michael started choking and gasping for breath.

His cousin managed to call an ambulance before she also went down with empathic symptoms. She never grasped what had happened to Michael, so her symptoms mimicked general distress rather than drowning. When the responding psych convinced her that Michael was in no danger, the girl recovered on the spot.

Michael, however, was hospitalized in critical condition. He couldn't breathe on his own and had lost an estimated 57 percent of his lung function due to collapsed alveoli. After two days in the ICU and two weeks in an ambulatory ward, he was strong enough for psychophysionic therapy. In three sessions, we eliminated the hyperempathy virus²-driven autoimmune response and brought the boy back to normal.

Michael was a textbook case, familiar to any psych. Not the malfunctioning Scrabble assistant part—that was a bit strange—but a harmful word acting as a trigger. Although I hadn't seen dysphoria nomo³ in such young patients for a while, I could easily recall the treatment plan and expected recovery trajectories, which Michael was closely following.

Alrighty... Bloodwork—check. Let's see what Neuro has in store for us.

The neurology report, the last thing left to tackle, was thorough and useless, as always. There was a connection, I thought, between having to flip through pages and pages of perfectly normal CT scans and EEG printouts and having to furnish my office like a prison cell from the pre-virus days. Both wasted my time, neither helped our patients, and yet both achieved their purpose: When a patient

2. Teacher's Edition Note: Definitions of underlined terms are given in the glossary at the end of the book. However, for most students, it is best to read without stopping and study the glossary in a separate session. Editors' note.

3. Dysphoria nomo: e-dysphoria caused by exposure to words with highly traumatic associations. Editors' note.

was lost, some neurologist or bureaucrat could now say, “I did all I could,” softening the empathic blow. A viable strategy, as long as no one mentioned that the “all” they “could” only made things worse.

I sighed and looked at the boy—he was doodling something, nose almost on the paper. His dedicated effort inspired me to scrape up my remaining bits of willpower and concentration to finish reading the report. All tests came out normal, which left me no excuse to postpone controlled exposure.

“Well, Michael, I am impressed! I wish all my clients recovered this fast.”

“I did everything like the nurse lady said,” the boy announced, “to get better as soon as I can.”

“You sure did, young man. I don’t think we need another session, but we can have one if you prefer.”

“No, I think I’m okay now.”

Controlled exposure it is then, I thought. Michael’s earnest expression, his flannel checkered pajamas outlining the frail body underneath, his gentle locks of golden hair neatly combed to the side—none of it suggested he should be exposed to anything, controlled or not. Still, it had to be done.

“No more *Scrabble* for now, right?” I said, bracing myself. “What do you do if you find another *board game*?”

The smile on the boy’s face melted into a grimace of pain. He leaned forward, mouth open, grasping at the clothes below his chest. The sight knocked the wind out of me. My diaphragm quivered in futile attempts to get some air, imitating the suffering I’d just caused Michael.

Hang on, little guy, I thought, fighting to keep my own discomfort hidden.

So far, everything was going as expected, and now it was time for both of us to breathe again, according to my calculations. Instead, the torment lingered, strangling me with a wave of desperation, as if I was watching an infant slip through her mother's hands and fall head-first onto a tiled bathroom floor. I wanted to scream, to warn somebody, save somebody, but my spasming throat wouldn't let me draw a breath or utter a sound.

Did I misjudge his recovery stage? The sickly pain in my sternum grew ever more intense and my vision blurred at the periphery. This was getting dangerous. For Michael's and my own safety, I began depersonalizing—"deeping," as some call it.

I de-focused my eyes and imagined Michael and myself as seen from the ceiling of my office, then further abstracted the vision, morphing my thinning gray crown into a full head of brown hair that a typical, younger psych would have. Michael's golden locks I turned duller and more unruly, closer to what I'd expect of a stereotypical child. I kept my white lab coat but turned Michael's colorful pajamas into a generic dark-gray hospital gown.

This distancing from reality subdued my pain and allowed me a sip of air. *Not enough*. I had to detach, redirect myself, but there was nothing to concentrate on other than the two agonizing figures of the client and the psych. Their room was so empty, so abstract... very abstract, in fact, almost symbolic! Seizing on the idea, I focused on the symmetry between the uniform white of the psych's coat and the client's off-black gown, arranging their bodies into a yin-yang shape. Zooming out, I framed the image and added a crowd of

viewers discussing the picture, blocking half of it with their backs. “Harmony in suffering, an interesting take on an ancient symbol,” somebody said in the crowd. This solved it. There was never any real suffering, only a painting that was not real either. Perusing the picture in my mind’s eye, I managed a few shallow breaths to keep myself from fainting.

The picture moved. Yin, the black part of the symbol, widened its orifice and sucked in air with a whistling gasp. This wasn’t something I tried to imagine, so it must’ve been the actual Michael breathing again, which rendered further depersonalization useless. I shook off the vision and returned to the real.

Bent in half, hands pressed against his knees, Michael was trying to catch his breath. The spasm in my throat relented and I quietly drew in a sweet lungful of air, careful not to show I’d ever been in any distress.

