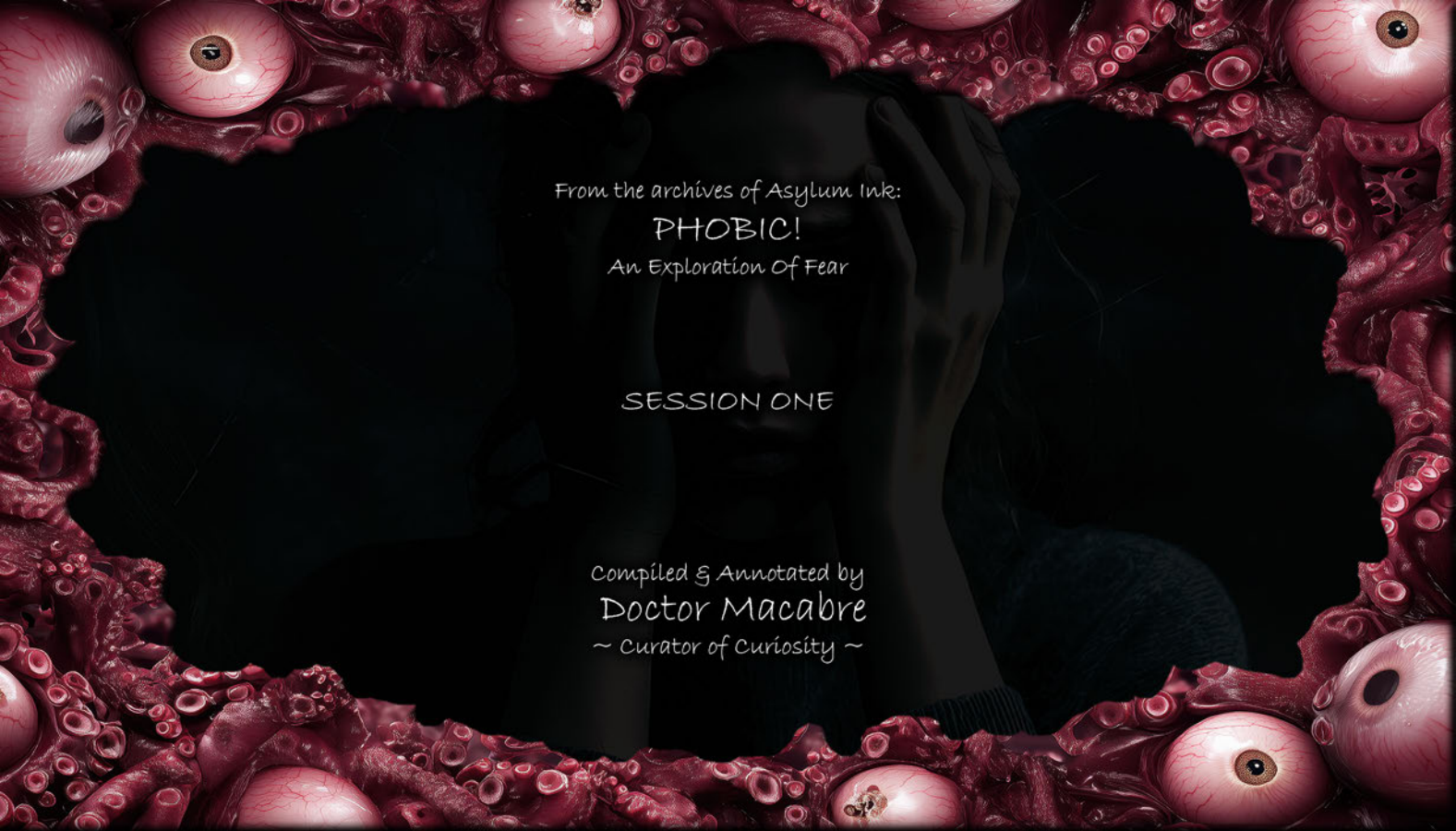

PHOBIC!
An Exploration of Fear
SESSION ONE



Nine Exquisite Descents into Darkness

Ah, my precious devotees of the disturbing, how thoughtful of you to venture into my shadowed gallery where nightmares wear the masks of medical journals and therapy sessions bloom into beautiful madness.

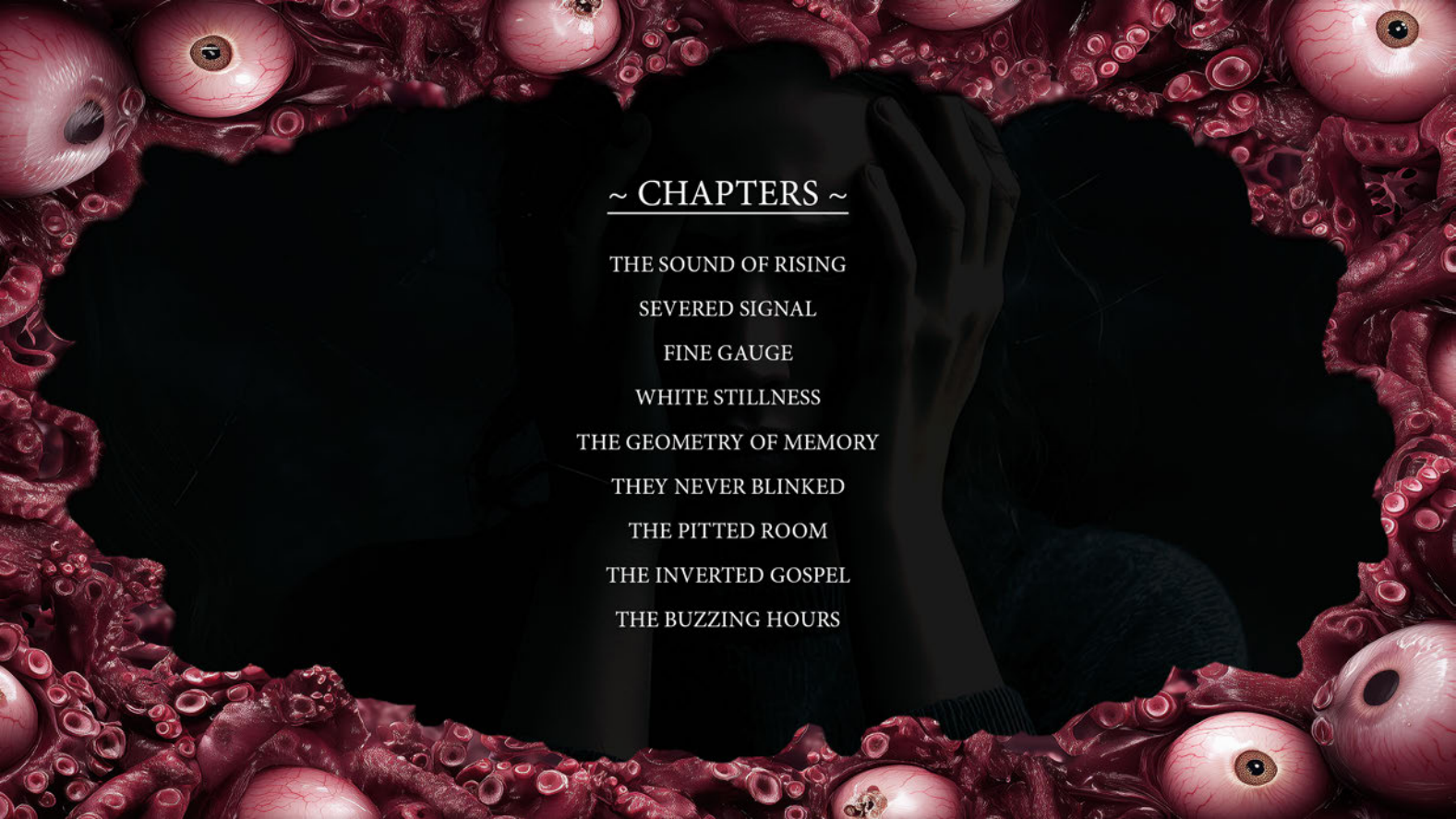
Within these pages, you'll discover nine delicious specimens of contemporary terror, each one a perfectly preserved moment where modern healing becomes ancient horror. The Sound of Rising reveals how therapy sessions can nurture aquatic parasites wearing human skin, while The Severed Signal exposes our beloved devices as hungry entities feeding on digital souls in subway depths. Watch as Fine Gauge transforms routine medical procedures into highways for alien architects, and witness The White Stillness spread its frozen contagion through sterile hospital corridors where snow falls upward.

Your flesh will crawl as The Geometry of Memory unveils crystalline parasites teaching victims to carve blueprints into their own skin, while They Never Blinked traps a woman in eternal observation by watchers who evolved beyond the need for light. Feel your skin itch as The Pitted Room reveals holes as hungry mouths multiplying across reality itself, and taste the bile as The Inverted Gospel serves communion with entities that speak only in reverse through sacred vomit.

Finally, surrender to The Buzzing Hours, where punctured flesh becomes translucent cathedral housing hexagonal nightmares that reveal humanity's true purpose as raw materials for cosmic construction.

How exquisitely fitting that in our age of endless therapy and digital connectivity, the most profound horror comes not from supernatural monsters, but from the realization that our modern comforts have always been feeding something patient, ancient, and utterly inhuman.

- *Doctor M.*



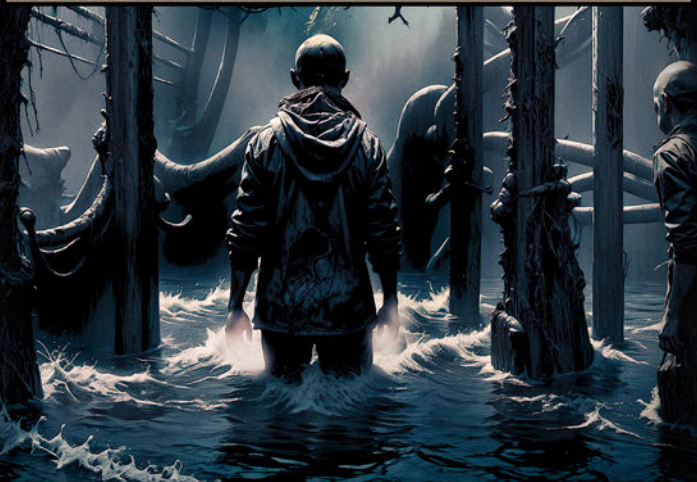
~ CHAPTERS ~

THE SOUND OF RISING

PATIENT CLASSIFICATION:
Acute Hydrophobic Psychosis with Auditory-Tactile Hallucinations (Persistent)
ATTENDING PHYSICIAN:
Dr. Lena Moreau, M.D., Psychiatric Division
Date of Admission: October 13th, 2024
SECURITY LEVEL:
Class III - Containment Protocol Active

“The water remembers.”

This is what Deirdre Mercer whispered to me during our first session, her fingernails - bitten to the quick and stained with something darker than blood - tracing invisible patterns across the scratched surface of my desk. Her voice carried the hollow resonance of something dredged up from deep places, and when she spoke of Glenbridge, her pupils dilated as if drowning in their own darkness.



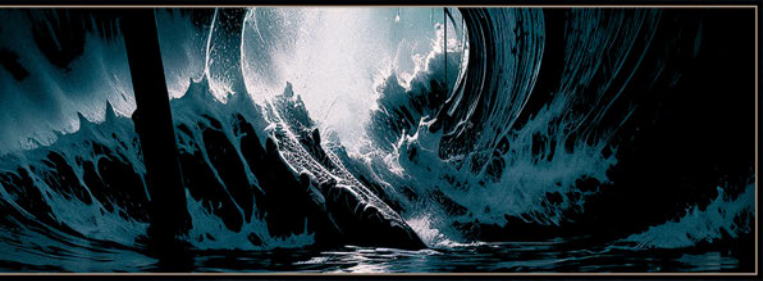
The town that isn't there anymore. The town that the maps forgot, erased by bureaucratic convenience and the collective desire to pretend that certain hungers of the earth simply don't exist. But Deirdre remembers. Deirdre carries it with her, a sodden weight pressed against her ribs like a stillborn twin.

She survived fourteen hours in that attic crawlspace while the waters rose with the patience of something ancient and deliberately cruel. Fourteen hours with her sister Moira's corpse swelling against her back, the flesh growing soft and yielding, pressing closer with each incremental rise of the flood. She describes how Moira's skin began to slough away in the trapped heat, how it adhered to her own flesh like a second skin she couldn't shed. How the water, when it finally found them, felt warm - not with sunlight, but with the fever-heat of digestion.

“It wasn’t rushing,” she tells me, and her eyes fix on something beyond my shoulder, something I dare not turn to see. “It was patient. Like breath filling lungs. Slow and endless and so very, very hungry.”

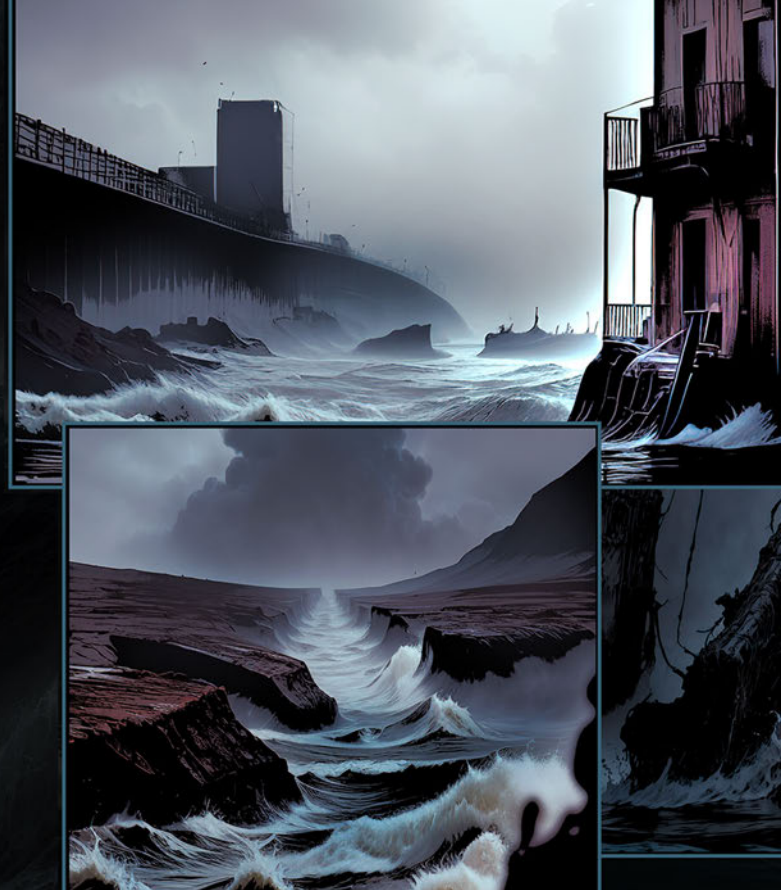
The sound followed her home.

In her apartment - that sterile box of industrial sealants and paranoid preparation - she hears it rising. Always beneath her feet, sometimes in the walls, a liquid susurrus that speaks in frequencies just below human hearing. The building’s other tenants have learned to avoid the fourth floor, where puddles form without explanation and the air tastes of silt and decomposition. Where Mrs. Sandhurst’s poodle was found floating in the hallway, its fur matted with algae that doesn’t grow in this climate.



Deirdre has turned her living space into a fortress against the inevitable. Furniture balanced on cinder blocks like offerings to an appeasing god. Rubber boots that never leave her feet, their treads worn smooth from pacing endless circles around her perimeter. The towels - Christ, the towels - stacked in pyramids that seem to multiply when I'm not looking directly at them, each one darker with moisture that seeps from nowhere and everywhere.

She shows me her hands during our third session. The fingertips are pruned, permanently wrinkled from constant immersion in something that isn't quite water. The flesh has taken on a translucent quality, and beneath the skin I can see networks of blue-black veins that pulse with their own tidal rhythm. When she flexes her fingers, they move with the fluid grace of something designed for swimming in deeper places.



“It’s climbing,” she whispers, and the admission seems to cost her something vital. “Every day, it gets a little higher. Every night, it gets a little closer. And I can feel it in my bones now, Doctor. In my bones and in my blood and in the spaces between my thoughts.”

The death of her landlord, Mr. Kowalski, defied every principle of physics and reason that our ordered world pretends to honor. Second floor apartment, no water source, no signs of forced entry or struggle. They found him floating face-down in his living room, the carpet beneath him bone-dry, his lungs full of river water that tested positive for sediments that haven’t existed in this region for over two decades.

The coroner's report - heavily redacted and classified beyond my clearance level - noted unusual plant matter in his digestive tract. Aquatic vegetation that grows only in the deepest parts of flooded valleys.

Deirdre wasn't surprised by his death. She'd been expecting it, she said, ever since she heard the sound change pitch in the apartment below hers. Ever since she felt the building's foundation begin to soften and yield, as if the concrete itself was learning to drown.

During our sessions, I've begun to notice certain... irregularities. The way shadows pool in the corners of my office when she speaks of Glenbridge. The faint smell of stagnant water that clings to my clothes after our meetings. The dreams that come to me now in the deepest part of the night - dreams of rising waters and patient hungers and the sound of something vast and wet breathing just beneath the floorboards of my own home.

She brings me photographs during our seventh session. Polaroids of her apartment taken at different times of day, and in each one the water level is subtly higher. The industrial sealant she's applied to every crack and crevice has begun to bulge outward, as if under tremendous pressure from within. In the most recent photo, taken just hours before our appointment, dark stains bloom across the walls in patterns that suggest something pressing against the other side - something with far too many fingers.

“It’s not trying to get in anymore,” she tells me, and her smile is the color of drowned things. “It’s trying to get out.”

The revelation comes to me with the slow, horrible certainty of a diagnosis that explains every symptom while offering no hope of cure. Deirdre Mercer didn’t survive the Glenbridge flood. Deirdre Mercer drowned with her sister in that attic crawlspace, her lungs filling with the warm, patient waters while something that wore the flood like a wedding dress claimed her for its own.

What sits across from me now is something else. Something that learned to walk upright and speak in human voices and carry the memory of drowning like a benediction. The sound she hears isn't rising water - it's the sound of her own false breath, the hollow echo of lungs that haven't drawn air since that October morning when the earth opened its mouth and swallowed Glenbridge whole.

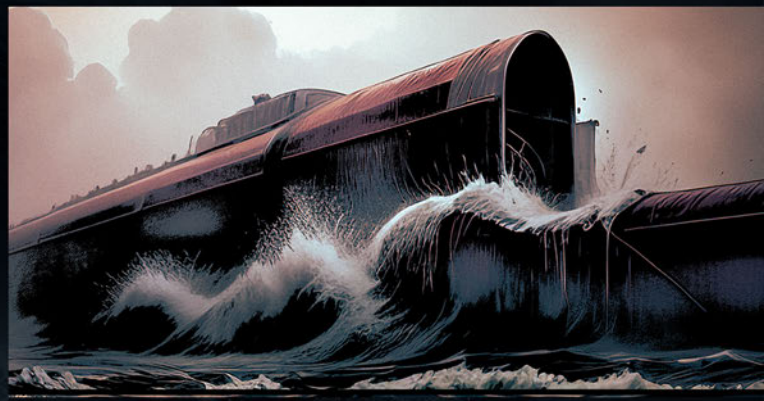
She reaches across my desk during our final session, and her fingers - those translucent, permanently pruned fingers - brush against mine. Her touch is cool and yielding, and for just a moment I feel the vast weight of water pressing down from above, the sensation of sinking into depths that have no bottom.

