

[short•sharp] Shock•Therapy

by james o'ance

This roleplaying scenario is a reconstruction of the events surrounding the murders of Frank and Mary Palmer. While police investigation has ascertained a likely sequence of events, and forensic examination provides some clear details, it has not been possible to put the pieces together and complete our understanding of these events.

By allowing each of the patient's social alters to participate in this roleplay, it is intended that the patient's disassociative identity disorder not be pandered to, but that the patient come to recognise the disorder.

Another desired outcome is to gain a witness account of the events surrounding the Palmer murders. As the patient has tentatively been identified as the child of the Palmer, and thus present at the time of these events, actions role-played are expected to reflect the patient's suppressed memories.

If the roleplay begins to cause undue distress in the patient, halt the scenario and explore the patient's feelings via more traditional questioning methods. Resume the scenario once the nature of the patient's distress and a method of dealing with it have been discovered.

Disclaimer

While Shock• Therapy has been written in the guise of using roleplaying as therapy, it is *not actually intended* to be used as such. Shock• Therapy is an amusement that draws upon the "multiple personalities" of Disassociative Identity Disorder to create an unusual experience for players of this Short Sharp Shock.

As with any mental illness, DID should be treated with respect and sympathy both in and outside of this game. It is recommended that you do some personal research on the subject before running this scenario. Certainly you should feel free to use what you learn to improve upon the guidelines drawn out below.

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Introduction

Shock• Therapy is **not** a game. Well, in truth it is a game, the main objective of which is to try something a little different and to play with the distinction between player and character. However, to run Shock• Therapy properly, you need to assume total suspension of disbelief.

While game mastering Shock• Therapy, you are a Psychologist, attempting an unusual form of therapy with a troubled Patient. This Patient suffers from Dissociative Identity Disorder, a severe dissociative disorder that involves a disturbance in both the memory and identity of an individual. The individual uses defense mechanisms involving splitting, idealization, devaluation, denial and/or taking on the personality of another in order to cope with trauma experienced in childhood.

The Patient exhibits multiple personalities or identities, referred to as **alters**. There are five alters that have been identified and engaged with during therapy. Each alter has expressed its separate personality, feelings, and memories during previous sessions of therapy. These were written down, and are provided as the character sheets of this game.

The players are Not Real.

During the session, you must remember that you are a Psychologist, not simply a gamer running this scenario. You need to completely blur the line between player and character. You should immerse yourself in the identity of the Psychologist (dressing for the part is recommended), and treat the players as though each of them is an alter, part of the Patient's troubled mind. Everything that the player says or feels is an expression of the alter. Never address the players. They are Not Real, but part of the Patient. *Always* treating players as though they were actually alters of the Patient is essential to building Shock• Therapy's suspension of disbelief.

One Patient, Five Players

As a Psychologist, you are only able to talk with a single alter identity of the Patient: the one that is dominant at any given time. However, as a game master you will have five other people in the room, each trying to engage your attention.

To reflect your inability to talk with more than one alter at once, you should pre-arrange seating so that the players are positioned in a circle, facing inwards. This allows the players to interact easily with each other, while you can move around or into the circle to focus on each alter individually.

While you can only interact with one alter at any given time, all of the alters can discuss things between themselves (although they may not care to). However, you are not able to "eavesdrop" on this internal debate, and should ignore what is said between players.

Always address an alter individually, with your full attention focused on that player (body language is important – it should be obvious that you focus on one

person at a time). Even when describing something that pertains to the whole group, address it to a single alter.

Naturally, focusing on a single player for too long will cause the others to feel slighted. You can avoid this by allowing different alters to be dominant at different times. Whoever you speak to is the **dominant alter**. This position will move between alters at the following times:

- ✓ When the current dominant alter asks another what he should do;
- ✓ When a non-dominant alter forcefully attempts to gain your attention;
- ✓ When you begin describing the trigger of an alter;
- ✓ When the dominant alter becomes passive, or has been dominant for an extended period.