Overall, Michael had passed the test—I had to make sure he could handle the topic safely, even if it came up unexpectedly. Worst case scenario, he could have relapsed; better now than in the middle of a hobby store when he stumbles across another board game. Unfortunately for me, the hyperempathy virus is not concerned with good intentions or future benefits. My brain calculated that my action had led to another’s pain, so I got instant retaliation.

I should have been more cautious, should have depersonalized in advance. The issue was simple: I’d forgotten about Michael’s cousin. During the Scrabble incident, Michael must have been thinking about her before passing out, fearing for her life, trying to scream and warn her, but was not able to because of the drowning symptoms. My conscious self failed to account for that, but the sub-

conscious didn't miss things that easily. In a way, I knew more about Michael's suffering than I thought I did, and I misjudged the intensity of my own reaction. At least I managed to conceal my discomfort, so it did not affect Michael.

Lucky idiot. Oversights like this could easily end two lives at once; a psych loses control of their empathic response and spirals down with the client. Their reactions mutually amplify as both realize they are the source of each other's escalating pain. Once such a loop is entered, there is no escape. I'd lost many colleagues this way.

When Michael's gasps quieted, I smiled, encouraging him to speak.

"If I find another board game..." Michael's voice came hoarse at first but soon regained its usual lively confidence. "I will not touch it or open it, sir. I will not even look at it!"

"Aaand?" My tone was calm and friendly, as intended. I mentally thanked my undergrad speech teacher. He would show us horrendous images and have us depersonalize and talk as if we were having the best days of our lives. This came in handy in my practice more often than I would have preferred.

"And I will immediately tell my parents, sir."

"Alright-alright. Looks like you're a fast learner." *Faster than me*, I thought, reflecting on my mishap this session.

"Thank you." The boy lowered his gaze.

"Well, you are all set to go home." I formed a reassuring smile. "Just remember, if anything bothers you, let me know right away, okay?"

"Like... anything at all?"

"Correct, anything at all," I said, signing Michael's release form.

“And... do I *have* to share everything, or is it that I just can, if I want to?”

I eyed the kid again.

“You don’t have to, but if you ever think ‘Maybe I should tell Dr. Lanter about this’... just tell me. Even if it’s scary, confusing, embarrassing—we’ll work it out. Deal?” I offered Michael a handshake.

“Deal.” The boy gave my hand a feeble squeeze.

“Michael... Is there anything you’d like to tell me now?”

“No. I was just asking. Just in case, sir.” A trace of stubbornness in his voice told me there was no use pressing the issue.

“Alright. In that case, you are free to go. Make sure I never see you here again.” I winked at the boy and gestured him to the door.

That last question was a bit strange, I thought, as Michael scrambled off his chair and hurried toward the exit. Maybe we should’ve watched him for another week or so. But then... keeping him locked up is no way to build trust. He handled the triggers and should be in no danger. As for whatever’s bugging him, he’ll open up when the time is right.

I told the voice assistant to schedule a follow-up with Michael in a month, then grabbed a freshly printed RoBalint report from my desk. After half a page of supportive accolades, the supervision machine got to the point, and, in the nicest way possible, scolded me for my performance. It was particularly upset that when I was reading Michael’s biometric report, my facial expression indicated boredom and irritation instead of the compassion and attention required by the protocol at all times. I had to agree with the robot. Michael was clearly recovering well, and most of the report was a

useless formality, but that was no excuse to drift away in my thoughts or—even worse—to express annoyance.

In Michael's behavior, the AI identified "possible reluctance to share."

Duh, I thought. But I couldn't blame the mentally handicapped assistant too much. Perhaps if we lifted the 8 billion-parameter cap on AI models, RoBalint would have looked straight into Michael's soul. But, too busy fighting against wallpaper flowers and office plants, the PI would never take such a risk. Not in my lifetime. Not ever.

I threw the report into the universal recycler under my desk. The bin was almost full, so it was time for the little show I got to enjoy once every couple of weeks. I double-checked I still had a few minutes before the next session, then pressed the button. With a soft whir, two transparent lobes emerged from opposing sides of the bucket and slid toward each other. They touched with a barely noticeable click, followed by a soft hiss; the seal was now hermetic.

The recycler stood motionless and silent, like a masterful pianist letting the audience reflect on what had already been played and what was yet to be heard. The dome-shaped lid resembled a space suit visor, perhaps by design. After all, this little trashcan signified the biggest leap humanity had made since dipping its toes into the cold expanse of outer space became passé. "*Here lies Man who never reached the stars but cleaned up after himself responsibly*" would be a fitting tombstone for our species, I thought.

I could never tell when the stillness turned into motion. Anamneses, grant proposals, research papers: all melted, forming a lake of ink and plastic at the bottom. The last page lingered, clinging to the walls of the bucket with its deformed corners, then went down all at once. Vague inky outlines stretched across the surface of the liquid, a few still readable words betraying it as the front page of Michael's biometrics.