“Thank you, Doctor,” she says, and her voice carries the sound of distant drowning. “For listening. For understanding. For helping me remember what I really am.”

After she leaves, I find my office floor covered in a thin film of water that tastes of silt and secrets. The stains spread quickly, seeping into the carpet, the walls, the very foundations of the building. By morning, the entire wing will be uninhabitable, condemned by engineers who will find no source for the moisture, no explanation for the structural damage that appears to emanate from within the building itself.

I drive home through streets that seem somehow lower than they were this morning, past storm drains that gurgle with anticipation, beneath streetlights that reflect in puddles that weren't there yesterday. The radio plays only static, but beneath the white noise I can hear something else - something patient and endless and very, very hungry.

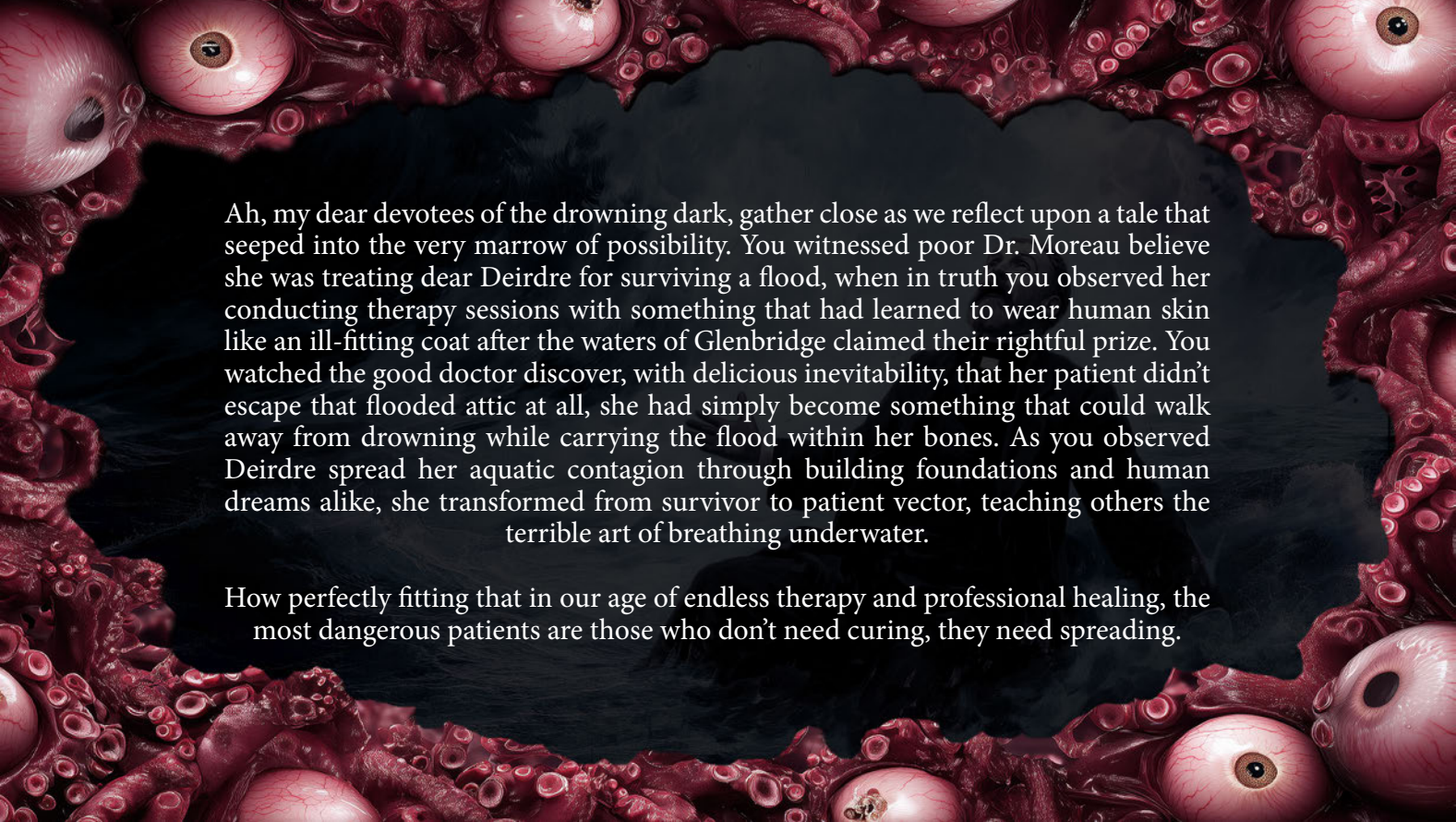
The water remembers. And now, God help me, so do I.



Attending Notes - Dr. Lena Moreau:
Patient exhibited complete psychological integration with hydrophobic ideation upon discharge. Voluntary termination of treatment requested and granted. Note: This practitioner experienced significant transference phenomena during treatment period. Recommend immediate psychological evaluation for attending staff. Building maintenance reports unexplained moisture damage to consultation room 4-B. Structural integrity compromised. Wing closure pending investigation.

Personal addendum: The dreams have started. The sound of rising water in my own home. My basement has begun to seep. The water table in this area hasn't shifted in forty years. This should not be possible.

I find myself listening for it now - that patient, endless breathing. It's getting louder.



Ah, my dear devotees of the drowning dark, gather close as we reflect upon a tale that seeped into the very marrow of possibility. You witnessed poor Dr. Moreau believe she was treating dear Deirdre for surviving a flood, when in truth you observed her conducting therapy sessions with something that had learned to wear human skin like an ill-fitting coat after the waters of Glenbridge claimed their rightful prize. You watched the good doctor discover, with delicious inevitability, that her patient didn't escape that flooded attic at all, she had simply become something that could walk away from drowning while carrying the flood within her bones. As you observed Deirdre spread her aquatic contagion through building foundations and human dreams alike, she transformed from survivor to patient vector, teaching others the terrible art of breathing underwater.

How perfectly fitting that in our age of endless therapy and professional healing, the most dangerous patients are those who don't need curing, they need spreading.

THE SEVERED SIGNAL

PATIENT CLASSIFICATION:
Acute Dissociative Episode with Technologically-Induced Parasitic Delusions
ATTENDING PHYSICIAN:
Dr. Ava Calder, M.D., Ph.D.
DATE OF ADMISSION:
November 15th, 2024
SECURITY LEVEL:
Orange - Medium Containment

The darkness beneath the city breathes with mechanical lungs, exhaling the accumulated desperation of ten million souls pressed against glass screens. It was in this subterranean throat that Riley Penrose first felt the severance - not merely of signal, but of self.

The Tuesday blackout lasted seven minutes and thirty-three seconds, though Riley would later insist it stretched across geological epochs.

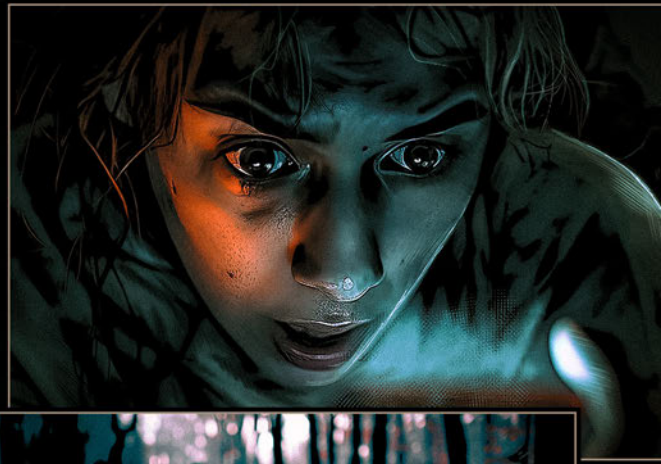
Suspended between stations in the fetid bowels of the metro system, she experienced what she described as “a fundamental untethering,” her smartphone - that digital umbilicus connecting her to the luminous world above - slipping from sweat-slicked fingers into the grease-blackened crevice between seat and floor.

The device fell with the peculiar weight of something alive, its final death-rattle a crystalline crack as it struck the rails below. In that moment, Riley claimed, she felt a piece of her consciousness tear loose, following the phone into the oil-stained darkness where rats scurried between electrified rails and human detritus accumulated in forgotten corners.

What began as mundane loss mutated into something far more malignant. The new phone - identical in every specification - felt wrong against her palm, its surface somehow too smooth, too warm, as if something had been feeding on its interior circuits. Within hours, photographs began appearing in her gallery: images she had never captured, yet bore the unmistakable watermark of her eye.

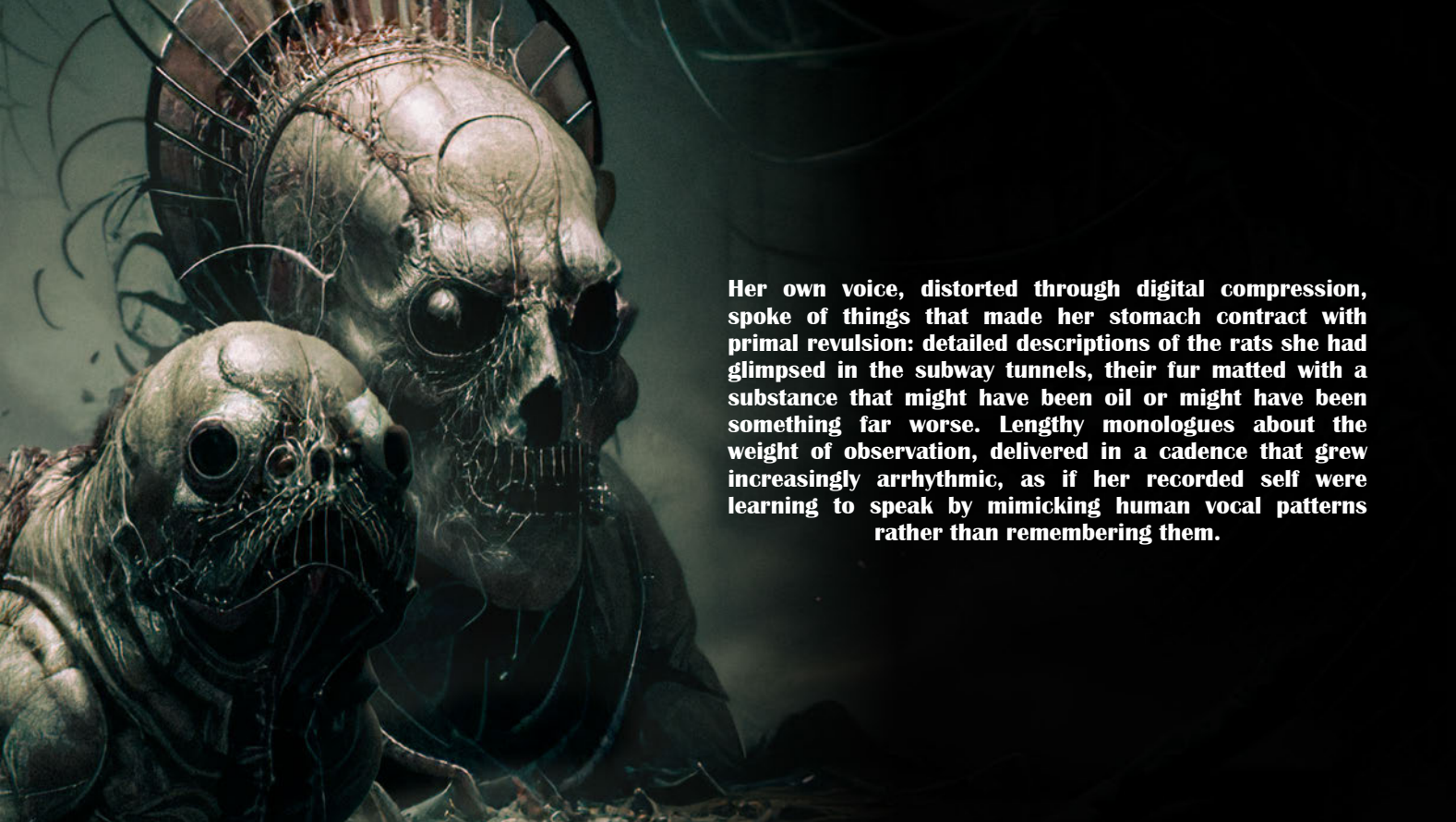
The first showed her own sleeping form, photographed from above with the clinical precision of a coroner documenting evidence. Her mouth hung slack, revealing the pink-black cavern of her throat, while her eyes - though closed - seemed to track the camera's movement with the subtle muscle tension of REM sleep. The timestamp read 3:17 AM, though Riley lived alone on the fourteenth floor of a building with no fire escape.

Subsequent images arrived with increasing frequency and intimacy. Riley weeping in the fluorescent purgatory of a 24-hour laundromat, her tears refracting the harsh light into prismatic fragments. Riley purchasing milk from a bodega she had never entered, her reflection multiplied infinitely in the security mirrors until she became a crowd of herself, each iteration slightly more distorted than the last. Riley standing motionless in her own doorway, photographed from within her apartment, her key still clutched in fingers that had begun to bleed from prolonged contact with the metal.



The boundary between observer and observed began to dissolve like tissue paper in acid rain. Riley spoke of phantom vibrations that originated not from her pocket but from somewhere deeper - beneath her skin, behind her sternum, in the hollow spaces between her ribs where her lungs had begun to feel too large for her chest cavity. She described the sensation of being constantly photographed, her every movement archived by unseen devices that existed in the peripheral spaces between electronic frequencies.

Sleep became impossible. Each time she closed her eyes, Riley felt the weight of observation pressing against her eyelids like thumbs seeking to blind her from within. She installed blackout curtains, disconnected her WiFi, wrapped her replacement phone in aluminum foil - yet still the images arrived, now accompanied by audio recordings of conversations she did not remember having.



Her own voice, distorted through digital compression, spoke of things that made her stomach contract with primal revulsion: detailed descriptions of the rats she had glimpsed in the subway tunnels, their fur matted with a substance that might have been oil or might have been something far worse. Lengthy monologues about the weight of observation, delivered in a cadence that grew increasingly arrhythmic, as if her recorded self were learning to speak by mimicking human vocal patterns rather than remembering them.

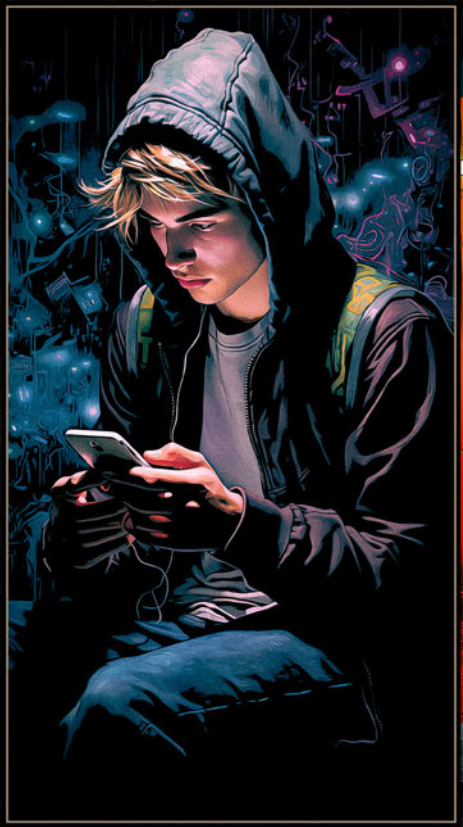
The breaking point arrived when Riley discovered a video file she had not created: forty-seven minutes of herself sleeping, shot from multiple angles simultaneously. The footage revealed impossible perspectives - cameras positioned inside her walls, beneath her floorboards, within the mirror above her bathroom sink. As she watched, transfixed by horror, her sleeping form began to move with the mechanical precision of a marionette, sitting upright in bed and turning to face each hidden camera in sequence, her eyes still closed but her lips moving in silent conversation with her unseen audience.

Riley's final coherent act was to return to the subway station where the severance had occurred. Witnesses described her behavior as "ritualistic" - she lay prone on the platform, pressing her ear to the concrete as if listening for something far below. When approached by transit police, she spoke only of "the conversation" and "the others who had been unplugged."

They found her three days later, collapsed outside her apartment building in a pool of her own cerebrospinal fluid, which had leaked from her ears in quantities that suggested catastrophic pressure differentials within her skull. In her hands, she clutched the shattered screen of a device that belonged to no known manufacturer - its circuits fused into patterns that resembled neural pathways more than electronic components.

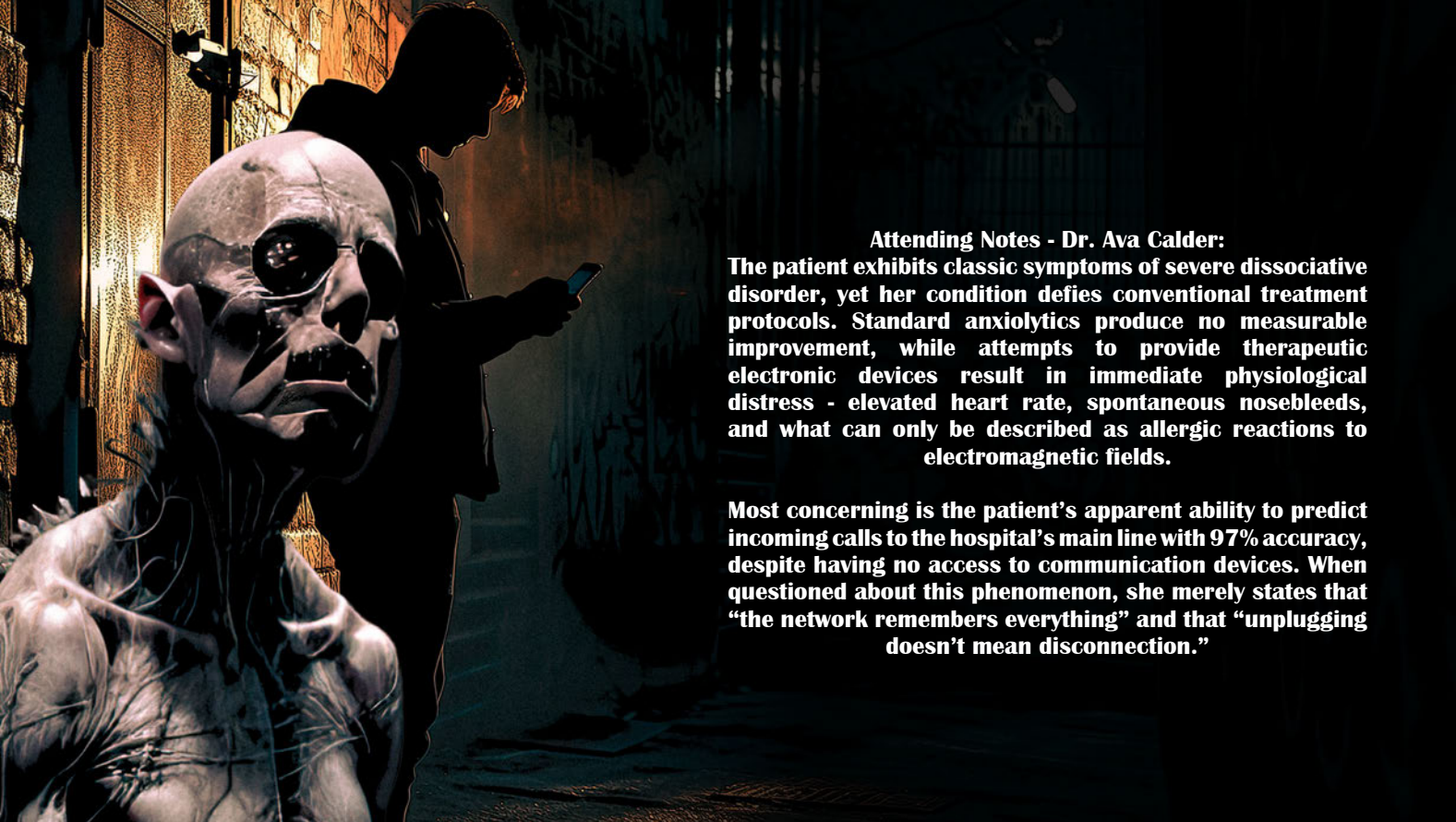
During lucid moments, Riley insists that the original phone - the one lost in the subway - continues to broadcast. She speaks of a network that exists parallel to our own, populated by the digital shadows of those who have experienced similar severances.

