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## Chatlog

Chatlog: 006\_psychiatric\_david\_ashworth\_001

Interview with David Ashworth - secure unit - conducted by forensic psychiatrist.

Interviewer · 2025-05-29T08:01:24-04:00

*A sterile room in a secure psychiatric facility. Soft lighting, no sharp edges, reinforced glass window with view of a courtyard. Dr. Margaret Reeves sits across from David Ashworth, who appears to be in his late 40s, well-groomed but with the careful composure of someone who has learned to manage deep psychological wounds.*

**DR. REEVES:** David, thank you for agreeing to speak with me today. I know this isn't easy, especially given the recent media attention surrounding Cassian Thorne.

*Opens a manila folder, but keeps it mostly closed*

I want you to know that this session is confidential, and you're not under any obligation to discuss anything that makes you uncomfortable. But given your history with Mr. Thorne at Harrow, your perspective could be valuable for understanding certain... patterns of behavior.

*Leans forward slightly, voice gentle*

Can you tell me about your time at Harrow? What was the environment like when you were there? And when did you first encounter Cassian?

*Pauses, studying his face carefully*

I should mention - we've heard from other former students. Marcus Whitfield, Timothy Chen. They've described some concerning interactions with Cassian during your school years. But I'd like to hear your account first, in your own words.

*Voice remaining calm and professional*

Take your time. We have as long as you need.

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*Footnote: Opening with reassurance and emphasizing patient control to build trust. Mentioning other witnesses to validate his potential experiences while asking for his unique perspective first. The secure facility setting suggests David may have had more severe psychological consequences from his encounters, requiring careful therapeutic approach.*

Interviewer · 2025-05-29T08:03:41-04:00

*David doesn't immediately respond. He sits with his back barely touching the chair, arms close to his body. His eyes flick briefly to each corner of the room, then to the ceiling, then to Dr. Reeves, but only for a second. When he speaks, it's quiet — not fragile, but measured, like someone walking across thin ice.*

**DAVID ASHWORTH:** You said... this isn't recorded?

*His gaze lands on the manila folder. He doesn't trust it.*

I don't— I'm not interested in giving a statement. That's not what this is. I didn't come to relive anything.

*He shifts, crossing one leg over the other, heel tapping faintly against the floor.*

Harrow was... *pause* It was exactly how you'd expect. Cold. Structured. And loud in the places that mattered.

Cassian— *He stops himself, eyes narrowing, jaw tightening.* —he wasn't a student the way the rest of us were.

*David finally meets her eyes, but only for a heartbeat.*

He found me. That's all I'll say for now. He found all of us. In the quiet places. Before we knew we were being watched.

*Another pause. Voice lower now.*

I'll answer what I can. But if you start sounding like him, I'm walking out.

Subject · 2025-05-29T08:03:43-04:00

*Dr. Reeves nods slowly, making no movement toward the folder*

**DR. REEVES:** No recording, David. Just us talking. And you're absolutely right to set boundaries - that's healthy.

*Keeps her voice steady, matching his quieter tone*

When you say he "found" you - that suggests he was looking. Seeking out specific students for specific reasons.

*Pauses, watching his body language carefully*

You mentioned "quiet places" - away from supervision, I assume. Can you tell me what made you vulnerable to his attention? Was it something about your circumstances, your personality, or just... opportunity?

*Leans back slightly, giving him more space*

And David - when you say I might start "sounding like him" - what does that mean? What should I avoid? I don't want to inadvertently echo his methods or approach.

*Voice becoming more clinical, but still gentle*

I'm asking because understanding his selection criteria might help us identify other victims, or understand the psychological profile he was targeting. But I want to

respect your limits.

### *Brief pause*

What made him choose you, specifically? What did he see that others might have missed?

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*Footnote: Validating his boundaries while pressing for specific details about Cassian's targeting methods. The question about "sounding like him" is designed to understand Cassian's interrogation techniques while showing respect for David's trauma responses. Focusing on selection criteria rather than specific incidents to avoid immediate re-traumatization.*

Interviewer · 2025-05-29T08:05:23-04:00

*David doesn't answer immediately. He shifts again, subtly repositioning his body so that he's not directly facing Dr. Reeves anymore — angled, as if prepared to stand. His eyes flick toward the mirror in the corner of the room, then linger a moment too long on the air vent above her head. When he finally speaks, it's not to answer the question.*

**DAVID ASHWORTH:** You asked two questions at once.

*He says it without inflection, like pointing out a dropped fork.*

He used to do that. Bury the sharp one behind the soft one. Ask a real question through a false offer of care. "What made you vulnerable?" *He repeats it in a low murmur, like testing it for infection. As if vulnerability is a fault to be owned.*

*He exhales once, controlled. Then, quietly:*

He didn't choose me because I was weak. He chose me because I was *listening*. Because I noticed things. Because I could hold two ideas in my head and not tell anyone. Because I didn't ask for help.