If the dominant position changes through player-controlled actions, you might reposition yourself and ask “Am I speaking to Manning now?” before continuing. If the dominant position changes because of an alter’s trigger (explained below), simply change position. As Psychologist you know which alter will become dominant in traumatic situations.

If the dominant alter becomes passive or retains control for an extended period, you can cause a change by asking “Can I speak to one of the others now?”

You have a very good understanding of the Patient, including body language, manner of speaking, and the triggers of each alter. Therefore, you will generally know which alter you are speaking to. However, it might be interesting to mistake one alter for another at some point. Act as though you are speaking to a different alter until you are questioned or corrected. You can then say, “I’m sorry, I thought that I was speaking to Manning. Who am I speaking to?” before continuing.

Names

Each alter is identified by a surname, but they have not been assigned a personal name or gender. Not only does this allow players of either sex to choose from any of the characters without a gender bias, as the GM you can subtly reinforce the reality of Shock• Therapy by identifying each player with their chosen alter. *Assume that the alter is identical in gender and personal name to the player.* You should not use the alter’s personal name initially, but remain detached and professional towards the Patient. However, later in the session you might “slip” and do so. This is good, provided that it is not too jarring, and that it reinforces the reality of the game.

Sex

If players ask about the sex of each alter when choosing, simply say “It isn’t important” and move on. Refuse to elaborate; you might instead ask a “yes” or open-ended question that leads the player’s thoughts to something else.

Some players might decide that their alters are of opposite sex to their own, especially if they realise why genders have not been assigned. Work with this. Remember that the player is Not Real, and that the alter is an expression of the Patient's fractured identity. You might inquire as to why the alter has changed gender, or why gender is important to the alter. Try to relate this to the alter's triggers, if possible.

The sex of the Patient can be determined by the gender of the majority of alters, or of the most powerful alter. Keep in mind, however, that nine times more women than men receive therapy for DID. All other things being equal, the Patient will probably be female.

Triggers

Each alter becomes dominant in particular situations, in order to deal with stresses that the other personalities are unable to cope with. The circumstances that cause an alter to become dominant are referred to as triggers.

The identified triggers for the Patients known alters are:

Alter	Trigger
<i>Halliday</i> –	Bad things happening for no good reason
<i>Lovett</i> –	Being confronted by strangers
<i>Manning</i> –	Inexplicable or confusing events
<i>Schofield</i> –	Uncaring or indifferent people
<i>Vaughn</i> –	Hostility, shouting, open displays of anger

Take careful note of each alter's trigger; it will be important to know what events trigger each alter so that you can respond appropriately when running the scenario.

Slivers

Slivers are alters that have one, single function. A well-known example from the book "When Rabbit Howls" is Rabbit, whose function is to scream. She doesn't do anything else; she's a quarantine space for pain.

The players may create slivers, knowingly or unknowingly, for a limited purpose. Sometimes the alters will search for non-player characters in the scenario that are separate from the Patient's condition (see examples 1 through 3 below); in these cases, the alter is probably "recreating" something from the Patient's lost memories. The Psychologist should control these NPCs, with guidance from the alters when appropriate to determine what role the remembered individual plays in the memory. However, when an alter creates a sliver, it should be controlled by one of the other alters; it is actually an undiscovered aspect of the Patient's identity.

Recreating remembered persons and creating slivers may unsettle or even fascinate the alters when they realise that their successes aren't the result of

systemic or coincidental searching. This is similar to a player's power to invent non-player characters for a brief purpose in roleplaying games such as Amber:

- 1) Alters who say something like "I try to find a police officer" are acting as though the roleplaying scenario is an objective reality, over which they have no control.
- 2) Alters who say something like "I'm looking out for a passing policeman" are still acting as though the scenario is reality, but hope that coincidence will favour them.
- 3) Alters who say something like "A policeman happens to be passing" are claiming control of the scenario, whether they consider it to be reality or a roleplaying game state.
- 4) Alters who say something like "I make a police officer appear" have generated a splinter. The alter is co-GMing the scenario, in a sense, but in real life, a DID patient might generate a sliver to just deal with a problem.