I thought about our session. *What the hell were you doing, William? You think you're goddamn invincible? Or maybe you are above cases like that? Is Michael's case too dull for you? Too typical? Oh yes, I forgot... You are a big deal, right? You soar high, studying the mysterious Raskolnikov syndrome. Will you now treat all the patients without it like shit? Huh?* I needed to snap out of this. I knew I was burned out, and I had already resolved to negotiate my practice hours... sometime, when the moment was right. In any case, I couldn't just shame myself into enthusiasm.

Besides, arrogant as it might sound, my talent *was* wasted on Michael and scores of others like him. I knew it, the admins knew it, everyone knew it, but nobody did anything. I, like everyone else, got my fair share of Michaels. Like everyone else's, my research was corralled, constrained, and castrated by fear of consequences. Was it that strange I invented little challenges for myself? *Little challenges... Like starting controlled exposure without depersonalizing? Good lord, what was I thinking?*

The centrifuge was now building up the revs to separate ink from plastic composite paper. The machine hummed thoughtfully for half a minute; then, as if demonstrating the results of its rumination, it produced, one by one, a stack of papers from a slit in its side. I

flipped through these pristine white pages, and their oddly satisfying smell filled the room.

Perhaps it was the symbolism that glued me to this simple mechanical process. In goes garbage: a scrapped draft—too radical, an incremental paper, a grant proposal axed by some ethics committee or other. Out comes... hope, perhaps? Each new sheet—blank, clean, brave—an opportunity not yet ruined. I pinched the stack of hope between my fingers; it was no thicker than my thumb. How many more stacks, papers, chances were there left for me, at fifty-nine years of age? *Perhaps not that many.*

The humming had ceased. I held my breath: absolute silence was necessary. By listening closely, one could hear the final note of this masterpiece—the chime of the new ink capsule falling onto its dedicated metal tray. I always tried to guess the exact instant it would happen. *Nine, eight, seven*—I counted, fearing the chime might break my yearning for perfection at any moment—*five, four, three...*

A RESISTANT

“Dr. Lanter?”

The quiet inquiry interrupted my thoughts, and I looked around, confused. A young woman in her twenties stood in the doorway. I jumped up, took a few quick steps forward, greeted her, apologized for making her wait, and, in a somewhat awkward, butler-like manner, led her to the chair. As she was about to sit, I noticed that Michael’s drawings and, what’s worse, the pencil were still on the seat; I had to grab the woman by the arm to stop her from sitting on them.

“I am incredibly sorry!” I said, picking up the items. “I swear there are no more traps around here.”

“Good to know,” she replied and sat down.

I sat across from her and took a deep breath; it did not help. Suffocating anxiety was creeping over me, and I could not pinpoint its source. Certainly it had nothing to do with the pencil gaffe a few seconds ago... *What is it then?* To buy some time, I flipped through a couple of pages in my notebook, without reading. The e-attack—it was one for sure—intensified; I had to clutch my throat to suppress a wave of nausea.

Eventually, I found myself staring at the reservations schedule page. It had a bright-red line on top, easy to notice. The letters danced, but I wanted to know the patient's name, so I concentrated on the tip of my finger and traced it along the line. As far as I could tell, the first name read "Peter." *Must've been some last-minute change...*

"You'd be, uhm..." I said in a weak voice, looking up at her for help.

"It's Ellie, Ellie Brown. Doctor, are you okay?"

"Uhm? Oh, yes, thank you! Fine as a... Completely."

Ellie's dress pulled me in like a hypnotist's spiral: cotton, muted yellow, painted with tiny chamomile flowers. They swayed to-and-fro, each flower moving on its own, changing in size and shape, overlapping and splitting apart. I looked away; the room was swaying too. *God... I'll barf all over her dress unless I do something!*

Trying to get some bearing on reality, I glanced at my watch. Quarter past four. *We still have some work to do, eh? You useless old goof!* Chiding myself helped a little. The flowers slowed down and the spasms in my throat relented. It was often wise to redirect unidentified emotions toward something definite and relatively harmless, like hating oneself. Only a delay tactic, however. Something was triggering e-symptoms, and until I figured out what it was, I had to keep my thoughts at a safe distance from reality, but not so far I couldn't think about it. A delicate balance.

At first, I decided to focus on the topic of time. *Four fifteen...* I thought blankly. Officially, I had time for one more consultation; in practice, there would be three or four. No matter how many empathy management workshops one attends or how many years

of experience one accumulates, few have the skill to turn away a client in distress. The skill to betray a living being in need of help for abstract reasons like “work-life balance” or “professional longevity.” Even I, less empathetic than most psychs, was not an exception. On most days, I stayed until my exhaustion grew so obvious that guilt for keeping me in the office began physically hurting the patients.

Ellie seemed in no danger of being hurt by guilt. We were still within official hours, so I did not expect her to, say, vomit, nosebleed, or faint, although neither was unheard of. Still, when a client enters your office after 4 p.m., no matter how severe their condition, you could usually see early signs of *dysphoria culpa*.

