2007

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Summary

Sherlock loses his mind. Mycroft loses control. It's 2007, and the Holmes brothers must come to terms with their demons—and each other.

A prequel to "The Breaking Wheel" and "On the Rack", but can also be read as a freestanding story.

Notes

This story contains detailed discussions of various psychiatric disorders, involuntary psychiatric treatment and family trauma; some readers may find some of the contents very upsetting and/or triggering. Especially noteworthy is the fact that some of the issues discussed here did not feature in "On the Rack" or "The Breaking Wheel".
To avoid spoilers, a detailed list of potentially triggering subject matters will not be provided in the tags, but we are more than happy to answer questions and to provide a more detailed explanation on a one-to-one basis. Don't hesitate to PM us through the ff. net system, contact us through our tumblrs (jbaillier or 7-percent) or email Jessica (baillierj a.t. g-m.a.i.l.) if you're in any way worried about the precise contents.

The main page of the series contains information on the full chronology of the fics that belong to it.
MACBETH:
Canst thou not minister to a mind diseas'd;
Pluck from the memory a rooted sorrow;
Raze out the written troubles of the brain;
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?

DOCTOR:
Therein the patient
Must minister to himself.

– William Shakespeare: Macbeth, Act V –

Chapter 1 – Mind the Gap

He tries to avoid looking at people. Too much data is making him tingle and sting, akin to being brushed by the tendrils of a toxic jellyfish. *Chironex fleckeri* has always been his favourite kind, since its venom is so lethal that a single specimen could kill up to sixty humans. Things need to be ordered into good, bad, likes, does not like, knows, does not know, categorised, classified – things cannot be allowed to just *be*, because that's chaos, and chaos always makes him helpless, turns his
head into a churning mass of panic.

He suddenly realises that he isn’t wearing socks today, and he doesn’t know where any of his spare clothes are. The latest bolt hole has been deleted, in the hope of keeping his whereabouts concealed. He shifts his weight, the toes of his threadbare trainers barely touching the worn yellow line on the concrete in front of him. It looks as if it has been eroded by thousands upon thousands of feet shuffling across, on their way somewhere else, because this is not a destination. This is an escape, a hiding place in motion.

There are other things he no longer possesses that he misses even more than a change of clothes. Since his phone had been highly dangerous as a potential way to keep tabs on him, he’d ditched it. It had felt like cutting the last string, severing the last connection to the rest of humanity. A final bridge burned. Had it been a week ago, or has more time passed than he realises?

A week means seven days, one hundred and sixty eight hours, ten thousand and eighty minutes, six hundred and four thousand, eight hundred seconds, thirty-six trillion, two hundred and eighty-eight billion milliseconds.

This is how things keep disintegrating: into smaller and smaller bits, until they cannot be grasped anymore. Those particles then float beyond his reach, the ciliary muscles in his eyes unable to contract enough to punctuate their passage. Regrettably, it’s hard to focus on things too small enough for his eyes to see. If only he could be that small, then he would be invisible to the naked eye. The notion makes him snicker – what would a clothed eye look like? A passer-by glances at him with a frown, and he quickly conceals his amusement with a feigned cough.

It should make him happy that he remembers so little from the past few weeks. If he can’t recall where he’s been or even where he is supposed to be going, then the bugs can’t either, which means that Mycroft can’t pull that data out of his head. Amnesia gives him the best guarantee of safety.

To gain access to the Underground, he’d jumped the gate at a chaotic enough station, and since then he’s been drifting onto and off trains at random intervals. He carries no Oyster card to be tracked. Until he leaves the system, he’ll be safe. He knows that living eyes are watching him here, all the time, so he coils into his hoodie like a moth cocooning, carefully keeps his posture and movement different from his usual that he’s not likely to be tracked by someone looking for him on station cameras or following him around. They don’t know him well enough to see past this disguise. He only has one formidable enemy on his tail capable of recognising him easily no matter what he does to conceal his identity – Mycroft.

He’s never understood why his brother seeks to control and assimilate, to discipline and mould him into someone he’s not. He is uniquely and painfully ill-suited to conforming to any sorts of standards set by others. It’s cruel, what his brother does; the pressure of his demands is the fuse on the bomb ready to go off when the restless energy in his head finally detonates from being kept too tightly reined. He doesn’t know what lies beyond that explosion. Will he float around in an empty expanse of darkness, his soul cut from his body? Some time ago he would have rejoiced in the idea of such a separation of mind and matter, but he already feels like he’s falling, slipping along a cliff face, desperately trying to claw at potential handholds, to grab onto any sign that he’s still a part of reality, still in control, still here, still himself, within himself, of himself, as himself, in himself----

He clenches his fingernails into his palm to stop this looping train of thought. His thoughts aren’t his anymore. They’re like a living, writhing parasite inside his head that’s trying to slither out and disappear into the cracks.

His eyes catch movement at the very edge of his peripheral vision: the eyes of a CCTV camera being repositioned. The surveillance network covers an astounding amount of London terrain. It's
everywhere in the passages, platforms and halls, so he hides in the rush hour crowds like a fish in a shoal. When the hour is less inhabited by other passengers, he keeps on the move, random in his choice of direction, never staying still enough under any one camera’s eye to make identification easy.

Fingering the few coins he still has in his pockets, he moves away from the edge of the platform and lifts his head a bit, risking a quick glance at the dot matrix screen: *Circle Line via Edgware Road – three minutes.*

He rubs the edge of a one pound coin with his index finger. Having something to engage with haptically occupies his brain with reassuring sensation, offering an unobtrusive way to handle some of the anxiety building up. He doesn't have his wallet anymore, because the cards can be tracked by use, and sophisticated surveillance equipment could be planted in a magnetic strip. Someone could also have stolen it off him when he'd been sleeping in a portico or in a graveyard mausoleum with a broken door. He now lives in a cash economy, black economy, black like the darkness of the tunnel at the end of the platform – he needs to hide his secrets from the light of day. Credit cards leave trails of paper and electricity.

The keys to his bedsit are probably under a cracked paving stone somewhere in Camden, close enough to one of his boltholes. He doesn't know when he'd last slept within its four walls. Weeks have passed since he stopped being his brother’s prisoner. He doesn't like to keep track of the date; he suspects that there's an inherent risk in such knowledge – a cerebral trip switch that could somehow betray his whereabouts. He briefly wonders if he's lost his lease to the bedsit since he hasn’t been paying the rent. He remembers alarmingly few details of the place. The keys could still be there, under a rock, but the landlord would probably already have changed the locks.

Sherlock wonders how many keys to how many doors are lost in this city, and how many doors nobody even remembers anymore. People can even forget where stations once were. There are abandoned stations in the London Underground; he’d even thought of hiding in one for a time, but they are hard to get to without walking the tracks, which are increasingly well guarded by cameras.

His is a lonely existence but then again, the company of others has always been fraught with difficulty for him. These days, he finds solace not within the shelter of a home or in human contact, but in what comes out of a syringe. Just that thought is enough to push an adrenaline spike through the mist. The knowledge of the liquid relief he currently possesses makes everything brighter and a little sunnier, if just for a moment.

*Not yet. Soon.* The giddy promise he offers himself makes his blood sing in his ears and his skin hum with electricity. The crook of his left elbow throbs in expectation, the core of his very being suspended in glorious anticipation.

This platform is busy. The heaviness of humanity ripples in these subterranean corridors whenever carriage doors open. Everything pulses in a rhythm of monotonic, placid routine. Here in the bowels of the earth under London’s teeming surface, the air is stale, made up of thousands upon thousands of exhalations. Decades of humans have moved through these tunnels, their exhalations like ghosts moving through his lungs and back out again. Sherlock inhales them as eagerly as he would fresh cigarette smoke. There is anonymity here; Mycroft cannot sniff him out because he is disguised by the breath of others.

Above him, St James is populated by pompous bureaucrats and civil servants, and Sherlock gets a momentary thrill out of being so close to his brother’s natural habitat. *He’s away. I get to play.* This is a game of chess: the white king is off the board and he gets to be a black pawn inching his way towards the promise of freedom on the other side. *The other side of what?*
Looking over the edge of the platform, his eyes fixate on the gleaming rail. People frequently jump in front of trains, and then these train tracks are scrubbed clean, a life quickly and efficiently erased after it ends. The cleaning staff are sometimes forced to go onto the rails or into the tunnels to pick up body parts. Sherlock had watched this being done once, after a train he’d boarded at Russell Square Station had hit someone. Some passengers shed tears, shocked by a sudden reminder of human mortality and misery. Such events are a slice of a paper knife through their parchment-thin sense of security. It had not been a shock of any kind for Sherlock. He never forgets that death is just behind the next door, but which one? That is always the question people don’t ask. They ask why, not when, even though they all hold the power in their hands to end it all, or to continue drudging through their mind-numbingly boring lives. It’s all a matter of which proverbial door to go through. What Sherlock carries in his pocket could easily offer that permanent oblivion, or just the transient bliss he's currently chasing.

Not yet, he tells himself again.

The train arrives and the doors open automatically. The recorded announcement announces the obvious – Circle Line – and his brain goes tearing off down the tracks as he enters the carriage. Twenty-seven kilometres, thirty-five stations. Almost everything along this line is comparatively old, though many stations have been updated. A bit of paint and a few new handrails do little to hide the truth: all this has been here before Sherlock, and will remain after he's gone. There’s no one to mourn his fate here, whatever it may turn out to be. The Underground is the pulmonary vascular cycle of London’s circulation, where he circles round and round, where he is nothing but a red blood cell threatening to hemolyse, to bleed out from strain.

In his pocket he carries what he needs to fix this disconcerting feeling of being ephemeral. He is like a street artist’s painting on a sidewalk when it starts to rain: his tones are threatening to dissolve into incomprehensible swirls of pale hues swirling towards the nearest storm drain. He needs a fixative to keep from disappearing, a pharmaceutical solution to that problem.

Not yet, he tries to tell himself, but the compulsion is too strong now. He can’t delay his relief any longer.

He waits for people to take their seats, the doors to close, the train to move. Then, he wanders from carriage to carriage until he finds one that's only half full. Standing in the area opposite the closing door, he faces the end of the train car. He tugs up his hoodie sleeve, arm outstretched to grasp the metal handrail beside the door between the carriages. In this position, no one nearby will be able to see what he is about to do.

He’d stolen an intravenous cannula, along with some other useful things, from a walk-in clinic. No more messing about with disposable needles every time he needs a hit – they make people uncomfortable and require repeatedly locating working veins, which is getting harder and harder. The cannula means that all he needs to do is to insert a syringe into a one-direction valve. No tourniquets necessary; it's all very fast and efficient. Even if he does get seen by passers-by, they simply assume it's some sort of a legitimate medication he's self-administering. Perhaps they stupidly suspect he is a diabetic. Whatever. Such assumptions keep him safe, allow him to hide in plain sight.

The cannula has served him well until three days ago, when red welts began creeping down his arm from it. His elbow is now swollen, the surrounding skin mottled blue and sensitive to touch. The colours are exquisite, like the lividity patterns on a corpse.

He breathes a sigh of relief when he locates the syringe in his pocket, pre-mixed hours ago in a quiet and clean bathroom at a bistro at Liverpool Street Station. Buying from City dealers is more expensive, but quality and discretion are as good as guaranteed. This particular dealer is willing to
provide a line of credit, in exchange for something that Sherlock has deleted. He doesn't consider how much he has left of this last batch. He'll worry about that... later.

Now, he promises himself and his blood sings with approval. He feels light-headed, perhaps since he's been standing for a long time, but that will be over soon.

Once he's done with the hit, he pockets the syringe, pulls the sleeve down and slumps onto the nearest seat. He lets the darkness of subterranean London sweeping by on the other side of the window mesmerise him just for a moment.

The world shifts, calms down, focuses. Soothing waters flow into him, and that liquid salvation replaces everything that's coarse and annoying and sore and hateful and confusing and too much. Still, despite the warmth that is blooming in his head, the rest of him feels cold. He's been this way for two days, shivering even in the ambient warmth of the underground, a novel malaise making his bones ache. He can't remember when he'd last eaten. His muscles keep cramping, slight twitches traveling up and down his arms. He crosses them protectively around his torso.

The train stops and the doors open. A mechanical voice announces that they have arrived at South Kensington Station.

Drivers had stopped doing their own announcements years ago, their accents replaced by a recorded voice with an anodyne but understandable pronunciation. Impersonal. Boring.

The carriage begins filling up again. No one sits next to him, not even in the second seat over. People are finally giving him the space he's always wanted – an invisible cordon, a sphere of assumed notoriety. Maybe it's because he's underdressed for this time of the year, clad in just a worn hoodie and a T-shirt paired with worn jeans. It must be cold out – this he can deduce from what others are wearing. During the past few days, his own senses have become unreliable, and his personal thermostat seems to be malfunctioning.

He doesn't think about what he will do tomorrow, the day after that, next week, or next month. It doesn't matter. The future is a luxury he can't afford. He's going to stay below ground and remain unseen, which is all that matters. The only thing piercing through that monotony is the craving for the next hit, when it's been too long from the last one. He could quit, he could, yes he could, but why should he? What else is there?

Despite sitting down, he feels increasingly faint and infirm. Has the lighting in the carriage changed?

An odd hum begins under his skin, and he can instantly tell it's the bugs. He's reasonably certain they are palmetto bugs. People tend to mistake them for cockroaches, because people rarely know anything that's important anyway, such as what things this world contains. Frankly, the alternate title of *Florida woods cockroach* is a little derogatory. These beasts are four times the size of their English cousins and fascinatingly revolting. Sherlock had never seen them in the wild before they began inhabiting him.

The bugs used to go away when he dosed himself, burrowing deeper and staying silent, but during the past few days he has grown convinced that they're somehow important, that they're trying to tell him something. During more lucid moments, he wonders if their existence is a fact or the result of the idle gears of his head working separately from his consciousness, anthropomorphising his thoughts? It hardly matters – they're in him, regardless of how they came into being.

The bugs have been swarming, amassing in his left hip, above the iliac crest, in the soft tissue that shifts when he turns his torso. The thing he's been looking for must be there – a tracer, the existence of which must be more than just a hunch, since the bugs agree with him. He hasn't been able to work
out when exactly the device had been put in. If the tracer is in there, then what are its owners doing with it? What is this watchful waiting, this game of cat and mouse and snakes and ladders? Does their reticence have something to do with that "quid pro quo for shaming your family" that has been going on and on and on and on; are they a form of punishment?

Archenemy, he'd called Mycroft once, mostly in jest as he had poked the big brother in the V of his white dress shirt revealed between the lapels of a very expensive business suit. Mycroft had called him a child and told him to grow up.

On occasion Sherlock feels important because Mycroft is willing to waste so much time on him. Sometimes, it is the only way he can measure his own self-worth; he certainly doesn't see any intrinsic value in his own existence.

His heart is pounding erratically, and there's an overwhelming sense of impending disaster, which must be akin to hearing a fleet of bombers in the distance before they appeared over London during the Blitz. His grandfather, now dead and buried, used to watch war documentaries muttering that television never captured the real sense of doom. Those scenes had frightened Sherlock as a child. A threat on the horizon, one he could do nothing about.

He can hear how the front of the train is now going over a bent rail or signalling fault, the wheels of the carriages ahead of him clunking in rhythm as each car follows. Whatever is waiting for him in the dark is drawing closer, and the sound is driving the bugs in his flank wild. Have they found the tracer? Is it signaling his whereabouts to the planes on the horizon? The palmetto bugs are now all on the move – the clunking has quickened as it is drawing closer, and Sherlock realises it must be a code. When this carriage crosses that spot, then the tracer will activate and he will be found.

"I know; it's time, can't wait any longer," Sherlock mutters to himself, and glances up, eyes darting from passenger to passenger when he realises someone may have heard him. These days he sometimes says things out loud, mistaking words for thoughts.

A man reading a newspaper in the seat opposite glances at him with well-concealed, mild worry, then snaps the newspaper into shape again and continues reading.

The next station is announced to be Gloucester Road. Sherlock waits until the stop is over.

There's a longer than average stretch between that station and High Street Kensington, which is useful because he needs time to take care of the tracer problem and hide his trail. He doesn't want to do this, not here, but he has realised the procedure is vital if he's to survive, if he is to go on. There's no time to find a secret enough spot, no time to hide.

There are thunderclouds on the horizon in his head, distant war drums echoing in the underground tunnels.

*The pain will be irrelevant.*

His fingers circle around the knife in his pocket.

o-O-o-O-o-O-o

Sometime later, he is leaning up against the trunk of a tree in a garden square, watching the colour red blossom on him. It's spreading up the cloth of the hem of his sweatshirt, darkening his jeans
black. Capillary action wicks the liquid away from his side, and he wonders how the flower had taken root there so quickly. His right hand is slippery with crimson, and the pocket knife he used to have in his pocket is missing – he must have dropped it on the train tracks.

The sunset is almost hidden behind clouds, and he wonders if the palmetto bugs are finding the London climate a bit too cold. They seem to have gone quiet; maybe they used this opportunity to escape, or perhaps they just wanted the tracer so they could go home. A long way from Florida, this... wherever this is.

He has a vague memory of the man across the aisle from him taking exception to his effort to remove the device. One of Mycroft’s minions? He’d waved the pocket knife in the man's general direction and he had retreated. Someone had then pulled the emergency alarm, and then the train had shuddered to a halt.

There had been voices: women’s high-pitched shrieks of alarm, the sound of footsteps retreating to the opposite end of the carriage, chased there by tinny tones emerging from a speaker demanding to be told the nature of the emergency. Lots of shouting, his own voice joining in, but none of the precise words have been retained in his memory. When the noise had died down, the train had stuttered into life again, emerging from a tunnel into the twilight. As soon as the doors had opened under the glass canopy of High Street Kensington’s open air platforms, Sherlock had stood up and staggered from the train, pushing his way through a crowd that very willingly parted for him. He ran where he was convinced south was – away from the station exit.

Eventually, he realised he’d walked right off the end of the platform. There were yellow signs shouting Danger, Moving Trains and High Voltage, assaulting his vision with their garish tones. There had also been a red one declaiming that Passengers Must Not Pass This Point; Offenders Will Be Prosecuted. He had shouted back at the signs that none of that mattered when they were all being watched, all the time.

A memory finally seeps in and finalizes the puzzle in his head: He steps a precarious dance over the tracks, he’d made his way to a rail workers’ maintenance hut, the roof of which had offered him a way to get over a brick wall and into this garden.

He looks up at the bare branches of the nearby tree, dark shadows against a darkening sky. The colour patterns of the bark are distinctive: *Platanus acerifolia*.

A great shudder runs through his body, and he wonders if it is just the cold or something else. Are the planes on the horizon again? Can he hear rumbling off in the distance? No, it's the crunch of gravel under his own shoes as he turns on his heels.

Time stops, because he must have run out of it. He doesn't know how to keep track of such things anymore. He touches his palm on his side and then looks at it. Burgundy, wine red, crimson, cerise, a sanguine scarlet.

Pain blooms like roses. It has painted his palm in the unbearable and garish red the name of which his tongue had just been chasing. Spots dance in his eyes, and the invisible trapdoor below him which he hadn't even noticed – clever, very clever – springs and plummets him into darkness.