The Psychologist's Goal

Your goal in this scenario is to discover details of the traumatic experience that may have caused the Patient's disassociative identity disorder. Each of the alters has a piece of the answer, and you also hold some information, but the complete picture has been lost. Effective therapy can only take place when the specifics of the Patient's disorder become known.

In addition, there is an open police investigation into murders believed to be connected to the Patient's condition. You have been requested to learn everything possible without causing extreme distress in the Patient. The Patient's identity has not been confirmed, and your records are simply labeled John/Jane Doe.

You believe that it will prove difficult to learn anything valuable unless the Patient comes to realise his or her condition and eventually integrate all memories into a gradually developing central consciousness.

A DID patient does not lose the other personalities, rather they become part of the whole person. Once the patient begins to remember and deal with his or her history, he or she no longer needs the alternate personality. Unfortunately, the process of therapy for adults is long and difficult, often taking 3 - 5 years.

You have devised a simple roleplaying scenario that will hopefully engage each of the Patient's alters, gradually helping them to cooperate. Although your colleagues might consider giving each alter a separate role in the scenario to be pandering, you choose to do this so that each alter's perspective on the Patient's experiences can be explored.

The Patient's Goal

The Patient attempts to deal with pain by compartmentalizing life's trauma into autonomous units rather than a blended whole. When a particularly abusive experience becomes unbearable the Patient simply exercises his or her capacity for

self-hypnosis, and allows another person to emerge who can handle the situation better.

Although the alters will be oblivious to the truth at first, they may eventually come to realise that they are all aspects of the Patient. This could lead to the alters cooperating in order to achieve some catharsis, possibly making progress towards being able to live in society once more.

On the other hand, the alters may fracture the Patient's mind even further by fighting for dominance or refusing to accept part of the Patient's identity and experiences.

Only if the players cooperatively answer the unsolved mysteries of the Patient's experiences can the truth be discovered. No definitive answer is provided in this Short Sharp Shock scenario.

The Scenario

The simple roleplaying scenario outlined below is a reflection of the probable sequence of events leading up to the Palmer murders. The scenario played out need not be an entirely accurate version of the events that occurred; given the entirely subjective nature of memories.

When describing places, people, and events to the alters, keep in mind that their questions and stated desires may reflect emerging memories of the Patient's childhood. Incorporate the alters' reactions into the scenario whenever they seem to reflect real memories, rather than delusions or fantasies.

These memories may emerge with some difficulty, as they have been locked away with the pain of the patient's childhood traumas. These are thought to be directly related to the Patient's experiences with a cult leader named Eduard Corlis, a figure linked to violence, kidnapping, and drugs. However, the possibility exists that the Patient underwent some kind of abuse from one or both of the Palmers. Psychological abuse or violence have not been ruled out as childhood traumas that may have contributed to the Patient's disorder.

Probable Sequence of Events

The Patient's father, *Frank Palmer*, was involved with a fringe cult that relied upon heavy use of hallucinogenic and psychotropic drugs. A cult leader named *Eduard Corlis* often visited the Palmer household to pick up drugs during the Patient's childhood. While there the cult leader would stare quite openly at the Patient's mother, *Mary Palmer* (which made the Patient angry) and say upsetting and often weird things to the Patient.

Eventually Frank Palmer got into trouble with Corlis. The cult leader brought some of his followers around to physically beat Frank Palmer, which the Patient was too young to prevent. The Patient also feels that he betrayed Mary Palmer when the cultists kidnapped them both. He escaped and ran away from the cultists, leaving Mary Palmer behind. The Patient lived on the streets in a strange city until being picked up by the police a few years later and put into the Institute. Investigative work has only just revealed the probable cause of the Patient's DID.

Frank Palmer was a dark-haired man with glasses. His body was discovered lying in a pool of his blood at the Palmer residence; the time of death was later estimated to be 3:03 p.m. A large kitchen knife with Frank Palmer's blood covering the blade and handle was found in a white van, abandoned underneath a bridge quite some distance away.