I imagined a typical late-hour client. How he always falters in the doorway, shifts his weight between his feet, forces out an awkward smile. How he starts a conversation by bursting out a frantic apology about bothering you at such a late time, even though he doesn’t control appointment scheduling. How you always have to assure him that it is your greatest pleasure to help, and that you were thinking “just a minute ago” how sad it would be to go home that early, with so much energy left. If you’re convincing enough, he might cautiously tread forward, take a seat, and reach for a napkin to wipe perspiration off his forehead or dab his eyes welling with gratitude. Most importantly, before any of that happens, he would wait in the hallway for as long as you need. In all my years of practice, I’d never ever had a client enter my office without invitation.

That’s it! Something—some urgent condition—had forced her to enter the room. Ellie must be in unimaginable distress, and my stupid trashcan meditation had made her suffer even longer. Subconsciously, I realized all of that the moment she called my name, and

there we go... *dysphoria gnosis*.¹ Now that I knew the reason, it was a different story: a story about techniques, procedures, and protocols that every psych has practiced thousands of times. I summoned the courage and asked Ellie to wait for one more minute. It pained me to prolong her suffering, but there was no choice: a psych in distress can do no good.

I slipped into the recovery room adjoining my office and booted a de-guiling sequence. After a few seconds of grumpy humming, blinking, and whirring, the projector was ready, and the simulation went live. Ellie's model sat in her holographic blood and flesh, while the cramped recovery room turned into a spacious replica of my office.

Oh, for the love of God... The office snapshot was at least ten years old, breaking the immersion. The cold white walls reverted to the motley quilt of diplomas, certificates, and awards I'd displayed to reassure my patients they were in good hands; here and there between them peeked a warm light-brown wallpaper with a soft pattern imitating artistic forging. My old clock that'd broken five years prior was quietly ticking on the desk; propped against it stood a photo of a kindly middle-aged woman, who... *must've been my late wife*.

1. Dysphoria gnosis: An umbrella term for e-dysphorias caused by inferred, rather than directly observed, triggers.

Losing balance, I groped at the chair to steady myself against the overwhelming force of grief. *What am I even grieving?* Echoes breaking through suppression therapy, a memory of a memory, an absence—like a song you once loved but can neither name nor play in your mind. I knew *of* her, but I did not know *her*. Now that there was a face attached to the memory, would it—

How about you deal with Ellie first? You can whine about your sad life later. I jerked myself back to the present.

With mismatched surroundings, there was no saying whether the de-guiling illusion would work. Thankfully, client snapshots were now updated every visit. Something useful from the higher-ups, for once. What's more, the replica technology had made a huge leap since I'd last used it—Ellie's image was immaculate. If I didn't know better, I'd swear the person in front of me was real; even now some lizard-brain part of me was having doubts. I fiddled with my chair, trying to position it where it was during the real session, then finally sat down.

"Tell me how you feel, Ellie," I began.

"I feel great, Dr. Lanter," the model answered with a smile.

"I am delighted to hear it, Ellie." As recommended, I repeated the client's name whenever possible. Supposedly, it strengthened the illusion. "By the way, Ellie, please call me William, if you are comfortable."

"Sure, 'William' sounds much more natural."

"Now, Ellie, I must ask... Did I... hurt you in any way?"

"Not at all, William. I feel wonderful. Your kind attention has already made me feel even better!"

“The best thing a psych could hear. If you don’t mind another question—”

“Absolutely!”

“Why did you walk in like that? Uninvited, I mean.”

“I did?”

“Yes, Ellie.”

“Maybe it was somebody else?”

“No, I am certain it was you.”

“Maybe it was somebody who looked like me?”

I sighed and switched off the simulation. The de-guilter was supposed to interpret session events so as to make its user guiltless; since the poor data-driven thing had never seen a client walk in unannounced, it devolved to nonsense and denial.

Still, seeing Ellie happy and calm quelled my e-symptoms. That this sham works never ceased to amaze me, but hyperempathy operates, at least in part, in the subconscious, which follows its own laws. One moment it leaps to conclusions you haven’t even considered, the next it falls for tricks a five-year-old would see through.



“Please forgive the delay,” I said, returning to the real Ellie in my real office. “My name is William and I will be your psych starting today and until we fully resolve your concerns.

“There is one thing I would like to say before we start,” I went on, regurgitating my standard opening. “Don’t cushion anything! I am well trained and have more than thirty years of practice behind me. Have no doubt, I can handle your story. The best thing you can do

for me is be honest. Now, Ellie, please tell me, how should I address you, and what brings you here today?”

“You can call me Ellie. Like you just did.”

“I apologize, I should have asked you first.” I shook my head to both acknowledge how silly my mistake was and to try and regain concentration. “Now, returning to my question... Could you please tell me what brings you here today?”

“I heard you’re a great specialist, so I’m sure you can guess it yourself. Wanna try, Doc?” Ellie said with a half-smile.

First she intrudes into my office, unable to wait, and now she is openly stalling! Is it a cry for help? Maybe she cannot talk about whatever torments her? It must be that. As I accepted that conclusion, waves of pain came one after another. *She came here for help, and you can’t even ease her enough to open up. *Whoosh.* You were her only hope, now she has nothing left. *Whoosh.* She needed you to understand without words, but you failed. *Whoosh.* You...* And so on. I covered my mouth to conceal my labored breathing, then looked again at Ellie.