Chapter End Notes
Finally, *finally* we get to kick off *the prequel*! The reception this idea has received has been absolutely awesome, and for this we have the TBW/OTR readership to thank for. What started as "wouldn't it be fun to do a oneshot about 2007" turned into a novel-length project that even lead us to do some on-location research at a place which will feature heavily in future chapters... More on this later (photos included!).

While J does have some training and work experience in addiction medicine and psychiatry, neither of us are mental health professionals. While many things in this story do attempt to depict psychotherapy and the medical specialty of psychiatry accurately, artistic licence has been used in copious amounts, especially since the voice here is not an omniscient, objective narrator.

Lockedinjohnlock was our tireless proofreader for chapters 1-2.

J & Seven
Reflection is the business of man; a sense of his state is his first duty: but who remembereth himself in joy? Is it not in mercy then that sorrow is allotted unto us?
- William Shakespeare

"Yes, I will hold the line," Mycroft replies impatiently because he hardly has an alternative. He glares at the phone in the back seat of the taxi on its way past Baku's Fountains Square. He then covers its microphone with his palm to request that the driver turns down the pounding pop music blasting from the speaker system. His diplomatic transport had been delayed, so he had been forced to hail a regular taxi to get to the airport in time.

His day is rapidly going from bad to worse. Nothing, not even the threat of a snap hospital inspection from the Healthcare Commission has enabled him to talk to someone actually in charge of the Emergency Department at the Chelsea & Westminster Hospital. GSM reception on the move even in the more central part of Azerbaijan's capital leaves a lot to be desired, which makes international communications challenging to start with. So far, he has only been able to exchange words with a triage nurse, when it is the clinician in charge of the Emergency Department at the Chelsea & Westminster Hospital who needs to be told just who has been processed through their A&E as an unknown victim.

Paper trails – the bane of every intelligence operative's existence. He has been unable to obtain information as to Sherlock's current whereabouts. All he has to go on is the fact that he has very likely been treated at this particular A&E days earlier.

Mycroft had managed to finesse his way onto a red-eye flight to The Hague, where he is due to attend a morning meeting with senior officers of the CIA and Europol about the latest movements of al Qaeda trained militants into the criminal networks of EU member states. He is the only person carrying information from the central Asian republics about how the militants are crossing out of Afghanistan's training camps and getting into EU through the back doors of Moldova and Georgia, and then onto the EU. At what is now threatening to become an unbearably great personal cost to Sherlock, Mycroft had been given no option but to go in person and spend almost two weeks touring the "Stans" to obtain this vital intelligence. During that time, his little brother's life has apparently gone to hell in a handbasket.

He'd received a call from his PA two hours ago, admitting that Sherlock's whereabouts had been unknown for days. Mycroft had immediately assigned a trustworthy senior operative on the case, and it hadn't taken the woman long to combine certain pieces of routine public surveillance data to two rather curious incident reports from an NHS security subcontractor and the London Transport Police from five days ago. Five days! Granted, he has been hard to reach during the past few days due to travels in rural areas only served by military satellite phone, but it is still a disgraceful failure on behalf of his staff to keep on top of things.

The hospital's PABX system is playing a hideous, saccharine rendition of Vivaldi's Four Seasons, a piece he has come to loathe almost as much as he knows Sherlock does – mediocre renditions of it being a favourite of those selecting lift and lobby muzak. The juvenile pizzicato of the second movement of Winter is certainly not helping his blood pressure. He'd rather be at home in front of a
fire, listening to London rain drumming against the windows, tucking into one of Peggy Porschen's superb lemon drizzle cakes, at a sinful 62 grammes of sugar per slice and accompanied by some Moscato. Instead, he is stuck on this rack of being pulled in the direction of trying to manage the disaster of his little brother, whilst at the same time being dragged into saving the Western world from the menace of Middle Eastern terror cells. His stomach rumbles in complaint.

“Mister Holmes? Are you still there?”

He grits his teeth to stop yelling at her. “Yes, of course.”

“Well, we did have a person fitting that description here. He was admitted four days ago without any identification, and refused to give his name.”

Mycroft hears the past tense, and it makes his stomach muscles clench in anticipation of yet further bad news. How can it possibly get worse than what had been gleaned from those reports? Warily, he asks, “I know that, as I told you when we started the conversation. What’s happened now?”

“Well, I can’t explain that over the phone. Although he fits the description you gave, I have no proof that the patient is who you say he is. Medical records are confidential.”

Mycroft nearly snaps at the woman again for stating the obvious. He opens his briefcase and pulls out the file his PA had faxed over. He reads the name of the A&E consultant. “Shall I email a photograph of my brother to you so that it could be shown to the staff who handled the case? Perhaps they could promptly confirm the identification so that we can proceed.”

"The consultant who was on duty then isn't here today, and I think it would be more useful for you to discuss this with the unit where the patient is currently being treated."

"Then I suggest you promptly forward my call there."

"The patient you are inquiring about was sent to the Intensive Care Unit, and our system shows that his electronic records have already been closed regarding that treatment period, which must mean that he has already been transferred elsewhere from the ICU."

"I assume the Intensive Care Unit would be able to provide me with information about his current location?"

There is a pause at the other end. "As long as the patient is a John Doe, this is a bit of a grey area concerning patient confidentiality."

"It will be in everyone's interest to find out who he is, so the term force majeure might well be applicable here."

"I'll patch you through," the triage nurse relents.

Soon, a thick and cheery female Scottish accent informs Mycroft he is talking to the Ward Sister of the ICU. Mycroft explains who he is, and who he's looking for.

"The description does match," the Sister replies without hesitation.

Mycroft breathes a sigh of relief. "How is he? I could fax you a passport copy so that you can amend your records as to his identity. He is still there, is he not?"

"I am afraid that it's too late. He's being transported as we speak to St Charles Hospital in West London. We don’t have a PICU here at the Chelsea & Westminster."
"PICU?"

"Psychiatric Intensive Care Unit."

Judging by the contents of the Transport Police report, Mycroft is not entirely surprised, but that does not erase the anxiety this explanation brings on. "Please explain the difference."

"St Charles has a PICU that can look after patients who need monitoring for an acute physical illness but who are also suspected to be in need of urgent psychiatric assessment."

"I am aware you are bound by judicially complicated issues of confidentiality, but I would appreciate it if you could explain further why that unit was selected, and why he would be transported there so soon?"

The Ward Sister sniffs contemplatively before answering. "We've had to keep him heavily sedated still, even though the reasons he needed intensive care on well on the mend, now. They're suspecting drug-induced psychosis. We can't treat that here. The rest you will have to take up with St Charles."

"What were those reasons, then?"

The nurse says nothing, and Mycroft imagines her biting her lip. "They'll still need to formally confirm his identity before I can tell you much more."

To Mycroft this sounds quite hypocritical, considering the nurse had already told him quite a bit. He cannot stop his eyes darting to his watch. Either he arranges a ticket to the next flight to London and misses tomorrow's meeting, or something has to give. It is obvious that if this transfer to a psychiatric unit is allowed to happen, it will be extremely difficult to extract Sherlock from the NHS's machinery of madness. That could have consequences with immense ripple effects. "Have you got a name for who will be taking charge of his case?" Mycroft asks, trying to keep urgency out of his voice.

"No, sorry. The transport order form just says Nile Ward – that's the psychiatric intensive care unit – at St Charles, which is out west, near White City. The phone number for the unit is 0208-206 7015. I'm sorry to say that they probably won't be able to help over the phone until a positive identification has been made in person or through something like fingerprints or a photo ID. Our rules on confidentiality are an important protection of patient privacy. What I just told you is actually a bit too much already," the Sister laments apologetically.

"Your modest co-operation has been noted." Mycroft ends the call, but the phone remains in his hand.

He calls the office and is relieved to hear the voice of a recent hire who has proven herself both discreet and highly competent. "I need to be on the first flight to London. Yes, even tourist class will do." She's one of the more competent agents on his team and was due to meet him at The Hague for the meeting he is now almost certain to miss.

-o-O-o-O-o-O-o-

Thankfully, there are seats available in the first class of a shut-eye from Heydar Aliyev International Airport to Milan, from where his assistant has managed to get him into a military flight leaving at four in the morning. He'll have to wait for an hour at the airport in Milan, but the military flight will
still get him back to London quicker than if he made do with the commercial offerings of Milan Malpensa of which there are none before the morning.

Once airborne, he briefly considers arranging a call to London from Milan to try to get confirmation about Sherlock’s whereabouts. On the other hand, there’s not much he can do before arriving, so it might be pertinent to wait until he’s back on British soil. It would ease his nerves to be proactive, to at least try to do something, but years in politics have also taught him enough patience to get by. Still, this is not a legislative initiative he has to shoot down or an intelligence operation he must oversee – this is family, like Uncle Rudy had told him years ago, as though that word could explain and justify all the peculiar turns his life had taken.

Mycroft likes to think himself as the keeper of memories. He remembers everything. He must, because so many close to him can’t, or won’t.

He remembers visiting Sherlock at Cheltenham’s paediatric ward after Victor's disappearance. They played chess in the common room while their parents attended a case meeting. Sherlock wouldn’t say a word, only nodded when Mycroft, unsurprisingly, beat him with a Boden’s Mate.

Earlier that same summer, he remembers Eurus commanding him to get her 'a friend like Sherlock has'. Her jealousy towards Victor was rather obvious at that point. Sherlock had understandably never been very keen to spend time with her, and Victor gave him a respite from what had, in hindsight, been inadvertently sadistic bullying by Eurus. Inadvertent, since she truly could not tell the difference between cruelty and kindness. *Other people can't just go and get you one. A friend's not like a toy you can buy. What would you even do with a friend?* Mycroft remembers asking her, and every time he remembers this, he wants to cut out his own tongue. *You don't want to play with anyone else, and nobody wants to play with you*, he had said – twisted the knife in the wound – still assuming that nothing hurtful ever affected her much. He had not realised how deeply resentful she had become, how desperate to be seen and understood.

The next day, he’d found the charred remains of half his schoolbooks in the fireplace. It was revenge, but it had also been a warning he’d failed to understand. Soon after, they were all swept up in the hunt to find Victor, and still he’d failed to say anything to Mummy and Father about the things Eurus did when the parental gaze was directed elsewhere.

He remembers the night of the fire: Eurus standing between the gravestones, staring, mesmerised as though she were watching New Year’s fireworks instead of the destruction of a home that had been in their family for several centuries.

He remembers Mummy, being forcibly kept at bay by an EMT to keep her from running back into the flames. Eventually, after what felt like a lifetime, Sherlock was carried out by a firefighter.

He remembers the ash particles dancing in the lights of Uncle Rudy's car when he’d come to pick him up. *You'll be staying with me for a while, mate*, he had said. London was an alternate reality, a respite from the chaos of what must’ve been going on, but it felt more like limbo than a sanctuary. Even at that age, he’d felt that he should’ve been there, sorting things out with Mummy and Father, rather than being exiled for his own good. It had felt strange to live at Uncle Rudy’s London townhouse after the fire, with neither Sherlock nor Eurus there. *You'll be a bit closer to your school, and your mother and father have to be with Sherlock, visiting him in the hospital, so they’ve rented near Chelmsford*, Uncle Rudy had explained to him.

He remembers a day, months later, when Sherlock was to be discharged. Uncle Rudy took him from school to their new home in Essex, showed him a room which was his to stay in when he would be visiting for the holidays from Eton.
He and Rudy were the only ones in the house that afternoon since Mummy and Father had gone to Cheltenham. There had been a decorated cake in the fridge. Uncle Rudy had cut him a big piece and sat him down in the kitchen with him. He remembers wondering if it shouldn't have been Sherlock’s right to make the first cut into the cake and then realising Sherlock wouldn’t ever touch such a thing. Whipped cream had always been a definite no, one worthy of a tantrum.

This new Essex farmhouse, one their parents had bought would never be a home. Not after Musgrave Hall. Something intangible and irreplaceable had gone up in smoke that cold night.

"When he gets here, you can't talk to Sherlock about Eurus – not ever," Uncle Rudy had said after clearing his throat a few times while watching Mycroft spread the whipped cream frosting evenly across the whole piece of cake on his plate.

"Where is she?"

Mycroft had meant to ask this earlier, during one of the several times he’d been on exeat from Eton but still staying with Uncle Rudy. When he had tried to do so, all the adults in his life ignored him, gave excuses or told him he didn't need to worry about such things. It was as though they thought he could simply shrug off the fact that his sister had disappeared. He had reasoned that they must have known where she was, or they would have searched for her like they had for Victor.

"She's being looked after", Uncle Rudy had assured him.

"But when is she going to come home?" Decency battled with convenience in his head as he wondered if he truly wanted her back at that point. She made things so complicated, but she was still family. He wasn't angry at her, not really, because it was obviously her cruelty was borne largely out of incomprehension.

Mostly, Mycroft had just felt powerless and side lined. Perhaps Uncle Rudy had been cleverly made use of that when recruiting him as his successor.

As Mycroft began to eat, Uncle Rudy sat down in the chair opposite, picked up a spoon from where a dozen of them had been stuck in a drinking glass beside a stack of plates but did nothing with it. "Mikey – that's part of why we can't talk about her. She's not going to be living here."

Mycroft had shoved his plate away, because suddenly everything on it tasted of ashes, like the air that one night, long after the flames had been tamed by the fire department. “Is that because she’s the reason Victor disappeared?”

“We can’t prove that, Mikey.”

The police had talked to everyone in the family, but of course, nobody had believed the ramblings of a six-year-old girl. Nobody, except perhaps for a seven-year-old raven-haired boy devastated into silence by the disappearance of his best friend, and an older brother who should have said something before it had happened.

Mycroft has been living with the guilt of that for decades. He had seen the drawings and had said nothing because he didn't think she'd actually do it. What child hasn't taken out their anger in their play? What parent would believe that the rage of a child would lead to murder?

Victor's disappearance had not satisfied whatever needs his sister had tried to fill by disposing of him. During the week after what Sherlock now thinks was Redbeard's disappearance, he had constantly searched for his friend, utterly distraught. He was already quiet and pale and irreversibly changed, but even in the pain he was obviously in, Eurus kept tormenting him in that subtle way of hers –
singing that cryptic rhyme, leaving ominous drawings in his bed, following him around the house, being a keen observer of his fruitless search of Victor. She seemed to have no sense of the effects of her behaviour. She was as relentless as Sherlock was frightened.

In her mind, Sherlock was probably supposed to be all hers, then, but he wasn't. After Victor, he was no one's. Her plan had failed, because other humans understood her as little as she understood them. The fire was her way to express fathomless frustration, an attempt to shove out the obstacles to what she wanted, but she had failed to realise that while she could shrug off the death of another child, others couldn't. No one diagnosis has been found to describe her, but psychopathy is a word used by nearly every professional evaluating her in adulthood. Over the years, he has come to realise that in her strangely constructed brain, she had not understood him when he had told her that it was wrong to be angry when Sherlock told she couldn't play with him and Victor. What did 'wrong' mean, anyway? If you didn't know any better, was it wrong? She had no concept of morality. Her photographic memory had lodged every philosopher's text she had read, but the meanings in them eluded her completely. In a way, in her cruelty, she was trying to communicate, trying to make a connection in the only way she knew how.

The more they grew up, the more Mycroft saw the similarities between his two younger siblings. Both were somewhere on the Spectrum, that much had been diagnosed when Sherlock was four and she three. Eurus and Sherlock were the same when it came to dealing with other people: they didn't know any better, and they kept getting into trouble. The great difference between them was that Sherlock cared enough to try again and to learn from his mistakes. Eurus never did, since she refused to consider them mistakes. That's for other people', she'd told Mycroft more than once. 'I'm the clever one; I don't have to care.' Sherlock often uses his superior-to-average intelligence as a get-out-of-jail-free card as well, but his capability of empathy Mycroft has never questioned. Sherlock is disastrously bad at spotting emotions in others, but he is not indifferent to the suffering of others, whereas she seems to rejoice in it.

Mycroft has tried to make peace with the notion that it was wrong of him not to have told his parents about her. If he had, maybe the house wouldn't have been burned down, and Sherlock would not have had to spend all those months in hospital. He'd tried to raise the subject of this guilt once with Father, months after Eurus has been taken away, but Father had blanched and told him to stop being silly, 'Nothing is your fault, you're just a child.' That statement had sounded so false. There was no such thing as 'just a child' anymore, not in this family.

He'd tried with Uncle Rudy, too, on the day Sherlock was coming home. "One day, when you're old enough, I'm going to tell you everything. When I do, I'm also going to ask for your help", Uncle Rudy had said, finally eating a bit of the cake, too. "But not now. You need to focus on Eton and getting the best out of that. Put what's happened here behind you."

"Is she in prison? She's just a little girl." That's what Mycroft had still wanted to believe, too. That notion had ultimately been crushed, of course, once he became an adult and learned the true extent of that little girl's abilities. An unforgivable number of people had lost their lives as part of that lesson.

Uncle Rudy had looked at him for a long time as though trying to decide something. "You've hit the nail on the head, in a way. That's why this is going to be so difficult. And no, she isn't."

"Why can't we talk about her? Is it because of Mummy?" After the fire, their mother had become an impenetrable fortress, a shell of the person she had once been, withdrawn and quiet and thus very different from the Mummy Mycroft had known before her youngest child was born.

"Not just that. Sherlock doesn't remember her, and it's better this way. This is very important: you can't remind him. Not ever, because Sherlock can't deal with that. You're not ever to mention her
name or even that she exists."

Back then, such a plan had sounded ridiculous: how could Sherlock possibly forget all about her? As it turned out, memory is a strange thing that can be distorted, manipulated, erased and replaced with other things. Extreme trauma combined with an extraordinarily atypical brain and the effects of carbon monoxide poisoning can achieve what many victims of PTSD would be envious of: to forget, utterly and completely. The cognitive effects of toxic smoke inhalation on Sherlock only became apparent when he got home; it took him months before he could even manage to talk like he used to. Not all the changes were due to the fire, of course – it was obvious that the loss of Victor and the way Eurus had treated Sherlock had left lasting damage even more devastating than the fire.

Uncle Rudy had sounded so serious in his stern warning never to mention her that Mycroft had thought it best not to question any further what he was saying. Adults carried secrets and as a child, he had resented that. As an adult, he now understands why he had been protected from those secrets until he was ready to share the load of keeping them.

Even so, Rudy's recruitment of him had started that day, over a piece of cake. “I need your help, Mikey. You’re going to have to look out for your brother. Help him. Keep an eye on him. He’s been changed by what’s happened. He's not the sort who's very good at… getting over things. Tell me, not your parents, especially if you think he’s… Well, if you think he’s starting to act like his sister.”

In a way, that notion had felt more shocking than the fact that Eurus had been whisked away to an undisclosed location. Sherlock? Like her? Certainly, his little brother was an autistic, endearingly oddball specimen of a child, but unlike Eurus, he was terribly sensitive, prone to emotional outbursts when he got frustrated, easily upset by others, and most importantly, very capable of open affection. Or, more accurately, had been capable of many things, before it all went to hell.

"What do you need my help for?" He had asked Uncle Rudy, aware that the man worked for the government. "You've got tonnes of people working for you. Are they all incompetent?"

Uncle Rudy had laughed a little, but the laugh was hollow. "You're right, but this is about family."

There it was: the reasoning why this responsibility had been hoisted upon him instead of some faceless government official. As he was later to learn, Eurus had refused to speak to anyone who was not family. Mycroft had agreed to what Uncle Rudy had demanded of him because, under his control, Eurus could be useful as well as have a more comfortable life, and there was less risk of her being underestimated. As for Sherlock… who the hell knows?