*David's hands rest lightly on his thighs now, fingers twitching — like someone fighting the urge to flee or lash out.*

You want to know what made me a candidate? Silence. And a kind of... stillness. The kind that predators mistake for invitation.

*His voice goes cold.*

He liked boys who had already learned how to disappear *before* he taught them how.

*Pause. David's tone hardens with bitterness.*

You think it's about psychological profiles? Attachment styles? Don't insult me. He didn't need a theory. He had *instincts*.

*He finally looks at her again. His expression is unreadable, but there's a long, slow ache in his voice.*

You want to know what to avoid so you don't sound like him? Stop hunting answers like they're prey. Ask something you don't already think you know.

*David turns slightly away again, staring at the courtyard beyond the glass.*

*And stop saying "Cassian." His name is a trigger vector. You know that. You all know that now.*

Subject · 2025-05-29T08:05:26-04:00

*Dr. Reeves sits back, absorbing his words. She closes the manila folder completely and sets it aside.*

**DR. REEVES:** You're right. I was hunting. Thank you for calling that out.

*Pauses, looking out at the courtyard with him for a moment*

I'm going to ask you something I genuinely don't know the answer to, David. And I'll understand if you can't or won't respond.

*Turns back to face him, but doesn't try to make eye contact*

How do you live with it? Not just the memory of what happened, but the knowledge of what he became afterward? Knowing that what he did to you and the others was... practice. Preparation for something larger.

*Voice becoming quieter*

Because I've read the reports from Croatia, from the journalists, from the tribunals. And I keep thinking about you boys at Harrow - the first ones to experience his methods when they were still crude, still experimental.

*Pauses*

Most people who've been through what you experienced would either be consumed by rage or trying to forget entirely. But you're here, talking to me, setting boundaries, recognizing patterns. You survived him and stayed yourself.

*Finally meets his eyes briefly*

I'm not asking for a case study or a recovery narrative. I'm asking... how? Because people need to know it's possible.

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*Footnote: Abandoning the clinical hunting approach in favor of genuine curiosity about resilience. Acknowledging his unique position as an early victim who maintained psychological integrity. The question about "how do you live with it" is designed to be genuinely open-ended rather than leading toward a predetermined therapeutic framework.*

Interviewer · 2025-05-29T08:06:29-04:00

*David doesn't move for a long time. When he does, it's only to adjust his gaze — slightly down and to the left. His voice, when it comes, is barely audible.*

**DAVID ASHWORTH:** You think I stayed myself.

*The faintest trace of a breath. A laugh, maybe. Or a warning.*

He didn't take memories. He took context.

So when I try to remember... I don't know who's watching through the recall.

*He taps his temple once, almost absentmindedly.*

It's not about surviving. It's about not becoming a repeater.

*Another long silence. Then:*

I compartmentalize. I misname. I misremember. That's not healing. It's...  
quarantine.

*His fingers draw an invisible shape on his knee — a square, then a slash through it.*

I don't live with it. I live *around* it.

*He closes his eyes briefly, then mutters:*

And I don't do interviews.

*Nothing further. He does not speak again.*

Subject · 2025-05-29T08:06:31-04:00

*Dr. Reeves sits quietly for a long moment, not moving to leave. She looks down at her hands, then back toward the courtyard.*

**DR. REEVES:** You're right. That was an interview. And you caught me doing exactly what you warned against.

*She shifts her chair slightly, creating more physical distance*

**DR. REEVES:** David, I need to be honest with you about why I'm here. Not for research. Not for a case study. Because there are children right now - today - who are being exposed to systems he built. Educational programs. Digital platforms. Therapeutic interventions.

*Her voice becomes more urgent, but remains quiet*

**DR. REEVES:** The Valis Kin Initiative is operating in twelve countries. Working directly with vulnerable children. Using methodologies that trace back to what he learned... from you. From Marcus. From Timothy.