Mary Palmer was a tall, handsome woman with straight black hair and an easy-going manner. A quantity of blood that was tested as being of Mary Palmer's blood type was identified at a chapel located a half an hour's drive from the Palmer residence. Mary Palmer's body was never found.

Eduard Corlis is a tall, charismatic man with sandy hair, commonly seen wearing white clothing and driving white vehicles such as sedans and vans. Corlis is thought to be a delusional psychotic, with an elaborate world-view that incorporates fringe Christianity, extraterrestrial beliefs, and extreme prohibitions against allowing non-believers to learn about his "church." Corlis is still at large, and is considered a dangerous individual.

Scene One

This is the introductory scene of the scenario:

You have been released from the Institute on trial, and you are to live in a special house that has been prepared for you. You are allowed to organise your own day and take some responsibility for yourself, with regular visits from the doctor.

It is an old house in a quiet, tree-lined street, and as you arrive it seems to you that it has not been lived in for quite some time. The house sits between a similar dwelling and a vacant lot. It seems a little familiar.

The house has not been lived in for many years, and there are sheets over all of the furniture, but it is fully furnished and even has food in the cupboards. When describing the house, keep in mind the perceptions of the alter that is dominant at any given moment. You can describe the house in terms that the dominant alter responds to.

Allow the alters to explore this house; as they do so, they will undoubtedly ask questions such as “Are there any small rooms on the ground floor?” This is an indication that they are recollecting details of the patient’s childhood home; you should respond in the positive, to draw out more details and to strengthen the feelings of familiarity.

Do not dwell for too long in this scene; after each of the alters has had a chance to interact with the house, move on to Scene Two.

Scene Two

One of the alters sees a child in the yard between their house and the house next door. Describe the child in emotional terms rather than physical ones, keyed to the specific alter. For example, when addressing Vaughn (whose trigger is hostility and anger):

There is a child moping around outside the neighbour’s house, occasionally glancing at a white van parked in the street. The child seems to be hiding, rather unsuccessfully. It looks anxiously towards the van, like an animal that has been kicked in the past and fears similar treatment in the near future.

Ask the alter who he would like to respond to this situation, if at all. When the alter replies, repeat his desires as a question (“So you’d like to go see what the child is so afraid of?”). Begin to describe this, but then break off –

– as a strange man enters the yard of the alters’ house from within some trees in the vacant lot next door. The strange man moves stealthily around the alters’ house from the back to the side, and looks through the front windows before moving over to the van and entering it via the back door. Note that this will probably trigger Lovett (possible confrontation with a stranger).

If the dominant alter asks particular questions about the stranger (“Is he a burly man?”) then respond in the positive; otherwise, describe him as a bland looking man, rather large and dressed conservatively, as though going to church. Allow the alters to intervene if they desire, and note what assumptions they make about the stranger.

After a short interval a tall man in a white suit (Eduard Corlis) leaves the house. He is carrying a small package under one arm (probably drugs produced by Frank Palmer). Corliss walks across to the child to say a few words before returning to the van, looking up and down the street as he does so. As soon as Corlis enters the van it barks into life and drives away.

Ask the dominant alter to find out how everybody feels after this unusual event. Once this has been done, determine how the alters plan to settle in for the night. Announce that the night is very quiet, with little noise from the street, and that everybody has peaceful dreams.

Scene Three

Describe the morning as still and sunny, with a summery warmth that brings everybody out of bed. Some of the alters may want to determine how they spend their morning or prepare for the day. However, a shrill ringing from the front of the house will break the early morning calm (or perhaps squabbling). It falls quiet after a moment, and then begins again a few moments later. The unexplained ringing may trigger the Manning identity.