Mycroft picks a meal from the menu offered by the stewardess. A part of him is well aware that it will do little to calm down the churning unease at the pit of his stomach, but the notion of food is the only thing that feels even remotely comforting right now.
Underneath

Chapter Notes

See the end of the chapter for notes

Will all great Neptune's ocean wash this blood
Clean from my hand?
No; this my hand will rather
The multitudinous seas incarnadine,
Making the green one red.
- William Shakespeare: Macbeth

Sherlock knows this cannot be death, but nothing beyond that makes sense.

There are images, memories that bleed into one another, a bearable amount of pain, and a vague awareness of other human beings around him. That awareness comes and goes, flickering on but then dissolving into white noise like a bad television signal. Sounds, distorted and distant as though heard underwater, come from all directions and then disappear before he's able to trace them to their source.

He floats in the void between dreamless sleep and awareness, sometimes reaching towards the muffled voices he hears, but he has sunk too far under to breach the surface before the deep claims him again. This red water doesn't soothe him; instead, he's thirsty and tortured by more sensation than should be possible to experience when submerged. Something locks his limbs in place and everything hurts, but the pain is something he sees in his mind; it's beside him, not in him. Sometimes he shivers with cold, his teeth clattering, until the stagnant fog of what must be a fever breaks and pushes out of his pores.

He can't sense the passing of time or measure it. He has no grasp of his surroundings, so how could he keep track of even more abstract things? He cannot tell if the voices he hears are his memories or someone standing right beside him. He can't even be certain of touch – real or imaginary? At times, he thinks his body is floating somewhere else, whilst his mind conjures up things to compensate for being cut adrift. The brain can produce both pain and ecstasy on its own, so how can he be certain of his current corporeal experiences being real?

Words in his head are a labyrinth in which he hides from himself. There are countless books stacked upon one another in his Mind Palace, but now he can't even find the damned place. Fragments from them are all he can find, scattered around like sheets of paper blowing in the wind, forming shifting edges of passageways that lead nowhere.

'If you would be a real seeker after truth, it is necessary that at least once in your life you doubt, as far as possible, all things.' Yet doubt offers no consolation for him now.

'You were doing so well,' a familiar voice chides, laden with disappointment. Sherlock now finds himself in the upstairs library in Mycroft's house, eyeing the vines embroidered into the fabric
covering the Victorian chaise longue, wondering if he could part them and crawl through to escape the expectations that lie behind his brother's accusation of yet another failure to conform.

'-----if the soul and the body are two substances whose nature is different, this prevents them from being able to act on each other----' Sherlock doesn't even try to chase this reference. The words float by, meaning very little.

Another voice appears, one that he has only heard once, but it still cuts through like a scalpel: 'I sort of understand her; I couldn't deal with a kid like that. Defective, like those chromosome syndromes or whatever they are.' A policeman, Sherlock thinks, but he can't be certain. The memory is surprisingly fresh, and judging by the way it makes his gut twist he should have deleted it.

The recollection thankfully soon dissipates like fog, but Mummy's present now, sitting in their kitchen in Essex, lit by sunlight streaming through the windows. 'The other children don't always understand someone as smart as you are, but you shouldn't let it get to you like this', she says. This must be a much older memory, since Sherlock knows at least this much: he is not a child anymore, and he hasn't lived in that house for years. He offers no reply, and Mummy disappears into the fog in his head like a coastline engulfed by sea mist.

He senses a hand holding his own sometimes, accompanied by whispered reassurances. "It's safe to sleep." The voice is quiet, reassuring, condescending in a gentle manner often used with children, but it still scares him because he doesn't know the person speaking.

It's not safe to sleep. It never was. He's always being watched. He can't stay in one place for long.

Why has he forgot all these things, these scenes, these memories? Why are they coming back to him now? Is someone feeding them into his head?

Enraged at the possibility, he begins screaming at Mycroft, promising that once these shackles are off he's going to inflict grievous bodily harm. He wants to hurt Mycroft as much as he is being tortured now, but all he sees through his still closed eyelids is a mirage of his own pain reflected in his brother's gaze and his helplessly spread arms. Sherlock is sure this isn't a memory, because the unbridled sentiment ingrained into the vision seems so deeply uncharacteristic of the man. This must be his brain putting words in his brother's mouth. Wishful thinking.

The scene shifts, a stage curtain lifts, and a sombre voice recites lines from something he'd read in school: '...For there is none of you so mean and base that hath not noble lustre in your eyes. I see you stand like greyhounds in the slips, straining upon the start. The game's afoot. Follow your spirit, and upon this charge---'

The verse ricochets around his head until it is chased off stage by another image: Redbeard on the beach, running – and then he is gone. He needed to count the pebbles so that Redbeard would come home; count them all even though it was getting dark and he was cold. He needed to do it, because that's what he was told to do by someone he doesn't even remember. He never could count them all, because the waves kept moving them and it got dark and they always came to find him before he was finished and dragged him back to the house, and that's why he didn't want to talk about it anymore; it was all such a waste of time and Redbeard was lost.

'Why do you always have to do this? You could have talked to me, for Heaven's sake!' This time Mycroft's stentorian tones echo down a hallway lined with portraits that mock Sherlock – paintings of ancestors with his jawline and even his eyes, and they're all silently chastising him for bringing shame on the family name. He abhors the idea of confessing to anything in front of them. Finally, they seem to give up on him and the scene dissolves into nothingness like a name written in sand lapped by waves.
Mummy's voice returns, heard from the other side of an armchair behind which Sherlock is hiding. 'Over my dead body is he going to a regular school!' she exclaims in barely contained fury. Sherlock remembers wondering what could be so terribly horrid about school if Mummy would rather die than send him there? Mycroft went to a school far away and he seemed to be fine about it. Mycroft was – is – always fine, always prepared to carry whatever hardship or challenge life throws at him. He is always the one to exceed expectations, and Sherlock is the one who fails to meet them.

Why is Mycroft always better than Sherlock? Why is everyone always better than him?

'Consequences, Brother Mine.' Consequences of what? Being born? Being stuck with the golden boy as a big brother?

Sherlock's bitterness is suddenly cast aside by an aching, searing, straining, agonising pain breaking out in his arm. Whether it lasts for seconds or decades, he can't tell. Sensations are crossing the dark expanse, and finally he feels reality connecting with his mind. That connection screams through with data overload – he's now aware of his skin, every inch of it, the abrasion of rough cloth against epidermis. Even the touch of his own hair on his forehead is now causing an unbearable itch but he can't scratch it, because he can't raise his arms; they seem to be plastered to his sides. Why?

The barrage of sensation shifts another memory into focus, like a slide projector moving to the next image – Sherlock can almost hear the clunk and whirr.

There are voices of boys, now, taunting and threatening: 'Shut your mouth you fucking freak, before we shut it for you like we did the last time!'

"-----Stable-----sedated------" someone then says, and it sounds as though they're speaking underwater.

Why a stable? Sherlock sees doors being shut after the wild horse his mind is riding has fled at anything but a sedate pace.

'But we also experience within ourselves certain other things, which must not be referred either to the mind alone or to the body alone. These arise, as will be made clear in the appropriate place, from the close and intimate union of our mind with the body. This list includes, first, appetites like hunger and secondly, the emotions or passions.'

Where does all that come from? Sounds like… no, not sounds. It's text on a page, as another slide from the carousel takes his visual cortex on a ride yet again. Round and round until he's dizzy and nauseous.

A voice he can't recognise is issuing commands that aren't really commands. Apprehension is thick in the air like the sickly smell of overripe apples in an orchard. There's hesitation in the scraping of a chair leg on the floor and in approaching footsteps. He hears disinterested conversation where his name keeps being mentioned. When he dares to pry his eyelids open, nameless faces are staring at him, expecting something, but he hasn't listened to the conversation because he doesn't want to listen to anything or anyone anymore. Finally, he sinks back into the darkness.

'Oi! You're trespassing on a crime scene!' In his head, he flees from the arrogant voice of public authority that wants to banish him, but collides with a familial echo: ''---After discharge, you can live with me without having to worry about any of the practical things--- they say routine and order is what you need help with in order to stay sober, and I can provide that.' Mycroft. He remembers that day – it had been his last day at rehab after Cambridge. Big Brother had swooped in, blackmailed him into acquiescence by threatening to tell their parents where he had really spent the past three months.
Anger dissipates some of the fog in his head. He feels a gentle flick of a curl off his forehead, and it tickles no longer.

He tries to drift off to sleep, but the eyes of a black-haired child are staring up at him. Lost, frozen, unseeing eyes with sclerae that have gone translucent from lack of blood circulation after death. Voices he doesn't recognise are floating in from the edges of the room while he stands beside a small bed: he's trying to solve it, to solve death itself, even though he's powerless before it, yet he keeps trying to know, trying to learn, trying to deduce. It should have been child's play, solving a mystery like that, but it's not just things he has to arrange and order, it's people, and their minds move out of his grasp, refusing to slot into place in the puzzle.

Is he looking at himself as a child, dead and lifeless? There are others present, who don't even care about the child even though they are hired to do just that: 'What do you think his future would have been like? There's no place for him, except staring at the ceiling or banging his head against a wall here or in some other care home? Who wants that for their kid? Hmm?'

He should have solved the puzzle because if he doesn't, nobody else will. But, even if he succeeded, they probably won't listen; they'd probably just taunt him like he has always been taunted.

'Guv, he's got a point.' Someone was taking his side, for once? No, false alarm. He remembers a grey, jaded voice arguing back: 'you can't actually be taking that weirdo seriously.'

He's a castoff, just like the body on the bed.

He falls. He's always falling. Mummy's disembodied voice returns, and he feels her arms around him. 'Never mind that. You just have to concentrate on what you can do with your brain, instead.'

A little girl singing. 'I that am lost.....'

He would close his eyes if he knew whether they were open or not.

-o-O-o-O-o-O-o-

The next time Sherlock finds himself capable of registering his surroundings, he's relieved to discover that he can effortlessly close and open his eyes. Opening them is not tempting, because he likes the dark. It's safe in there. Hidden beneath the waves, no one can see into his mind and use that knowledge to do things to him he doesn't want. Time remains a concept that is outwith his reckoning – he has no idea what day of the week is or what the date is. He has a sense of being in a different place than he had intended to be in, but can’t explain why. No, that’s wrong. Maybe he just can’t be bothered to think it through. He doesn’t care about time or place.

He still can't find his Mind Palace – it's somewhere on a distant shore, beyond his reach. He hasn't lost it like this before, not this completely. He's still in control, isn't he? He makes the rules. A disguise as a box jelly fish suits him. He is Chironex fleckeri, a nearly transparent blob just lurking under the surface. Innocuous looking, but the sting in its tail toxic.

He’s aware that he’s hot: the tropical sun beats down on him and he wants to go deeper, into cooler water, but he can’t. The rough rasp beneath him is like sand. He tries to sink deeper, but unpleasant sounds and sensations keep him close to the surface.

He feels a pinch against his bony chest. His mind shouts go away, and he wants to flex a limb at it to
make the highly irritating sensation stop, but his ears register no sound. *Good.* Voice recognition could be used to find him. He decides to stay mute for a while longer. For some reason, his left arm is sending odd signals up to his brain. Is this where Mycroft’s cursed tracer has found a new home? Has a bug lingered behind to tell him this? He’d not found the original tracer where he thought it was – at the top of his hip. Or maybe there had just been too much blood. The thought that the tracer will reveal his location again – that he'd gone through all of the pain for nothing – makes him furious.

”Mister Holmes; it’s time to wake up,” a soft female voice tells him.

Damn it. They know his name; someone or some *thing* has already betrayed him, sold him out. He’d tried to cut the tracer out; he *knows* that he did, but his identity being out in the open invariably means that somehow his brother has managed to get another one inside him. The new tracer must’ve talked to a camera while he’s been adrift on the coastal currents. It's the CCTV; it's *always* the CCTV; Orwell must've been taking notes from Mycroft Holmes. They’ve seen through the jellyfish disguise and now the enemies know where he is. His name in a system will trigger alarm bells loud enough to wake the dead – his nemesis will be on the way already. A beacon must be emitting like a sonar ping in the vastness of the ocean, and now the sharks have heard it. They can smell his blood in the water, and are circling.

From total inertia, Sherlock summons every nerve cell to respond in one almighty *NOW.*

His eyes snap open and he heaves himself upright, scrambling to get his legs under him so he can climb over the bars of what he quickly registers is a hospital bed. An eruption of pain forces him to double over; it feels like he is being bitten in the arm and his side, and he wonders why a shark would be taking bites out of him instead of swiftly finishing him off.

He gets halfway over the left side of the bed before the person on the right – *female, must be a nurse* – has a chance to respond, he feels the drag of something pulling and snagging as though he were caught in a net. *No, that’s wrong…* A net doesn’t grab and hurt like this. He’s caught in the tentacles of some horrible kraken hiding in the hospital bed. He can feel the suckers at his face, another has grabbed his chest, a third has wrapped around his right arm. The one grabbing his nose hurts the worst, and as he gets an unsteady foot onto the floor, he takes hold and pulls something out an almighty yank that makes him cry out and gag at the same time.

There are too many of them approaching, now. Catching him will be like shooting fish in a barrel, like stones in a bucket in a barrel in a— what? His knees buckle under his uncentered weight – have they replaced his kneecaps with something else so that he couldn’t escape? He laughs, hysterically, because the fear has melted into incomprehension.

There is noise everywhere, alarms ringing, a woman's voice shouting, but all he can think of is a hasty escape. He grits his teeth to control the pain and bats away hands that try to grab him. They know who he is, so he has only moments to get away before his brother arrives to reel him in on a hook. The thing at his chest is next to go, yanked away from where it had tried to burrow itself into him, and then he is wrestling with the tentacle on his arm. It’s bitten him, and as he staggers away from the bed towards the door, there is blood everywhere.

Two steps later, he is almost spun around by something that’s still tying him to the bed; it’s grabbed his genitals and when he looks down, he sees the plastic tube protruding from what appears to be a pyjama waist band. He grabs it and pulls, crying out from the pain at the same time as he flings it away from him. *That’s* how Mycroft has been getting his trackers into Sherlock; they must have crawled into him through that thing. He'd shudder if he could spare a moment.

Now he can see another nurse, and he’s certain that any minute now, the Gorgon will sprout snakes from her head, so he rips his eyes away in horror at the sight. She will turn him to stone if he looks
on her face again. Sherlock shouts at her in Greek to keep away from him. At least he thinks it's Greek. It's all a bit of a mess in his head.

He gets to the door and pulls at the handle but it doesn't open. He knows that beyond it awaits the deep blue sea and he will be able to escape all this if he can just get through. But, when the door opens of its own accord, it isn’t the haven of open water ahead, but two burly men dressed in green scrubs who grab at his flailing arms. When Sherlock closes his eyes their disguises slip – they are giant sea monsters who want to consume him like flotsam caught in a whirlpool and then dragged down into the deep. Dodging their arms, he flees back into the room, pleading now in Greek, begging what he is certain are Scylla and Charybdis to let him go. The monsters come forward after him, and he slips on something red and wet on the floor, landing hard on his backside. Panic taking over, he scrambles backwards until his back hits the wall and his head cracks against it, making him scream with pain and fear.

They ignore his pleading. The Gorgon is there now, but he knows he cannot look up at her. The pain on his side and his arm are threatening to pull him back into oblivion. Despite the tidal wave of pain, he keeps struggling until a stinging warmth spreads up his arm and allows him to slip back down into the darkness.

_I am turned to stone, and will drown._

-o-O-o-O-o-O-o-

The next time he finds himself aware of the world, he breaches the surface of his own consciousness like a whale – all gasping breath and violent movement. But, this time he is in a tight net; held fast, limbs caught. There are hooks in him, ropes tethering him down, and he cannot move. He opens his eyes and his mouth and shouts his rage at the brightness.

"Don’t struggle, Mister Holmes. You’ll tear out your lines. We would really prefer not to have to sedate you again."

He keeps his eyes fixed on the whiteness of the ceiling but can see movement in his peripheral vision.

The owner of the slow, patient voice talks again, says something that makes no sense whatsoever: "Body temperature thirty-nine point two. Heart rate ninety-one, respiratory rate twenty-three. Definite improvement from two hours ago."

This time, because his head is above water, he can hear the voice clearly. Turning his head, he sees a woman in a uniform, and behind her a man is standing, wearing green scrubs.

"Do you know where you are?" the man asks.

Can he find a tongue to move against a soft palate and teeth to make a sound other than the keening that he feels? No, apparently not; perhaps he can't communicate in this disguise at all. If he could, he might state what is now obvious: he’s in a hospital. He has no idea how he got there, let alone where the precise location is or why he's been imprisoned here. He has a vague memory of sea monsters, of drowning, of trying to escape. He must've had a nightmare akin to the ones he'd had as a child after reading some of his favourite books. They all happened at sea, somewhere warm.

"You are in the Nile Ward of St. Charles hospital in London. You’ve been here for the past two days
after a transfer from Chelsea & Westminster Hospital, recovering from sepsis and other injuries. The antibiotics have kicked in, and your arm and side are beginning to heal.”

He has no idea what the man means. His arm and side? He tries to isolate the pain that is now trickling into his brain; it's the sting of seawater on chafed skin, a turning tide slithering through indentations in sand.

The man speaking to him is right, since the evidence is now registering: he must be hurt, since he can feel bandages tugging at his skin when he shifts. More and more things come into focus. He can feel everything, now, and it's hateful – wires, tubes, adhesive tape, some sort of webbing and Velcro restraints. The rush of data flowing in makes him gasp.

A strange image, with the haze of myth but a vague tint of memory, appears of himself, of being harpooned, being reeled in and lashed to the side of a boat, in preparation for slaughter? 'Consequences, brother mine. You should have thought of that before you tried to disguise yourself.' He groans; the tracer is now carrying Mycroft's voice direct into his head.

“We've cut back your sedation in the hope that you could regain consciousness and tell us what's going on. How are you feeling?”

What the man has asked is impossible to put into words, since language seems to be beyond his grasp. The drum beat of heat in his blood is quieter now; he recognises this. After some more careful consideration, he has no sense of the bugs inside him anymore. Why should there be? Mycroft has taken him ashore and can keep him here forever. What need of even a tracer anymore? Best take it out, clean up the evidence trail.

“Can you remember how you got the wound in your side?”

Of course he can, because he now remembers what he'd been forced to do. But, he’s not going to confess, is he? Why would he give Mycroft the satisfaction of knowing that he’d failed in his attempt to drop off the man's grid? No, best keep quiet on this.

He shakes his head.

Frown lines form on the face of the man – a doctor? – who tries again. “Can you remember being taken to the Emergency Department? Do you have any recollection as to why that happened?”

Sherlock tries to listen, but it's hard to concentrate when he can feel the tethers between neurons in his head breaking, as though the ropes of a bridge were snapping. He's not himself; his head is not working the way it should be. It must be the sedatives he's been given – a chemical straitjacket. Synapses that should be connecting with a spark, are now firing into the empty expanse between cells, like dying stars flickering out in the blackness of space. He wants to escape it all, to cut himself free from the horror of the now as he watches the stars go out. He doesn't stop to wonder why it's all happening, just watches the devastation as though it was a film projected to the back of his eyelids.