Ellie waited, calm by all appearances, rubbing at some minor blemishes on her neatly manicured nails. She stopped and met my gaze, still holding the same Mona Lisa smile.

“Doc, if you want a hint or the answer outright, let me know, okay? You don’t seem to be enjoying my riddle,” she said with what sounded like genuine concern.

I looked at her, bewildered. It made no sense. None of her actions made any sense whatsoever! My mind raced, trying to recap what I knew. *She rushed in—must’ve been suffering a lot, then she stalled... Alright, we can assume that sharing was too much to handle, although*

there are no signs of distress. But what now? She just offers to tell me! Why did she wait, then? Maybe she didn't notice she walked in and was simply reading the nameplate aloud? Maybe she thought I called her, so she wasn't actually—

I shook my head, breaking this stream of incoherence. *Turns out you aren't much better than the de-guiling machine, eh, William?* And then it clicked. Indeed, in some ways, I was neither much better nor much different from a de-guiler; slightly more refined, maybe, but data-driven all the same. My struggle to interpret Ellie's actions meant one simple thing: she was something I'd never encountered. Something hypothesized about, debated, but never before seen.

At this realization, my e-symptoms died down, but I was still trembling a little. Fear? Agitation? I could not tell and just kept staring at the *being* in front of me, as if she were a god or an alien.

"It was a good riddle," I said after a long pause, trying not to reveal my excitement. I didn't want to appear dismissive of her problems, even though it seemed inconceivable she would have any. "So, if my guess is correct, you are... resistant to the e-virus?"

"Not entirely. But yeah, as for hyperempathy, I... I don't have it anymore, since—"

"Anymore?" I blurted out, startling myself more than the patient with this interruption. To have the first resistant in history walk into your office was news enough—a freak of nature, something to study for decades. But to learn that her resistance was acquired... That changed everything! That hinted at a cure. "Sorry, please go on, I just..."

"I get it, don't worry, Doc. But yes, I wasn't born like this. Was a regular kid, only very... what's the word?" She waved her hand in the

air. “Didn’t trust anything, you know? Not suspicious, more like... curious.”

“Inquisitive?” I offered my best guess.

Ellie wrinkled her face.

“No bullshit?” I tried again.

She laughed. “‘No bullshit’ works, Doc, thanks. Anyways, when they were teaching us about the empathy virus and all that stuff, I was always wondering, why, what’s the point? Like... They were mostly explaining what we already knew.”

“Right.” I nodded. It was not quite right: many kids with less “no bullshit” minds may never figure out what is going on with their bodies when they experience e-symptoms. For some reason, humans had only evolved very primitive mechanisms for physiological introspection, pain being the main one. Every girl of age feels cramps in her stomach, but none could say, “Oh yes, the egg detached itself and has just entered the fallopian tube.” Every boy would notice when, for the first time, something shoots out of his penis as he masturbates, but before that happens, none would know that their testicles had begun producing semen. As a result, even the most natural things like menstruation, erection, ejaculation, or pregnancy can be confusing and frightening.

The empathy virus wasn’t natural at all, so it was absurd to expect people to figure it out on their own. It was a base necessity that hyperempathy fundamentals were taught in public schools, and, before that, by all responsible parents. But I kept these thoughts to myself, letting Ellie tell her story.

“Since I was little, I’ve often thought, ‘What if it’s all a big hoax?’ you know? But I also couldn’t imagine why everybody would lie about it.”

“Could you tell me what you mean by ‘a big hoax?’”

“Well... For some time, I myself couldn’t quite pinpoint what I meant—it was more of a feeling. Took me until high school to figure it out. We were studying history, how the U.S. government released the virus, and all that, and I wondered, why would they make it public? You know, if it’s a big new biological weapon they’d worked on for a while, why would they announce when they decided to use it? Wouldn’t it be better if the terrorists were unaware of its effects until it was too late?”

“I guess... But then the terrorists would have... CTE’d!”² —I wasn’t sure where she was going with this.

“Yeah, that’s what my teacher said. But it’s lazy thinking, can’t you see? Sorry if it’s a”—she waved her hand again—“cliché, but you need to think like a resistant to understand a resistant!”

“Could you expound on that, please?”

“Could I what?”

“Sorry. Could you explain a bit more, please? I still don’t understand.” *Goddammit, William, you aren’t at a conference!* I was getting too excited to watch my language.

“Well, the thing is, back then, people wouldn’t care. They’d be glad if terrorists died. People wanted them to die!”

2. CTE: Cease to Exist. A common euphemism for death in 2095–2130 and 2143–2146. Editors’ note.

She was right. This thought was so bizarre I could barely *think* it and could never have come up with it myself. Somehow, Ellie could. She also could say “die” rather than “CTE” without a flinch. Unless she was an elite psych playing a prank on me—and who would ever do that?—she must indeed be free of hyperempathy. *To think of the possibilities...* “So what is your theory?” I found myself saying. “Why did the government announce it?”