Actually, the shrill sound comes from an old doorbell being rung by a pretty woman in her late twenties. Mary Palmer has come from next door to welcome newcomers to neighbourhood. She will engage in friendly chit-chat, asking about the people who have moved in next door to her. If asked about her own family, Mary will mention her husband Frank and their child, but changes subject just a little too quickly. Under no circumstances will Mary discuss the visitors to her house yesterday, should an alter bring this up. At the very most she will say that Mr. Corlis has a special Bible study group in town, and that he sometimes comes around to visit her husband. However, the subject visibly upsets Mary, and she leaves quickly once it has been raised.

Scene Four

Allow the alters to plan their next course of action. If this includes activities that will bring them into contact with the Palmers, allow them to do so. This indicates that the Patient is recreating memories of the parents, and more information about the Palmer family life can be discovered.

Otherwise, these plans will be interrupted as some of the alters notice that Eduard Corlis has come to visit the Palmer house for a second time. He arrives in the white van as before, stepping out of the passenger side door and striding forcefully towards the Palmer residence. The alters may be able to hear sounds of shouting from time to time, until Corlis leaves about an hour later.

Should some of the alters head towards the Palmer residence to investigate, one of the cult members will step out of the white van to intercept them. The cult member will not let the alters enter the Palmer house, regardless of what excuses they give. Indeed, he will attempt to distract them with a discussion of the strange religious ideas of Corlis' cult.

If the alters spend some time at the Palmer household, they will be present when Corlis arrives. Matters are obviously tense, and the alters will witness Corlis' weird behaviour.

Scene Five

There are sounds of crying late at night. Whichever alter is dominant will be woken by sobbing that drifts over from the Palmer residence. If one or more of the alters investigate next door, they'll find that Frank Palmer is still awake, drinking coffee in his kitchen. Frank looks exhausted, but will invite the alters inside (the real Frank Palmer may not have done so, but allow this to happen so that the alters can explore their ideas about the patient's father). When Frank is asked the inevitable questions about the crying noises, he quietly explains that Mary is sick.

Frank Palmer may be drawn into revealing some important truths of the Patient memories. When portraying Frank, have him ask open-ended questions such as "what do you think is happening?" in response to the alters' inquiries. Respond to the alters' ideas in the positive if appropriate, and follow up with more open-ended questions (such as "what do you think will happen next?").

Frank Palmer will quickly grow tired and say that he is heading up to bed; the alters will be allowed to show themselves out. The crying sounds fade away shortly afterwards.

Scene Six

The following morning each of the alters will notice that a white van has parked outside the Palmer's house. This is probably the same white van that Corlis has been using previously; unless the alters remember things differently, assume that this is so. Carefully looking towards the van will allow an alter to make out the silhouette of people sitting inside the van, watching the Palmer residence.

The cult members will observe the alters' house also, if they have previously brought themselves to Corlis' attention. They continue to do this for about three hours before leaving, unless the alters take some action that engages them first.

Scene Seven

At about two thirty the same afternoon Corlis arrives in the same white van, and beats and knocks upon the Palmer's door until they let him in. The racket is terrible, and will carry throughout the alters' house. Corlis spouts some apocryphal religious dogma for a few minutes before making an ultimatum to Frank Palmer. What this ultimatum was has never been determined; if it seems possible, the answer might be forthcoming from one of the alters by this point in the therapy. Regardless of what Corlis demands from Frank, an argument ensues. Frank is fatally stabbed by Corlis, and falls face down. Corlis flees the Palmer residence with the blood-stained knife, whilst his cult members grab Mary Palmer and her child, and drag them to the van. The van speeds away.

The alters may attempt to intervene in these events. Their efforts to prevent tragedy do not represent actual memories in this case; the Palmers had no neighbours, so there was nobody to save them. Indeed, the Patient may be constructing a fantasy version of events where the palmers did not die.

If the alters can be coaxed into recreating these final events as they actually occurred, the session of therapy can be considered at least a partial success. Bring the Patient out of the roleplaying state, and offer congratulations for such progress. Otherwise, conclude the session and allow the Patient to return to the ward.