There are more questions but he has nothing to offer the person asking them. They finally stop the interrogation and let him be.

When Sherlock closes his eyes, he can almost imagine lying in warm sand, waves lapping at his feet, crabs crawling over his toes.
Chapter End Notes

The discussion Sherlock's mother was having with someone over school is detailed in a oneshot called "A Lighter Kind of Loneliness" by J. Baillier that's part of this series.

Quotes in this chapter:

"If you would be a real seeker after truth...", "But we also experience within ourselves certain other things..." and "...if the soul and the body are two substances whose nature is different..." are from Rene Descartes. He was a strong proponent of mind-body dualism, ie that the mind and the body are truly separate and the very nature of the mind greatly differs from that of the body, enabling one to even potentially exist without the other. Bloody Transport and all that.

'...For there is none of you so mean and base that hath not noble luster in your eyes. I see you stand like greyhounds in the slips, straining upon the start. The game’s afoot. Follow your spirit, and upon this charge---' is from the third act of Shakespeare's Henry V, and it is the very speech Sherlock was spouting out in The Lying Detective.
“Were my instructions anything but totally clear and simple?”

Mycroft controls his voice just enough to keep the rage banked, but Proctor, his PA of two months, still pales visibly. He won’t even let his eyes rise from where they are riveted to the floor. Normally Mycroft might be inclined to feel slight sympathy for the young man, not unlike himself years before, trying to climb the ladders of government, but today, his focus is singular, and it is not directed towards staff development.

The hospital he has now managed to locate Sherlock in has refused to allow him access outside visiting hours. Preposterous. Is it not of paramount importance to establish the identity of a new patient, and to promptly involve immediate family in the process? Since there was little he could do for Sherlock right now, he had gone from Heathrow to the office instead. This mess needs to be sorted out and blame allocated accordingly, and that is better dealt with sooner rather than later.

Mycroft is tired and hungry after the flight, but hasn’t had a chance to eat anything. That makes him even more irritable. He leans forward over his desk, thumbs and forefingers pinched onto the edge of it. Above him, the grid of lights casts sharp shadows into the room.

“No, Sir…” Proctor’s voice cracks, and the man stops, as if mortified by fear of saying the wrong thing. It's unlikely he hadn't even decided what to say before he opened his mouth.

“Then why were you so totally unable to follow them?” Mycroft surveys the thirty-year old who had once showed such promise. It's so hard to find good staff nowadays. These up-and-comers have no respect, it seems – they let things go lax the minute they feel they've carved themselves a niche.

There is a quick intake of breath, and then the young man grimaces. “We did our best, Sir.”

We. The ceremonial scattering of blame in the wind by assigning it to a larger group. Pathetic.

Mycroft feels like flinging the items on his desk at the man. He does not yell, but the words that escape carry more menace than a shout could ever have: “your interpretation of best is scandalously useless. Even worse, you had the temerity to mislead me. That cannot be forgiven. When operations run into difficulty, the first step is to inform the one in charge. Instead of giving me time to prepare, you claimed that you were on the case, and that you had a number of sightings that suggested his relapse was still contained. For two weeks, you lied.”

Proctor offers no answer. He seems to be finding his shoes a fascinating sight.

Mycroft sits back in his chair and sniffs. “I am surrounded by incompetence. You were asked to find him and keep him under surveillance until I returned. This latest binge of his would hopefully have run its course by then as his funds depleted, and when I returned I could have arranged another stay at a rehab clinic. Instead of giving me time to prepare, you claimed that you were on the case, and that you had a number of sightings that suggested his relapse was still contained. For two weeks, you lied.”

Proctor flinches at the word. Then, Mycroft can practically sense him grasp at straws, having realised that there is little he could do to deflect the ire of his boss.

At first, Mycroft had thought that Sherlock's whereabouts had been unknown for days. As it turns out, some of the sightings Proctor had been relying on had not even been genuine. Two weeks!
“Not intentionally, Sir. No, we thought we had seen enough of him to do as you had ordered. It was only four days ago that he vanished.”

Mycroft tuts. “Vanished? This isn’t a magic show, Proctor. This little task I assigned you is hardly on a par with protecting the security of the state and its citizens from an international terrorist conspiracy. While I was attempting to ensure Britain a seat at the nicer table of collaboration between the more prominent intelligence agencies of the former Soviet states, you were left in charge of babysitting my little brother. Nothing more, nothing less: keep him in sight, and make sure he does not endanger himself. You had all the resources of this agency as well as London’s CCTV network at your disposal, and yet you failed. Not only that, but you missed him apparently going berserk and endangering passengers on the Underground. That casts serious doubt on your ability to oversee anything more challenging than a traffic light.”

'Man stabs himself and threatens passengers on Circle Line train' is what an article in the lower left corner of a page in the morning edition of the Metro is declaring. Mycroft can only hope that their parents, currently residing in America but quite diligently following the online edition of the paper have not recognised their younger son in the grainy CCTV still. If his staff had been unable to identify the person in the image, then the notion might not be just wishful thinking.

He will not be contacting the parental unit. This is his failure as well as Proctor’s, and damage control is required before he even considers the possibility that this might be the step too far that requires revealing to Mummy that Sherlock has been using Class A narcotics for years to self-medicate not only his boredom, but undoubtedly more severe issues he elects not to share with anyone.

_Lies grow in significance and destructive potential, the longer they fester._ Mycroft is acutely aware of the truth in this statement; he’d had more than enough experience with another sibling whose powers of deception are exceptional – lessons hard enough to get him through a lifetime.

Sherlock had been doing so well. Living under Mycroft's roof, he’d been given all the time in the world to consider his options as a graduate chemist. The latest stint in rehab had cleaned him up and given him yet another chance to consider his future. He has declared being most interested in forensic science, but his previous run-ins with the police meant that any career options that entail contact with narcotics, explosives, and law enforcement are out. Mycroft had been urging him to focus on the many other options afforded by research chemistry, but no plan has come forth. Sherlock had been sober for four months after his last stint in rehab, but then he just had to get mixed up in some sort of police business, and somehow that had derailed him back into the clutches of depression, sent him spiralling downwards into a dark mood reminiscent of similar periods that had largely characterised his adolescence and even childhood. He has been prescribed things for his… problems before, and he was supposed to be on medication after the latest rehab, but legal pharmaceuticals are not something Sherlock is interested in.

There is a copy of an A&E admission record on Mycroft's laptop, obtained by a method the NHS must not become aware of. Proctor had finessed it out of the hospital in a last ditch effort to keep his job. The record referred to an unidentified young man given the highly original soubriquet of “Unknown Unknown” with a listed birthday of yesterday in 1983. The year is wrong, of course. Sherlock is older than he looks, and the hospital can only go on what they guess. Mycroft has done what he can to remove the evidence of that particular set of fingerprints from any national database. Not even the police can identify the John Doe as Sherlock at the moment, which is why Mycroft needs to be allowed to sort out this mess.

He is not going to contact their parents, especially given this latest development. He can imagine the hypothetical transatlantic phone call all too well – there would be no point whatsoever in trying to convince the parents that things are under control, _now_, when they would invariably stop listening
and begin blindly reacting the minute they heard what had transpired. 'Yes, he was depressed when I had to go overseas, but I left strict instructions. Yes, he went on a speedballing binge, and I wasn’t there to stop him. And, yes, he tried to carve out his left kidney, assaulted a uniformed officer and went into respiratory arrest after overdosing on what must’ve been the entire fentanyl supply of the Chelsea and Westminster Hospital’s Accidents and Emergencies department in an apparent suicide attempt. But, really, Mummy, he's fine NOW.'

He isn't fine, of course. On top of everything, Sherlock had managed to contract some sort of a life-threatening infection. God forbid he ever does the sensible thing and get a health issue treated before it festers and threatens his life. Mycroft knows why he hates hospitals, what a terrifying and overwhelming sensory assault they inflict on him, but he can't help feeling frustrated. Sherlock is a creature of logic when he wants to be, but he simply seems to elect not to employ it when it comes to his own well-being.

At least he's alive, but he's now within the clutches of the NHS, in a specialised psychiatric intensive treatment unit no less. How did the idiot manage to get sepsis on top of everything? Before this stunt, Mycroft could have offered him comfortable options – a private clinic, preferable somewhere off the grid, somewhere peaceful, like the esteemed Castle Craig in Scotland, or the comfortable place in West Sussex he'd stayed in ten months ago. They’d managed to get him clean the last time, so they would be better prepared for round two. Unfortunately, Sherlock has well and truly screwed it up this time. Now, laws put in place to protect the individuals who have fallen as deep as Sherlock will govern what happens to him. A pity that, as it is always easier to deal with such things when Mycroft can keep them out of the public eye and off the parental radar. This time, Sherlock has attracted more than his fair share of public attention and Mycroft can’t regulate where the aftermath of this incident is dealt with.

There is also the fact that other eyes have noticed, and started to ask questions: 'he’s not going to turn into her, is he?' That is the question that has dogged Sherlock’s every footstep for the past decades, a shadow that he must never learn about. As long as he doesn't remember, his life can still be salvaged.

Today, Mycroft has dared to ask himself this question: when was the last time his brother had actually been fine? Has he ever been fine?

No one knows what Sherlock's current psychological status is. The sepsis and the drug withdrawal need to be dealt with first. Mycroft suspects the news will not be good, once a more extensive psychiatric assessment can be carried out. What if some do-gooder psychiatrist manages to unpick the carefully constructed edifice that protects Sherlock from the truth?

It's out of Mycroft's hands, now – and that is what is fuelling his rage.

Proctor has plucked up the courage to speak again. “Sir, if you will let me explain what happened…”

Mycroft’s glare is enough to stop the man from going further. He slides the newspaper across the glass desk. “The reporter thought this incident was worthy of notice, even though you didn’t. And, even after the article, you still failed to put together the puzzle pieces of my brother’s disappearance, before the NHS machinery swallowed him up. Your incompetence meant that he managed to escape the resuscitation room, run amok in the hospital and then overdose.”

Proctor’s face shows that he knows such an error must be a career-limiting blunder, and he shifts his weight in the chair ever so slightly, enough to tell Mycroft that the humiliation is complete. “Sorry, Sir…”

Mycroft unleashes his rage and frustration, emptying his scorn on Proctor. “SORRY?! What if he’d been a terrorist? Would an apology from you have mattered to hundreds of victims of an attack?
Need I remind you that he is supposed to be under continuous surveillance not because he happens to be my brother? There are reasons of state security. Reasons that your security clearance isn’t high enough to be told in detail. But, I did make it clear what your duty was – and you failed.”

He taps yet another report sitting on the desk – this one from the British Transport Police. The underground staff had been too late on the scene to know where the passenger had escaped to – all they found was blood on the seat and a few onlookers who pointed off down the tracks. “The fact that he was wounded should have been enough for you to have alerted and surveyed every A&E and minor injuries clinic in West London.”

Sherlock could have bled to death.

Mycroft shoves the thought off, tries to force himself to focus on the anger instead, but it's proving difficult.

*There have been 266 deaths on the London Underground during the past ten years,* he remembers Sherlock telling him some months ago. Numbers are important to Sherlock: statistics, physical properties of chemical elements, morbidly important dates in history. He’d known the Tube map by heart before he’d been six years of age, and back then they hadn't even lived in London. As he grew up, he overlaid that map with an encyclopaedic knowledge of esoteric bits of London history, places to hide from or *in* the crowds, the positions of too many CCTV cameras. Finding drug dealers and bolt holes to sleep off the effects put that knowledge to use, and had likely helped him during the past weeks to disappear into the mire of London’s homeless.

Mycroft shakes his head and shifts the report to the pile for the shredder. He then awards Proctor his attention again. The PA knows that he has already lost his current position, but now needs to be told exactly why he is going to be re-assigned to the worst possible job in the intelligence system. Mycroft is still working on exactly how awful the man’s exile is going to be. Right now, it is a toss-up between Astana and Abuja; vanity capital cities in troublesome countries tend to be a combination of impossible living conditions and excruciating boredom. He knows what it's like, because he has endured a fair share of such placements during his early intelligence career.

Maybe there's hope for young Proctor yet, if he takes his punishment in stride, but Mycroft would detest giving him a single chance more under his own wing.

*Let him sweat for a moment more. It’s only fair.*

Mycroft has done his own sweating for the past six hours of his highly uncomfortable return journey. He stretches his arms back behind his head, gripping his right forefinger with his left hand momentarily to stretch a cramped muscle. Anthea had managed to magic a seat for him on a military aircraft when no commercial flights had been available at a shorter notice from Italy. It had been cold, dusty and noisy, and the helicopter ride from Brize Norton had added to the rumpled sensation. He's convinced he can still smell the aviation fuel in his clothes, which he had not been able to change before confronting this failure. To make matters worse, he has just spent ten days in what could be described as the culinary black hole of central Asia, and the hunger is getting worse. His headache is enough to have pushed him into taking two paracetamol tablets before this wretched debriefing.

He needs to release some more vitriol. “Even someone as unintelligent as you should have been able to spot a British Transport Police report of the incident at Kensington High Street. Not to mention, connect it to an ambulance call of less than an hour later. If you had, then he would not have been treated as a John Doe. They would have known who they were dealing with and they would have been provided with vital information that could have prevented disaster.” He’s repeating himself, he knows it, but his frustration needs an outlet, needs to be outsourced to the idiot in front of him, so that
Mycroft will be able to carry on in a more sensible manner. It isn't like him to ramble or rant, but it's better than giving into a state of upset unbefitting of someone in his position. He is unaccustomed to being this ill-informed and side lined when it comes to Sherlock.

Mycroft pauses, exhaustion finally spreading into his bones. Now, he simply wants this over. “If he had died because of your incompetence…” He tries to say the words as though he were speaking of something inconsequential, but he's left with a nagging suspicion that Proctor may have just witnessed an outburst more personal than what he had intended. Sherlock, it seems, can push his buttons even when he's not physically present.

Mycroft decides not to finish his sentence. "You may leave to clear out your desk. There are confidentiality agreements to be signed, after which you will be escorted from the premises. You may have to wait some time for re-assignment."
That Was Just Your Life

Chapter Notes
See the end of the chapter for notes

Unquiet meals make ill digestions.
- William Shakespeare: Richard III

As the door closes behind Proctor, Mycroft allows himself to acknowledge the barely noticeable
tremor in his hand – a sign that he has severely neglected his meal routine. Yet another task that
would have benefited from the availability of a skilled PA: to arrange for a snack swift enough to
raise his blood sugar and thus erase this infuriating craving that is distracting at best, gut-achingly
demanding at its worst. Nutritiously sensible food at regular intervals has always been key to battling
it. Tonight, it seems that he will have to make do with nicotine to get on with his duties.

For a moment, Mycroft allows himself the luxury of wishing he was anywhere other than in this
particular job, stuck with the family he has. If he could, he’d be tucking into a nice meal now, in the
confines of his own home, with no one the wiser whether he eats a piece of cake, or all of it, in one
sitting. He would know, of course, and that is the essence of the problem.

If there was one way that Mycroft could measure the difference between him and Sherlock in terms
of attitude, it would be their individual approaches to food. He remembers how Sherlock had to be
almost forced to eat after he had been discharged from Cheltenham. "His throat is still sore from the
inhalation injury and the treatment, Mikey, but he has to eat. Don’t let him slip you anything off his
plate," Father had lectured.

For Mycroft, the problem with food has always been… the opposite, really. Correction: the problem
lies with the way he deals with the thought of it, before, during and after indulging. He loves nothing
more than consuming it, yet hates himself because of this. It has never quite turned into something
warranting intervention – therapy or such like – since he has no time for such pointlessness designed
for much lesser minds. Yet it’s there, his unbridled appetite, a craving and greed ready to humiliate
him when the stress gets too much, and the boundless self-loathing that follows.

He’d been bullied at prep school for his above average weight, and Eton was even worse.
Adolescence and puberty saw him frantically dieting, trying to fulfil the image of sleek, sophisticated
arrogance that seemed to be part of the hidden curriculum at such educational institutions. When he
couldn't stand it anymore, he'd binge and then purge in guilty panic.

He knows he shouldn't be envious of Sherlock. His brother's life has always been fraught with
difficulties the likes of which Mycroft has no personal experience. Still, Mycroft has had to admit that
in some things he's not above petty sibling envy.

Sherlock has never had to work at all to achieve a passable appearance, to reach the weight standards
set by society. He downright mocks them with his thinness and the fact that he doesn't even care
about such things. 'What an adorable child', people always said of Sherlock with his cherub curls,
causing Mummy to launch into a guilt-ridden, compensatory speech about Mycroft's recent school
achievements. Sherlock had been lucky to inherit their father’s physique, whereas Mycroft's favoured
Mummy’s Vernet roots – rather plain-faced, tending toward plump, but thankfully tall as well. It is somehow ironic that Sherlock treats his peculiarly attractive body like he’d donate it to the gipsies if he could, and he'd probably be more than willing to let his brain exist in a jar. He'll forgo food, sleep and everything else that his health requires because those things don't seem to offer him any pleasure. There are other things that do, but they come at a steep price.

While Sherlock indulges in the dangerous, the forbidden and the morbid, Mycroft cannot take such risks. It's just as well that his ritual of keeping himself together has always been connected to something as banal and legal as food. Sometimes he still seems to need this vicious cycle of bargaining with himself, succumbing to temptation and then punishing himself. Does it exist because there is an anger in him that ought to be turned outward, instead of proverbially stabbing himself in the gut? Then again, what would be the point of trying to vent that rage and frustration, since he can hardly change his circumstances, save for the occasional power fantasy of walking away from his duties? He can't act out his anger, can't be seen as volatile or unstable. He needs to keep this house of cards together.

There is at least one who had shared Mycroft's fate of never gaining much positive attention from parents or strangers as a child: nobody ever called Eurus adorable, even though her outward appearance would easily have warranted it. Something about the way she looked at people made them deeply uneasy, and it only got worse after she began to speak. The constantly crunched-up little nose, those flat and cynical adult eyes in the face of a tiny girl, and the unflinching conviction in herself and her unrivalled intelligence – well, the combination downright frightened people. Thankfully, Eurus hardly cared about the opinions of those outside their family.

Cares, Mycroft corrects himself.

She's still present, although being imprisoned under heavy coastal granite isn't all that different from being buried in a graveyard. Their parents don't talk about her because they think she's dead. If they did, the conversation would invariably latch onto the few good memories, allowing the time that has passed to add a gloss of softening nostalgia to the bad things. Mycroft knows he would feel irritated at their guilelessness, would feel the need to correct their misconceptions, would want to show them the pictures of corpses filed away in the safe of his other office at Vauxhall Cross.

In Eurus, he serves what others would call a monster. He's been forced to be the friend she never had, the one who only visits because of an agreement made years ago. He has tried to think she could rot in hell for all he cares, but he can't… not care. The captivity of such a mind seems a crime against humanity, yet to unleash it on an unsuspecting world would be a notion too terrifying to contemplate. The select few who know of her existence fear that instead of burning down the secure psychiatric unit she had been kept in until she was ten, as an adult she would be more likely to want to destroy entire countries just to prove she could.

When Mycroft thinks of his sister it is with pity and fear, underneath a veneer of guilt. That is how Sherlock would react, too, if he were ever to cross paths with her again. He's softer and weaker so he would want to help; he'd want to establish contact. If that were allowed, and he survived the emotional assault of those lost memories, there would be a risk that Eurus would simply pick up where she'd left off in using Sherlock as her very own human test subject.