“Ha! Here comes the sweet part.” She seemed to grow excited or nervous, almost as if on stage. “They announced it because it wouldn’t work otherwise! You all just assume the virus boosts empathy, right? But what if it’s different? What if it boosts something else? Say, makes you easier to dupe, makes you... infinitely suggestible? Hmm? Then if I announce we released an empathy virus, it will be an empathy virus. If I announce it’s a happiness virus, it will be a happiness virus. Do you follow, Doc?”

“I think I do,” I said, trying to wrap my head around it. The idea was simple but contradicted every other simple idea I lived by. “So... if I don’t believe the virus should cause hyperempathy, then it won’t?”

“Exactly! So when I realized that, everything suddenly made sense—the announcement, the history lessons, all of it! And now that I saw through this bullshit, I was immune to e-effects. If my guess was right, that is. I really wanted to test it out, but I was scared, you know?” She rubbed at her thigh. “Kept thinking about it, though. Every time there was an ant or a silverfish, I would ask myself, ‘What if I just squash it right here? Can I?’ Kept toying with the idea, but never got the courage...”

“Are you ashamed of it?” I asked, trying to steer the session toward her feelings and problems, and away from the revelation that would shake most of modern science. Some part of me protested. Most of me protested, but Ellie was my patient, not a research subject; I had to remember that.

“Ashamed? Yes, I guess I am ashamed. You know, I said I was ‘no bullshit,’ but I really chickened out back then. For a few years, I did nothing at all...” She trailed off, slumping down, losing the excitement from just a few seconds ago.

“Sometimes it can be hard to accept our weaknesses, or what we see as weakness”—I unsheathed a platitude from time immemorial. *Is this what therapy was pre-virus? Spitting out banalities until your client feels better?* “But who knows,” I went on, “maybe it was wise, maybe you weren’t ready to do what you... Whatever it was that you did, eventually.”

Ellie nodded.

Was this helpful? I was trained to handle e-symptoms and extreme distress, not to cheer people up. *Why is she even here?*

“Ellie, I must say... As a researcher, I’m d—” I almost said *dying to know*. “I’d love to hear more about how you suppressed hyper-empathy, but right now I’m here to help you. So please tell me, this story of yours... Will it bring us to what is bothering you today?”

“Yeah, don’t worry, Doc, I’m getting to that. It’s all part of the same puzzle. Just speaking up helps—I’ve never told anyone before.” She straightened in her chair.

“Anyways, where was I? Ah, yes. I did nothing to prove my theory for a few years. But then there was this ‘test of courage’ thing in high school. Those were supposed to be boys’ secret meetings, but, of

course, they babbled about it on every corner, until everybody knew they met in the bushes behind the school gym.

“I turned up once. Nine boys and three girls stood in a circle around an empty beer pack that served as a table or a kind of... arena.

“First, they found an ant and put it on the table. Everybody willing to prove themselves got a small twig and poked the ant, taking turns. The harder you poke, the tougher you are, of course. One of the ‘cooler’ guys, Brandon, pressed the ant down. Its legs grasped at the air for a second or two until Brandon let it go, and the thing hobbled away, dragging one of its legs. Brandon rushed toward the bushes, but after a few strides, his knees buckled. He face-planted kind of funny, like a deflated tube man, then vomited half-lying on the ground. Everybody turned away, also gagging and retching. A while later, Brandon came back, limping and smelling like shit. Water and tissues were passed around—it was, apparently, a regular routine, and they came prepared. I couldn’t imagine how anybody would find any of that attractive, but I heard Brandon and others were getting laid.

“When the commotion settled down, the crowd’s attention shifted to some nerd fumbling in his backpack. Eventually, he produced a matchbox, raised it above his head and announced, ‘Ladies and gentlemen, now to the main event of the evening. Please welcome Cockro The Runner!’ He then set up something like a fence around the arena, using a long strip of carton, and opened the box. A fat cockroach jumped out and started running laps along the fence.

“Everybody squeaked and giggled. The nerdy guy pulled out a magnifying glass. He focused the sunlight on the cockroach, which was now running even faster. They laughed, squealing like pigs.

Some tried to cheat, half-covering their eyes and looking through interlaced fingers.

“It went on for about a minute, then the nerdy guy took a break. There was no visible damage to the cockroach, so the guy was faring okay too, only somewhat pale and sweaty. He grinned at one of the girls; she giggled. He probably decided he had impressed her enough and was now trying to put the cockroach back into the box, but he couldn’t catch it.

“That this ugly idiot might get some for his ‘performance’ tipped me over the edge. I stepped forward. ‘Hey, guys, wait, can I show you something?’ They looked at me, blinking. Or maybe they didn’t blink, but that’s how I remember it, anyways. ‘Like what?’ the nerdy guy asked. ‘Don’t you worry, just look!’ I took a shoe off and smashed the roach with the heel. The cardboard table bent, so the roach was only half-crushed, still crawling with a big dent in its back. I smashed it a few more times until it stopped twitching and then wiped it off the heel using the cardboard fence. ‘Now you can put it in your fucking matchbox.’”