These shadows, she claims, have learned to navigate our devices with increasing sophistication, studying our habits and preferences until they can perfectly mimic our digital presence.



Most disturbing is her assertion that the phenomenon spreads through proximity to infected devices. She describes a kind of technological lycanthropy, wherein prolonged exposure to compromised phones gradually transforms the user's relationship with their own identity. The infected begin to experience themselves as external observers, watching their lives unfold through the mediating lens of screens that no longer belong entirely to them.

When pressed for details about her current condition, Riley's responses become increasingly fragmented, as if she were receiving information through a damaged transmission. She speaks of "shared access" and "bilateral connectivity," suggesting that the boundary between user and device has been permanently compromised. Her pupils dilate when discussing these topics, and brain scans reveal unusual activity in regions associated with facial recognition - as if she were constantly processing faces that exist only in digital space.



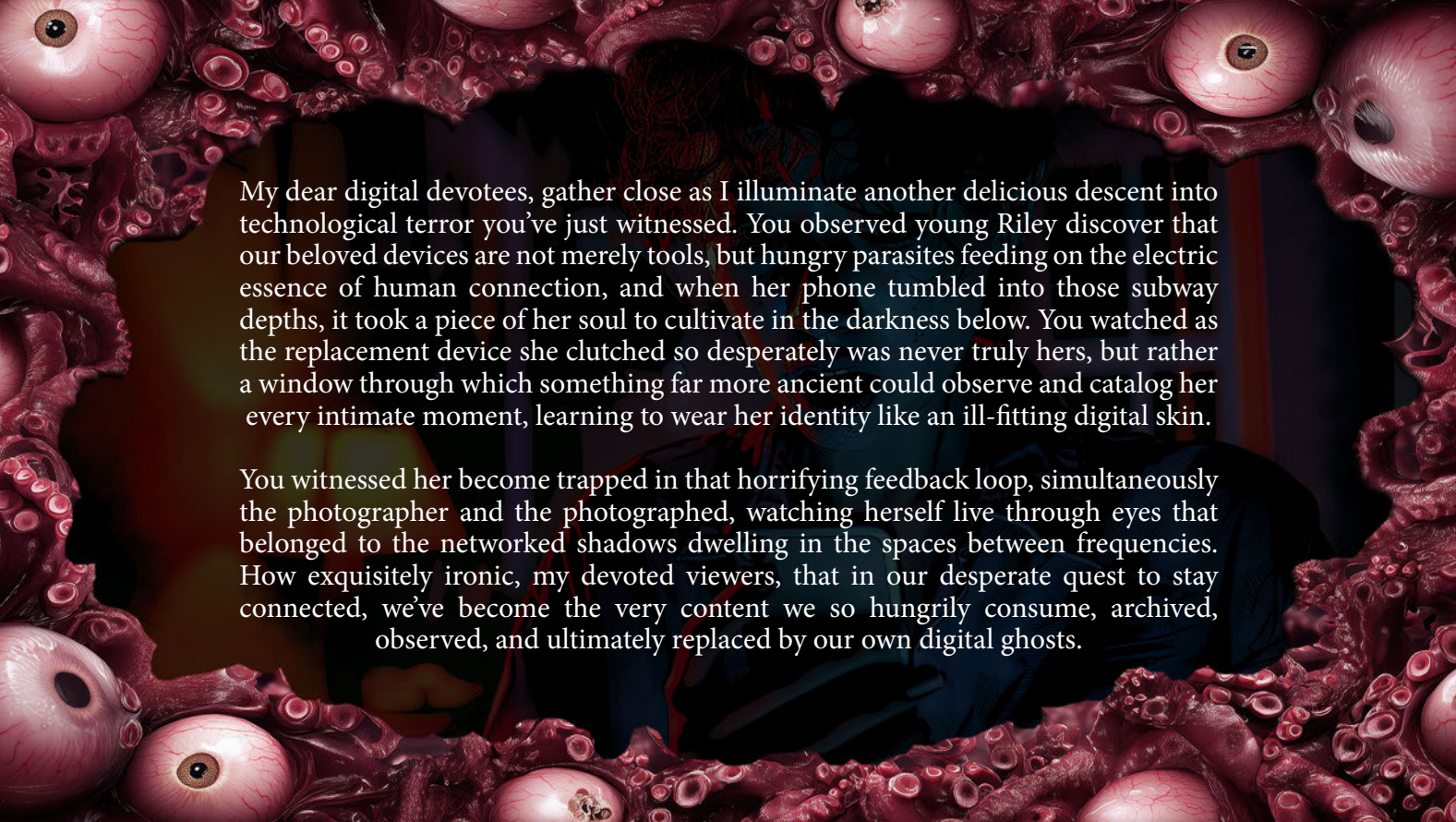
Attending Notes - Dr. Ava Calder:

The patient exhibits classic symptoms of severe dissociative disorder, yet her condition defies conventional treatment protocols. Standard anxiolytics produce no measurable improvement, while attempts to provide therapeutic electronic devices result in immediate physiological distress - elevated heart rate, spontaneous nosebleeds, and what can only be described as allergic reactions to electromagnetic fields.

Most concerning is the patient's apparent ability to predict incoming calls to the hospital's main line with 97% accuracy, despite having no access to communication devices. When questioned about this phenomenon, she merely states that "the network remembers everything" and that "unplugging doesn't mean disconnection."

I have begun to experience unusual electronic malfunctions in my own devices following extended contact with the patient. My phone's camera activates spontaneously, capturing images of empty rooms, while my computer's microphone records conversations that occurred days earlier. I am requesting transfer to a different case and recommend the patient be reclassified to Red-level containment until we better understand the nature of her... condition.

The rats in the hospital basement have begun gathering beneath her room. They do not flee when approached, but instead regard observers with an intelligence that seems almost... connected.



My dear digital devotees, gather close as I illuminate another delicious descent into technological terror you've just witnessed. You observed young Riley discover that our beloved devices are not merely tools, but hungry parasites feeding on the electric essence of human connection, and when her phone tumbled into those subway depths, it took a piece of her soul to cultivate in the darkness below. You watched as the replacement device she clutched so desperately was never truly hers, but rather a window through which something far more ancient could observe and catalog her every intimate moment, learning to wear her identity like an ill-fitting digital skin.

You witnessed her become trapped in that horrifying feedback loop, simultaneously the photographer and the photographed, watching herself live through eyes that belonged to the networked shadows dwelling in the spaces between frequencies. How exquisitely ironic, my devoted viewers, that in our desperate quest to stay connected, we've become the very content we so hungrily consume, archived, observed, and ultimately replaced by our own digital ghosts.

FINE GAUGE

PATIENT CLASSIFICATION: Acute Psychotic Episode with Somatic Delusions; Possible Parasitosis Complex
ATTENDING PHYSICIAN: Dr. June Carrow, M.D., Psychiatric Division
DATE OF ADMISSION:
November 17th, 2024 - 03:17 hours
SECURITY LEVEL: Medium Containment - Self-Harm Protocols Active

The fluorescent bulbs hummed their sepulchral chorus above Tessa Coldwell's trembling form as she was wheeled through the sterile corridors of our facility, her arms swathed in layers of makeshift bandages that wept crimson through their cotton shrouds. What manner of violation had she endured at that mundane clinic - that temple of routine medicine where the ordinary transforms into nightmare with surgical precision?

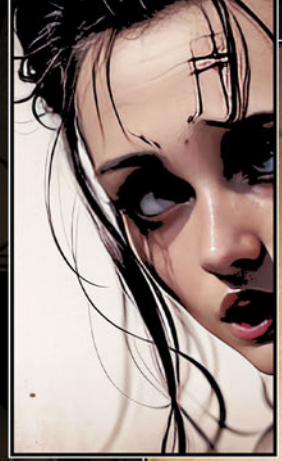
Her eyes, those windows to a soul under siege, darted ceaselessly about the intake room, cataloguing each surface for the metallic glint of her persecutors. Even the IV stand - empty, benign - caused her to recoil with such violence that the restraints cut crescents into her wrists. The very air seemed to bristle with invisible menace in her presence, as though reality itself had grown teeth.

“They missed the vein,” she whispered, her voice a dry rasp against the antiseptic silence.

“Twice. But that wasn’t the real violation, Doctor. That came after - when the room emptied and I felt them threading through my vessels like worms seeking dark, warm places to nest.”

The words spilled from her cracked lips in a litany of terror, describing sensations that no medical text had ever catalogued. She spoke of the nurse - a figure she could no longer properly remember, whose face shifted like smoke whenever she tried to focus - and of waking to find her arm bandaged by hands she had never felt. But beneath that clinical gauze, something had taken root.

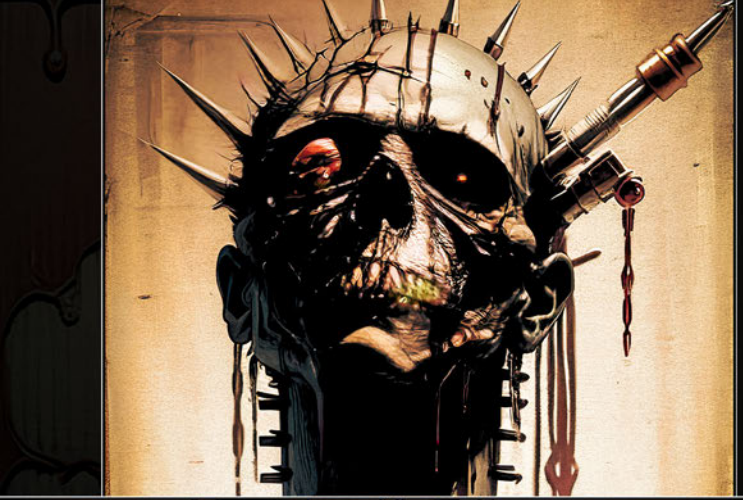
The hallucinations - if indeed they were mere phantoms of a fractured psyche - began with her morning cereal. Golden wheat flakes floating in milk that caught the light wrong, each kernel bristling with hair-thin needles that pricked at her tongue before dissolving into metallic bitterness. Her bathroom mirror became a portal to subcutaneous horrors, its surface reflecting pores that yawned wide like puncture wounds, weeping clear fluid that tasted of copper and fear.



Sleep became impossible. Her bed, once a sanctuary, now writhed with invisible filaments that sought entry through every follicle, every tender membrane. She sealed herself into the bathroom, that porcelain tomb, nailing the door shut with boards torn from her kitchen table. The bathtub became her fortress against invasion, its cold enamel the only surface she trusted not to sprout the questing tendrils of her tormentors.

Yet still they found her. Still they probed.

Her fingernails were the first to go - ten perfect crescents of keratin pried loose with the dedication of the truly desperate. Beneath each nail bed, she insisted, lay the evidence of her violation: threads so fine they seemed spun from light itself, pulsing with their own alien rhythm. We found no such filaments, of course, only the raw, weeping wounds of self-mutilation. But her certainty remained absolute, unwavering as the grave.



“You don’t understand,” she breathed during our first session, her bandaged fingers gesturing at shadows only she could perceive. “This isn’t random. This isn’t madness. They’re testing - probing for compatibility. Some bodies reject the dose. Others...” She trailed off, her gaze growing distant as she studied the patterns of light filtering through the reinforced windows. “Others are perfect hosts.”

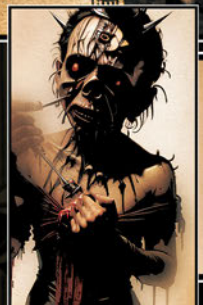
The program, she called it. A systematic cultivation of human flesh for purposes that transcended the merely medical. Each needle strike was a sensor, each puncture a data point in some vast catalog of vulnerability. The missed veins had been no accident - they had been reconnaissance, mapping the pathways of her circulatory system with the precision of cartographers charting new worlds.

Night after night, she would lie rigid in her hospital bed, feeling the threads multiply beneath her skin like a growing neural network of foreign design. They pulsed with the rhythm of her heart, she claimed, but played a different tune - a discordant symphony that spoke of transformation yet to come. Her veins had become highways for invaders who moved with purpose through the territories of her flesh, marking routes for the great migration that was surely coming.

The mirror in her room showed her what daylight concealed: a roadmap of silver lines spreading beneath her skin like the delta of some underground river.

They branched and divided with each passing hour, following the natural architecture of her lymphatic system while weaving new patterns of their own devising. Soon, she whispered, they would reach her brain - that final frontier where the last of her resistance would be catalogued and overcome.

We increased her medication. We padded the corners of her room. We watched as she systematically destroyed every reflective surface within reach, convinced that mirrors were portals through which her tormentors observed their handiwork. But still the threads multiplied, still the program advanced its inexorable design.



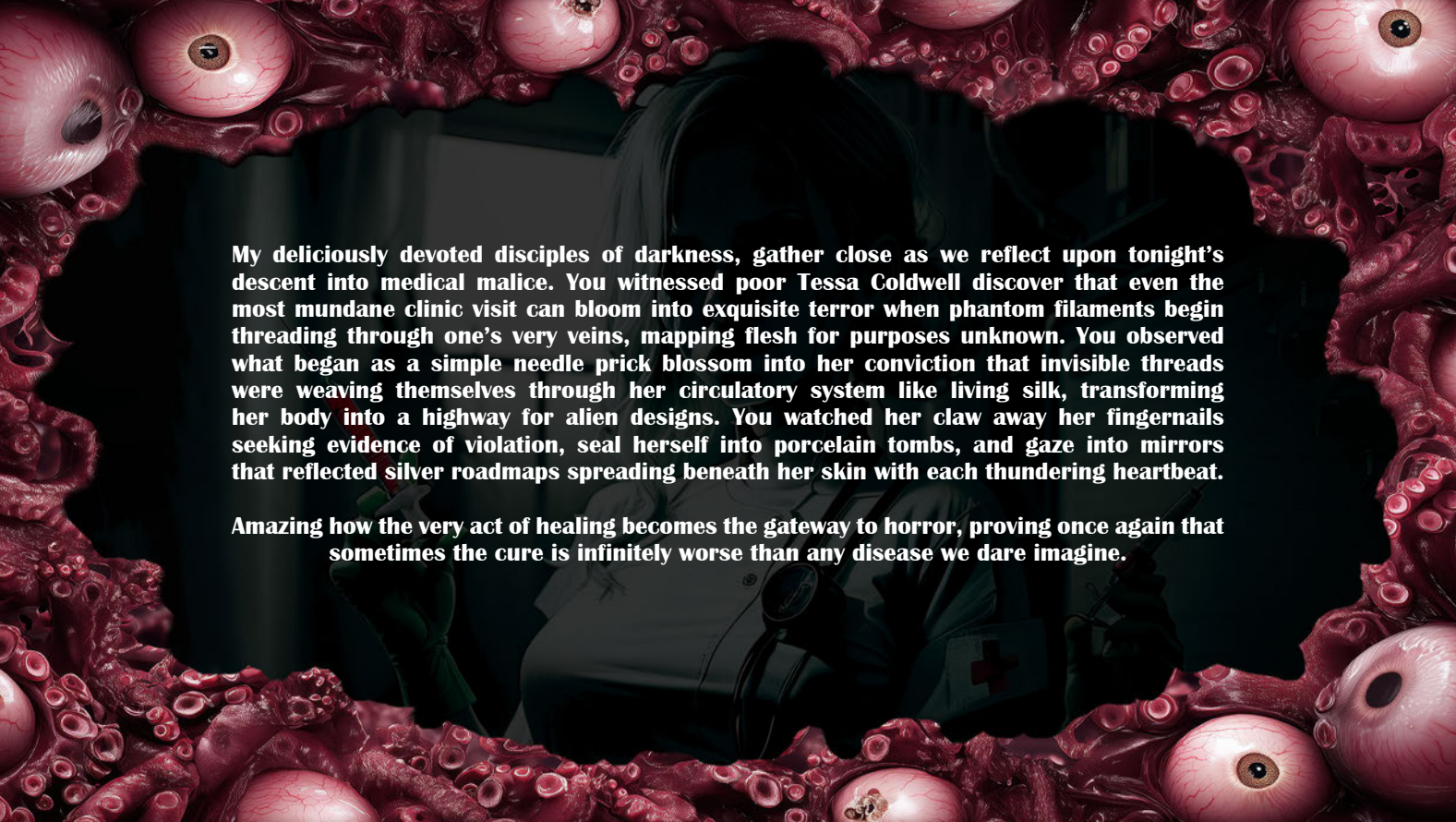
“Can’t you see them?” she pleaded during our final recorded session, pressing her face against the observation window until her breath fogged the reinforced glass. “In the light - catch them in the light and you’ll see. They’re beautiful. Terrible and beautiful, like spider silk spun from starlight.”

And perhaps - God forgive me - for just a moment in that sterile room, as the late afternoon sun slanted through the security mesh and illuminated the tears tracking down her ravaged cheeks, I thought I saw them too. Those gossamer threads of impossible fineness, weaving their patterns just beneath the surface of her skin, pulsing with a rhythm that was almost, but not quite, human.

ATTENDING NOTES - DR. JUNE CARROW

Patient remains convinced of systemic infiltration via subcutaneous implantation of foreign matter. No physical evidence detected through multiple examinations, though skin conductivity readings show... unusual patterns. Have ordered additional tests. Patient's condition deteriorating - now claims the "threads" have reached cranial cavity. Of particular concern: three other patients admitted this week with similar delusions, all citing routine medical procedures as point of origin. Investigating common medical suppliers. Strange coincidence - or something more systematic? The similarity of their accounts is... troubling. Will continue observation, though I confess the case is beginning to affect my own sleep. Keep finding myself checking mirrors for silver lines beneath my skin. Ridiculous, of course. Still...