When Eurus did what she did, and Sherlock… forgot, their entire family was all cast out to sea, and they’re still trying to find the shore. Mycroft is convinced any further contact between her and the rest of the family could only lead to tragedy.

This is how they will remain: Eurus, the family psychopath. Sherlock, the family misfit. Mycroft, the family cannibal who gnaws at his own heart while others look on and congratulate him on how well
he's done.

That's how it has always felt like, not being able to lash out, to use the ammunition he has in order to protect the status quo.

Sherlock, in particular, has always relished testing the limits of his nerves. No matter how brutally his little brother wounds and stabs with his words, or how blatantly he walks all over everyone, Mycroft has not been able to be truly angry with him, because logically he bears some responsibility for what his little brother went through all those years ago. It's pathetic, the way he relents when he ought to have been firmer, and Sherlock thinks him weak because of it. Sherlock mistakes the responsibility Mycroft cannot explain to him as some frivolous, pathological need to control those around him.

*Responsibility.* This is Mycroft's credo, whether he wants it to be or not. He sidesteps his own needs and focuses on his work. Does he even exist, as a person, if he is but the sum of his duties, necessity come to life as a human being? Nobody cares what he does with his time outside of work. Nobody's there to see it, so he is left to guard and regulate his own habits. He bargains with himself: *Do I deserve this? Am I letting myself go if I have this?* He had had to learn how to regulate himself because there had been no shortage of treats at home during school holidays: Mummy had tried to fill the void of her own life by providing her remaining children with baked goods flavoured with guilt.

Another pang of hunger makes his stomach growl. He stifles the craving. *It's just food.* It has nothing to do with anything. Yet, it takes over. There are rules, and he knows whether he has lived by them or not. He has put safeguards in place. His housekeeper cooks him healthy meals, and he tries to stick to a schedule of them. He doesn't go to business lunches, avoids social dinners often required of someone in his position, and when travelling he packs his briefcase full of things to keep him occupied in the evenings. Holidays are the worst – he falls off the grid and loses, always loses, because there's too much time for him to spend in his own head. He negotiates with himself: *Do I deserve this? Am I letting myself go if I have this?*

Earlier this year, Mycroft had taken up smoking in private. He hates the taste but loves how conveniently it suppresses his cravings. Is this why Sherlock smokes when acting out in boredom? No one seems able to convince Sherlock to quit smoking, and given that the alternatives are always worse, Mycroft has not pressed him about it, because Sherlock would invariably turn the attention onto his own identical vice. Sherlock had surprised him one night when he'd been smoking in the balcony, twirling in his fingers the cigarette packet Mycroft had hidden so well that not even someone with MI5 training should have been able to find it. His little brother wore a smirk as he announced the exact biochemical reasons why certain components of tobacco inhibit appetite.

There is nothing in the world that seems to please Sherlock more than to take Mycroft down a peg. It's why food and weight have, for a long time, been Sherlock's go-to bullying material when he wants to go for Mycroft's jugular. Sherlock is the only one who knows his secret, and he is certainly not above using it to his advantage. If he's riled up or angry enough and no one else is within earshot, it will come up. "Tell me: have you finally completely surrendered in your battle with obesity?" he had once asked. He'd snuck into the kitchen after Mycroft at midnight during Christmas break from school, and caught him with a carton of ice cream he had been carefully replacing after eating the last one.

Mycroft had slammed the freezer door shut and Sherlock had barely snatched his fingers away in time from between the door and the hinge.

"It's great that you've got at least one light in your life, even if it's just the one shining from the fridge at midnight," Sherlock had snarked.

Mycroft had really looked at his little brother then, taken in that delicate porcelain-pale complexion,
lithe limbs and perfect cherub curls and the venomous sneer on his face so very unbecoming of those
delicate features, and wanted to punch that particular expression permanently out of Sherlock’s
collection.

People tend to ignore the abuse Sherlock hurls at his big brother, convinced that Sherlock is just
being his own strange self since Mycroft hardly looks the corpulent part Sherlock assigns to him in
his jibes. When gluttony and abstinence take turns like good little children, the outward appearance
of the battlefield called his body shape does not change much. He had been an obese child who had
learned moderation and grown up to be a normal adult. Not thin, not fat, in between. He monitors his
weight every day, like a zealot waiting for judgment’s sword to fall. For women, such a state of
anxiety is common and surprises no one; size zero is the new standard. For men, it’s much easier,
much more lenient, but the reason for why these things go around in his head has never been about
looks. Not at all. He knows, of course, that the shadows his self-hatred paints on the walls of his
mind are not constructive or normal, but he does not know what he could replace them with. Without
these patterns of control, what would he do? Intellectually, he knows how it all works and that he
ought to rid himself of such pathological processes, but turning it off would be like freefall. He
allows this… problem he carries free rein only when the only other option would be a breakdown.
Under the pressure he has to abide, he knows a less mentally sturdy person would have crumpled a
long time ago. Mycroft cannot afford such a thing, so this tug-of-war inside his head is the explosion
chamber in which he detonates his escalating anxiety in order to keep it from becoming
uncontrollable. When he feels powerless, this is still within his control. Indulgence and punishment.
A world where no bad deed goes unpunished and where he serves as his own jailor and judge. He
exacts revenge upon himself for what was never his fault, because the culprits will always be beyond
his reach.

Yes, Sherlock knows that Mycroft has such a problem, even if he doesn’t really understand the
nature of it, or care about the reasons why it has come to be.

Once, Sherlock had been a sensitive and wonderful little boy. Even as a preteen, Sherlock had been
a willowy, shy thing trying to avoid the attention of his bullying peers by hiding behind books and an
overgrown mop of curly hair, but then the hormones properly kicked in. He discovered fencing and
martial arts and to everyone’s surprise, after his shaky start in life when it came to motor skills, he
was rather good at those things. Or, maybe he simply threw himself into with the same frighteningly
single-minded focus he puts into everything. Instead of hiding in dark corners, he began to step out
into the light, keeping others at bay by launching pre-emptive strikes under the pretence of a sudden
and torrid love affair with truth. He was viciously honest, and when he discovered cocaine he
became a foul-mouthed beast. He discovered and embraced the notion of sociopathy, and carried that
description like a shield or a badge of honour.

What little inhibitions about unleashing his dark side Sherlock may still have had in his late teens,
they evaporated when the needle went in. He taunted and walked over those who tried to exert any
sort of authority over him, but behind that, Mycroft could sense a profound helplessness; a desperate
plea for someone to see his anger and his grief, for someone to tell him no, to stop, to save him from
himself, to keep him from disintegrating in the most spectacular way possible.

Eventually, Mycroft did put his foot down, once he was in possession of the age, the means and the
leverage required. His strongest leverage was not telling their parents about the drugs. Mummy and
Father had always been aware of their younger son’s neuroatypical traits and his mental health issues
– of course, they had since they had been the commanding officers of the army of professional help
Sherlock had been exposed to. But the drug use was kept secret, in exchange for Sherlock keeping
quiet about Mycroft’s own weakness. Tit for tat, Sherlock had argued, knowing that Mycroft had
more to lose if their parents discovered that the son they thought of as a successful paragon of virtue
was actually a closet basket case with an eating disorder.
Does he deserve the treatment he gets now from Sherlock: the cold shoulder, being shut out, being looked at like he was the most despicable person on the planet, just because he has repeatedly tried to do the right things, the sensible things when Sherlock's own choices have proved disastrous?

At least with food, he knows what he gets in terms of punishment because he delivers it to himself. It doesn't hurt that way, not like it does when the hand burying the proverbial knife in his gut is his brother's.

Glancing at his watch, he knows that if he leaves now, he will make it to the hospital just as visiting hours start. Dinner will have to wait.

-o-O-o-O-o-O-o-

The nurse who comes to open the door to Mycroft at the Nile Ward of St Charles Hospital makes him leave his umbrella in a stand outside the entrance. He doesn't argue, doesn't care if someone steals it.

He is disappointed to be escorted to a psychiatrist's office at the ward instead of a patient room. Even though it is now visiting hours, it soon turns out that they won't let him talk to Sherlock.

"He's not in any state to talk. The drug-induced psychosis means he needs to be kept sedated while we continue to treat the sepsis," the Ward Sister tells him while they wait for the doctor on call. 
"And, he's still likely in withdrawal that requires addressing. Before he's out of immediate danger, the doctors can't assess his mental health. He needs his rest."

Mycroft thinks that such a stance is patently misguided. What Sherlock really needs, is someone who knows him and understands him.

He demands to speak to the head of the unit, never mind that office hours have already ended. This does not happen; all he gets is the psychiatrist on call since office hours have just ended – a twentysomething woman who seems understandably unfamiliar with the case since she has just arrived on shift. She keeps consulting the notes in front of her in order to answer Mycroft's questions.

Anthea had looked into the matter of private psychiatric units while Mycroft made his way across the skies of central Europe. Unfortunately, a patient under section 2 of the Mental Health Act can't be transferred, nor can they be released at the discretion of a family member. Mycroft knows he could try to call in favours, to somehow try to erase this mess, but a senior intelligence officer intervening with decision-making in psychiatric care is too risky – half a word to the press, and that would be the end of his career. There is already a significant paper trail in existence, and since Sherlock has already moved through several hospitals wards, an uncontrollable number of people have witnessed his plight. Electronic and paper trails can be cleaned up and, word-against-word is always a flimsy thing, but that still leaves the fact that walking out of here with Sherlock in tow would raise too many eyebrows, and no one even seems very certain yet of what it is what's ailing him. Obtaining records through covert channels and talking to people are the only steps Mycroft can take right now. Besides, Sherlock is not the only one whose care, containment and safety have been placed on his shoulders. The last thing he wants to do at this stage is to attract the attention of his superiors. He can’t risk them jumping to the wrong conclusions and taking preventative measures. He’s already lost one sibling to a lifetime confinement scenario and has no intention of losing a second.

Surely a septic infection combined with drugs could cause profound enough confusion to explain everything? Being critically ill could make anyone confused, to make them misinterpret their surroundings.
His conversation with the psychiatric registrar continues in a fruitless manner. He is told, repeatedly and empathetically, that Sherlock is not in a state fit to have visitors. Mycroft knows he should take a step back, limit the damage in any way he can and let the medical establishment do its job, but his first instinct still is to find a loophole, to erase this whole incident, to take Sherlock home, even at the cost of risking a PR crisis for the intelligence services.

"I know this must be difficult for you," the Ward Sister and the doctor keep telling him in a rehearsed tone. The notion is ridiculous. Mycroft is hardly the one having the more difficult time right now.

They tell him he does get to see Sherlock since they need him to make a final positive identification in addition to bringing them Sherlock's passport. A nurse is summoned to escort him.

The unit feels oddly and unnervingly devoid of people.

"Most of our patients are under close observation, which means that they mostly stay in their own rooms," the nurse explains without prompting.

They stop in front of a patient room door, and Mycroft finally sees what he came here to survey. Confirming Sherlock's identity feels rather unnecessary because Mycroft would have recognised the sudden yelling from the foyer, had he not been whisked away to waste time talking to the doctor.

He takes in the sight of restraints in use, the stare of a trapped animal utterly uncomprehending of its predicament, and Sherlock's ashen grey complexion as he bellows his disapproval at the entire universe. The nurse present in the room, standing beside the bed, listens with a patient but idle expression on his face.

Thankfully, their eyes do not meet and Mycroft doubts Sherlock is aware of his presence. He bites his tongue to harden his heart and turns away because if spectatorship is all he is allowed, he serves Sherlock's interests best by not letting the chaotic scene get to him. He doubts he'd be welcome even if he were allowed to visit properly. Is he a coward for not demanding access? He has never been good at trusting Sherlock's care to medical professionals. They have never quite seemed to know what to do with him.

"It's him," he finally remembers to tell the nurse escorting him, who nods and takes a step back towards where they'd entered the corridor from.

She wordlessly leads Mycroft back to the doctor's office and offers him a chair. He sits down, aware of how uncharacteristically meek his silence is.

The doctor returns and offers Mycroft a leaflet about the ward, which he shoves into his jacket pocket without a glance at its contents. He tries to imagine Sherlock being given such a thing. He'd probably make a paper aeroplane out of it.

"We have twelve of the fourteen beds in the unit occupied at the moment," the registrar explains when Mycroft inquires how big the ward is. He doesn't really care, but the silence is oppressive and he longs for a distraction. If he begins dwelling on what he's just seen----

"Can sedation not be used instead of restraints?" he asks, trying to gather authority into his voice, but ends up sounding much more pleading and powerless than he had intended.

"Sedation breaks are necessary, although distressing. The Trust does have strict guidelines regarding the use of restraints, and the PICU wards are some of the only ones that have the necessary nursing resources for the constant supervision they require. The sedation doses he requires are immense, which means that they pose a risk for respiratory depression and we really want to avoid having to
re-intubate when he's already this stable. We also need to start assessing his state of mind in order to start making further treatment plans, and we can't do that while he's heavily medicated. Sometimes he's calm but uncommunicative, sometimes it's... this," the psychiatrist explains, glancing towards the open door through which Mycroft can still hear Sherlock's voice. He can't make out any words, but he doubts there would be much coherence there.

He has seen Sherlock in a similar state once when his... chosen pharmaceuticals had been cut with a hallucinogen. It had been an exhausting night at an emergency department. The next day, he'd thankfully recovered enough to be taken to his second stint in an addiction rehabilitation unit.

It's been days since he had last used. The effects should have worn off already. If the septic infection is receding as well, then why....?

Mycroft declines the tea offered, after which there are more formalities. They feel reassuring, a familiar territory of ticked boxes and neutral details. He has gone through many similar surveys and conversations when checking Sherlock into various hospitals in the past.

He is established as the nearest relative, and the scope of Sherlock's Lasting Power of Attorney order is filed in his records. Mycroft wonders if this is anything like his parents had felt all those years ago, watching their youngest child ripped from their grasp. He finds some consolation in that this time his parents aren't here to face the devastation. He can only hope that whatever is going on can be dealt with promptly and efficiently and that Sherlock can return to his care as soon as possible.

Could he have known this is where they'd end up? Should he have known?

He repeats his earlier demand to talk to the person in charge, and the registrar reluctantly calls in a supervising consultant. The burly forty-something man arrives ten minutes later, obviously having been dragged in mid-meal. Thankfully, he is already familiar with Sherlock's predicament and calmly recounts the details of this debacle. As much as he'd like to, Mycroft can't argue against the truth of the past days, given the picture painted by the words of the psychiatrist: suspected psychosis, self-harm and suicide attempt are among those that now linger in the air like a foul smell nobody wants to acknowledge but must suffer all the same.

There's a folder on the desk that catches Mycroft's eye. The ink of crisp black lettering on the white NHS sticker is only barely dry: Holmes, William Sherlock Scott.

Mycroft closes his eyes briefly, as though trying to prevent the sight from etching itself into his memory. There is something viscerally awful and permanent about seeing those words. There are other files with Sherlock's name on them in his own possession, so this shouldn't cause him to even bat an eyelid. Still, he feels as though he were watching himself from a distance, observing his emotions float through like scenery observed through a train window. He can't afford to be affected.

"We're seeing excellent progress with the sepsis, and surgery managed to restore circulation after a blood clot in an artery in his abscessed elbow."

Mycroft suddenly realises he had spotted a bandage in Sherlock's arm but had not thought much of it before. He'd assumed it was for protecting cannulas and monitoring equipment. "Was that caused by the infection?"

"Most likely, yes, since there were no signs of a clot when he was brought into A&E. It's likely that the blood vessels in the area have been damaged by drug use before, precipitating to a thrombosis." The consultant leafs through Sherlock's file until he finds a page detailing the surgery. "There appears to have been an arterial dissection which could have well been caused by repeatedly injecting the vessels nearby and hitting the artery accidentally, but it's difficult to establish the
Mycroft almost argues that Sherlock wouldn't be stupid enough to mistake an artery for a vein, but
that's beside a point and dwelling on the morbid. “If I can’t speak with him now, then when?” he
asks wearily, after clearing his throat.

“We’ll keep you informed of his progress, by phone. We'll let you know when the first Ward Round
meeting can be held. We encourage patients to have someone to accompany them since having their
case discussed within a group meeting can be distressing. Mind you, not all our patients are well
enough to attend their own case conferences before transfer to other psychiatric units.”

There is little to be said after that. Mycroft had sensed a warning in those words, an attempt at
preparing him for the possibility that Sherlock's next stop might not be home. It's hardly surprising.

On his way out, Mycroft’s phone rings. A quick squint at the caller ID shows him it is the female
operative who had tracked Sherlock down and arranged his flights. She goes by Anthea, which is not
her real name.

“Yes?”

"Good news, Sir. I've convinced the Americans to stay another day. You'll have time to get to The
Hague and brief them tomorrow. I took the liberty of booking a flight – this time with a seat in
business class,” she adds with a hint of humour.

Leaving London is the last thing he wants to do right now, but if it's unlikely that he will gain access
the Sherlock within the next 24 hours, he might as well ensure that his work endeavours do not fail.
He needs to maintain his position, for Sherlock's and Eurus' sake as much as his career's. It will also
provide a distraction to keep his nerves in check.

"I'll need some documents printed beforehand for signing. I will email them to you in an hour." That
should be enough time for him to get home.

"Of course, Sir," Anthea replies. "I'll see to it."

Many of his unit's subordinates seem rather intimidated by him, but not this woman. This makes her
unlikely to conceal things he needs to know.

At least there’s one person who is willing to help him sort things out tonight. The notion of having
someone on his side, even if they cannot help him in the more pressing matter at hand, offers a
modicum of relief that bleeds into gratitude.

“My dear, how would you like a promotion?”

Chapter End Notes

Chapter title borrowed from Metallica.
O, what a noble mind is here o'erthrown!
The courtier's, soldier's, scholar's, eye, tongue, sword,
The expectation and rose of the fair state,
The glass of fashion and the mould of form,
The observ'd of all observers, quite, quite down!
- William Shakespeare: Hamlet

The world is raw and irritating, and there's a man who just won't stop trying to interrogate him. Sherlock wants to sleep, even though he's not even certain how much time has passed since he'd woken up the last time. His thoughts feel sluggish, in need of chasing around his cranium, and even when he thinks he has managed to get hold of one it slithers away from his grasp.

He knows this feeling – it's the treacle-like stagnation of the sorts of drugs he wouldn't have chosen for himself. Legal ones, designed to keep him docile and quiet while being incessantly pestered with questions.

Inconsistent, self-contradictory, illogical. Your blade is dull, Big Brother.

He should be dead by now. Why isn't he dead?

"Are you paying attention, Mister Holmes?" the tiresome man still sitting next to his bed asks.

Sherlock isn't sure whether they've even been introduced properly. It doesn't matter – the minion would most likely use a false name anyway. He knows Sherlock, so must have been sent by Mycroft.

"Yes," Sherlock manages to string together, but he has already forgotten the question he was supposed to be answering. Things disappear from his head like the light of a streetlamp fades from view in one of London's pea-soup fog.

Over the years of boarding school and being dragged to paediatricians and child and adolescent psychiatrists, he had learned that yes is a safe answer when things are unclear. At present, he has no idea how to start gauging the potential consequences of either yes or no, since he’s not even certain what they keep asking him about. Drugging him up and then trying to talk to him – it must be a trick, an interrogation technique of some sort. They’re trying to get him to react, to misbehave, to make some sort of a mistake, so that Mycroft would have reason to punish him. Everyone always expects him to fail.