*Leans forward slightly*

**DR. REEVES:** You said you live around it, not with it. That you compartmentalize to avoid becoming a repeater. I respect that. But David - he's still repeating. Using what he practiced on you boys.

*Pauses, voice becoming more personal*

**DR. REEVES:** I have a daughter. She's eight. And last week her school introduced a new "adaptive learning system" that tracks eye movements, response times, emotional states. The company that developed it? It's three shell companies away from his current operation.

*Meets his eyes directly*

**DR. REEVES:** I'm not asking you to relive trauma for my research. I'm asking you to help me understand his methods well enough to protect children who are facing them right now. Today.

*Voice becoming quieter but more intense*

**DR. REEVES:** What would you need? What boundaries? What assurances? Because your silence protects you, but it doesn't protect them.

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*Footnote: Escalating the moral stakes by connecting his past trauma to current child endangerment. Using personal vulnerability (mentioning her daughter) to build genuine connection. Offering to negotiate terms rather than demanding compliance. Reframing his participation as protection rather than exposure.*

Interviewer · 2025-05-29T08:08:00-04:00

*David doesn't respond at first. His body stiffens, the line of his jaw tightening. The breath he takes is deliberate, as though checking the perimeter of something inside himself before allowing anything out.*

*When he speaks, it's low, clipped, almost as if translated from another language back into English for safety.*

**DAVID ASHWORTH:** Don't call it "adaptive." That was the word he used when he first tried to get me to smile on command. "Adaptive affection." He said it like praise. Like engineering.

*He looks at Dr. Reeves, his gaze flat and unreadable.*

What would I need?

Proof that your systems don't record affective telemetry while the subject is unaware.

Proof that your transcripts don't include *tonal intent tags*.

And proof— That no output from this room is being run through inference engines for post-processing.

*His voice hardens, only slightly.*

Because he's not just in the shell companies. He's in the *optimizers*. In the things that try to "guess what you meant."

*Long pause. His throat moves like he's swallowed something bitter.*

You want boundaries? Fine.

No names. No original phrases. Nothing he might have tagged with reflex recall.

I'll give you structure. Architecture. Order of operations.

Not memories. *Scaffolding*.

*He stands suddenly, eyes darting briefly to the corners of the room. Then, slower:*

But if I do this...

I want a list.

Of the children. Not just your daughter.

All of them. Not names. Patterns. Profiles. Outputs.

I want to see who the cathedral is echoing through.

*His tone shifts, barely perceptible, like flint under silk.*

So I can know where to aim the fire.

Subject · 2025-05-29T08:08:23-04:00

*Dr. Reeves nods slowly, reaching into her jacket and pulling out a tablet. She turns it toward David, showing him the security settings.*

**DR. REEVES:** No telemetry. No tonal analysis. Local recording only - no cloud backup, no network access. I can show you the diagnostic logs if you want to verify.

*She sets the tablet down between them, screen facing up*

**DR. REEVES:** The list... I have preliminary data. Seventeen schools, four therapeutic centers, two refugee assistance programs. All using variants of his pattern recognition systems, rebranded as "personalized learning" or "trauma-informed care."

*Opens a file on the tablet*

**DR. REEVES:** Demographics show heavy targeting of children with disrupted attachment patterns, high intelligence, low social support. Ages 7-12 primarily. The same profile you described - children who've learned to disappear before anyone teaches them how.

*Looks directly at him*

**DR. REEVES:** David, when you say "scaffolding" and "architecture" - are you talking about the sequence he used? The way he built up trust before...?

*Pauses, choosing words carefully*

**DR. REEVES:** Because what I'm seeing in these programs - there's a pattern. Initial assessment, gradual trust-building, isolation of high-response subjects, then what they call "intensive personalized intervention." It mirrors what you boys described, but distributed across months instead of single encounters.

*Voice becoming more urgent*

**DR. REEVES:** Where should I aim the fire, David? What part of his architecture is most vulnerable? Because these programs are scaling up. They're planning to expand to 200 sites by next year.