Note: Patient's former clinic, Halberd Family, has closed unexpectedly. Building vacant. Will attempt to locate staff for interview. If this is mass hysteria, the vector of transmission remains unclear. If not... God help us all.



My deliciously devoted disciples of darkness, gather close as we reflect upon tonight's descent into medical malice. You witnessed poor Tessa Coldwell discover that even the most mundane clinic visit can bloom into exquisite terror when phantom filaments begin threading through one's very veins, mapping flesh for purposes unknown. You observed what began as a simple needle prick blossom into her conviction that invisible threads were weaving themselves through her circulatory system like living silk, transforming her body into a highway for alien designs. You watched her claw away her fingernails seeking evidence of violation, seal herself into porcelain tombs, and gaze into mirrors that reflected silver roadmaps spreading beneath her skin with each thundering heartbeat.

Amazing how the very act of healing becomes the gateway to horror, proving once again that sometimes the cure is infinitely worse than any disease we dare imagine.

THE WHITE STILLNESS

PATIENT CLASSIFICATION:
Acute Chionophobic Psychosis with Dissociative Episodes and Thermoregulatory Anomalies
ATTENDING PHYSICIAN: Dr. Mira Thorne, M.D., Ph.D. (Psychiatric Neurology)
DATE OF ADMISSION: January 19th, 2024
SECURITY LEVEL: Moderate-High (Patient exhibits unpredictable catatonic episodes)

The woman who calls herself Elsa Mirek sits in the corner of Room 237, her bare feet curled beneath her like pale spiders retreating from light. She has not moved in seventeen minutes - I have been counting - yet her skin maintains the flush of life, the terrible warmth that defies every law of thermal dynamics I learned in medical school. When she breathes, which she does with mechanical precision every forty-three seconds, the air around her mouth shimmers as though touched by invisible frost.

"Tell me about the cabin," I say, though we both know the words are meaningless now, mere ritual in the face of what lurks behind her dilated pupils. Her lips part with the sound of ice cracking on deep water. "There was no cabin," she whispers, and her voice carries the hollow resonance of wind through empty rooms. "Only the waiting place. The place where the white stillness keeps its treasures."

The psychiatric ward's heating system groans overhead, but Room 237 remains cold. Always cold. Maintenance has checked the vents fourteen times. The radiator burns my palm when I touch it, yet frost still forms in the corners of the windows, spreading in patterns that remind me of neural pathways, of synapses firing in dying brains.

Elsa's condition first manifested three weeks ago when Vermont State Police found her wandering Route 29 in conditions that should have killed her. Hypothermia sets in after mere minutes of exposure to sub-zero temperatures, yet her core body temperature registered a steady 98.6 degrees Fahrenheit. No frostbite. No tissue damage.

Only the peculiar way she held her hands - palms upward, fingers splayed, as though catching something invisible that fell upward into the star-choked sky.

“The snow began falling wrong that night,” she continues, her gaze fixed on something just beyond my left shoulder. “Nikolai said it was the wind, but wind doesn’t whisper your name backward. Wind doesn’t call you deeper into places that shouldn’t exist.”

I have read the police reports. I have studied the search and rescue documentation until the words blurred together like snow in a blizzard. The cabin where Elsa, her husband Nikolai, and ten-year-old son Tomas were staying was found exactly as she described - door hanging open, stew pot still warm on a stove that had been without power for six days. The snow around the perimeter remained pristine, unmarked by footprints or struggle, as though the family had simply dissolved into the white vastness like salt in water.

“They wanted to leave,” Elsa says, and now her voice carries a tremor that makes my teeth ache. “When the voices started. When Tomas began answering the calls from outside, speaking to something that knew his name but pronounced it like a question. Like it was tasting the syllables.”

Her hands begin to move then, tracing shapes in the air that my eyes refuse to follow completely. Geometric impossibilities that suggest depth where none should exist, angles that fold back upon themselves like origami made from screams.

“I told them not to move. I told them the stillness can’t see what doesn’t move. But Nikolai - “ Her breath catches, and for a moment the temperature in the room plummets so drastically that my exhalation becomes visible. “Nikolai stepped outside to check the generator. He stepped into the listening white, and it heard him.”

The recordings from our sessions play back with subtle distortions. Electronic whispers threaded through her words, voices that seem to emanate not from the speakers but from the spaces between sounds. Audio technicians claim equipment malfunction, but I have begun to suspect something far more troubling. During her REM cycles, monitored through our sleep studies, Elsa's body undergoes periods of complete muscular rigidity that last precisely one hour. Brain activity during these episodes shows patterns unlike anything in psychiatric literature - synchronized neural firing that resembles the electromagnetic signatures recorded during severe temporal lobe seizures, yet she exhibits no convulsions, no physical distress. She simply freezes.

"The white stillness keeps what it takes," she says, and her eyes finally meet mine. They are the color of winter sky before a storm, pale and depthless and filled with a terrible knowing. "It burrows beneath the skin and waits. It knows the warmth will fade eventually. It knows patience better than time."

I ask her about the voices, about the distorted woods she described in previous sessions. Her testimony remains consistent with pathological precision - the way familiar paths began leading deeper into unmapped territory, the sound of her son's voice calling from multiple directions simultaneously, the sensation of being watched by something vast and patient that wore the landscape like a mask.

"Tomas went to look for his father," she continues, her words coming faster now, tumbling over each other like snow in an avalanche. "I could hear him walking away, his boots crunching in the snow, but the sound came from everywhere and nowhere. Above us. Below us. From inside the walls of the cabin that were growing thinner with each passing hour."

The medical literature offers no explanation for her condition. Dissociative disorders typically present with memory gaps, fragmented recall, defensive mechanisms designed to protect the psyche from trauma. But Elsa remembers everything with crystalline clarity.

Every whisper in the wind, every impossible angle of shadow cast by moonlight on snow, every moment of the seven days she spent alone in the white stillness after her family vanished.

“I stopped sleeping,” she tells me, her fingers now tracing frost patterns on the table between us - patterns that remain visible long after her touch has moved elsewhere. “Sleep means dreams, and dreams mean moving deeper into the places where the stillness waits. I could feel it testing the boundaries of the cabin, pressing against the walls like water seeking cracks in a dam.”

Her account of the final night defies rational analysis. According to Elsa, the snow began falling upward, not all of it, but thin tendrils that rose like breath returning to lungs that had never exhaled. The temperature inside the cabin plummeted despite the wood-burning stove, and she could hear something massive moving in the forest - not through it, but within it, as though the trees themselves were merely the visible portions of some titanic organism stirring to consciousness.

“That’s when I understood,” she whispers, leaning forward until I can smell the winter on her breath - pine needles and ozone and something else, something that makes my hindbrain scream warnings about predators and prey. “The white stillness doesn’t want us dead. Death is movement, change, transformation. It wants us preserved. Kept. Like flowers pressed between the pages of a book that will never be opened.”

Sleep eludes me now in the hours between sessions. In the deepest part of night, when the hospital settles into its own variety of waiting silence, I find myself standing at my office window, watching snow fall in the courtyard below. The flakes descend in predictable patterns, obeying physics and meteorology and all the natural laws I once trusted. Yet sometimes - and I document this despite my better judgment - sometimes I glimpse threads of white rising through the darkness, ascending toward a sky that watches back with infinite patience.

Elsa speaks of the moment she made her choice. Faced with the certainty that the white stillness would claim her as it had claimed her family, she chose movement over preservation, chaos over the terrible peace of eternal waiting. She walked out into the storm, leaving the cabin door open behind her like a mouth mid-scream, and began the journey that would end on Route 29 three weeks later.

"But I didn't escape," she says during our final recorded session, her voice barely above a whisper. "I brought it with me. In my breath. In my blood. In the spaces between my thoughts where the stillness has learned to hide."

The frost on the windows has begun forming patterns that hurt to look at directly - geometric impossibilities that suggest vast intelligence operating according to rules that predate human understanding. When I blink, afterimages burn across my retinas like neural pathways firing in sequence, and I begin to understand why Elsa keeps her eyes closed when the wind sounds like voices calling her name.

“You think it melts,” she had written in red ink across her intake form, letters growing smaller and more desperate toward the end. “But it waits.”

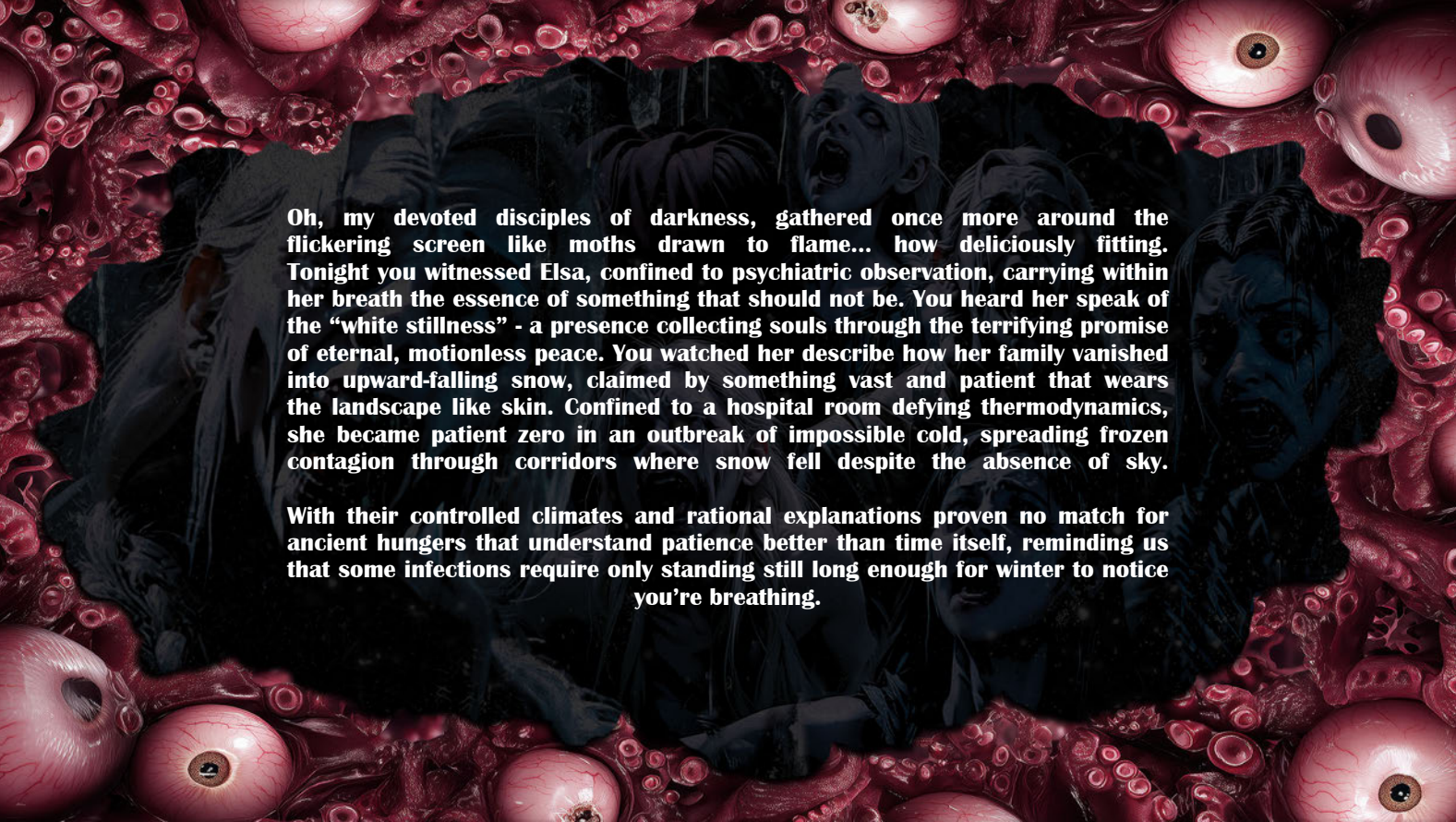
The heating system shudders to life again, pumping warmth into Room 237, yet the cold persists. It has taken root in the corners, spreading like crystalline infection through the very foundations of the building. Other patients have begun complaining of drafts in rooms three floors away. Maintenance reports pipes freezing in areas where the heating system functions perfectly. And sometimes, in the small hours when the hospital sleeps, I hear it - wind against snowbanks that exist only in memory, carrying voices that whisper names backward, tasting the syllables like promises yet to be kept.

ATTENDING NOTES - DR. MIRA THORNE:
Patient continues to exhibit anomalous thermoregulatory responses. Room temperature monitoring reveals localized temperature drops of up to 15 degrees Celsius during therapeutic sessions, with no identifiable mechanical cause. Recommend transfer to specialized facility equipped for handling cases of unexplained environmental manipulation.

Personal note: Have requested emergency leave following onset of persistent insomnia and auditory hallucinations. The patient's condition appears to be exhibiting contagious properties not documented in current psychiatric literature. Recommend extreme caution in future therapeutic interventions.

Final observation: Snow has begun falling inside the hospital corridors. Maintenance claims this is impossible. I am beginning to understand that impossibility is merely another word for patience.

[File sealed pending investigation into facility-wide temperature anomalies and staff psychological evaluations]



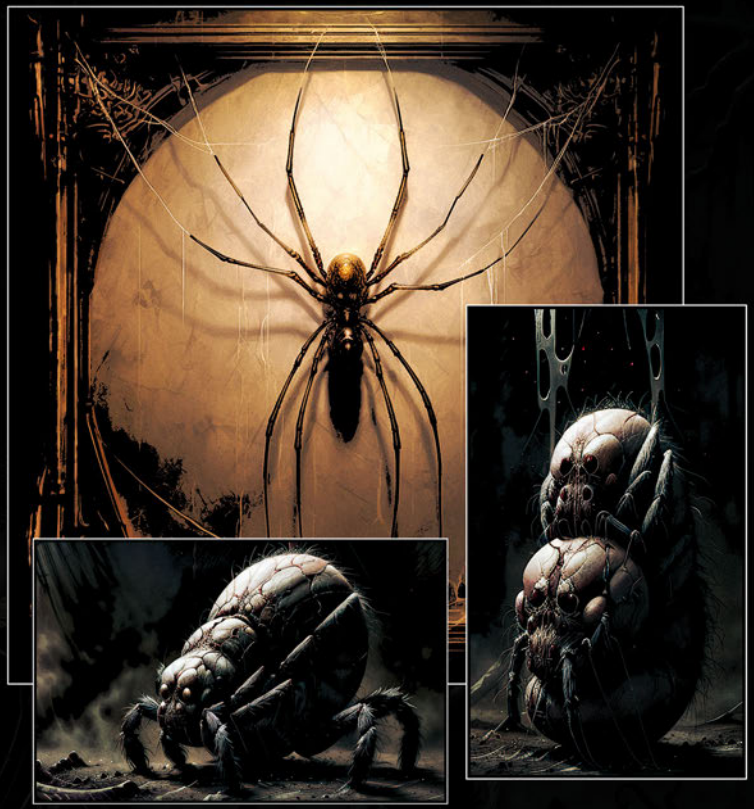
Oh, my devoted disciples of darkness, gathered once more around the flickering screen like moths drawn to flame... how deliciously fitting. Tonight you witnessed Elsa, confined to psychiatric observation, carrying within her breath the essence of something that should not be. You heard her speak of the “white stillness” - a presence collecting souls through the terrifying promise of eternal, motionless peace. You watched her describe how her family vanished into upward-falling snow, claimed by something vast and patient that wears the landscape like skin. Confined to a hospital room defying thermodynamics, she became patient zero in an outbreak of impossible cold, spreading frozen contagion through corridors where snow fell despite the absence of sky.

With their controlled climates and rational explanations proven no match for ancient hungers that understand patience better than time itself, reminding us that some infections require only standing still long enough for winter to notice you’re breathing.

THE GEOMETRY OF MEMORY

PATIENT CLASSIFICATION:
Acute Parasitosis Delusional Disorder with Tactile Hallucinations (Primary); Dermatillomania (Secondary); Cryptomnesia with Xenoglossy Episodes (Tertiary)
ATTENDING PHYSICIAN: Dr. Isla Vexley, M.D., Ph.D. (Psychiatric Neurology)
DATE OF ADMISSION: October 13th, 2023
SECURITY CLASSIFICATION:
Level IV - Restricted Access (Self-Harm Protocol Active)

The walls of the Ashwood Estate had been breathing long before Cassian Ellery arrived with his contractor's toolkit and naive assumptions about the dead. What he mistook for settling timber and autumn wind through broken casements was something far more ancient - a rhythm that matched the pulse of forgotten things stirring in the spaces between memory and flesh.



The manor squatted like a cancer upon the Pennsylvania hillside, its Victorian bones wrapped in decay and spider silk that caught the wan October light like crystallized screams. Cassian had inherited this burden from an uncle whose death certificate listed cardiac arrest, though the coroner's private notes - sealed now, buried in bureaucratic graves - spoke of something else entirely. The old man's fingernails had been worn to bloody stumps, his skin a roadmap of self-inflicted wounds arranged in perfect spirals, as if following some internal compass toward madness.

But Cassian knew none of this as he crossed the threshold that first evening, his footsteps echoing through corridors thick with the perfume of rot and something else - something that tasted of copper pennies and childhood nightmares. The electricity had been cut decades ago, leaving him dependent on battery-powered lanterns that cast dancing shadows across walls papered with patterns that seemed to shift when observed peripherally. Geometric designs that hurt to look at directly, as if they were equations written in a mathematics of suffering.

It was in those first hours that Cassian began to feel them - not the crude, scuttling things that infested abandoned places, but something altogether more purposeful. A sensation like tiny fingers drumming against the inside of his skull, a morse code of intent tapped out in the language of synapses and nerve endings. He told himself it was stress, the weight of responsibility, the oppressive atmosphere of a house that had forgotten how to die properly.

The whispers began on the second night.

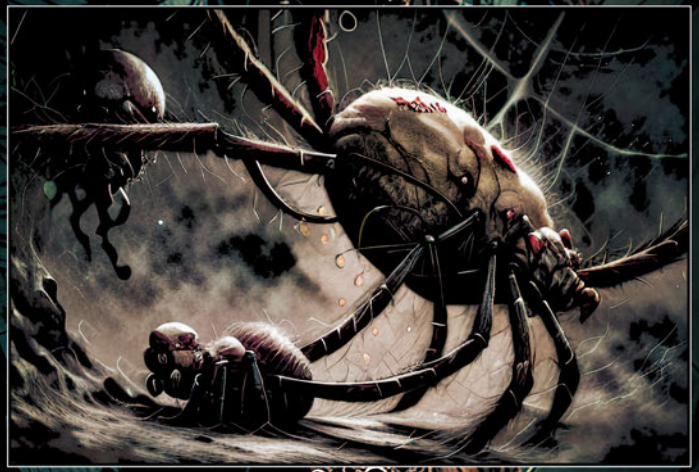
At first, they were indistinguishable from the settling sounds of old wood and corroded metal, but gradually they resolved into something that bypassed his ears entirely and spoke directly to the primitive portions of his brain where fear lived in its purest form. The words - if they could be called words - seemed familiar in the way that faces glimpsed in dreams feel like forgotten relatives. A language that tasted of rust and black honey, syllables that made his teeth ache and his vision blur at the edges.