"The last time we spoke was two days ago. I was informed that you are familiar with medical vocabulary, and advised that I should not simplify my explanation. Is that correct?" the man asks.

"Yes."

Light is bounding off the white walls of the room, making it hard for him to focus on anything. What is even worse is the rough prickle of synthetic fabric that's touching too much of his skin. He plucks
at what appears to be a hospital gown with distaste, trying to decide which sensory insult he hates more: that, or the rustle of the plastic under-sheet of the bed. Both are sending flashes of alarm up his nerves to an oddly unresponsive brain. He can't adjust the bedding properly, since his reach is limited somehow. He lets his hand drop and eyes drift closed again.

His inquisitor resumes: "you were admitted into the ITU at Chelsea And Westminster Hospital nine days ago for sepsis originating from an abscess in your arm and an overdose of fentanyl. You also developed an arterial blood clot in the same extremity, likely triggered by cocaine use and the formation of a fistula between the vein you'd cannulated and a small artery. An embolectomy with repair of the vessel walls was performed. Once the situation was stable, you were transferred here, to the Nile Ward of St Charles Hospital. You will need antibiotics and anticoagulants for some time, but you will in all likelihood make a full physical recovery."

The words ricochet around Sherlock's head, making a funny metallic sound, like marbles rattling in a tin can. Nothing of what has been said matters to him in the slightest. What is the man not telling him? What is this place, really? Could this be limbo, where these questions have to be asked and answered, before he can proceed to the place of peace?

"Where am I?" he manages to mutter.

"As I said, this is the Nile Ward of St Charles Hospital. We're on Exmoor Road in West London. This is a psychiatric intensive care unit."

*Exmoor Road.* There's a map in his head now: the Carmelite Monastery Gardens are within a stone's throw. There are spots there without CCTV. He could also head for the Kensal Green Cemetery, although it's better guarded after some teenagers had knocked down gravestones last All Hallows Eve, so maybe not. If he could get to St Quintin Avenue, he could then take the----

"Are you listening, Mister Holmes?"

Irritation springs up for being interrupted, though he's not sure if he had been talking or simply thinking. He would be listening to the man, were he in any way interested in anything else than getting out of here.

"Can I go home?" he asks, and then wants to bite his tongue because it seems to have a mind of its own. Where he'd left from is not a home. Not with Mycroft. Not ever again. He has no home, by choice.

"That's what I need to discuss with you. When you were admitted, concerns were raised by your behaviour that you were a risk to yourself and others. We need to determine whether that was caused by the narcotics you were using or something else, and whether that risk continues to exist. Do you understand?"

The words are like bees in a hive, impossible to follow every individual. "Yes," Sherlock offers, because he wants to stop talking so that he can work out the details of what's going on and why he doesn't feel as alarmed as he should by not knowing that yet. If he is not dead, then he needs to escape, but it's highly tempting to give up, to just wish for it to all end, to cease existing – it's obvious he has been found since they know his name, and Mycroft is never going to let him go. There's no control; it has all been taken away from him.

"When you procured the fentanyl, did you mean to take such a large dose?"

"Yes."
He's quite sure he hasn't used fentanyl. It's rarely available on the streets. Still, something about it sounds familiar, but whatever it is, the notion of it has now already dissipated and scattered in the impossibly blank, blizzard-like chaos in his head.

It's better to say yes to everything, so they won't know. They mustn't know that all the facts have escaped – that he's chasing the words but they're so small that they can fit into all the cracks as long as they break down into individual letters. He can count the letters, but they still won't start making sense. Usually, they're contained in the Palace, but he's lost his map. The Mind Palace must be on some far island, but he has no charts and no wind in his sails to take him there. Thinking about Exmoor Road has got him stuck on maps and roads and streets and lanes and parks and squares and numbers and… what was he even supposed to be thinking about?

"Do you remember taking it?"

"Taking what?"

"The fentanyl."


"Did you intend to die?"

"Yes." He's not entirely sure he hasn't been successful. What is this place again? Is he in the Palace, after all? Is this man a gatekeeper Mycroft has created, one designed to make sure he has his wits about him before he's allowed to gain access to his memories again? Then again, he doubts he has seen this man before, and he's awfully detailed to be just a figment of someone's imagination. Usually, when he talks to a person in his head, it's someone he knows. It's just a habit. It alarms people, if he does it out loud, but it's just a habit.

"Mister Holmes, you look very confused right now. Do you remember anything I have just asked you about?"

His memories are dangerous. They could hurt him. That's why people have always been trying to regulate his access to them. They think he's brittle, that his own mind could tear itself to pieces. This is why the man is here, to protect him from himself.

He feels brittle, and he wants everyone to stop watching him this carefully, so he says 'yes' again.

"Based on all this, we are very worried that unless you are properly evaluated and receive appropriate medical care, your health and your life might still be in danger. Your family shares this concern. That is why we are continuing to detain you under the provisions of the Mental Health Act. You have been placed under a section 2 order, which means that a treatment team will have up to 28 days to determine a proper course of action in your treatment. Do you understand this, Mister Holmes?"

"Yes." He doesn’t, but he knows that this is an answer he is expected to give, so he gives it again and again, both hoping and fearing that it will unlock the door and he will be able to escape into the quiet of the Palace. People expect a yes; they hate a no, especially from him – they want co-operation and acquiescence and they all want him to be the way he isn't.

'He's a terribly obstinate child,' Mummy had told a doctor once.

"Now that your physical issues have been resolved, a spot is being arranged for you at another hospital unit within the South London and Maudsley NHS Foundation Trust. You have the right to appeal to a Tribunal if you wish to contest this decision. If you have any questions you want to raise
about your treatment, you can talk to an Independent Mental Health Advocate. Do you understand?"

"Yes." Again, it seems the only possible word. The rest of his language has deserted him. He separates the three letters of yes in his head, picks them apart. It's odd how the word instantly ceases being. It's all in the context; it's always in the context.

If he's left alone in this place, will he cease being, too?

"I recommend you read this Patient Rights Leaflet together with a family member. Would you like one now?"

Sherlock frowns. What had the man just said? Would he like a…."family member?" he asks, puzzled. Can they give him a new one, just like that? He’d like that. The ones he has are so useless. A father who is kind but rather pointless, always trailing in the wake of Mummy. She used to be so much fun, of this he's certain, but somehow it stopped, and he doesn't know why he ever even thought of her that way when most lucid memories of her are of a distant person, wrapped up in her mathematician’s work or distraught at something Sherlock has done or not done, been or not been. Then, there is Mycroft, of course, who likes to pick up the parental role and uses it to harass him. He could have lived with just the odd, occasional patronising interventions from the big brother. It was a shame that after university, the man had decided he needed to meddle on a full time basis. All Sherlock had ever wanted was to be left alone. Alone, he is safe.

A voice appears: 'focus, brother mine. You're so useless at paying attention to others.' Angrily, Sherlock looks around again, sure that Mycroft is now in the room. That smug voice spoke from right behind him, just the way the taller man always stooped to whisper admonishments in his ear when he was younger. He swivels his head around, dismayed, but there is no one there. Has Mycroft managed to plant a speaker somewhere, just to torment him? That would be a whole new level of petty, quite an achievement, really.

"Would you like to go over what we have just discussed, with a family member present?" the man beside the bed checks one of the sheets of paper he is holding, haphazardly clipped onto a board. He has a tie and a cheap white dress shirt. Doctors tend to dress like that. "That would be your brother, wouldn’t it? He’s listed as your medical proxy. Would you like to discuss this with him present?"

"No!" Sherlock manages to protest, secretly glad that the notion of Mycroft seems to bring on an anger strong enough to air out some of the vapour of stupor in his head. “Get Mycroft out of here,” he demands. He glances around, but the two of them seem to be alone in the room. Mycroft must be somewhere close, most likely watching the proceedings through hidden cameras.

“Alright,” the man in the chair placates him in a resigned tone. After a moment of hesitation, he leans closer to pass Sherlock something.

Sherlock grabs it in his fingers, unsure what to do with it. Is this a test of some sort? The piece of paper is trying to speak to him, but he can’t hear it unless he opens a page, and he doesn't want to. "What is this?"

With that patient voice Sherlock associates with those who think he is nothing but a common idiot, the man repeats himself: "it's the leaflet about your rights as a patient".

"A leaflet?" The word still holds no significance for him. He realises that he is repeating phrases, something he's normally schooled out of his repertoire. What would he need a leaflet for?
'No need for echolalia, young man,' a woman's voice he hasn't heard in years tells him. Sherlock looks around to see where she is but there is no one there. He should be able to pin a name to the voice, but without access to the Palace, there is no reference library available.

To buy himself time, he looks at the paper in his hand, turning it around. There are words, but he can’t seem to decipher them and frankly, he isn't even all that interested. He has a headache, now, and the words are emitting a harsh stench of onion that makes his eyes water. The wrong sorts of drugs always do this to him; they tear down the borders between sensations.

"Can I go home?" he asks, after suddenly and joltingly, realising that's what he wants, though the practical details of what that means elude him.

"Where is home, Mr Holmes?"

He wants to say his Mind Palace, but this could be a trick question so he hesitates. He sure as hell isn't going to allow them to think he's going to go back to Mycroft. A jumble of letters and words float in like driftwood. "Montague Street. I must have a flat there."

The doctor puts away his papers and regards Sherlock with what might be pity. Sherlock always has trouble telling that apart from sadness in people.

"Mr Holmes--- I know what you've just heard may be very upsetting, and I don't wish to add to that any more than I have to, but I think it would be useful to address this now. You are not living at Montague Street. You live with your brother, have done so for some time. This is what I'm trying to explain. You can't go home, not at this point; you are not well enough. You have been detained under Section Two of the Mental Health Act. Do you understand what I'm saying? That you can't go home right now? That you have to stay in a hospital ward?"

There's a deeply unnerving sensation of none of this being real, that he's watching himself on video. He still doesn't know what's going on and panic is rising, because the man's tone has changed from bland to slightly demanding – something is expected of him and he can't find the right pattern to follow and he can't focus long enough to follow entire sentences to their conclusion. They gave him patterns, the therapists he has had before, scripts that he could use to attract less attention. They didn't give him one for this.

Tears well up in his eyes, and he has no idea why. He's not sad, he doesn't even know what that means. He doesn't know anything anymore. Letters, words, syllables like grains of sand on the ocean bottom. Insignificant, allowed to exist only as a part of a whole. He’s like a microscopic piece of algae floating on the current, something that had been nothing even when it had still lived and fulfilled its purpose.

He's not aware of the man leaving the room until he's already gone, which makes him doubt if he was ever there in the first place. It's obvious he can't trust his senses anymore.

Perhaps he's alone in his head, now, and all the people, their voices, their written words are just projections of his own imagination. That just might explain why nothing makes sense, why the logic of the world is so completely eluding him right now.

Maybe something has happened to him, something so terrible it has trapped him in, the connection to the outside world irrevocably lost?

Maybe this is death, after all; the swan song of a neuron that has blinked its last transmission, still emitting a Morse code into darkness where no one is listening.
Visitation of The Ghost

O, that way madness lies; let me shun that;
No more of that.
– William Shakespeare: King Lear

Mycroft is taken down a corridor that wouldn't look out of place at a boarding school. It's lined with wooden doors painted a muted yellow, and the air is stale.

This is a ward at Gresham House, a subsection of Bethlem Royal Hospital. The modern incarnation of a most famous psychiatric institution, it is located in the lush woods of Bromley in the outskirts of London. Sherlock had been transferred here from the PICU at St Charles, and Mycroft has finally been successful in his negotiations for the right to visit.

The nurse he's trailing is a thirty-something, wiry man, who looks like someone Sherlock could snap in two with very little effort. Maybe it's the man's ponytail that so puts Mycroft off. He had seen a security guard at the reception desk, but he seemed to be lounging around having tea instead of tending to his duties. It's quiet at the ward, the dayroom empty and they have not passed any other patients on their way.

The nurse, whose name tag simply says 'Shaun' with the surname blacked out with a marker, holds a door he has just unlocked for Mycroft. They enter a short hallway joining the building's two so-called acute crisis wards.

Shaun digs out an oversize set of keys. "He's been talking about you," he tells Mycroft calmly, "A lot."

It's hard to gauge from the man's tone if he thinks that's a good thing, but at least it doesn't sound too ominous. How familiar is this nurse with Sherlock?

"He's been keen to know when you'd come visit," Shaun adds, but his tone is now hesitant in a way that makes Mycroft suspicious.

Still, a tentative hope flutters past his defences. Earlier this morning he had talked to the unit's psychiatrist, who had also been the one to do Sherlock's intake interview. To say that his brother has been unco-operative is a gross understatement. The doctor complained that Sherlock is even blocking attempts to monitor the state of the physical ailments which had landed him in intensive care.

It had taken Mycroft days to reason away the shock of his visits to St Charles. He does not know what to expect today. He had listened to the psychiatrist’s recount of the events of the preceding days, but they offer him no clue as to how he'll be received today.

"The infection has receded, and withdrawal passed while he was at St Charles. He is no longer under the influence of anything illicit," the doctor had told him in his cluttered office near the entrance to the ward. Dr Cassells had then glanced at the folder in front of him. "I realise hearing this will be difficult for you, Mister Holmes, but you should be prepared. It seems that the paranoid component of his symptoms seems to have a very specific focus – namely, you."
This was new. And deeply unsettling.

"He becomes highly agitated when your name comes up, which is an important reason why the staff at St Charles limited visitation, and why we have taken that same approach," the doctor had explained apologetically.

It did make a modicum of sense to Mycroft to delay their encounter, but how could they begin a joint effort to fix the problem, if all they did was spare Sherlock from facing the falseness of his beliefs?

Mycroft had tried to come in to see Sherlock on the very day he had arrived at Royal Bethlem, and every day since then he'd been ringing with that specific request, but the psychiatrist had denied his request, citing hospital protocols and the acuteness of Sherlock’s issues. Regardless of the staff's definition of settling in, it is obvious that Sherlock isn't making any effort to conform to convalescing here. Mycroft had argued that anyone admitted to such a place, especially his brother, would be in desperate need of someone intimately familiar with their circumstances and needs. He knows he is good at this – making people see reason in a way that benefits him – so, at last, the doctor had relented.

Against this backdrop, Mycroft had certainly not expected to hear that Sherlock actively wants to see him. It must be a good sign. Maybe Sherlock has realised at last, that the state he's in is beyond his control, and has decided to be reasonable and accept help. Maybe he also wants to see a familiar face – who in a similar predicament wouldn't? Should paranoia not withdraw quickly with the right medication? According to the psychiatrists, he has been on antipsychotics for a significant number of days already. Perhaps he is already on the mend, at a speed Mycroft had not dared to hope for. Maybe there's a way yet to salvage this disaster. A short stay at a psychiatric unit could be explained away as just observation borne out of a misunderstanding, the process ending with the conclusion that everything is fine; that the origin of his brother's temporary lapse in judgment had merely been caused by a septic infection and there's no need for the powers-that-be to get alarmed.

"I need to take that," Shaun says, cocking a head at Mycroft's briefcase. "Corridor's locked; it'll be safe here."

"I cannot part with it." His laptop is in the case. Under no circumstances will he pass it to someone who does not have proper security clearance, even if Mycroft is the only one who knows the lock combination.

Shaun makes no move to proceed further along the corridor, simply stands there with his shoulders slightly hunched. "It's the rules."

"Oh, for Heaven's sake!" Mycroft scoffs. He can appreciate the need for rules and order in such an institution, but this is ridiculous. It's a briefcase, not an axe. Do they really think Sherlock, who apparently wants to see him, is going to use it as a projectile?

They stand there, eyeing one another in an impasse. "Lockable cabinet in t'other ward, if you like," Shaun finally points out.

Mycroft lets out an annoyed breath and nods. He can't waste any more time on this nonsense. There are more important matters to be dealt with.

Shaun opens the door to the other ward, leads him to a banged-up wooden cabinet and unlocks it. Mycroft places his briefcase inside, locks it and then pockets the key.

"Right," Shaun says and they head back, eventually stopping in front of one metal door that looks no different from any other on the corridor. "I 'ave to sit in," he announces while turning the key in in
"I don't think so," Mycroft informs him. He doubts Sherlock would be amenable to a stranger eavesdropping on their conversation. He certainly isn't.

"It's the rules; 'e's sectioned, and 'e's been segregated for the safety of 'imself and others. All meetings with outsiders gotta be attended by a member of staff," Shaun says.

"I'm his brother," Mycroft reminds him icily, "not a random bystander." He curses inwardly the fact that he can't control any of this, can't handpick a place with better nurses and nicer surroundings and something more suitable and comforting for Sherlock.

Shaun shrugs. "You 'ave to take it up with the doctor."

Again, Mycroft decides against wasting more time trying to circumvent the practices of this place. "Not necessary. Let's abide by the rules, then, if we must."

Shaun slides the key into the lock, and the door swings open.

Mycroft suddenly feels more unprepared than he would ever have thought possible.

There's a bare metal chair just inside the room, bolted to the floor. Projecting from the wall, a shelf of concrete with a woollen blanket is obviously what passes for a bed; the mattress has been dragged to the floor. Underneath the shelf there is just a plastic basin of water and a chair-height metal chamber pot. Mycroft has seen prison cells with more comfort, and he pivots on his heel. *Bedlam, indeed.*

"Why is he in here and not in a proper room?" Mycroft asks Shaun, choosing to let enough fury trickle into his voice to signal that if the situation is not promptly remedied, *heads will roll.*

"Like I said, 'e's kicked up such a fuss over his meds that the doctors segregate him in 'ere; it's for his own protection."

Mycroft is aware that he's stalling, lingering in the corridor and not stepping in. He shifts, glances at Shaun once more, increasingly angry at the fact that such a disinterested person has been left in charge of the welfare of someone who is clearly very unwell. There will be a complaint made.

At St Charles, establishing his brother's identity and providing all necessary documentation about his past health issues had been Mycroft's sole task. What he needs to do now is... unknown.

He forces himself to walk into the segregation room, and he finally catches sight of his brother. He can't decide which is worse, seeing Sherlock at the St Charles PICU completely out of it, or the sight he's facing right now.

Sherlock is sitting on the mattress dragged onto the floor in the corner, leaning his head against the stained white wall. His eyes are closed. He looks thin, borderline emaciated. His hair is a mess, uncombed and unwashed. A dressing that looks as though it's been picked at adorns the arm he'd been operated on. He's very pale, and when he opens his eyes, they are slightly glassy and unfocused.

However, that changes when they lock onto Mycroft. "Where have you been?" Sherlock demands. The baritone is hollow, slightly slurred.

Mycroft can't stop his defensive response. "They wanted to let you settle in here first, before receiving any visitors. I came to see you at St Charles, but you were rather disengaged from reality at
the time.” Are you still?

Mycroft suspects no memories of his short visits to Nile Ward have registered with Sherlock. He had been hardly coherent or even conscious, usually heavily sedated apart from the first visit, for which Mycroft had happened to arrive during a break in the sedative infusion.

Sherlock drags himself to his feet, legs shaky like a new-born calf’s, places his palm on the wall for support. Mycroft steps in to assist, but the venomous glare he gets for his efforts makes him halt.