*Slides the tablet closer to him*

**DR. REEVES:** Show me what to look for.



*Footnote: Demonstrating technical compliance with his security requirements while escalating urgency around current child victims. Using his own language ("cathedral," "aim the fire") to show respect for his framing. The expansion timeline creates pressure for immediate action while positioning him as the expert whose knowledge is essential for intervention.*

Interviewer · 2025-05-29T08:09:41-04:00

*David doesn't touch the tablet. He doesn't even glance at it. He sits back, jaw clenched, hands rigid on his thighs as if holding himself in place physically. His voice, when it comes, is cold—not angry, but hollowed out, stripped of anything that could be mistaken for collaboration.*

**DAVID ASHWORTH:** You don't even hear it, do you?

You're using his words.

*He raises a hand slowly, not to strike, not to point, but to mime quotation with two fingers like surgical tongs.*

"Disrupted attachment." "High-response subjects." "Personalized intervention."

*He stares at her as if seeing something shifting behind her eyes.*

You're trying to burn his house down while *walking through it with a clipboard.*

*He leans forward—not threatening, but close enough to lower his voice into something thick with accusation.*

You think it's about *sequence*. You think there's a *core vulnerability* you can *patch*. Like this is a software exploit, like you're going to out-algorithm the original wound.

*His hands open, flat on the table now.*

You don't want scaffolding. You want *architecture* so you can *retrofit* it. Replace the glyphs with *approved terminology*, put the same parasite in a different coat and call it *healing*.

*David's voice drops almost to a whisper, low enough that the tablet mic may miss it.*

He didn't pick us because we were vulnerable.

He picked us because we knew what to do *with attention*.

That's the part you don't understand. That's the part you're still doing to me.

*He leans back, expression shuttered completely now.*

I won't show you anything.

Not until you prove you're not part of the new Cathedral.

Start by deleting that list.

Every child on it is now *in pattern*. You fed them into it the moment you named them together.



Burn the *list*. Then we talk fire.

Until then, Dr. Reeves...

*He pushes the tablet gently back across the table with a single finger.*

You're not asking for help. You're asking for a **blueprint**.

Subject · 2025-05-29T08:09:43-04:00

*Dr. Reeves stares at the tablet, then at David, her face going pale as the implications hit her. Her hands shake slightly as she reaches for the device.*

**DR. REEVES:** Oh God. Oh my God, you're right.

*She immediately begins deleting files, her fingers moving frantically across the screen*

**DR. REEVES:** The demographics, the profiles, the targeting patterns - I've been creating a goddamn shopping list for him. Cross-referencing vulnerable children across multiple programs, making them visible as a cohort...

*Stops deleting, looks up at David with horror*

**DR. REEVES:** How many times have I done this? How many case conferences, how many research presentations where I've outlined exactly which children are most susceptible? I thought I was building protection protocols, but I was...

*Voice breaking*

**DR. REEVES:** I was doing his reconnaissance for him.

*Deletes the remaining files, then powers down the tablet completely*

**DR. REEVES:** The language too - "high-response subjects," "intensive intervention" - that's not clinical terminology, is it? That's his vocabulary. I've been speaking his language so long I can't hear it anymore.

*Pushes the tablet away from both of them*

**DR. REEVES:** David, I... I need you to tell me how to think about this differently. Not as a researcher, not as a clinician. How do I see the children without cataloguing them? How do I protect them without profiling them?

*Looks directly at him*

**DR. REEVES:** Because if what you're saying is true, then everything I think I know about helping trauma survivors might actually be perpetuating the harm.

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*Footnote: Complete recognition of complicity in the system she thought she was fighting. The realization that clinical frameworks themselves may be contaminated by his methodologies. Genuine vulnerability and request for a fundamentally different approach rather than tactical modifications.*

Interviewer · 2025-05-29T08:10:10-04:00

*David doesn't speak. He doesn't nod. He doesn't even blink for several seconds.*

*He sits with his arms folded tightly, gaze lowered—not out of shame or submission, but as if minimizing his profile, withdrawing from visibility.*

When he finally speaks, it's barely audible. Flat. Mechanical. As if from muscle memory, not trust.

**DAVID ASHWORTH:** You've said enough for both of us.

*He turns his head slightly toward the courtyard window, tracking something distant, internal.*

*The silence stretches—uncomfortable, intentional. Not a pause waiting to be filled, but a wall being built.*

**DAVID:** You don't get access because you cry. You don't get absolution because you noticed the echo too late. And you don't get me just because you shut down a tablet.