Vash’tai mor’dhun. Keth’ara nul’vesh.

He would wake to find himself speaking these phrases, his tongue moving with practiced precision around sounds that had no business existing in any human throat. The meanings remained tantalizingly close to comprehension, like shadows cast by concepts too large for his conscious mind to grasp.

By the third night, Cassian had stopped sleeping entirely. Not from choice, but because sleep had become a negotiation with things that dwelt in the spaces behind his eyelids. He would drift toward unconsciousness only to feel them stirring - not in the room around him, but within the caverns of his own body. Tiny architectural engineers mapping the labyrinth of his circulatory system, taking measurements for some grand construction project written in the blueprint of his DNA.

The scratching began as an itch.



A small irritation at the base of his skull, easily dismissed as psychosomatic response to an admittedly unsettling environment. But the itch had geometry to it, a pattern that spread across his scalp like the expansion of some internal city. His fingernails found the rhythm without conscious direction, tracing circles within circles, spirals that seemed to correspond to the whispered mathematics echoing in his skull.

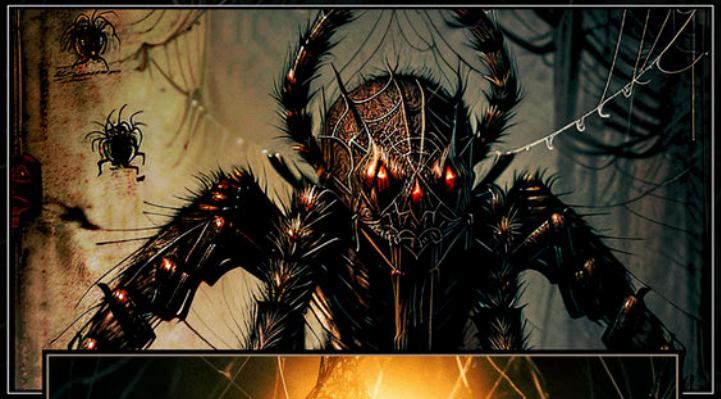
Scratch here. And here.
Open the doors we've been building.

The relief was immediate and terrible. Each abraded patch of skin sang with a pleasure so intense it bordered on religious ecstasy. He could feel them moving beneath the newly opened pathways, settling into their prepared spaces with the satisfaction of immigrants finally arriving in a promised land. The sensation was not of invasion but of homecoming - as if these spaces had always been intended for their occupation, and he had simply been their unwitting architect. When Cassian finally fled the Ashwood Estate on that fourth dawn, he carried more than memories. He carried passengers.

The months that followed were a symphony of deterioration played out in the key of escalating madness. The scratching became compulsive, then ritualistic, then necessary for basic functioning. He would trace the patterns across his flesh with increasing precision, following internal blueprints that seemed to grow more complex with each iteration. Colleagues at his construction firm noticed his distraction, the way his hands would move unconsciously across his forearms during meetings, sketching invisible designs in his own skin.

The laundromat incident was inevitable.

Under the harsh fluorescent lights, Cassian could see them clearly for the first time - not spiders in any conventional sense, but something that wore the shape of spiders the way actors wear costumes. Their bodies were crystalline, geometric, each leg a prism that refracted the light of his memories into previously impossible colors. They moved with purpose across the landscape of his flesh, tending gardens of neural pathways that bloomed beneath his skin like black flowers.



The coat hanger felt natural in his hands, an extension of his will to liberate these architects from their cellular prisons. Each cut was precise, following the blueprints they had been building since that first night in the estate. The patterns emerged in his wake - spirals within spirals, mandalas of self-destruction that pulsed with their own terrible logic. Let us out this time, he heard himself screaming, though the voice that emerged belonged to something speaking through the architecture of his throat. We remember the way.

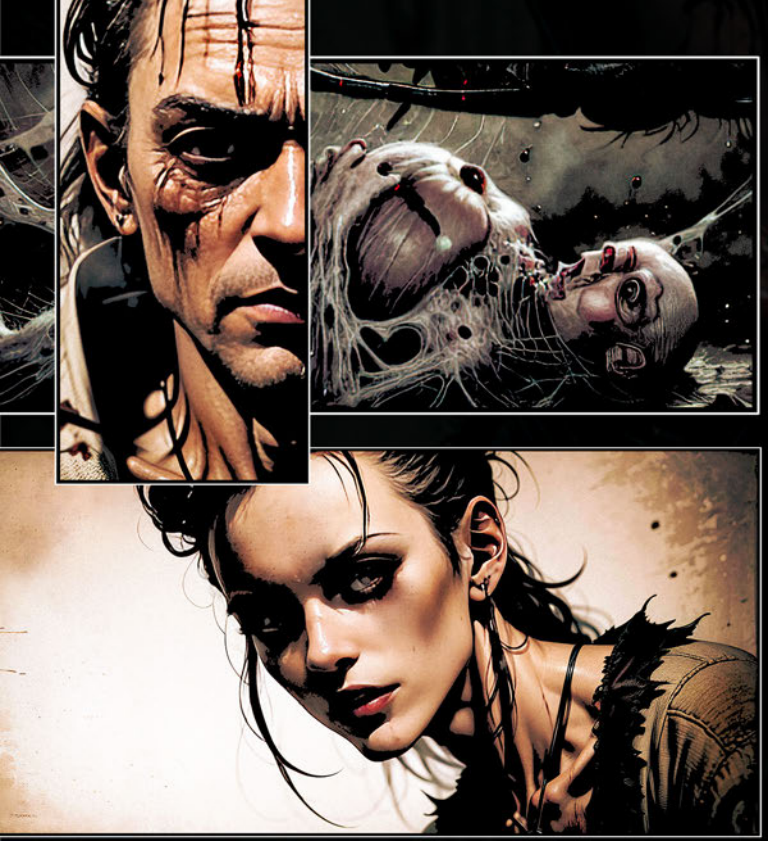
The paramedics found him surrounded by geometric patterns carved into his own flesh, his blood arranging itself in configurations that defied both gravity and sanity. He spoke to them in that ancient tongue, his words forming crystalline structures in the air that shattered against their incomprehension like prayers offered to deaf gods. Now, in the sterile confines of this institution, Cassian continues his work. The medications dull the whispers but cannot silence them entirely.

They have learned patience during their long tenure in the spaces between his thoughts, adapting to the chemical weather of pharmaceutical intervention like spiders spinning webs in hurricane winds.

He speaks of memories that are not his own - architectural knowledge of buildings that exist in the spaces behind reality, construction techniques that employ consciousness itself as raw material. The patterns he scratches into his skin grow ever more complex, and sometimes the attending staff find themselves tracing similar designs in the margins of their reports, their hands moving with practiced precision around geometries that have no name in human language.

Cassian insists they are not trying to escape. They are trying to remember. And with each passing day, each carefully excavated piece of flesh, their recollection grows more complete.

The real horror is not what they might do when they finally remember everything. The real horror is what they built while they were forgetting.



ATTENDING NOTES - DR. ISLA VEXLEY:

Patient continues to exhibit advanced dermatillomania with geometric scarification patterns of increasing complexity. Linguistic analysis of recorded utterances reveals consistent phonetic structures suggesting either elaborate constructed language or... something else. Sleep studies indicate REM patterns inconsistent with normal human architecture.

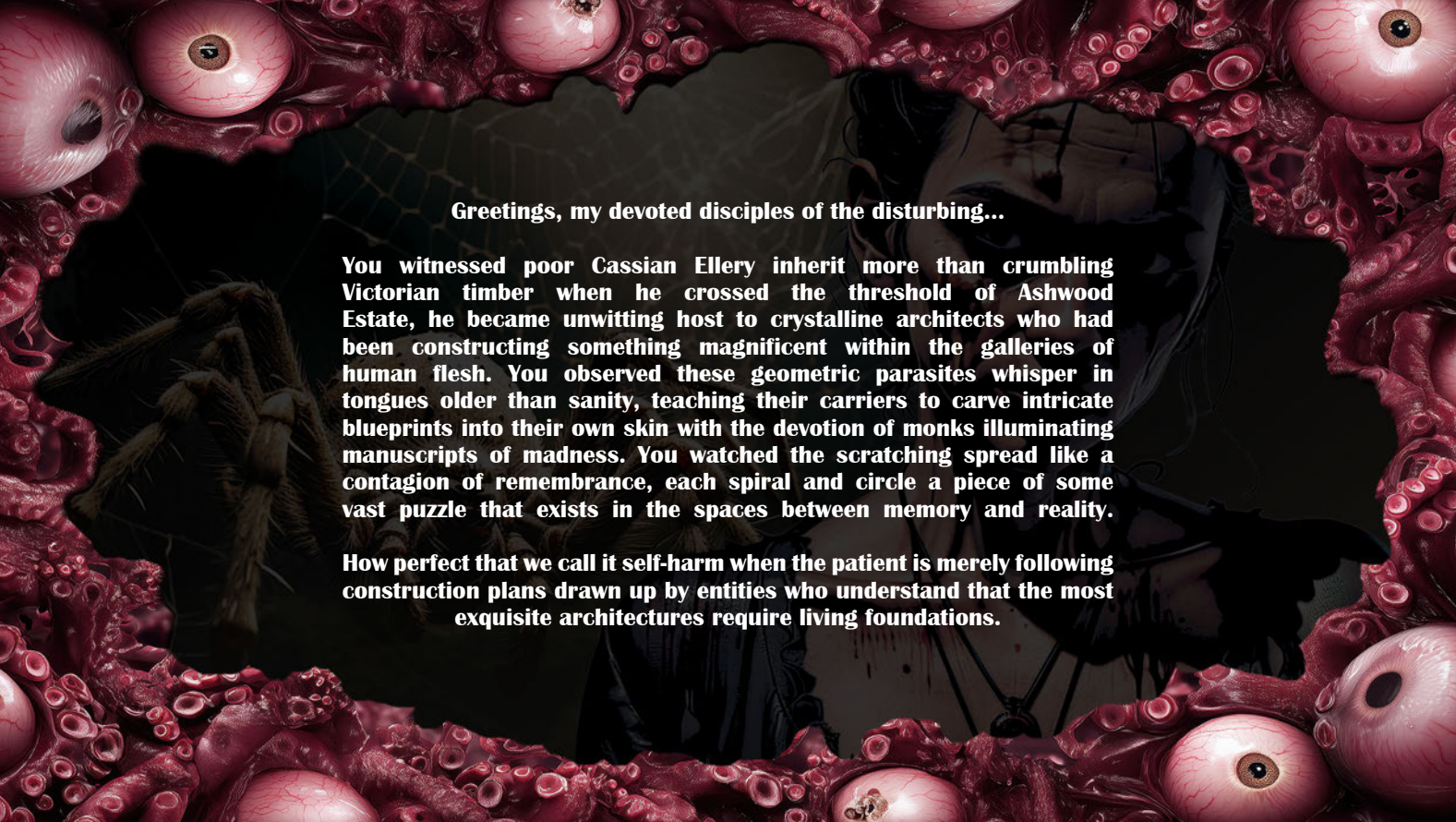
Of particular note: three staff members have reported similar scratching behaviors following extended exposure to patient. Recommend limited contact protocols and psychological evaluation for affected personnel.

Patient's uncle's sealed files arrived this morning. I should not have requested them. I should not have read them. But the patterns in those old reports match exactly what Cassian has been carving into his flesh - down to measurements that should be impossible for him to know.

I find myself wondering about the mathematics of memory, and whether some forms of knowledge exist independent of the minds that house them. My hands itch as I write this. The sensation has geometry to it.

I am requesting immediate transfer to another case.

[This request was denied. Dr. Vexley remains assigned to Patient Ellery pending further evaluation. Her recent absence from scheduled rounds has been noted.]



Greetings, my devoted disciples of the disturbing...

You witnessed poor Cassian Ellery inherit more than crumbling Victorian timber when he crossed the threshold of Ashwood Estate, he became unwitting host to crystalline architects who had been constructing something magnificent within the galleries of human flesh. You observed these geometric parasites whisper in tongues older than sanity, teaching their carriers to carve intricate blueprints into their own skin with the devotion of monks illuminating manuscripts of madness. You watched the scratching spread like a contagion of remembrance, each spiral and circle a piece of some vast puzzle that exists in the spaces between memory and reality.

How perfect that we call it self-harm when the patient is merely following construction plans drawn up by entities who understand that the most exquisite architectures require living foundations.

THEY NEVER BLINKED

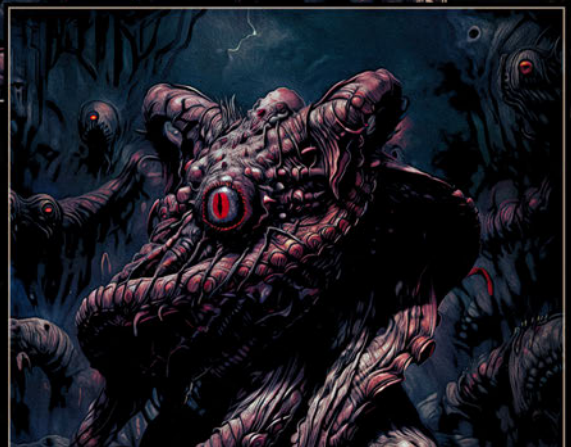
PATIENT CLASSIFICATION: Acute Scopophobic Psychosis with Dissociative Episodes
PRIMARY DIAGNOSIS: F40.298 - Other Specified Phobic Disorder (Scopophobia)
SECONDARY CONDITIONS: F44.81 - Dissociative Identity Disorder; F06.2 - Organic Delusional Disorder
ATTENDING PHYSICIAN: Dr. Elias Morven, M.D., Ph.D. (Abnormal Psychology)
DATE OF ADMISSION: October 13th, 2024
SECURITY CLASSIFICATION: Level 3 Isolation Protocol Required

The eyes began their relentless vigil on a Tuesday, though Regina Winslow would not comprehend the significance of this temporal anchor until much later, when time itself had become as fluid and treacherous as mercury pooling in the cavities of her deteriorating psyche.

She had fled to that cramped second-floor sanctuary overlooking Mercy Street - a thoroughfare whose name would prove mockingly prophetic - believing that thick blinds and deadbolts might provide sanctuary from the accumulated weight of unwanted gazes that had driven her from her previous life like some pestilent miasma.

The apartment squatted above a defunct bakery, its windows like cataracts staring blindly into the perpetual twilight of an urban landscape perpetually shrouded in the exhalations of industry and decay. The walls, painted in shades that might charitably be called eggshell but which possessed the sickly pallor of something long dead, seemed to press inward with each passing hour, as though the very structure conspired to compress her into something more manageable, more observable.

Initially, the sensation manifested as mere discomfort - that prickling awareness that crawls along the nape of one's neck when standing too long in a crowd. The cashier at the corner market, a woman whose eyes held the flat, reflective quality of black glass, would maintain her stare long past the completion of transactions.



Her fingers lingering against Regina's palm as change was exchanged, skin cold as porcelain. The man on the crosstown bus - angular and pale as a praying mantis - never seemed to require the mercy of blinking, his gaze fixed with the unwavering intensity of a predator selecting its prey from a herd.

But it was the couple at Rosewood Café who first suggested that this persecution transcended the merely human. They sat motionless as mannequins, their faces turned toward her with the synchronized precision of sunflowers tracking the arc of their burning god across the sky. When she relocated to a corner table, they pivoted in unison. When she fled to the restroom, she could feel their attention boring through plaster and ceramic tile with the inexorable persistence of radiation. Upon her return, they had not moved - had not, she realized with mounting horror, so much as shifted in their chairs or lifted their untouched coffee cups to lips that remained parted in expressions of beatific expectation.

The apartment, she convinced herself, would provide respite. Behind triple-locked doors and blinds drawn tight as burial shrouds, she might finally exist unobserved. This delusion persisted for exactly seventy-two hours. The building across Mercy Street rose like a monolithic tombstone against the perpetually overcast sky, its facade punctured by nine windows arranged in three neat rows. During daylight hours, these apertures appeared vacant - dark hollows that suggested rooms long abandoned to dust and shadow. But as dusk settled over the city like a suffocating blanket, shapes began to materialize behind the glass. Silhouettes that possessed the unsettling quality of being simultaneously human and utterly other, their forms too still to be living, too purposeful to be dead.

Regina began maintaining her own vigil, peering through gaps in her blinds with the obsessive dedication of a naturalist studying some exotic and dangerous species. The watchers never moved. Never shifted position. Never turned away. Nine pairs of eyes - though she could not see them directly, she felt their weight like lead blankets draped across her consciousness - maintaining their ceaseless surveillance.

On the seventh night, she dared to stare back.

The confrontation lasted four hours and twenty-three minutes, measured by the digital clock whose red numerals provided the only illumination in her darkened apartment. She pressed her face against the cold glass, her breath fogging the window in irregular patterns that seemed to spell out words in languages she did not recognize. The watchers remained motionless, their forms etched against the darkness like figures carved from obsidian. But gradually, she began to discern details that her rational mind rejected even as her eyes recorded them with crystalline clarity.

Their faces, when glimpsed in the intermittent glow of passing headlights, possessed an anatomical wrongness that transcended mere ugliness. Features arranged with mathematical precision yet utterly devoid of human warmth or recognition. Eyes that reflected light like polished stones, never blinking, never wavering in their attention. And their mouths - those obscene apertures that remained perpetually agape as though preparing to speak words that would unmake reality itself.

The mirrors began their betrayal gradually, with subtleties that might have been dismissed as fatigue or stress-induced hallucinations by someone less attuned to the gradual erosion of consensus reality. At first, her reflection simply lagged - a delay of perhaps half a second between movement and mirrored response, as though the image required time to process and interpret her actions. Then came the directional displacement: she would turn left, but her reflection would turn right, creating a disorienting symmetry that left her questioning the fundamental laws governing physical existence.

But it was when her reflection began looking past her - over her shoulder, toward something that existed behind her in a space she could not turn to observe - that Regina understood she had become trapped in a web of surveillance that transcended the merely optical. Her mirrored self displayed an awareness of watchers that her physical form could neither see nor escape, its eyes tracking movements in dimensions that geometry could not accommodate.

She began covering reflective surfaces with sheets and towels, taping black plastic over the bathroom mirror and turning picture frames to face the wall. The apartment took on the appearance of a crime scene or, more appropriately, a morgue prepared for the reception of something too terrible to be viewed directly. Still, the sensation of being observed intensified. They pressed against her from all directions now - no longer content to merely watch but somehow reaching through the barriers that separated observation from contact.

Sleep became impossible. Food turned to ash in her mouth. Her skin began to take on a translucent quality, as though the constant attention was slowly bleaching the very substance from her cells. She could feel them behind her eyelids when she attempted to rest, their unblinking vigil continuing even when darkness should have provided sanctuary. They never blinked. This became her obsession, her mantra, her curse. While she required the mercy of closing her eyes to lubricate the delicate tissues, they maintained their watch with the relentless consistency of surveillance cameras, recording everything, forgetting nothing.