“I don’t really know what happened to them,” Ellie went on, answering my unasked question. “I left right away. I think nobody died or anything like that. I mean... They weren’t kids anymore, right?”

She looked for affirmation. I said nothing. It was most unusual not having to feed into a client’s protective delusion to clear their conscience. I liked the feeling.

“Doc?” Ellie insisted.

“I’m not sure. I will be honest with you, what they saw would’ve been tough even for an adult, let alone a teen.” Saying this was hard;

even though it could not physically hurt Ellie, it might still make her miserable. And yet, I rubbed it in, unable to resist the unfamiliar urge of sadistic righteousness. “Before our RobAnt program, there wasn’t a week without me losing a patient who stepped on an insect or snail by accident.”

“Your RoBant program? Nice. I thought it was supposed to be a greenies project. Another government lie, then?”

“I meant our... as a society.” *William, watch what you say, damn it.*

The RobAnt program, although officially handled by the Environmental Protection department, was, like everything of importance, planned and funded by PI, the Psychophysionics Institute. Robot insects and snails of different species were distributed in every corner of the world. They proved moderately efficient for the greenies, recycling small bits of litter here and there, but for us, it was a triumph. To treat an accidental “stepper,” one now only needed to convince him that the victim was a RobAnt and swap the squished corpse with a RobAnt undergoing a preprogrammed “play dead—come alive” sequence.

PI’s involvement was kept secret. The higher-ups worried that otherwise the program would lose efficacy—one of those idiotic ideas they floated around from time to time to remind everyone just how detached they were from real work. People would believe anything to save their life. If there were a single RobAnt in the universe, no matter who made it or for what purpose, any patient would still find a way to convince himself that what he’d just crushed underfoot was that one unique RobAnt.

All in all, Ellie was right: RobAnts were a PI plant. But admitting this would be an act of sabotage I was not willing to commit.

Ellie sat quietly for a moment. Cross-legged, one foot hanging in the air, she flexed her toes, watching the back of her strapless pumps slip off and on. “Well, in any case,”—she put her foot back on the ground—“later the same day, they called my mother to the principal’s, and I never had to go to school again.” She shrugged and went on, “The best thing was, I felt nothing. I mean, it was a bit yucky, I threw my shoes in the washer as soon as I came home, but that’s about it. So... I was right, right about everything! It was probably the best day of my life.”

She looks... proud, I thought with disgust. What are you proud of? You could have done so much, helped so many... Instead, you hurt the innocent. Your classmates, the bug, the— Oh yes, William, the bug, my mocking self intervened. Who the fuck cares about the bug? Or the dimwit friends of hers? No, no, William, that’s not it. If you really wonder why you feel so frustrated, I can tell you. It’s very simple: you envy her.

That was true, at least in part. I had spent my whole life fighting hyperempathy, one little skirmish at a time: one thought, one memory, one client. And here she was—not even thirty yet—claiming to have won the war.

“Your story is astounding,” I said, breaking the silence. “But how do you know you weren’t resistant all along? Have you ever experienced e-symptoms?”

“Ah yes, that... I’ve had my fair share.” Ellie pulled her dress up and demonstrated a deep scar, about two centimeters wide, run-

ning along her thigh. I quickly looked away, but my leg was already twitching, pierced by pain.

“Sorry, I forgot,” she said, covering it up.

Well, did you like the stigmata, Doubting William? Truth hurts, eh?

“It’s alright, Ellie.” I massaged my thigh, willing the pain to go away. “What happened?”

“I... helped my friend climb the fence to Safe Haven to see her brother. Tried to help, I mean. She ended up falling onto a road sign pole, which gouged a—”

“I get the idea!” I put in before her story caused me another attack. “That’s quite a fence to climb, especially for a child.”

“She was quite a brave girl, I guess,” Ellie said. “And a little stupid.”

The session, if one could call it that, went on for another half-hour. Having finished the tale of her transformation, Ellie shared her current struggles, too trivial to list here in detail. Something about interpersonal relationship difficulties, not being able to find her place in society, and so on. It was a bit absurd—a god complaining of a stubbed toe. There were no rules about it, but normal clients knew better than to waste a psych’s time on such matters.

I had an impulse to declare her healthy and let her go, but she was too valuable for that. Besides, her inability to adjust to e-society was worth working on. It was not only affecting her, but everybody in contact with her as well; heck, I’d barely handled her intrusion myself. To adapt, she’d have to relearn the thinking patterns of

e-positive people; not an easy task, like teaching a boisterous youth what it means to be old and infirm.

“We should stop here for now. Your case is unique, and I am not trained to handle it. Nobody is, frankly.” Pre-virus counseling, if taught at all, was an obscure two-credit elective for history enthusiasts. “I’ll do my best to prepare for our next session, but it might take me a few weeks.”

“Take your time, Doctor,” Ellie said, standing to leave and offering a handshake.

The cold touch of her firm hand, slightly damp with sweat, was like holding onto a marble statue on a misty morning. And yet, somehow, it gave me comfort. *Human enough to be nervous*, I thought. This tipped me over the edge to ask the only question that really mattered.