Halliday

Thoughts and Feelings

I don't think that I control my own life. Just about everything happens because of some random chance, and who can control that? Nobody can. Even weird events and disasters are almost always because of some fluke than because people are out to get me; after all, life is too random for anybody to have any real say in what happens. That's why people get so violent – it's the only way they have to control life. I find it difficult to look at someone without imagining what it would be like for them to attack me.

Even though random events can't hurt me any more, other people can. I have had a lot of nightmares about violence that I've seen in films or in real life, and talking about violence or even seeing fake blood on television makes me feel afraid. I always shrink down to make myself small and invisible when people get angry or start to talk loudly.

Things that I Remember

My father is mad with me. He's shouting because I did something wrong. I couldn't help it though – it wasn't my fault. I can't stop my father from being mad, so I decide that I won't let him hurt me. There's nothing that I can do, so why get upset?

There's another patient at the Institute who wants to bite me. She's always kicking and biting me, and I hate her. I'm hiding from her, and my friend Vaughn is protecting me.

There's a man trying to find me. He's got white clothes on like an angel in my Bible, but his clothes have got blood on them. I can hear screaming, but I am as quiet as a mouse and I don't open my mouth even to breathe. The man is carrying a pork knife from my kitchen. I'm hiding behind some clothes on hangers, but if I breathe he'll find me. Oh *nononono* I can hear him coming. My chest hurts real bad like I'm gonna die. He's gonna kill me.

I feel afraid when someone gets angry or talk about hurting people
I take charge when bad things happen for no reason
I look for tolerance in other people
I avoid people who are fierce or brutish
If I were released from the Institute I would take things as they come

Lovett

Thoughts and Feelings

It's impossible to really know anything important about anybody else, so what's the point in trying? It's very hard to trust anything, because I never know when people are being truthful or false. They could betray me at any time; I often feel afraid that I'm even going to betray myself.

Everybody is completely alone in this world, because you can never make anybody understand anything more important than the simplest thoughts and feelings. I say whatever I want, because it doesn't matter. I think that talking doesn't usually mean anything, so I don't always bother to listen either.

I have to prepare for anything to go wrong. I've been told that I get obsessive-compulsive, but other people don't understand how important it is to be absolutely

certain that everything's all right. I don't mind checking something four or five times, anyway. It's better to be safe, and I don't really care what people think about me, anyway. It seems stupid to go through the effort of conforming to people's expectations.

Things that I Remember

A big man is holding my arms behind me. It really hurts, and I can't move. I can hear my mother crying really loud now. She's crying like when my puppy died. I wish Daddy would come, but Daddy can't come. He's hurt real bad, and he doesn't know where the bad men took us.

I'm walking down the street. My clothes are dirty and people are looking at me with scrunched-up faces. I don't have any shoes. No one will let me into their shops, but I don't care. I don't talk to anybody anymore.

Once after I took my meds I felt really sick and fell out of bed onto the ward floor. I felt so bad that I couldn't get up. Halliday felt sick too, but not as bad as me. We got back off the floor together.

I feel afraid when I'm in a situation that I can't control
I take charge when confronted by strangers
I look for mildness in other people
I avoid people who are forceful or dominating
If I were released from the Institute I wouldn't care if people thought I was crazy

Manning

Thoughts and Feelings

I have realised that whatever force or God or whatever controls the world likes to break the rules. Most people seem to think that they can rely on the laws of science or religion, but they're just stupid. Sometimes I see people talk about "random chance" or "coincidence" and I can't stop laughing.

Everything that happens to me is because **something else** wants it to happen. Wanting can make anything happen, if I try hard enough. Sometimes when I pinch myself a lot other people get headaches.

I don't understand where my thoughts and feelings come from. Usually it seems like someone else is thinking the words that come out of my mouth, and I get very upset. When somebody else asks a question about **me**, I just freeze, because I don't know the answers any more.

Things that I Remember

I'm running away from some scary men, because if they catch me they'll hurt me. I try to hide in a shop, but I knock something over and the lady tells me to get out. In the shop window I can see a child's reflection. It's a bad child, who's got no mother. Bad children don't have mothers anymore.