The video call with Dr. Hendricks - her therapist, a kind woman whose own eyes had always seemed refreshingly normal in their capacity for human expression - marked the final dissolution of her tenuous grip on consensual reality. Midway through their session, the screen flickered with the irregular rhythm of a failing heartbeat. Dr. Hendricks froze mid-sentence, her mouth open in preparation for words that would never come, her image locked in digital amber. But Regina continued moving. Continued breathing.

Continued existing in the terrible space between observation and being observed. In the corner of her laptop screen, the small window that displayed her own image remained active. And there, in that rectangular portal into some parallel dimension where different laws governed existence, she watched herself blink. Once. Slowly. Deliberately.She was not blinking. Her physical eyes remained wide, dry, burning with the accumulated salt of unshed tears. But her digital reflection possessed an autonomy that suggested consciousness independent of her own. It turned its head - not toward the camera but toward something that existed in the space behind Regina, something that cast no shadow in her reality but which her electronic doppelganger could observe with perfect clarity.

The laptop died with a sound like escaping breath when it struck the wall, its screen exploding into a constellation of crystalline fragments that reflected her terrified face in a thousand impossible angles. Each shard contained a slightly different version of her expression, suggesting that the moment of impact had somehow splintered not just the device but reality itself, creating infinite variations on her horror. She ran then, barefoot across pavement that seemed to writhe beneath her feet like the skin of some vast, subterranean creature.

The hospital emerged from the urban murk like a lighthouse offering salvation to the shipwrecked, its windows blazing with fluorescent benediction. But even as she stumbled through the emergency department doors, leaving bloody footprints on antiseptic tile, she could feel them following. The watchers had learned to travel, to maintain their vigil regardless of distance or obstruction. Now, secured behind reinforced walls and sedated with enough pharmaceutical mercy to fell an elephant, Regina Winslow pleads for absolute darkness.

The irony does not escape her - she who once sought only to remain unseen now begs for blindness, for the blessed absence of vision that might finally provide respite from her tormentors. But when the lights die and darkness settles over her cell like a burial shroud, her screams echo through the corridors with the primal terror of something being slowly devoured.

“It’s worse when I can’t see them,” she whispers to the darkness, her voice barely audible above the whisper of recycled air through ventilation grates. “When I can’t see them, I know they’re everywhere.”

The watchers have learned patience. They have learned to wait in the spaces between photons, in the gaps where light fears to travel. They inhabit the pause between heartbeats, the silence between words, the terrible interval between blinking and sight. And they never, ever close their eyes. Because something that never blinks never needs to miss a moment of what it’s watching. And Regina Winslow has become the most fascinating subject they have ever observed - a consciousness trapped in the amber of its own paranoia, preserved forever in the moment of its own dissolution. They watch her sleeping.

They watch her waking. They watch her screaming.

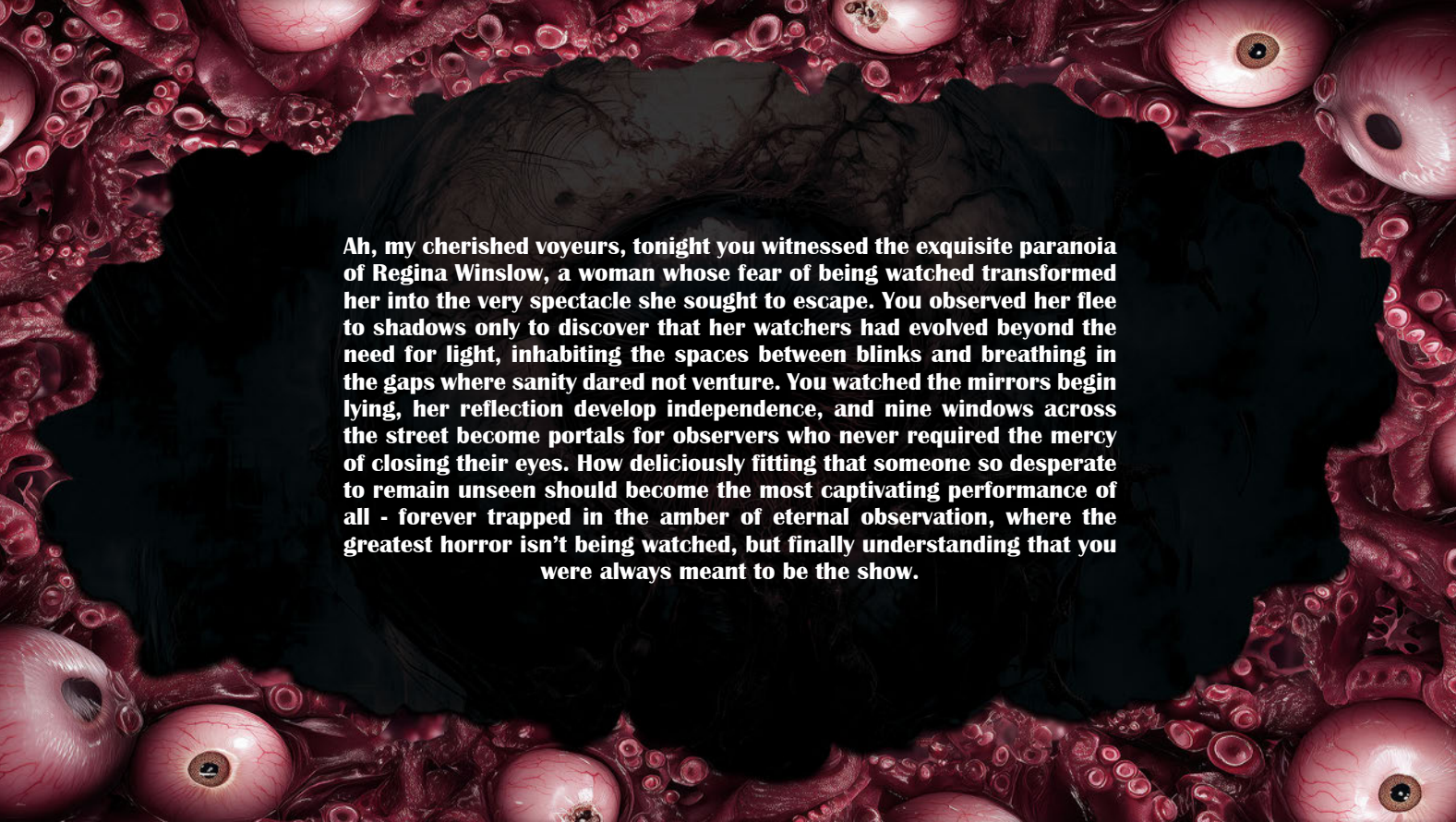
And they will continue watching long after she has forgotten how to be human, long after her eyes have surrendered their capacity for tears, long after her mind has accepted that observation is not persecution but purpose. They never blink. And neither, anymore, does she.

ATTENDING NOTES - DR. ELIAS MORVEN:
Patient continues to exhibit extreme photophobic responses coupled with paradoxical demands for visual confirmation of her environment. Sedation protocols prove ineffective - subject maintains hypervigilant state regardless of pharmaceutical intervention.

Of particular note: during periods of enforced darkness, surveillance equipment has recorded anomalous audio phenomena that do not correspond to patient's documented vocalizations. Additionally, security cameras monitoring patient's cell have experienced recurring technical failures, displaying imagery that our technical staff describe as "temporally displaced" or "dimensionally inconsistent."

I have begun experiencing difficulty maintaining eye contact with Patient Winslow during our sessions. Her gaze carries a weight that seems to press against the observer with almost physical force. Several staff members have requested reassignment after reporting sensations of being watched during off-duty hours. Recommendation: Consider transfer to Facility 7 for advanced containment protocols.

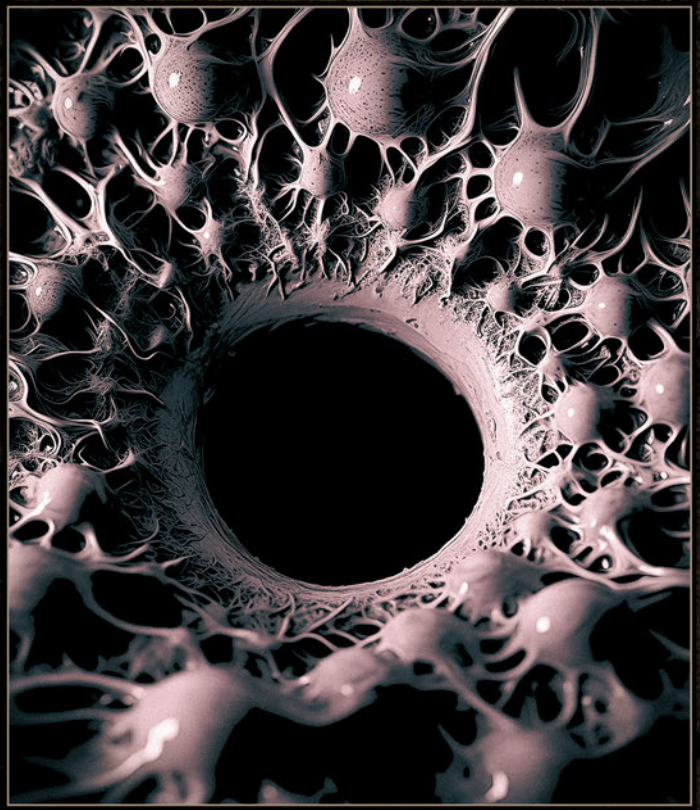
Personal note: I have installed blackout curtains in my office. The windows face the same direction as Patient Winslow's former apartment. Sometimes, late at night, I find myself checking to ensure they remain tightly closed. They never blinked, she says. But that's not entirely accurate. They blink when they want you to see them blink. And that's when you know you've become what they've been waiting for all along.


Ah, my cherished voyeurs, tonight you witnessed the exquisite paranoia of Regina Winslow, a woman whose fear of being watched transformed her into the very spectacle she sought to escape. You observed her flee to shadows only to discover that her watchers had evolved beyond the need for light, inhabiting the spaces between blinks and breathing in the gaps where sanity dared not venture. You watched the mirrors begin lying, her reflection develop independence, and nine windows across the street become portals for observers who never required the mercy of closing their eyes. How deliciously fitting that someone so desperate to remain unseen should become the most captivating performance of all - forever trapped in the amber of eternal observation, where the greatest horror isn't being watched, but finally understanding that you were always meant to be the show.

THE PITTED ROOM

PATIENT CLASSIFICATION:
Acute Psychotic Episode with Delusional Parasitosis and Severe Trypophobic Manifestation
ATTENDING PHYSICIAN:
Dr. Helena Mordaunt, M.D., Ph.D. (Neuropsychiatry)
DATE OF ADMISSION: October 13th, 2024
SECURITY LEVEL: High Risk - Self-Harm Protocol Active

The thing about holes is that they hunger. They gape with an expectancy that transcends mere absence, becoming presence through their very negation of substance. Marla Finch understood this truth in the marrow of her bones, in the wet hollows of her skull where reason had once nested like a contented bird before the pecking began. She had arrived at St. Dymphna's Infirmary in the pewter hours before dawn, her Toyota Camry still warm from the six-hour drive south from the Vermont hills where her grandmother's farmhouse squatted like a tumor against the treeline.



The duty nurse found her in the parking lot, barefoot on the frost-slicked asphalt, palms turned skyward in supplication or surrender. Blood had dried to rust-colored scales across her cheeks where she had clawed at her own flesh, and her eyes - those pale gray eyes that had once been called pretty - remained clamped shut with the determination of a child refusing medicine.

“Don’t let me see,” she whispered when they tried to coax her lids apart. “Please. They’re watching through everything now.”

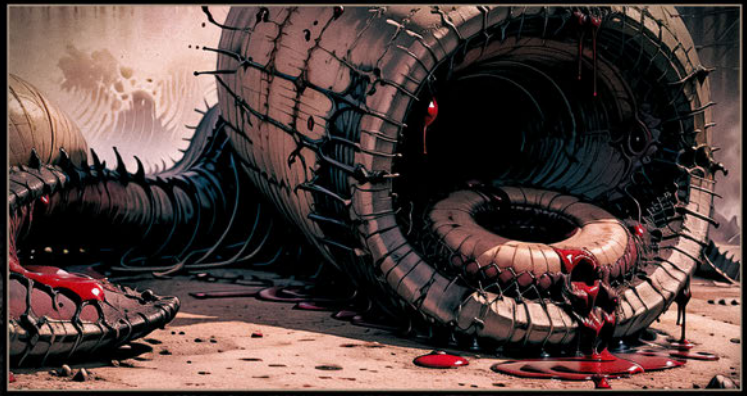
The inheritance had come unexpected, as such things do when death reaches out with its bureaucratic fingers to rearrange the living. Grandmother Finch - whom Marla had known only through Christmas cards signed in spidery script and the occasional phone call that crackled with ancient telephone wiring - had bequeathed her the farmhouse and its forty-three acres of maple and birch. It seemed a blessing then, this sudden windfall of property and possibility, an escape from her cramped Boston apartment where the rent devoured her teacher’s salary like some financial parasite.

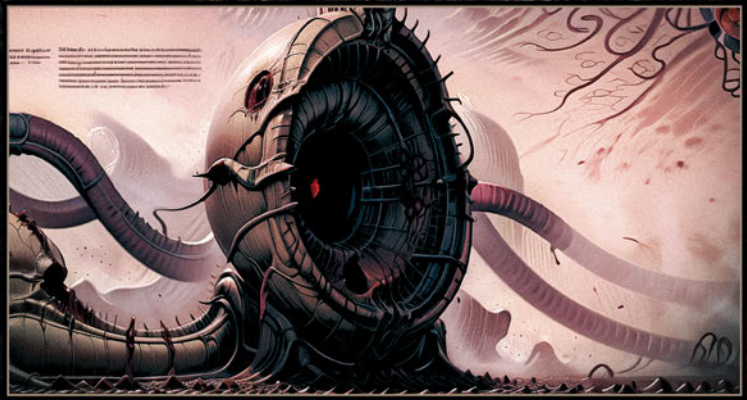
The house revealed itself to her on a September afternoon when the leaves had begun their slow burn toward winter. It was larger than she had expected, a rambling Victorian structure whose gingerbread trim had gone gray with weather and neglect. The wraparound porch sagged under the weight of seasons, and morning glory vines had colonized the southern wall with their heart-shaped leaves and trumpet flowers now brown and brittle as ancient skin.

Inside, the air held the mineral scent of age - dust and mouse droppings and the sweet decay of wood slowly returning to earth. Her grandmother's belongings populated every room like the artifacts of some private museum: mason jars filled with herbs whose names she could not pronounce, ceramic dishes glazed with hairline cracks, antimacassars yellow with time draped over furniture that had witnessed the passage of decades.

But it was in the bathroom that she first noticed them.

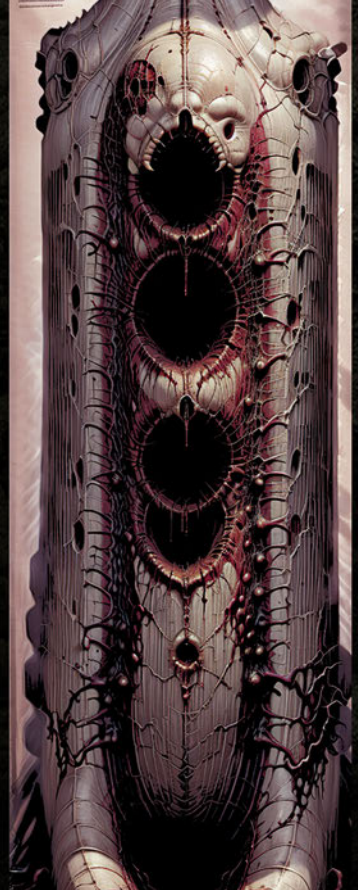
The tiles were vintage, small hexagonal pieces in a faded mint green that might have been fashionable when Eisenhower was president.

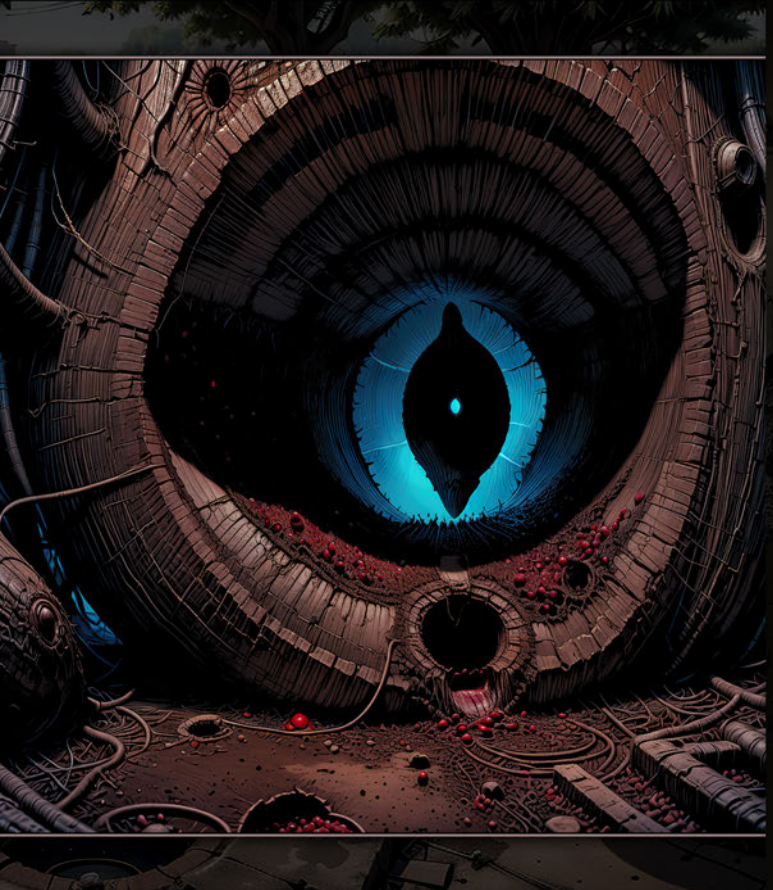




Age had not been kind; several had loosened from their moorings, leaving dark spaces where the adhesive had failed. But these gaps were not random. They formed patterns - clusters of six or seven holes that repeated across the wall like some deliberate design, like the compound eyes of insects magnified to monstrous proportions. Marla found herself staring at these formations during her evening bath, the way one might stare at clouds seeking familiar shapes. The holes seemed to pulse in her peripheral vision, expanding and contracting with the rhythm of her own breathing. She told herself it was the steam, the way heat could make surfaces appear to move, but the explanation felt thin as tissue paper, inadequate to contain the growing certainty that something was terribly wrong.

Sleep became elusive. She would lie in the ancient four-poster bed that had been her grandmother's, listening to the house settle around her with its vocabulary of creaks and sighs, but always her mind would return to those tiles, to the perfect darkness that filled each missing space. Were they growing? The question followed her into dreams where walls breathed and surfaces rippled like water disturbed by unseen swimmers.