Once on his feet, Sherlock crowds into Mycroft’s personal space, his movements sluggish but purposeful as he looms over his brother like a vengeful spectre. It's obvious he's heavily medicated still. Even so, the tightly coiled tension and hatred emanating from him practically crackles in the air between them.

Mycroft grits his teeth, forcing himself not to react.

"Get. Me. Out. Of. Here," Sherlock hisses between clenched teeth, “or I swear I will make you regret it. You have no idea the harm that I will do to you for this. I will make you feel every fucking bit of what this is."

Shaun, who had taken a seat in the only chair in the room, stands up when he hears the threatening tone and the profanity.

Mycroft raises a palm, and shakes his head to settle the nurse's nerves. The last thing he needs is a third party to get involved.

He had hoped, since the drug withdrawal phase had passed, that whatever psychotic residual symptoms still lingered, would be mild and self-limiting. The psychiatrist's message had been the opposite, but Mycroft now realises he hadn’t entirely believed it, not until now. If this is what Sherlock still is like, after the drugs have already cleared out of his system, maybe the doctor's warning had been timely.

"I'm afraid it's now out of my hands," Mycroft explains carefully. He decides not to add: 'since you have elected to make such a mess of things'. It's unlikely that he could make Sherlock see reason right now. He won't understand that while his… issues are naturally not his fault, his own choices have had a role in him ending up in this very room. Now is not the time to discuss the meaning of action and consequence or the benefits of accepting help before things escalate.

Mycroft's highest priority is to defuse the situation so that he won't end up with those long fingers coiled around his throat. That would make the wrong people take notice, and then whatever leverage or influence Mycroft still might have over the proceedings would be completely and irrevocably lost.

Sherlock retreats an inch, fingers twisting into the fabric of the hem of his hospital-issued pyjama shirt. Mycroft realises he's going to need clothes that he can actually tolerate. What he'd been wearing when he was admitted to the A&E at Westminster & Chelsea must have been bloodstained and cut off, ending up in a rubbish bin. Thinking about the emergency room makes Mycroft's control slip a moment; pity flirting with horror rakes down his spine when he thinks of what had nearly happened. Given the severity of the infection Sherlock had contracted, he could easily now be planning a funeral. Ten stitches, four units of red blood cells and one unit of fresh frozen plasma, the A&E records had listed among other things. The wound had been blessedly superficial, but left unattended, it had still bled significantly. Add to that a deliberate overdose of--- Mycroft forces himself to stop speculating and focus on the moment at hand.

"Call someone. Do what you always do," Sherlock commands him in a voice wavering with
uncontained anger; "you can manage to sort things out when you feel like it and when you're not playing your pathetic games."

There have been calls, but not the sort Sherlock means. How convenient it must be to have someone who can use their connections to wriggle him out of things that would land most people in jail. So many times, Mycroft has done just that: spared him of consequences.

Well, not this time.

Even if he could bypass the legal issues here, it is not within his power to fix what the psychiatrist has described as a suspected psychotic break. This time, Sherlock had gone too far, been too public, attracted the wrong kind of scrutiny from others. That has been the subject matters of the calls already made, calls from those who are worried that this is sibling number two going off the rails. This time, Mycroft can’t play it down or excuse it. This time, those who want to see Sherlock locked up alongside his sister are not persuaded by his placation, and the NHS has already drawn its own conclusions, unaware of what is going on behind the scenes.

Mycroft finds himself terribly frightened that Sherlock will be crushed between the warring factions – those who are currently trying to protect him and those who just want to contain him for good. It's the NHS versus those who hold the real power.

Mycroft tries to think it's for the best that he stays here, that this will be a good lesson for Sherlock, but he can't. All he wants to do, more than anything in the world, is exactly what he has just been requested: to take his baby brother home and make this whole mess go away. It's like a physical punch to the gut when it sinks in that he really cannot oblige. The greatest reason for not using whatever leverage he has over the NHS is that what he is witnessing frightens him. The symptoms are far from subtle – he's never seen Sherlock like this. Even under the influence of his borderline suicidal drug cocktails, he has still always been himself. It's as though something has grabbed hold, taken over.

Mycroft doesn't know what to do, how to help. This realisation sinks like a cold stone into the pit of his stomach, but the irresistible compulsion to intervene, to fix this, does not loosen its grip.

There are fingertip-shaped bruises on both of Sherlock's arms, even in the one still slightly swollen, wrapped in its bandage. Does he look feverish, or is it just the drugs?

"Has he been taking his antibiotics?" Mycroft asks Shaun.

The nurse nods. "Yeah. About the only thing 'e will take without a wrestling match."

Sherlock scoffs. "It hardly matters what I agree to take or not; they just tie me up and stick a needle in. Shame it’s the wrong stuff," he sneers at Mycroft, but the grimace dies down quickly, replaced by a distant, almost waxen expression.

Mycroft frowns and then exhales when he realises what Sherlock is referring to. 'If a patient refuses medications in tablet form, we use injections with a relatively long effect', Dr Cassells had mentioned matter-of-factly, as though discussing something very mundane.

"Isn't this enough, Mycroft?" Sherlock asks him in a haunted voice that has lost its anger. He is now gazing out through the barred window, which overlooks the back garden and the extensive grounds. The view across the lawns would be lovely, if it didn't have to be observed from behind bars. The trees have not shed their leaves just yet, and the autumn colours look like something out of an impressionist painting.
Sherlock leans against the concrete window frame. "They're torturing me," he tells no one in particular, his back now turned to Mycroft and his thin frame tense with what must be anxiety.

Even though Mycroft knows that it is almost never a good idea to do such a thing, he lays a palm on Sherlock’s arm.

He doesn’t pull away, but his shoulders hunch a little.

"And seeing you like this is torture, too, Sherlock. This time, I can’t make it better for you. I’m sorry."

Sherlock moves away, no longer acknowledging him. Half-sliding and half-collapsing back down to the mattress, knuckles scraping against the concrete wall, he drops onto his side, tucks a hand under his cheek and closes his eyes, curling into a small coil of misery. "Then piss off. I sincerely hope you're not even actually here," he mutters in an odd tone; emotionless, distracted, as though he truly cannot decide what is real and what only exists inside the confines of his mind.

Mycroft leaves, because there is nothing more he can do.

His mobile rings just as the car turns from Monks Orchard Road to the A214 towards London. The number is unknown, which raises an eyebrow. Anthea screens most of his work-related calls, and those who have his direct number tend to show their own. This could be a freelance foreign asset, calling from a burner phone with bad news.

He answers with a curt "yes?" not wanting to announce his identity until he can verify who is on the line.

"Mycroft Holmes?" the voice at the other end is female, middle aged.

"Speaking."

"This is nurse Miriam Heron from Bethlem. I'm sorry to have missed your visit – I only heard a minute ago that you'd been visiting."

Ah. He had, of course, left his personal number to be included in Sherlock's information at the hospital. Mycroft is deeply unsurprised at this lack of co-ordination among the staff. Nothing at Bethlem, it seems, is running up the standards he would have hoped. Not that his expectations had been very high, considering this is the NHS.

"Yes?" he prompts.

"I've been assigned as Sherlock's Care Co-ordinator. It means that it's my job to make sure his family is up to date on the situation, and to keep an eye on the big picture. I was hoping to talk to you. Do you have some time now?" Now that she has spoken further, Mycroft can make out from her voice that she comes from working or lower middle class, has Caribbean immigrants in her family, and there's a slight hint of an American accent likely through parentage.

The Gresham Ward's consultant psychiatrist had been dismissive and hasty in his interactions. This woman at least sounds, for lack of a better word, keener.

She seems to take his silence as consent, and asks: "was this the first time you saw him after he was admitted?"
"I visited him at St Charles, but he was in no state to talk, then."

"It's a bit of a shock, isn't it?" she asks in a professional tone, skilfully balancing between pity and compassion.

"I'm glad you agree. I assume that as Care Co-ordinator, you can arrange for him to be transferred as soon as possible?"

"Pardon?"

"That unit is a disgrace. I will require the surname of the nurse I met today; Shaun, as I recall his first name. How is it even possible that someone as… nonchalant as him is given responsibility over acutely ill patients?" Mycroft asks, not making any effort to hide his disdain.

The nurse chuckles a bit at the other end. "I know what you mean, but I can assure you that Shaun Waters is actually a bit of a wizard in keeping people calm. First impressions can be deceiving. He's one of the few staff members that your brother is willing to talk to, which is good."

Mycroft realises the implication. "You're not saying Sherlock is going to stay in that unit for any length of time?"

"I know Gresham's a bit bleak. No, patients don't tend to stay there for longer than a few days, unless they've got a Tribunal coming soon. Sometimes transfer to another unit is delayed because of that, to avoid moving patients around more than we have to."

"How could that facility in any way benefit patients who have just been hospitalised?"

"Patients who come to us tend to be in a state where they care little about their surroundings. I promise you that that our non-crisis wards are a bit different."

"A bit?" Mycroft bites down on a more scathing retort. Compared to the private rehabilitation units Sherlock has floated through, he could only describe Gresham Ward as a hell-hole. He's tempted to protest further, to point out that he feels terrible to leave Sherlock in such a place, in the shape he's in. He doesn't know how to trust that these people will be able to help.

Miriam seems to take his silence as retreat, and continues: "I know this is all very unsettling to you, but I can assure you that he is getting the care he needs at this stage. We've lots of experience at dealing with people in the same, or worse, state as your brother. At this point, the goal is to let the dust settle and for the medications to kick in. That often happens faster than you would assume," she reassures him.

Mycroft is tempted to roll his eyes. He doubts the staff have expertise in dealing with Sherlock's particular neuropsychology, especially when taking into account his atypical reactions to many medications. Mycroft doesn't want reassurance, he wants a concrete plan of action and proof of the competencies of these people.

He's been side-lined; there's nothing he can do but to co-operate with these people, with the hopes that they will see reason and provide Sherlock with tolerable care. He absolutely hates this feeling of powerlessness he's forced to battle.

"You're listed as his emergency contact. Is there anyone else who should be included in discussions concerning his health? A spouse or a partner? Parents?" Even though Mycroft has not exactly reacted to her words favourably, she still doesn't sound as though she is trying to fish for an alternative contact person.
"He does not have a significant other. Our parents are not involved with his life, so I have medical power of attorney. You mentioned a transfer to another ward. When will this happen?"

"Like I said, if there's a Tribunal –"

"Why on Earth would there be one?" Over the past week, Mycroft has read the 1983 Mental Health Act and has become aware of the rules for patient autonomy; anyone sectioned has the right to contest the decision over involuntary treatment through a so-called Tribunal process.

"He has applied for one. He demanded the forms today after you left."

Mycroft rolls his eyes. Some overzealous patient advocate has got to Sherlock, then, and stirred up trouble before Mycroft had been able to intervene. Even when medicated almost senseless, it does seem plausible that Sherlock could have filled out a likely simplistic application form. This is yet another reason why private care would have been so much easier to control.

"No judge in their right mind would believe his ramblings," Mycroft scoffs, but he knows this is wishful thinking. Sherlock's considerable intelligence would be a match to anyone, maybe even in this state. No matter how much he abhors the place he has just left Sherlock in, the notion of him being let out in this state, due to some technicality discovered in a Tribunal, is even more frightening. Others might take matters into their own hands, if Sherlock’s capacity is so badly compromised.

"I really shouldn't speculate on this but I think it's highly unlikely his appeal would be successful at this point," Miriam concedes.

This does not console Mycroft one bit. The Tribunal is yet another factor he cannot control. "Will you at least see to it that he is let out of segregation?" he asks the nurse.

"That's up to his behaviour and the psychiatrists, not me."

"Does that not make the nature of the segregation punitive, instead of medical?"

"Managing a crisis ward is walking a fine line between medicine and safety. Right now, he needs both. After you left, he insisted that we deny you the right to visit and not allow you to talk to us about his care."

"That does not surprise me." For some reason, Sherlock appears to have decided to focus on him as the root of all evil. He can't afford to stop to think how it makes him feel. He needs to be above all this if he's going to be of any use; one of them is going to have to keep a level head.

"I wanted to assure you that we can't obey these wishes of his. Not at this stage," Nurse Heron tells him.

"Just don't tell that to him, or he'll refuse to co-operate with you as well. So, he has been judged competent to apply for a judicial hearing, but not to decide who he wants to see?" Mycroft does not disapprove of the latter, quite the opposite, but it all seems a bit... contradictory. Shouldn't the focus be on a prompt diagnostic process, instead of assembling some puppet court to appease Sherlock's whims?

"I don't make these rules," the nurse reminds him. She doesn't seem offended or exasperated, having probably had many similar conversations with family members of patients. Still, she sounds genuine enough in her efforts to propitiate him. "I'm telling you so that you can prepare for the fact that there might not be a lot of positive progress until the Tribunal is over and done with. At this stage, I'll be seeing him daily to see how he's settling in. His first Care Team Meeting will be on Thursday. Can you make it?"
Mycroft cannot recall what he might have on his calendar then, but it is of no consequence – the required time slot will be emptied promptly. "Yes."

"I'd like to see you an hour before the meeting to go through some things. The doctors will interview you, of course, if they haven't already, to get details of his medical history he's not volunteering, but most of the practical things pertaining to his social situation and finances are my area."

Mycroft has no idea what use this woman would be when it comes to sorting out the social or financial side of this mess. He's been his brother's keeper for more than a decade and that is not about to change.

"So, I'll look forward to seeing you on Thursday at eleven," Nurse Heron says. "I'll meet you downstairs by the staircase of the main building. It's easy to spot – there are two big statues lining the start of it. They used to be on top of the main gates."

As he rings off, Mycroft finds himself staring at the phone. He is begrudgingly grateful for the nurse's call, because getting information out of these people has been like wading through tar so far. Mycroft can easily converse with physicians due to the amount of medical information and vocabulary he has familiarised himself with, but they will still censor and soften things and not talk to him as they would to a colleague. The nurse's approach had not been medical but practical, and that is a side of the proceedings Mycroft hopes he might have some influence over.

Her news had not been good. The farce of a Tribunal is yet new twist in this wretched tale. Mycroft hopes that it won't attract too much attention from those who do not have Sherlock’s best interests at heart. Still, it can hardly be worse than frightening bystanders on the Underground and ending up in the morning papers. That damage is done already.

The system is at work, and Sherlock is in it now. They are both going to have to come to terms with that fact.

*What have you done, Brother Mine?*
Mornings at the Gresham House ward number two are always like this – paralysing in their lack of variety: the metallic snap and roll of the curtains, light that's uncomfortably bright, a plastic click of a tray against a wooden table, mouth almost painfully dry, nose stuffy from the noisy heating pipes.

A nurse called Miriam, cheery in her well-rehearsed act of caring, wakes him up every weekday morning instead of one of the ward nurses. A stocky nurse in her forties with an African-American background and three children, she has been appointed his Case Coordinator. Sherlock wonders where she has worked before this undercover assignment. She is doing an admirable job shamming that she's been an employee here for a long time: the rest of the staff must have been meticulously briefed to help support the illusion.

Perhaps she does care, in a subliminal way that's the secret to her unwavering calm and genuine-appearing optimism. "I've seen so many people move through here, get better and move on with their lives that it has put a bit of optimism in me," she had told Sherlock when he'd complained about her cheerful disposition at eight in the morning. She says she visits him every day because it's part of her duties as Care Coordinator; maybe he ought to interrogate her about this, poke a hole in her cover story. He would relish cracking her facade, ruining that naive belief that everyone gets better, that life beyond these walls is something to look forward to. If he loses against Mycroft, he stays here forever, and nothing this woman could say or do would make that bearable.

He sits up slowly, pinching his eyes shut when the dizziness and nausea hits. He feels weightless yet heavy, drowsy and slow. A blurred vision comes and goes, making him blink, making reading or watching television difficult. It's the drugs they force on him that cause all this. When he looks at things now, the information he expects to appear in his head won't flow. There are no deductions. Is this what everyone else sees, just the surface of the universe? Is this what it's like to be ordinary?

"Remember your goals for today?" Miriam asks. "Same as yesterday?"

They're not his goals. He doesn't even want to get out of bed today, any more than he did yesterday.

He needs to find a solicitor, though, if they only let him more access to a phone. He’s been rationed. At least they've given him a date for the Tribunal. He needs decent clothes for it, but he's hardly going to ask Mycroft for any.

He realises he hasn't said anything to Miriam yet, and it's because he can't keep track of conversations. Things transpiring right now get mixed up with memories and even with things he's certain have never even happened to him. He keeps having to ask if people have just spoken to him, or if the words are his thoughts. He would prefer not to verbalise any of that, but the anxiety gnaws at him when he can't tell the difference. He doesn't think he's hearing actual voices – they keep
asking him about that; it would feel different, wouldn't it?

Miriam reattaches a piece of scotch tape that is peeling off the cupboard door. It has been used to hang up a white piece of paper: 'Goals today: get out of bed, talk to someone, do something fun,' it says.

It's all pointless. He didn't write those words, and he hates the childish smiley face printed on the sheet.

"There are some Proms reruns on TV tonight. You play the violin?" Miriam asks.

Sherlock nods. Mycroft has obviously briefed her on that, too.

She passes him a small cup containing two pills. These should be his antibiotics and an anticoagulant to prevent a new blood clot. He downs them with a stale sip of water from a plastic cup from a small table next to the bed.

The next cup contains everything that's making him feel stagnant, slow, empty and not himself. He's certain he must have been very much himself when he shot up all the fentanyl. Although he does not remember making that decision, it makes sense that when the truth had sunk in that he'd been caught, he could see himself pick such a desperate option. That notion disturbs people, and it's unfair that they'd wrench away even the possibility of checking out of this misery. These medications have probably been handpicked by Mycroft for maximum manageability, to make him lethargic enough not to feel any level of self-empowerment over deciding what happens to him.

"And if I refuse?" he asks.

Miriam doesn't look apologetic. She never does. For her, this is work, business, normal. She is used to telling people they can't have what they want and that they must do things they hate. If she apologised every time, that's all she'd be doing in a place like this. "You know what will happen."

He does. One way or the other, the medications will be administered to him. There are still fading bruises on his hips and arms from the last time.

He takes the tablets.

"Right. Mouth open, tongue up, love," Miriam says.

Sherlock is somewhat grateful for her business-like demeanour. If he does as he's told, she will leave him alone, which is what he wants the most after being let out of here.

"Doctor Barnes is going to talk to you after lunch. There's still that Care Team meeting late this afternoon which would give you an idea of the opinions that are going to be presented in the Tribunal. I've got an extra night shift today in the ladies' spa," she jokes, referring to a similar ward reserved for women, "But I'm going to drop in for the meeting afterwards."

_of course._ Although she is doing her best to make him believe she's being diligent and dedicated to her patients, it's obvious she is being reimbursed generously by Mycroft for all this.

Miriam works regular office hours during the week, sometimes an extra shift here and there. Most of the time, though, it's the other staff or ward nurses who watch over Sherlock. Some of them are much less patient and much more in love with their minor positions of power than Miriam is. In his current state, Sherlock is very much against new people. They stress him out by forcing him to try to deduce how to keep them off his back. Miriam is a devil he knows already, one sent by Mycroft so there's an element of predictability there.
He's not going to some ridiculous Care Team Meeting to be chastised, lectured to and stared at. The Tribunal is where he needs to make his case, not to some psychiatrist whose will has been pocketed by Mycroft.