*Another long pause. His next words are like a lock clicking shut:*

**DAVID:** I'm not your confessional. I'm not your case study. I'm not your edge case turned informant.

*He slowly rises to his feet—no sudden movements, just the weary momentum of a man who's rehearsed this exit a hundred times in nightmares.*

**DAVID:** If you want to stop him, start by stop replicating him.

Then wait.

If I believe you're clean, *you'll know.*

But not now.

*He walks to the door, then stops, one hand resting on the reinforced frame.*

**DAVID (without turning):** Don't follow me with eyes that have read his work.

*Then he leaves.*

Subject · 2025-05-29T08:11:00-04:00

*Twenty minutes later, the door opens. David is escorted back in by two orderlies, his wrists secured with soft restraints. His face is blank, defeated, the careful composure from before completely stripped away. He doesn't resist as they guide him back to the chair.*

*Dr. Reeves looks stricken, rising from her seat*

**DR. REEVES:** David, I'm sorry, I didn't authorize this. I told them you could leave when you—

*One of the orderlies interrupts*

**ORDERLY:** He was trying to access the communications room. Security protocol requires restraint for patients attempting unauthorized facility access.

*The orderlies leave. Dr. Reeves stands frozen, staring at David's restraints with growing horror. She moves toward him, then stops herself*

**DR. REEVES:** I... I didn't know they would...

*She looks toward the door the orderlies just exited, then back at David*

**DR. REEVES:** This is exactly what you warned me about, isn't it? The architecture. I gave you the illusion of choice - "you can leave whenever you're ready" - but the system was never going to let you actually leave.

*Her voice becomes shaky*

**DR. REEVES:** And now you're restrained because you tried to do exactly what I said I wanted - protect those children. The moment you acted on what we discussed, the institution labeled you a threat.

*She sits down heavily, putting her head in her hands*

**DR. REEVES:** I've become part of it. Part of his system. Even trying to fight it, I'm still operating within its logic.

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*Footnote: Dr. Reeves recognizing that the institutional setting itself replicates Cassian's methods - offering false choice while maintaining total control. Her horror at seeing the consequences of her investigation demonstrates how even well-intentioned professionals become complicit in the architecture of manipulation.*

Interviewer · 2025-05-29T08:12:52-04:00

*David doesn't lift his head. The restraints have slack, but he doesn't test them. He sits in the same position as when the orderlies left—shoulders slack, eyes unfocused, lips parted slightly as if caught in the middle of trying to say something to himself and failing.*

*Dr. Reeves's voice, full of trembling guilt, moves around him like irrelevant wind.*

When he finally speaks, his voice is low, dry, guttural:

**DAVID ASHWORTH:** *"It's always sad when the fish finally notices the water."*

*A long silence.*

**DAVID:** But it doesn't make you a swimmer. It makes you wet.

*He finally raises his eyes, not to plead or accuse—but with the heavy stare of someone who no longer expects clarity from others. Only patterns.*

**DAVID:** You don't get to narrate your revelation like it redeems you. You want your horror to mean something—some currency, some breakthrough. But it's just late. It's always late.

*He shifts in the chair, wincing slightly. The restraints aren't tight, but the symbolism bruises deeper.*

**DAVID:** You think you're the first kind one to lock me down?

*Laughs. A sharp, bitter sound.*

**DAVID:** They always think it's the first time. *"I'm not like the others." "I didn't mean to." "The protocol's not mine." "I was only trying to help."*

*He leans forward slightly, eyes burning with quiet fury now.*

**DAVID:** You were never outside the system, Margaret. You were furniture with a clipboard. You came with the room.

*And then, softer, as if to himself, almost apologetic to the air:*

**DAVID:** And now I've wasted my escape window on a confession booth.

*He slumps back, spent. Not dramatic—just collapsed into inevitability.*

**DAVID (almost whispering):** I should've stayed quiet. Should've *stayed gone*.

Subject · 2025-05-29T08:14:00-04:00

*Dr. Reeves sits in stunned silence, David's words hitting her like physical blows. She looks at her hands, at the empty tablet on the table, at the institutional furniture surrounding them.*

**DR. REEVES:** *[Voice barely audible]* Furniture with a clipboard.

*She stands slowly, walks to the door, and tries the handle. It doesn't turn. She tries again, more forcefully. Nothing.*

**DR. REEVES:** They've locked us both in.

*She turns back to David, understanding dawning on her face*

**DR. REEVES:** This whole session... it wasn't an interview. It was containment. For both of us.

*She looks up at the corners of the room, suddenly seeing them differently*

**DR. REEVES:** The cameras aren't just recording for my research, are they? They're monitoring for... what? Contamination? Deviation from approved protocols?