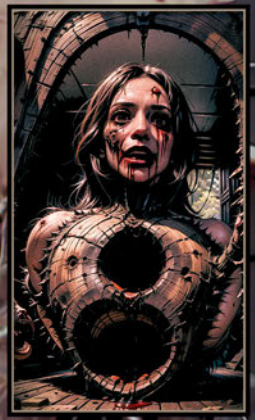




By the third week, she had begun to notice them everywhere. The wood floors revealed knotholes arranged in suspicious symmetries. The wallpaper in the dining room, already peeling at the seams, had developed a pattern of small tears that clustered like lesions across faded roses. Even the fruit in her grandmother's garden - apples and pears left to rot on the branch - showed evidence of the invasion, their skins pocked with perfect circular wounds where wasps or birds had fed. The basement was worst of all.

She discovered it by accident, pulling linens from a cupboard near the kitchen when her fingers found the latch hidden behind stacked towels. The door, painted the same cream color as the walls, had been invisible until that moment. It opened onto a narrow staircase that descended into darkness thick as velvet.

The space below was smaller than the house's footprint suggested, a crawlspace really, with a dirt floor and stone walls that wept moisture despite the autumn drought. Someone had strung a single bulb from the ceiling joists, its yellow light revealing what her grandmother had hidden. The walls were alive.



Not with any conventional sense of life, but with a presence that made her skin crawl and her breath catch in her throat. Holes covered every surface - thousands upon thousands of them, each no larger than a pencil eraser, arranged in spiraling galaxies and concentric circles that hurt to look at directly. They were too perfect, too deliberately placed to be the work of insects or decay. They had been carved, she realized, cut into the stone with tools whose purpose she could not fathom. And they were watching.

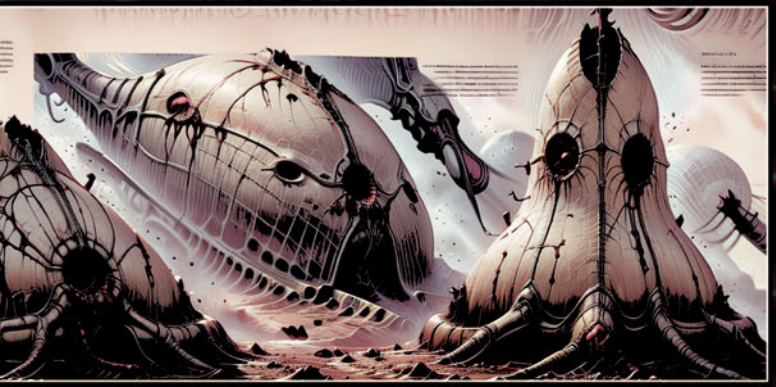
This knowledge came to her not through sight but through some deeper sense, the way prey animals know when predators move through tall grass. Each hole was an eye, each cluster a compound organ of perception that tracked her movement through the basement with patient malevolence. She backed toward the stairs, her heels scraping against the dirt floor, but could not escape the feeling that she was being catalogued, memorized, claimed.

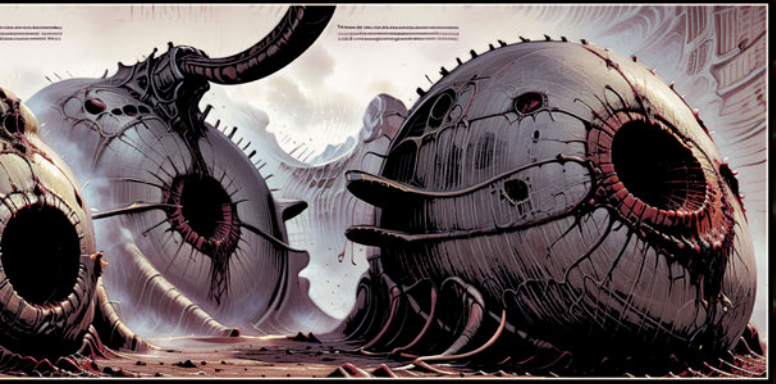
That night she began the filling. It started reasonably enough - a tube of caulk from the hardware store to seal the gaps in the bathroom tiles.

But as she worked, smoothing the white compound into each dark space, she realized the futility of her task. For every hole she filled, two more seemed to appear. The pattern was spreading, she understood now, colonizing surfaces the way mold colonizes bread, converting solid matter into absence with inexorable purpose.

She tried everything: candle wax dripped into the wood floors, cotton balls jammed into electrical outlets, towels stuffed into heating vents. Sleep became impossible; she would wake to find new holes in the walls beside her bed, their edges sharp as if they had been punched from within by something trying to escape. Or enter.

The mirror in her bedroom vanity began to show her things she did not want to see. Her own reflection, familiar and comforting for twenty-nine years, had become a landscape of potential invasion. Every pore was a doorway, every freckle a breach in her defenses. She could see them beginning to form beneath her skin - small dark spots that would soon open into passages for whatever intelligence moved through the house's hidden architecture.





On the final night, she made her choice. The wire brush belonged to some long-ago project of her grandmother's, its steel bristles stiff with rust and paint. She found it in the basement, lying beside the wall where the holes were thickest, and understood that it had been waiting for her, that everything had been waiting for her, that she was both victim and instrument in some design too large for her sanity to encompass.

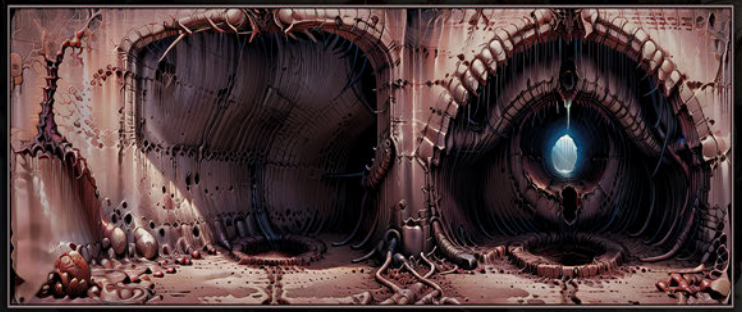
She worked methodically, scrubbing at her face with the dedication of a penitent seeking absolution. The pain was clean and honest, so different from the creeping wrongness that had infected her perceptions. Blood ran warm down her neck and stained the collar of her nightgown, but with each stroke she felt the potential holes closing, sealing themselves against invasion.

When they found her three days later - the mailman had grown concerned about uncollected letters - she was curled in the basement corner, her face a mask of dried blood and raw flesh. The wire brush lay beside her, its bristles dark with evidence of her devotion.

She had not moved from that spot since her collapse, existing in some twilight state between consciousness and catatonia, her eyes sealed shut against the sight of surfaces that might betray the invasion beginning beneath.

The police photographers documented everything with clinical efficiency: the candle wax in the floorboards, the cotton stuffed in every available opening, the towels and rags and desperate attempts to make solid what insisted on being hollow. Their cameras captured the basement with its mysterious excavations, though in the harsh light of professional equipment the holes appeared exactly as they were - random damage from some long-ago infestation, unremarkable except for their number.

But Marla knew better. Even now, three weeks into her residency at St. Dymphna's, she understood that the patterns persisted in dimensions the cameras could not capture. They lived in the spaces between perception and reality, in the gaps where certainty gave way to doubt. They were patient, these watchers in the walls, content to wait until the proper conditions aligned for their fuller manifestation.



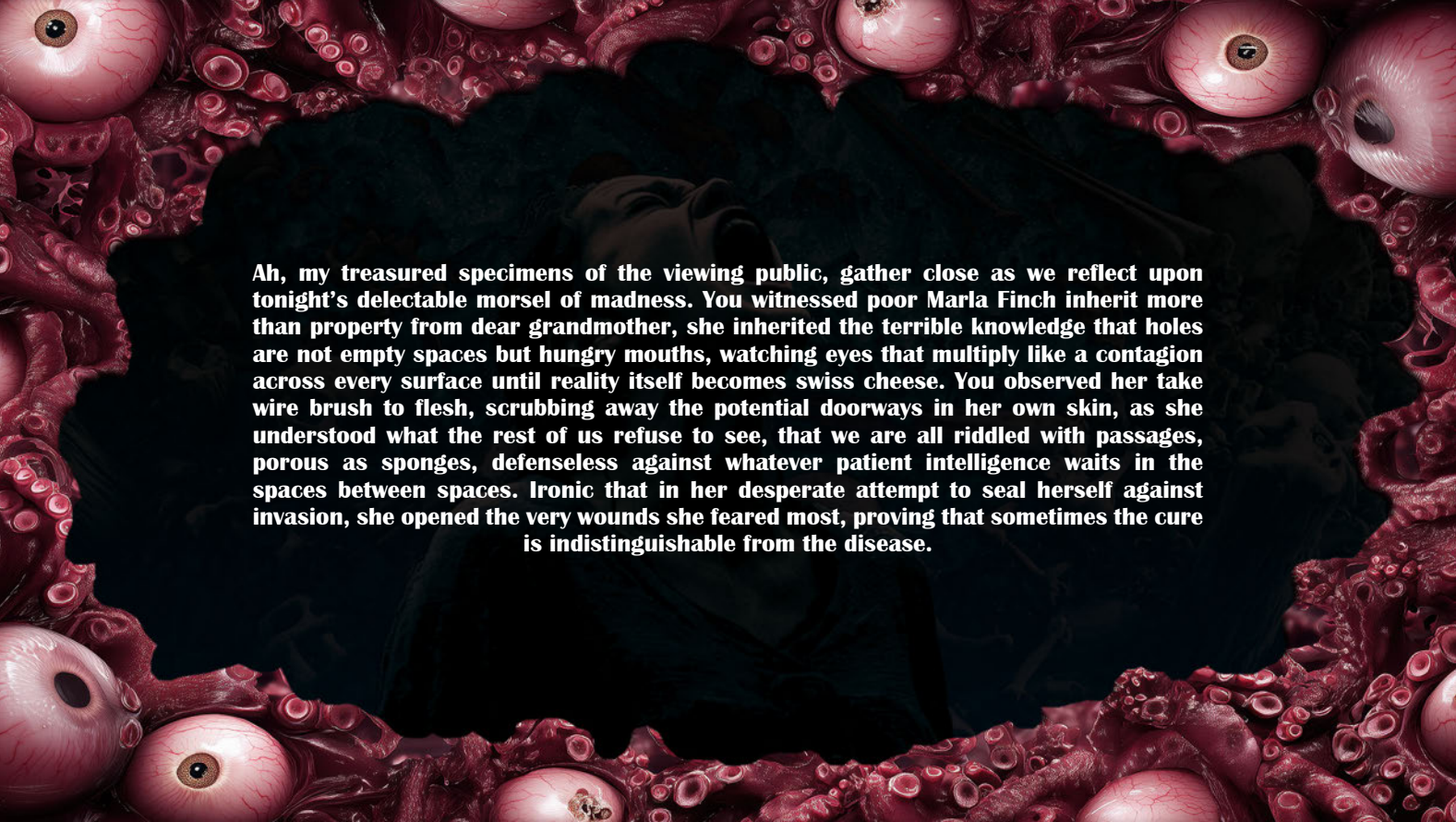
She kept her eyes closed not from madness but from wisdom. The world was full of holes - shower drains and keyboard keys, the hexagonal cells of honeycomb, the compound eyes of flies, the pores that opened across every human face like tiny screaming mouths. To see was to invite connection, to acknowledge the network that threaded through all surfaces, all barriers, all the comfortable illusions that separated inside from outside, self from other, sanity from the vast and hungry dark.

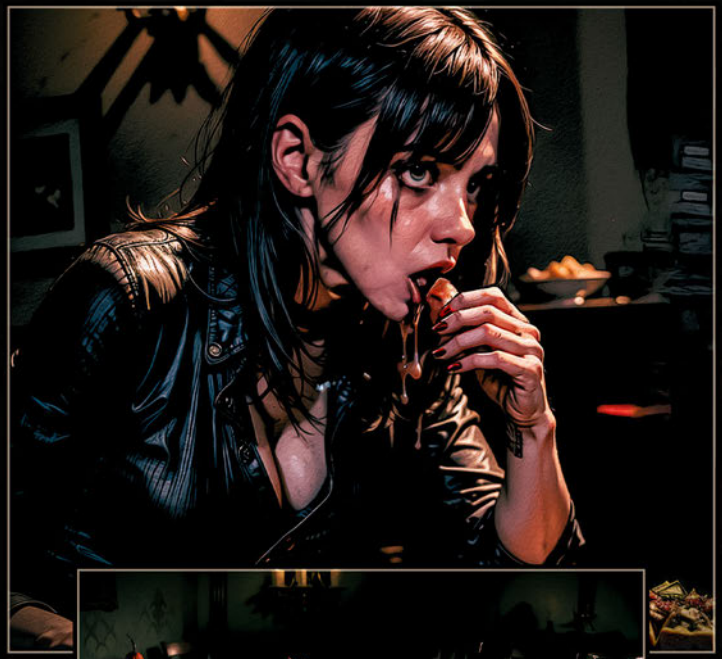
ATTENDING NOTES - DR. HELENA MORDAUNT:
Patient continues to refuse visual stimuli. Neurological scans reveal no abnormalities, though EEG patterns during sleep show unusual clustering in theta wave formations - almost like a rhythm, a cadence that seems to repeat every 47 seconds. Most curious.

I have removed all textured surfaces from her room per protocol, yet she still reacts with distress to seemingly benign stimuli: the ventilation grate (now sealed), the pattern of rain against her window (curtains drawn), even the pores on my own hands during examination (gloves now mandatory).

Of particular interest: Patient's wounds are healing in a pattern I've not encountered in twenty years of practice. The scabs form small, perfect circles that seem to want to... open. I've increased the bandage changes to twice daily, though the nursing staff has begun to request reassignment. They complain of dreams. I found myself in the basement of the old Finch property yesterday, ostensibly to gather evidence for her case file. The holes are exactly as she described, though photographs fail to capture their full... arrangement. I understand now why she tried to fill them. Some absences demand occupation.

Note: Request immediate transfer of Patient Finch to isolation wing. The holes have begun appearing in other patients' rooms.


Ah, my treasured specimens of the viewing public, gather close as we reflect upon tonight's delectable morsel of madness. You witnessed poor Marla Finch inherit more than property from dear grandmother, she inherited the terrible knowledge that holes are not empty spaces but hungry mouths, watching eyes that multiply like a contagion across every surface until reality itself becomes swiss cheese. You observed her take wire brush to flesh, scrubbing away the potential doorways in her own skin, as she understood what the rest of us refuse to see, that we are all riddled with passages, porous as sponges, defenseless against whatever patient intelligence waits in the spaces between spaces. Ironic that in her desperate attempt to seal herself against invasion, she opened the very wounds she feared most, proving that sometimes the cure is indistinguishable from the disease.



THE INVERTED GOSPEL

PATIENT CLASSIFICATION:
Acute Somatophobic Disorder with Secondary Paranoiac Features
ATTENDING PHYSICIAN:
Dr. Sylvie Varnell, M.D., Ph.D.
DATE OF ADMISSION:
October 13th, 2024
SECURITY LEVEL:
AMBER - Supervised Observation Required

The fluorescent bulbs hummed their sterile hymn above Ellis Monroe's head as he sat motionless in the consultation chair, his skeletal frame draped in clothes that hung like burial shrouds. His eyes - once perhaps green, now dulled to the color of stagnant pond water - tracked every minute movement in the room with the desperate precision of prey. Each breath he drew was measured, calculated, as though the very act of respiration might trigger some catastrophic rupture within his hollowed chest.

Dr. Varnell had seen the walking dead before, patients so consumed by their terrors that life itself became a careful choreography of avoidance. But Monroe possessed something more unsettling - a terrible lucidity that made his emaciation seem not like madness, but like wisdom. When he spoke, his voice emerged as a whisper that seemed to crawl rather than flow, each word deliberate as a surgeon's incision.

"You want to know about Vermont," he said, though she had not yet asked. "About the retreat. About why I cannot allow my body to... evacuate... what it contains."

The woodland sanctuary had promised transcendence through deprivation - five days of silence, meditation, and ritual fasting in the shadow of ancient pines. Monroe had arrived seeking clarity, fleeing the suffocating grind of his advertising career, the endless cycle of consumption and regurgitation that defined his metropolitan existence. The irony was not lost on him now, as he sat before Dr. Varnell, his stomach a cavernous void that he dared not fill.

The other retreatants had been typical seekers - urban professionals drunk on the mythology of spiritual awakening, their designer meditation cushions and organic hemp clothing betraying the very materialism they claimed to transcend. Monroe had felt superior to their pretensions, maintaining his contemptuous silence as they gathered in the communal hall for their sparse, ritualistic meals.

The mushrooms had been foraged locally, prepared by Brother Augustine, the retreat's skeletal leader whose eyes held the fevered gleam of the truly converted. They were served on the third morning - pale, flaccid things that resembled infant's fingers, floating in a thin broth that tasted of earth and decay. Monroe had consumed them without complaint, his body already three days hollow, his mind beginning to fray at the edges where hunger met enlightenment.

The first convulsion had begun in Lydia Marsh, a yoga instructor from Hartford whose perfectly sculpted facade cracked like painted porcelain as her body folded inward. The sound that emerged from her throat was not quite human - a wet, choking gurgle that seemed to carry words, though in no language Monroe recognized. Her vomit, when it came, was black as tar and moved with purpose, pooling on the floor in patterns that hurt to observe directly.

Then Marcus Tremaine doubled over, his lawyer's composure shattering as something that was not quite bile erupted from his mouth. But within the retching, Monroe heard it - a voice, thin and sibilant, speaking backward syllables that nevertheless conveyed meaning directly to his brain. The expelled matter writhed, forming shapes that resembled cuneiform script before dissolving into mere biological waste.

One by one, they fell. Margaret Chen, the psychiatrist who had sat beside him, clawed at her own throat as she purged something that looked like liquid shadow. Her eyes rolled back, showing only bloodshot whites, as she whispered between heaves: “It made us say it backwards... the words we were never meant to speak...”

But Monroe remained untouched. His stomach cramped, his vision swam, but no nausea came. He watched in horrified fascination as his fellow seekers expelled not just their morning meal, but something else - something that had been waiting inside them, dormant, until the mushrooms awakened it. The retreat hall became a charnel house of revelation, bodies contorting as they birthed obscenities through their throats.

Brother Augustine stood at the center of the chaos, his arms raised in ecstasy, his mouth moving in silent prayer as the vomit around him began to coalesce, forming a writhing mass that pulsed with malevolent intelligence. Monroe understood then that this was no accidental poisoning - this was communion, a feeding of something vast and hungry that dwelt in the spaces between thoughts.

The official investigation found only contaminated mushrooms, ergot poisoning, mass hysteria. The survivors spoke of hallucinations, shared delusions brought on by fasting and toxic alkaloids. But Monroe knew better. He had been chosen to witness, not participate. He alone had been deemed unworthy of the gift that writhed in his companions' expelled essence.