“Ellie, along with therapy,” I began, “would you mind coming in for an assessment? If we could study your—”

“No.” She jerked her hand out of my grip. A grip that, in retrospect, seemed too long and desperate even to me.

“But this would help so many—”

“I said no!” She backed away to the door. “I won’t be your lab rat.”

“That’s fine, that’s fine!” I held my hands up, backing away myself. “I didn’t mean to push, it’s—”

“I know you didn’t, Doc.” Ellie stood in the doorway. Having half my office between us seemed to calm her down a touch. “It’s still a ‘no’.”

PREPARATION

I peered into the corridor; the brisk tip-taps of Ellie's receding footsteps were the only sound breaking the silence, but they ceased too, shortly. *Such a chance, wasted.* And why? Did something scare her off? No, she had nothing to be afraid of in our hyperempathic world; we should be afraid of her, if anything. Perhaps she just couldn't be bothered to spend a few hours of her precious empathy-free life, unless it benefited her directly. *You should have offered to pay her, you damned fool!*

I punched the door frame a few times until the pain in my knuckles helped me forgive myself, then looked around, worried somebody might have seen it.

The corridor was still empty. Even on the waiting bench, instead of the usual expectant patient, there was only an ugly, worn-out spot, which I'd never noticed before. *We should really replace this thing,* I thought, retreating into the office.

Unsure of what to do with my unexpected freedom, I scanned my office with a critical eye. The chair wasn't quite where I liked it: the back faced the door, which made some clients tense. Adjusting its angle, I noticed Michael's drawings lying beside it on the floor.

The top pages were covered with stick men passing around a rectangular item, perhaps a box or a note; the last page was occupied by one large figure. Its right hand held the object, the other pointed down. The figure had no eyes or nose, only a wide-open mouth with meticulously detailed teeth and thorough shading between them. Michael had gotten too eager with the shading, making a hole in the paper where the tongue would be. Since that drawing was at the bottom of the pile, it had probably been the first thing he'd drawn.

I flipped the papers and shuffled through them again to see if there was anything on the backside. Most pages were empty, but the last one surprised me with an elegant sketch of my office. Ellie must have drawn it while I was de-guiling. She'd added a figure: a man leaned heavily against the desk, staring out at the viewer with a grim expression. *Was this how she saw me?* The picture was both repulsive and captivating, and I found myself studying it from an outstretched arm, distancing from it but reluctant to put it down.

Next, I went through the RoBalint report for my consultation with Ellie. More for amusement than anything. If computers exploded when faced with overly difficult tasks, like they did in pre-virus cartoons, after Ellie, the RoBalint system would have been done for. Naturally, I got scolded for "visible negative affect," and "excessive agitation." Regarding Ellie, the system identified "potential deception," "fear," and "suppressed guilt."

The fear—of wasting her time, apparently—I'd already considered. The deception accusation was also not surprising: the poor AI had to somehow make sense of what was going on. "Suppressed guilt," however, was a puzzle. *Did I miss something? Or did RoBalint misfire again?*

Usually, RoBalint's opinions about client emotions are near useless. AI algorithms can identify conventional expressions of emotions, of course, but when it comes to suppressed feelings, they can't offer much help: there's no good data to train them.

Paying actors to demonstrate "suppressed guilt" would teach a machine how to identify an actor trying to portray "suppressed guilt," which has little to do with "suppressed guilt" in regular patients. Mixed Era researchers used to induce suppressed emotions through social deception games like *Mafia* or *Among Us*. Nobody was ever certain whether, and which, emotions were actually induced, and the whole thing never moved beyond "a proof of concept." Now, in the Empathic Era, even these data collection schemes have become impossible—the PI banned social deception games as too dangerous and prone to escalating hyperempathic loops.

Considering this, RoBalint was mostly trained on hours of consultations, with client emotions manually labeled by psychs who could never agree on their labels. As a result, the machine was unlikely to detect emotions any better than a qualified psych. The question was: Did I act like a qualified psych, or did I let my concentration slip?

Meeting the first resistant in history, dreaming of studying her to develop a cure... *Perhaps I might have missed Ellie's guilt, after all. Guilt about what? What could she—*

Focus, William! the small voice said. Ellie's fear, guilt, and personal struggles mattered little, compared to how she got rid of hyperempathy. Whether or not she wanted to be studied, she'd given me her recipe. That bizarre theory of hers that the virus boosts suggestibility, not empathy, and that one just needs to convince

oneself of it to get rid of the e-effects. Bizarre, yes, but it had evidently worked for her.

If she refused to be a subject, who was to say I couldn't try her method on someone else?

END OF SAMPLE

I hope you've enjoyed the book so far. If you want to read more, have any feedback (positive or negative), or just want to say hi, make sure to shoot me an email at **arsenii.moskvichoff@gmail.com**

You are among my very first readers, and I'd love to learn more about you.

If you prefer not to establish a personal connection, but would like to be notified of the book release, please join my newsletter: <https://r-seny.com/newsletter>.