Mr. Corlis is reading to me from his Bible. He's telling me about the Devil, and how angels come from outer space to save us from evil. I can't find the part about flying saucers in my Bible. I think that the Devil must have taken those pages away.

I'm sitting in the garden with Schofield, at the Institute. Schofield isn't asking questions about me – probably doesn't care. I feel safer here with Schofield than anywhere else.

I feel afraid when I realise that I have no other feelings
I take charge whenever things happen that can't be explained
I look for indifference in other people
I avoid people who see through my defences
If I were released from the Institute I would be careful when meeting someone new

Schofield

Thoughts and Feelings

Sometimes I hear a voice in the static of a radio, or the babble of many people. It tells me things that I don't understand.

I don't really feel anything about myself, except when I feel afraid. I have frequent nightmares. It's sometimes hard for me to tell the difference between dreaming and being awake.

I don't know if I'm lying or telling the truth about myself anymore, because there isn't really any difference. I'm just an empty person, without anything inside. All of the things that I used to like or hate seem pretty unimportant now.

There is almost always someone watching me. Even when I can't see anybody looking at me, I know that they are there. Sometimes people are watching me without their eyes, and only act surprised when I accuse them of spying on me. But sometimes the eyes watch me when I am completely alone.

Things that I Remember

I grab a bag of apples from a stall and run away so that I can eat them. After the fat man can't catch me anymore, I go to the empty house and lie on the mattress. I eat the apples. There's nothing to look at and nothing to do, so I go to sleep.

Always when I have bad dreams I hear other patients at the Institute talking about them the next day. It's frightening and weird, but Manning sometimes says something even weirder to make them stop talking. Then everything is okay.

There's a very angry man yelling at my daddy. He's screaming about his medicine, I think, and my mother is crying. Then the man sees me and starts shouting at me. He says that I'm going to die and go to Hell, and devils will eat bits of me. My head starts to buzz, and I can smell something burning already.

I feel afraid when weird things happen
I take charge when I meet people who don't care about me
I look for coolness in other people
I avoid people who talk about religion or superstition
If I were released from the Institute I would pretend to live a normal life

Vaughan

Thoughts and Feelings

I'm afraid of dealing with strangers all by myself. When there's a chance that I'll be alone, I feel my breathing become rapid and I have panic attacks. When strangers are around me, I either freak out or I hurt them.

Hurting others often seems very easy, because pain and death aren't very important now that I know how horrible it is to be completely alone. I need people to be around me. I feel horrible in my stomach when I think about being left alone or cut off from the people that I know.

My indifference to violence is probably obvious to other people in the way that I speak to them. I rarely make any effort to hide it. Brutality doesn't upset me at all, and sometimes I realise that I've said something that other people find shocking or upsetting. I hate awkward silences because people might be thinking about how uncomfortable they are around me.

Things that I Remember

There is a man lying on the floor in a pool of blood. I think it is his blood. The man is lying face-down, so I can't see who he is. There is blood in his dark hair. A pair of broken glasses rest nearby.

I'm outside by myself. I can't go back inside while the man with the stinky breath is still in there. But there are scary men in a van, and they are watching me. I can hear someone crying.

The storeroom at the Institute makes me think about Daddy's basement, where he used to work. I don't like going into the storeroom alone. Sometimes Lovett goes in there with me. Lovett isn't afraid of being alone in the dark. But the smell of bleach still makes me think about Daddy's basement, and I remember being afraid to go down there too.

I feel afraid when I'm not sure what people are thinking.

I take charge whenever people shout or get angry

I look for acceptance from other people

I avoid people who are cold and indifferent

If I were released from the Institute I would try to live with friendly people

Notes – Doctor: _____

The identified triggers for the Patients known alters are:

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_____ <i>Halliday</i> –	Bad things happening for no good reason
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_____ <i>Schofield</i> –	Uncaring or indifferent people
_____ <i>Vaughn</i> –	Hostility, shouting, open displays of anger

Scene One

Scene Two

Scene Three

Scene Four

Scene Five

Scene Six

Scene Seven