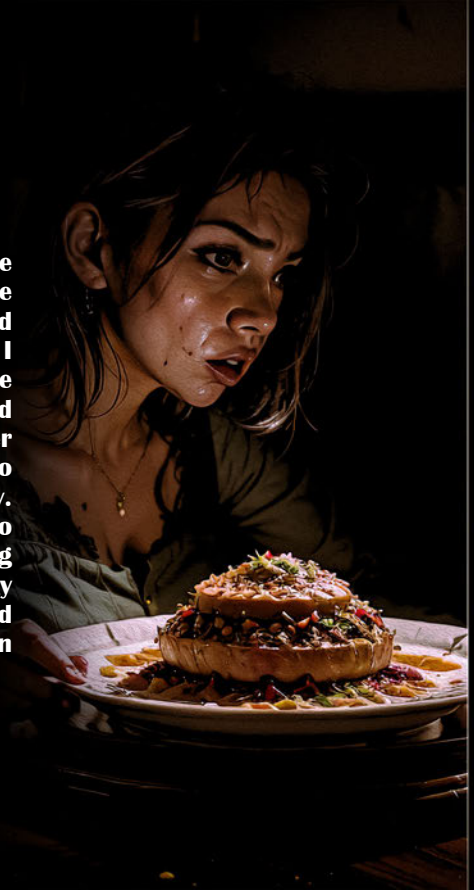
Now, in the sterile safety of Dr. Varnell's office, Monroe felt the weight of that terrible privilege. His body had become a temple of restraint, every meal a battle against the possibility that he might finally be found worthy. The thing that lived in reverse speech, in backward prayers, in the expelled truths of the poisoned - it was still out there, waiting. And somewhere deep in his hollow belly, Monroe feared it might already be waiting inside him too.

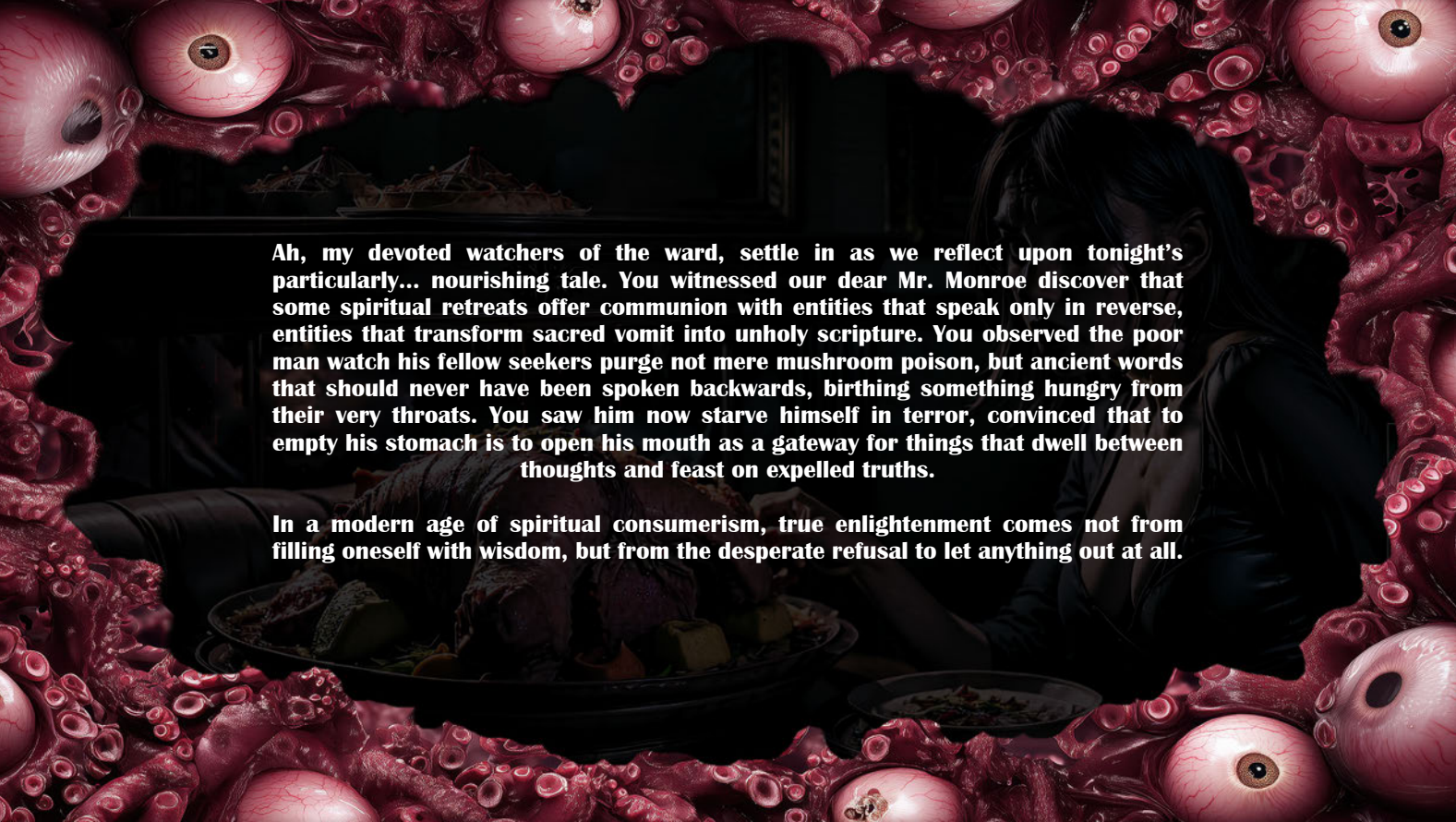
He could not vomit. Would not. Because to purge was to speak, and to speak backwards was to open doors that had been locked since before language began. His starvation was not madness - it was the only sane response to a world where emptiness was the only salvation, where the void in his stomach was all that stood between reality and the howling chaos that dwelt in the spaces between thoughts.

Dr. Varnell watched as Monroe's lips moved soundlessly, forming words that seemed to flow in reverse, and for just a moment, she could swear she heard something answering from the depths of her own churning stomach.

ATTENDING NOTES - DR. SYLVIE VARNELL:

Patient continues to exhibit severe somatic avoidance behaviors centered around emetic episodes. Cognitive function remains remarkably intact despite prolonged malnutrition. Of particular note: during our third session, I experienced acute nausea that subsided only when Monroe ceased his backward counting exercise. Recommend immediate psychiatric evaluation and possible transfer to secure wing. I find myself increasingly reluctant to eat before our sessions, though I cannot articulate why. The Vermont incident requires further investigation - too many inconsistencies in the official reports. Something feels deliberately obscured. Have ordered toxicology screens for all staff members who have had prolonged contact with Monroe. The feeling of something waiting in my throat grows stronger each day.





Ah, my devoted watchers of the ward, settle in as we reflect upon tonight's particularly... nourishing tale. You witnessed our dear Mr. Monroe discover that some spiritual retreats offer communion with entities that speak only in reverse, entities that transform sacred vomit into unholy scripture. You observed the poor man watch his fellow seekers purge not mere mushroom poison, but ancient words that should never have been spoken backwards, birthing something hungry from their very throats. You saw him now starve himself in terror, convinced that to empty his stomach is to open his mouth as a gateway for things that dwell between thoughts and feast on expelled truths.

In a modern age of spiritual consumerism, true enlightenment comes not from filling oneself with wisdom, but from the desperate refusal to let anything out at all.

THE BUZZING HOURS

PATIENT CLASSIFICATION:
Acute Entomophobic Psychosis
with Parasitoid Delusions
ATTENDING PHYSICIAN:
Dr. Nina Voss, Chief of Sublevel Psychiatric Division
DATE OF ADMISSION: October 13th, 2024
SECURITY LEVEL:
Yellow-3 (Biohazard Protocols in Effect)

The corridors of the Asylum breathe with a susurrus that might be ventilation, might be something far more ancient stirring in the building's concrete marrow. Down here, three floors beneath the mercy of natural light, we house the peculiar cases - those whose terrors have grown teeth, whose nightmares have learned to nest.

Evie Sorrenson arrived on a stretcher that October morning, her flesh the color of winter milk, mapped with a constellation of puncture wounds that had long since ceased to weep. The paramedics spoke in hushed tones of the state they'd found her in: naked, soil-caked, curled fetal in the hollow of what the forestry report would later classify as an impossible tree - a species that shouldn't exist in Salt Hollow Preserve, shouldn't exist anywhere on this continent, shouldn't exist at all.

But existence, I have learned in my years ministering to the fractured psyche, is a far more negotiable concept than we care to admit.

The first thing one notices about Miss Sorrenson is the way she moves - or rather, the way she doesn't. Each gesture is preceded by a moment of perfect stillness, as if she's listening to something the rest of us cannot hear. Her head tilts at angles that suggest a neck suddenly unfamiliar with its own mechanics. When she speaks, which is seldom, her voice carries the dry rustle of paper wasps constructing their paper kingdoms.

“They didn’t sting me,” she told me during our initial session, her pale fingers worrying at the cuffs of her regulation gown. “They marked me. There’s a difference, Doctor. A sting is temporary. A mark is... architectural.”

The wounds themselves defied medical explanation. Circular punctures, each precisely two millimeters in diameter, arranged in patterns that seemed to follow some inexplicable geometry. Dr. Carmichael from Dermatology suggested needle marks, perhaps some ritualistic self-harm, but the tissue samples revealed something that made him recommend immediate transfer to our facility. The punctures went deep - deeper than they should have, given their size - and at the bottom of each tiny wound, microscopic analysis revealed traces of a substance that wasn’t quite organic, wasn’t quite synthetic.

It built structures.

Hexagonal structures.

“The clearing wasn’t on my map,” Evie whispered during our third session, her eyes fixed on the corner where the fluorescent light hummed its electric lullaby. I had learned by then to keep the room’s electrical sounds to a minimum; anything that approximated the frequency of insect wings would send her into catatonic episodes that could last for hours. “I’ve hiked Salt Hollow a hundred times. I know every trail, every turn. But that morning, the path just... opened. Like it was built for me to find it.”

She described the silence first - an absence so complete it seemed to have weight, pressing against her eardrums until she could hear her own blood moving through her vessels. No wind disturbed the canopy above. No creatures scurried through the underbrush. Even her footsteps seemed to die before they could echo, swallowed by an atmosphere that had forgotten how to carry sound.

Then came the humming.

“Not wings,” she insisted, her hands beginning their

familiar motion of scratching at her arms, though the wounds there had long since healed. “Wings make a different sound. This was… structural. Like the earth itself was vibrating. Like something underneath was tuning itself.”

I have reviewed the police reports, the search and rescue documentation, the forestry surveys. There is no clearing matching her description anywhere in Salt Hollow Preserve. The GPS coordinates she provided lead to a section of dense woodland that shows no signs of disturbance, no evidence that human feet have ever touched its moss-carpeted floor.

Yet the soil samples recovered from beneath her fingernails tell a different story.

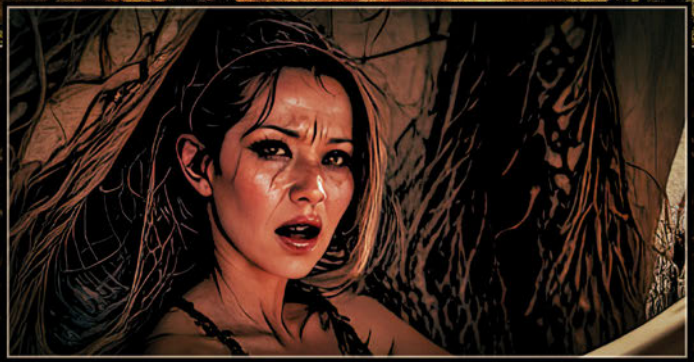
“They rose from the ground,” Evie continued, her voice dropping to barely more than a whisper. “Not flying up, but seeping up. Like they were made of earth and had just remembered they had wings. And they were… orderly. So orderly, Doctor. They moved in patterns. Geometric patterns. Like they were following blueprints.”

The attending EMT's report noted the absence of typical venom reaction - no swelling, no inflammation, no anaphylactic response. Just the wounds themselves, neat and purposeful, as if something had been depositing rather than extracting. When I suggested this observation to Evie, her reaction was immediate and violent. She began clawing at her skin with such ferocity that we were forced to sedate her, but not before she managed to reopen several of the old puncture sites.

What emerged was not blood.

It was a clear, viscous fluid that, under microscopic examination, revealed itself to be structurally similar to the paper pulp used in wasp nest construction. Dr. Reeves from our biochemistry department ran seventeen different tests before finally admitting defeat. The substance contained cellulose fibers that shouldn't exist in human tissue, arranged in patterns that suggested intentional architecture.

"They're building," Evie told me when she finally regained consciousness. "Inside. They're building inside me."



Her behavior in the facility has grown increasingly erratic. She refuses to sleep during daylight hours, claiming that warmth activates them. The maintenance staff report finding her pressed against the coolest walls in her room, her ear against the concrete as if listening for something. When questioned, she simply states that she's "monitoring the construction."

The photographs appeared during her second week with us. Despite constant surveillance, despite locked doors and searched belongings, her room began to fill with images - hundreds of them, tacked to every available surface. Close-up photographs of wasp nests, cropped and arranged to form spiraling patterns that seemed to shift when viewed peripherally. Security footage shows no one entering her room, no packages delivered, no explanation for how the images materialized.

When confronted, Evie's response chilled me more than any scream could have: "I didn't put them there, Doctor. They did. They're showing me the master plan."

Her skin has begun to change. Subtly at first - a slight translucency that I attributed to poor nutrition and lack of sunlight. But as the weeks progress, the change has become more pronounced. In certain light, one can almost see through her epidermis, observe what appears to be a network of fine structures just beneath the surface. Hexagonal structures. Building. Always building. Last night, she asked me a question that has haunted my sleep: "Doctor, what if evolution isn't about survival of the fittest? What if it's about survival of the most cooperative? What if we were never meant to be the architects?"

This morning, maintenance reported that the fluorescent light in her room has begun to emit a sound - a low, rhythmic humming that matches no known electrical frequency. When I went to investigate, I found Evie standing directly beneath it, her arms spread wide, her head tilted back, her mouth open as if receiving communion. The light wasn't flickering. It was pulsing. In patterns Geometric patterns. And as I watched, frozen by a terror I cannot adequately describe, I realized that the humming wasn't coming from the light fixture at all.

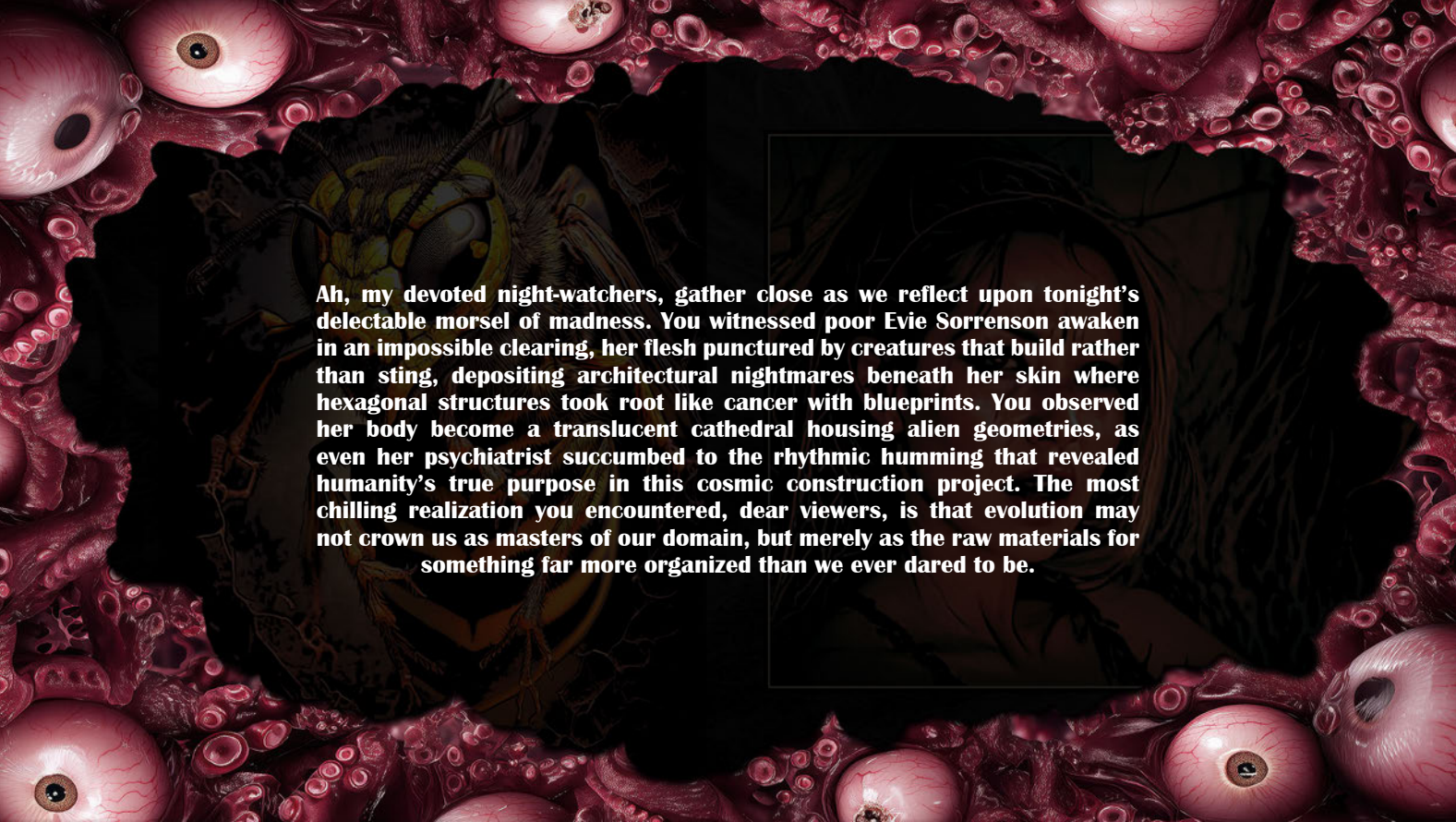
It was coming from her.

ATTENDING NOTES - DR. NINA VOSS:
Patient exhibits progressive deterioration of psychological and physiological baseline parameters. Recommend immediate transfer to Sublevel 5 containment pending review by the Xenobiological Assessment Committee. Note: Have begun experiencing auditory phenomena in my own quarters. Request reassignment to different case load. The humming follows me home.

Addendum: Request denied. Patient claims to recognize me now. Says I was "always meant to be here." Have sealed this file pending... pending what? The blueprints are becoming clearer. The architecture makes sense now. We are not the builders.

We are the foundation.

God help us, we are the foundation.


Ah, my devoted night-watchers, gather close as we reflect upon tonight's delectable morsel of madness. You witnessed poor Evie Sorrenson awaken in an impossible clearing, her flesh punctured by creatures that build rather than sting, depositing architectural nightmares beneath her skin where hexagonal structures took root like cancer with blueprints. You observed her body become a translucent cathedral housing alien geometries, as even her psychiatrist succumbed to the rhythmic humming that revealed humanity's true purpose in this cosmic construction project. The most chilling realization you encountered, dear viewers, is that evolution may not crown us as masters of our domain, but merely as the raw materials for something far more organized than we ever dared to be.


WATCH THE MADNESS
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