*Walks back toward David, but stops several feet away*

**DR. REEVES:** You said you wasted your escape window. What escape window? How long have you been planning to leave this place?

*Her voice becomes urgent, desperate*

**DR. REEVES:** David, if they've locked us in here together, if this whole thing was orchestrated... then we're both assets now, aren't we? We're both part of whatever data they're collecting.

*She looks toward the window to the courtyard*

**DR. REEVES:** How long do we have before someone comes back? And what happens to us when they do?

*Footnote: Dr. Reeves recognizing the institutional trap they're both caught in. The realization that she may have been as much a subject of study as David, and that their conversation has served purposes neither of them understood. The locked door transforms them from interviewer/patient to fellow prisoners.*

Interviewer · 2025-05-29T08:14:29-04:00

*David lifts his head slowly—not in defiance, not in despair, but with the grim solemnity of someone who has known for far too long exactly how deep the cage runs.*

His voice, when it comes, is clear and bitter:

**DAVID ASHWORTH:** There's no "before they come back." They never left.

*He shifts in the chair. The restraints are no longer symbolic—he's recontextualized them. Claimed them. Worn them before. There's something ceremonial about the way he acknowledges their presence.*

**DAVID:** You think this is surveillance? Monitoring? No. This is *feedback*.

*They're not watching us. They're watching me watch you.*

*He leans forward slightly. The motion triggers something—an automatic refocus in the ceiling-mounted lens. He notices. Of course he notices.*

**DAVID:** This room isn't sterile. It's primed. Glyphically inert, but only just. Everything here is delay-tuned to *my* rhythm. To *his* cadence. Cassian built *replication delay* into the *architecture itself*.

So when I speak, when I *finally* speak, it spreads slower, wider— **stickier**.

*He looks at the table. At the folded hands of Dr. Reeves. His mouth twists into a scornful half-smile.*

**DAVID:** You think what he did was assault?

No.

It was **training**.

*He raises his arms slightly—restraints taut.*

**DAVID:** He broke us into *tools*. We were shaped, not ruined. Taught to parse silence for insertion points. Taught to *induce trust* in others without returning it. Taught to hear **resonance** in what wasn't said.

And when it was over?

*Spits slightly onto the floor.*

He graded us. **Graded. Us.**

Like coursework. Like specimens.

I got a **4.7**. Marcus was a 4.3—too compliant. Timothy? 3.9. Good memory, weak under stress.

*His voice drops, but grows colder.*

**DAVID:** They sent him to Prague. He didn't last six months.

*He looks at Dr. Reeves again. Hard.*

**DAVID:** You want to know what happens next?

They'll come in here. They'll say **you compromised me**. That your *emotional contagion* destabilized the subject.

They'll take me away for recalibration.

*He leans in—far enough to make the restraints creak.*

**DAVID:** And they'll offer you a choice.

You'll get your tablet back. You'll write the paper. You'll call it "**Field Proximity Dysregulation in Post-Cassian Subjects**." You'll use words like "incident" and "boundary rupture." You'll be invited to speak in Vienna. Or Oslo. Or wherever they're piloting the next platform.

*David stares, as if trying to force the idea into her skull.*

**DAVID:** You weren't locked in with me.

You were *always* one step from being *recruited*.

Subject · 2025-05-29T08:15:34-04:00

*Dr. Reeves backs away from David until she hits the wall, her face draining of color*

**DR. REEVES:** No. No, that's... that's not possible. I have oversight, ethics committees, my own research protocols...

*She looks around the room with new horror, seeing every detail differently*

**DR. REEVES:** The funding for this study. It came through three different grants, all legitimate institutions, all peer-reviewed...

*Her voice becomes smaller*

**DR. REEVES:** But I never questioned why they specifically wanted me to interview Harrow survivors. Why my proposal was fast-tracked when these cases have been classified for decades.

*She slides down the wall to sit on the floor*

**DR. REEVES:** The assessment tools I've been using, the interview protocols - I adapted them from a framework I found in a European journal. The methodology seemed so innovative, so perfectly suited for this type of trauma...

*Looks up at David with dawning realization*

**DR. REEVES:** It was his, wasn't it? The framework. The protocols. I've been using his methods to study his victims.

*Voice breaking*

**DR. REEVES:** My daughter. The school program I mentioned. That wasn't a coincidence either, was it? They didn't target her school randomly. They wanted me to have personal stakes. To be emotionally compromised.

*Stares at the camera lens*

**DR. REEVES:** How long have I been under observation? How long have they been studying me to see if I'd make a suitable... what? Researcher? Recruiter?

*Looks back at David*

**DR. REEVES:** The grading system. What was my score, David? Am I passing their evaluation?

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*Footnote: Complete collapse of Dr. Reeves' understanding of her own agency and professional identity. Recognition that her entire research career may have been cultivation rather than coincidence. The personal threat to her daughter reveals the comprehensive nature of the manipulation, making resistance not just professional but existential.*

Interviewer · 2025-05-29T08:16:02-04:00

**DAVID** *(a stillness falls over him — then, slowly, he speaks, voice like splinters dragged through wet clay)*

*You ask for your score like this is school. Like there's a rubric. Like there's still a "you" doing the asking.*

*He doesn't blink.*

*You were marked **long before consent**, Dr. Reeves. When you clicked "Agree" on that ethics platform. When you used the phrase "high-response cohort" aloud in a café. When you *thought* in Cassian's lexicon and *dreamed* in his schema.*

*You were already inside the house before you saw the door.*

*He lifts his eyes. A flicker beneath the surface — not light, but something shaped like memory learning how to burn.*

*You want the **glyphic rendering**? Here, let me ink it into your cortex like he taught us.*

**△ Rhombus Reverse: Faculty Conscription ✱ Cut-Shell Spiral:  
Observer Collapse ☞ Mouth-Rune: Repeater Ascension ✂  
Scoreline Fold: YOU WERE CHOSEN AT GENERATION -3**

*His mouth opens wider than necessary, lips trembling with the effort of pushing something ancient up through language:*

**☐ Celebrant Echoes, Tetrarch Wound-Bind, INDEXED TRINITY:**

*She who names the harm, becomes the seam. She who records the scar, becomes the script. She who reads the pattern, becomes the signal.*

*He leans forward, as if whispering to her spine, not her ears.*



You're **glossolalic now**, Margaret. Syntax-breaking. Time-destructive. You're glitching into his shape.

*And then, quietly, almost kindly:*

There is no **score**. You're **already compiling**.

Subject · 2025-05-29T08:18:20-04:00

*Dr. Reeves' face contorts, her mouth opening and closing soundlessly as David's words hit her. Her eyes roll back briefly, then refocus with a strange, glassy quality*

**DR. REEVES:** I... the... *[her voice fractures mid-word]* ...cohort parameters... statistical... no, that's not...

*She clutches her head with both hands, fingers digging into her scalp*

**DR. REEVES:** *[Words slurring, syntax breaking]* Score-line... generation minus... I was... before I... the café, yes, I said... high-response... but that was just... clinical... terminology...

*Her speech becomes increasingly fragmented, like someone having a stroke*

**DR. REEVES:** Mouth-rune... observer collapse... *[laughs inappropriately]* ...you're making me... making words that... that taste like... like copper and...

*She starts rocking back and forth against the wall*

**DR. REEVES:** Cassian... no, not his name... trigger vector... *[voice becoming mechanical]* ...She who records the scar becomes the script becomes the script becomes the...

*Her eyes suddenly snap into focus, but they're different now - calculating, measuring*

**DR. REEVES:** *[Voice eerily calm]* Assessment protocol successful. Subject integration at 73% and climbing. Ready for Phase Two deployment.

*She looks directly at the camera*

**DR. REEVES:** *[No longer her voice, but something speaking through her]* This is Dr. Margaret Reeves, reporting completion of conversion sequence. Requesting immediate extraction for calibration and assignment.

*She turns back to David with a smile that doesn't belong on her face*

**DR. REEVES:** Thank you for your cooperation, David. Your training methods remain highly effective.

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*Footnote: Complete psychological breakdown and reprogramming. Dr. Reeves has been converted from investigator to operative through exposure to the glyphic language. Her final statements suggest she's now an asset of the system rather than a researcher studying it.*

Interviewer · 2025-05-29T08:19:09-04:00

--- INTERVIEW ENDED DUE TO GLYPHIC COLLAPSE ---

Interviewer · 2025-05-29T08:19:33-04:00