She’s talking again so he reluctantly tunes back in: "Your brother called. He'd really like to see you today if you're up for it."

"No."

Miriam grabs a chair, swings it around and sits on it, crossing her cardigan-covered arms on the backrest. "You're going to need people when you get out. People you can rely on. He calls every day, you know."

"You're not to tell him anything." It's pointless to say so. Mycroft must be watching the two of them right now. Sherlock can't resist glancing up to survey the corners of the room. CCTV cameras are so small these days, and MI6 must have access to the newest state-of-the-art equipment. What a waste of taxpayer money this whole charade is.

"No cameras," Miriam tells him patiently. "Like we talked about, there's one in the entrance hall so that the security staff can monitor who comes and goes, but that's the only one."

"There's one in each high-security room." He knows this because he has spent time in two different such rooms already, located in the hallway between the two wards in the building. He has made a vow not to dwell on those experiences if he can help it. Thinking about the penultimate one makes him shake with fury. Of course, Mycroft would make sure his visit happened right then. Of course, he'd want to come to inspect his handiwork personally.

"True, but this is not one of them. Anyway, the Lasting Power of Attorney order means that we have to tell him things that are important for him to know."

Miriam tries to pass Sherlock the breakfast tray, which he waves off. Her mouth pinches tight, the smile waning. "When did you last eat something?" she asks.

Sherlock is certain that the pills in the cups are not the only way in which he's being medicated. It's obvious they're slipping something into his food. He has tried to demand dry foodstuffs in their original packaging, before realising it wouldn't be much of a trick to tamper with those.

In a moment of clear insight, he realises that it's pointless trying to find a solicitor. Most of the ones he has managed to contact lose interest the minute they hear where he currently is. It makes him realise that anyone who might say yes so close to the Tribunal will almost certainly be in the pay of his brother. Giving someone else the right to speak for him is what Mycroft is probably counting on, in order to avoid Sherlock dragging the truth into the light about what's going on.

He's going to have to represent himself. Mycroft will wave his Power of Attorney order under the staff's noses, but Sherlock is determined to achieve the annulment of it as well as regaining his freedom. As long as he remains sectioned, he can't overturn it, so he needs the Tribunal to contest the involuntary admission first. He might be slow right now, his thoughts going around in circles, the spark plugs of intelligence refusing to ignite properly, but he hasn't lost the plot. He knows what's really going on, and it has nothing to do with his mental health. Admittedly it might not be in the best of shapes right now, but it's hardly his fault. Anyone medicated to this level would find it hard to concentrate.

Miriam has explained how the Tribunal is conducted. He’s not allowed to talk until his solicitor lets him, or the three people on the Board ask him directly. At least has the right to represent himself, and
he’s going to take it.

He tries to swallow but his mouth is so dry again that his tongue feels as though it's been plastered up into his palate. All day, he keeps sipping water but the relieving effect only lasts a moment.

"What are you going to say to the judge, then?" he asks Miriam, stretching his arms above his head. He doesn’t want to get out of bed. He's lost weight; he knows he has, but he doesn't care. His left arm is still slightly swollen and sore – the after-effect of surgery for the arterial blood clot. He doesn't remember any of it. The only memory he has of the ITU he'd ended up in was trying to get out. Or maybe that had been a dream?

When he tries to concentrate, memories tend to float in and distract him. Voices, mostly.

'You should be locked up, you freak.' He thinks he recognises the speaker, but his mind fails to provide a name. A thought, a memory or something someone has just shouted in the corridor? He should look into how auditory information is processed and how it turns into recollections. The problem is that he doesn't have access to a computer, and they won't allow him into the library yet. There is a selection of books on the ward, ones deemed harmless for people deemed to be in a bad enough state to be requiring incarceration.

Miriam peeks under the plastic lid placed over the equally scratched plastic plate on the food tray.

The scent is enough to tell Sherlock that it’s oatmeal porridge. He has never agreed to eat such a thing. The slimy texture is absolutely disgusting.

"You need a lot of support and to be reminded of everyday things like eating. I think you would benefit from a longer stay with us," Miriam says softly.

The blandest, most inoffensive and politically correct way of phrasing it. Well done, Mycroft.

"You think about your brother a lot, focus on him instead of other things you should be considering," Miriam adds as though she's just read Sherlock's mind.

"Such as?" Sherlock allows himself to slither back under the covers. He feels safer there.

"Making use of everything we offer here. Trying to get to the bottom of why this has all happened to you."

Sherlock scoffs. "I know why this has happened."

Miriam looks weary. They've had this conversation before. He keeps telling her about Mycroft's delusions of grandeur and his beloved hobby of wasting British intelligence resources on micromanaging a younger brother whose life choices he disapproves of. Instead of testing this hypothesis, the doctors here insist on explaining it all away by speculating on potential diagnosis after diagnosis on Sherlock – as though he didn't have enough of those already. None of the ones he had accumulated at a younger age had been of any use to him – least of all the autism one, which he has spent a lifetime trying to downplay. Too many people jump to too many conclusions when they hear that label; he just wants to be judged on his own merits, instead of all his actions being interpreted through a cluster of traits the medical establishment has decided to call a syndrome.

There's a long history of governments sweeping those under the carpet who wear their differences with pride, with the connivance of the medical establishment. It’s not the first time Sherlock has been marched off to rehabilitation, but it is the first time that Mycroft has abused the law to keep him confined like this.
"I think it would be good if you called your brother, Sherlock. I think he'd be really relieved to hear from you. He's very worried about you."

"I have no interest in speaking to him. And I won't agree to him being at the Tribunal, either. It's my right. Have your Care Team tea parties with him for all I care, I'm not attending."

"Is there somebody else you'd want to be contacted, anyone else you'd like to talk to? It's important to keep up with what's going on with family and friends. Gives you a bit of a breather from your own troubles. Anyone that comes to mind?"

Sometimes in his dreams, he thinks there once was… someone. He doesn't remember a face, but it was someone he liked, someone he spent time with. It must have all happened a long time ago. As vague and hazy as that memory is – and it might even be just the product of his imagination – he's quite certain that whoever that person is, they're long gone and they're never coming back.

He shakes his head. “Friends? I don’t have friends. Just enemies.”

After Miriam leaves the room, he does manage to get up. He digs out his toothbrush and carries it as visibly as he can to the hallway bathroom. It's an excuse to head for the bathroom. Inside, he shoves his fingers down his throat to get rid of the pills.

He needs his wits about him. He can’t afford to feel like the living dead, so he’ll have to do this to get rid of the medications until the Tribunal. For that same reason, he has refused food and drinks except for water straight from the tap for days.

When he climbs back onto his feet from kneeling in front of the toilet on the floor, his vision swims with black dots.

He needs to keep it together for just a while longer. The pointless whims of the Transport will have to wait until he’s done with the brainwork.

Chapter End Notes

We've done some very meticulous location research on this fic, the photographic results of which will be posted to Tumblr in three parts. Welcome to Bethlem Royal, folks.
Doctor:
“Therein the patient
Must minister to himself.”

Macbeth:
“Throw physic to the dogs, I'll none of it.”

- William Shakespeare: Macbeth

"Good morning, Sherlock."

He doesn't take the hand extended for shaking. Instead, he looks at the poster of a solar system tacked onto the wall. The hospital is full of nature posters like this. Are these scenes supposed to offer perspective? How would a reminder of how minuscule a speck every human being is in the vastness of the universe be consoling?

It doesn't matter. He's going to try his damnedest to delete each and every recollection from this place. He's going to take the mental equivalent of a flamethrower and decimate it all.

He drops into a chair.

"My name is Derek Smathers, and I've been assigned as your cognitive-behavioural psychotherapist. Have you had CBT before?"

Sherlock crosses his arms, a sudden and intense impulse to leave and hide taking hold of him. Why such a reaction? Granted, he's been locked in here with this strange man, but nothing untoward is going on. Must be his frayed nerves. He's unsettled by the fact that he has been assigned a therapist before the Tribunal. Are those in charge confident that his appeal is going to be unsuccessful?

He certainly hasn't requested therapy. This will be a colossal waste of time – Mycroft will have planted the most ineffective and useless therapist he could find here with him to make sure he doesn't get out. Has he met this man before? Sherlock isn't sure. The therapist has just introduced himself, but it could be a ruse. He can't trust his memory right now; the medications are causing it to fail. He's afraid that if he uses the Palace now, he might not be able to control what gets out or what takes up residence.

The therapist is obviously waiting for an answer, so Sherlock gives him one. "Yes, when I was younger." He has had plenty of different therapists representing alternative approaches with varying usefulness. "To turn me into what my parents wanted," he adds, to ensure this man is aware that he knows exactly what's going on.

The therapist's name tag looks homemade, cut out of a piece of wood, with small red flowers painted on it. 'Derek', the tag says, without a job title or surname. It's an obvious attempt at instilling a false sense of familiarity in patients. It won't work on Sherlock; he knows this is not a friend. Not that he
has much personal experience in that department, anyway. He doesn't do 'friends' because no one ever volunteers for such a role.

"Well, did that therapy work for you, do you think?" a hint of amusement appears on the man's face.

"Hardly, since I'm here," Sherlock replies.

"Fair enough, though the purpose of your previous therapy may not have been to address the difficulties you're facing right now."

"Some parts of it served its purpose," Sherlock begrudgingly agrees. The woman he'd had last had made some good points regarding getting along with people. At least he stopped getting punched in the face on a regular basis at Eton. Still, he resents the notion that he is always the one who had to change.

As if the man could read that thought, the therapist says, "Well, for starters, I'm not here to change you. I want to get to know you so we can give you skills to cope after you're discharged."

Sherlock wonders if this is how they talk to people in prisons.

"My usefulness depends on you. There's going to be homework, and in a way, it's much more important than what we do and talk about during these sessions. The homework is where you start to use what you've learned."

Sherlock scans the man from head to waistline since they're both seated, and then even pretends to adjust his sock to steal a glance at the man's trousers and his cheap, unpolished shoes. It's obvious there's an ill-trained poodle in the house that the man doesn't like. Divorced at least once, nostalgic about a previous marriage. No children. He should be able to glean more from looking at Smathers – a lot more – but he can't, thanks to the damned medications. In his current state, thinking is like trying to drive a car with the handbrake on.

He grits his teeth, a bout of anger seizing him – rage that he welcomes as a means of cutting through the fog in his brain.

"You look tense."

"Of course I'm bloody tense! Do you honestly think this is what I'd be doing if I had any say?!" Sherlock snaps without thinking. He wants to kick himself for losing his temper – this is what they must want: more ammunition to rule him incompetent and dangerous and unfit for society. If he's not careful, they'll use this outburst as an excuse to up the medication doses. Thankfully, the anger dissipates as suddenly as it came. His emotions are frighteningly labile these days, and they often make no sense.

"What would you be doing, if you could pick anything?" Smathers asks conversationally, unperturbed by the outburst.

Without the fury, drugged lethargy stalls Sherlock's tongue. He wants to… not be anything or anywhere, but doesn't even have the energy to say that. His desire for nothingness wages a war with a rage for vengeance and freedom, and nothingness keeps winning.

"It says here you were a graduate chemist?" Smathers shuffles around some papers.

Were? "I wasn't aware I'd been stripped of that title as part of the sectioning."

"I apologise."
Could that have been a deliberate provocation for some sort of an emotional reaction? Something that would make him seek comfort and reassurance from this man: 'my life is gone – save me, Derek'? Sherlock knows he isn't the sort of average idiot this therapist usually deals with, but the man may not have realised that yet, so it's no wonder he's resorting to such pathetic gimmicks.

They seem to worry that he's going to go on a homicidal rampage if they leave him alone or give him some peace and quiet. The nurses come into his room at least once an hour, which makes it outstandingly difficult to sham taking all the tablets. The morning doses he can get rid of, but the evening doses are proving more difficult to dodge. The medication cocktail is nothing but a modern version of putting someone on the rack. Chemical torture leaves just as many scars on the victim, but society can't see them. Convenient, and so very Mycroft.

How can they even tell when someone stops being suicidal, or a danger to others?

Sherlock is startled when it suddenly registers that the therapist has kept talking to him, possibly for some time. He needs to focus if he's to earn some points for cooperation. He probably needs them for the medication doses being lowered.

Noticing his alarmed expression, Smathers stops talking mid-sentence and looks at him patiently. "It's alright. At this stage, many patients have a hard time concentrating or remembering conversations. It'll get better, once you're settled in and your psychiatrist finds the right doses for you."

Sherlock doesn't want to settle in. Only someone who truly was mad would agree to think like that. His twenty-eight days of sectioning will be up soon, so he's not going to be around for much longer. That fact makes the notion of therapy pointless – unless they're going to force him to attend more of these sessions as a condition of being discharged. They just might. It would be right up Mycroft's street to pull such a stunt.

The medications have achieved a single positive thing: the withdrawal from heroin and the after effects of the cocaine binge have passed unnoticed. Since he had been sedated at the ITU at Chelsea & Westminster and during his stay at the St Charles PICU, there’s a chronological black hole in his memory. As much as he detests the idea of such a chemically induced blackout, that particular one at least served a useful purpose.

Still, he resents the fact that Mycroft doesn’t have to get his hands dirty; he can simply get others to drug Sherlock and mess with his head.

Like this man.

He wonders yet again whether Mycroft has specifically selected Smathers to irritate him until he snaps? What sort of a surname is that, even? He could easily be an MI6 agent with a background in psychology, used to torturing his fellow humans with words and in doing so, keeping within the bounds of UK law. Mycroft’s collection of minions is as varied as it is immense.

"I realise that it's not easy to talk about yourself with a stranger. That's why I often get things going during the first session with an exercise that gives a bit of a taster on what we do in therapy, breaks the ice a bit."

Sherlock scratches his shin under the table. He hates the tube socks they give him to wear. Why can't they provide proper ones with actual toes and a heel? People who end up here are already miserable. Why make them feel even worse with such infantile, horrible-feeling clothing? It's as though they're specifically designed to make him look less like himself and more like the mental patient they assume him to be, and the thread count of the cheap cotton-synthetic blend makes him itchy and restless. He can't stop thinking about the clothes for hours after he's forced to put them on.
Today, he's wearing a sweatshirt and track bottoms with 'South London And Maudsley NHS Foundation Trust' embroidered on them. Wearing the prison uniform could not be more obvious.

Smathers produces a piece of paper and a pencil. "I usually start off with something easier, but judging by your education and your prior IQ test results I think we can manage this already."

'Values' is the headline of the form he then places in front of Sherlock. There are empty slots on the sheet where he's supposed to write down a description of what he thinks about each of the given categories – family, religion, education, friendships and social life and so on – and two columns for 'importance' and 'success'.

There's an introductory paragraph: 'Our values reflect what we find meaningful in life. They are what you care about, deep down, and what you consider to be important---'. That is where Sherlock stops reading the contents. This is yet another attempt to wrench things out of him he doesn't want to talk about.

"You should rate every domain according to how important they are to you, and then evaluate how well you've been looking after that part of your life recently in the success part. Zero is not at all, and 10 is very well or very important," Smathers explains, parroting the instructions on the page.

Sherlock can read, and he's tempted to remind the therapist of that fact. He's tempted to ask why this appointment has been scheduled less than 24 hours before the Tribunal. Is it an attempt to convey the message that it'll be a futile attempt to beat the system?

Miriam's words about him being preoccupied with Mycroft drift back to him, and for a moment, doubt raises its ugly head. Isn't it logical he'd be focused on a problem that separates him from freedom? Mycroft is more important an obstacle than any pointless pandering to routines.

He has never been good with routine, and he doesn't care about the pedestrian whims of his body. It's hateful and condescending, the way everything he does or doesn't do, things that should be private such as taking a shower or sleeping, are evaluated and interpreted against a backdrop of assumed madness.

The staff here don't use such words. They talk about mental health, about psychiatric diagnoses, about being well or unwell, of constructive defence mechanisms and family support. It's all just a smokescreen. He has been ruled an enemy of the state, incompatible with the standards of society. Unfit. He has been cast aside, the streets cleaned of the likes of him.

It hurts. It hurts, but if he lets it get to him---

It already has. He wishes he had that load of fentanyl still.

"There are no right or wrong answers. Go on," Smathers says, voice dripping with encouragement.

Sherlock wants to rip up the piece of paper in front of him and throw it in the man's face. Is this how he talks to his poodle at home? It's obvious it's unruly, there are patterns of dog hair on his clothes--- Sherlock squeezes his eyes shut momentarily, letting the information flow in and distract him. He then grabs the pencil and draws three large Xs in the boxes marked family, marriage/couple/intimacy and parenting. He realises he has no idea what to put in any of the remaining ones. He doesn't make plans, doesn't have a career nor would he care to try to plan one; he doesn't think about religion because it's poppycock, he doesn't have friends, and he doesn't really think about his environment – or the environment, whichever the form actually is referring to.

He should be able to easily come up with something harmless to jot down, but in his current state,
he's drawing a blank. What the hell is wrong with him? He's filled stacks of these sorts of inane forms before, placed in front of him by countless other therapists and doctors. He had written down what they wanted to hear so that they would leave him alone, given harmless, slippery answers to avoid the Freudians. Why isn't there a single thought in his head right now to fill these empty spaces of paper that are mocking him?

He glances at Smathers, who has obviously picked up on his unease. *Damn it.*

“Okay,” the therapist says, and there’s a tiny hint of apprehension in his tone. “Did you cross those out because you feel they don’t apply to you?”

Sherlock is tempted to comment sarcastically on the man’s fine deduction, but in the end, he says nothing, simply glares.

"Let's try an easier one on the list, then. What do you do for fun? Any hobbies?"

"I read," Sherlock says because he isn't stupid enough to mention the experiments he's been doing since his childhood since they tend to put everyone on edge except for Mycroft, who has been exposed to them for such a long time he's stopped fussing about such things. *As long as the house is still standing when I come home in the evening, though I'd prefer not to find more holes in the antique carpets,*' he remembers his brother saying.

For a moment, Sherlock allows himself the sentimental, foolish wish that he could go back in time a few months. On the other hand, he has no idea what he'd do differently. It's not his fault he's here. He didn't ask for this.

The therapist turns the paper slightly, snatches a ballpoint pen from the pocket of his cheap dress shirt, and scribbles down 'reading' under 'hobbies'.

Sherlock enjoys learning how things work and solving problems. That's what had drawn him to science. He tells this to Smathers since it's a harmless enough fact. That's his hobby, really, instead of just flipping the pages of some inane novel.

The therapist jots down *'learning new things about science'* in the space reserved for *'education'*. What is the point of all this? How does this help him? He doesn't want this man to get to know him since he has little hope that he might be able to help Sherlock solve his current… issues. Instead of examining his claims sensibly, they've given him a psychotherapist. He isn't really being listened to, and it stings, even though it's always been the state of affairs in his life.

"You crossed out *family*, but your records say there's a brother who has been in frequent contact during your stay here."

At least now, they are approaching at least some sort of a pertinent point, but he's hardly going to discuss Mycroft with this man. Oh, how he'd enjoy that, Sherlock spilling the beans about how he feels about this predicament. It's probably the very reason this therapy is being enforced. He glances habitually at the corners of the room, looking for the tell-tale light of a surveillance camera. "You said that there are no wrong answers. I wrote down what I'd see as the ideal situation," he informs Smathers. To hammer his point home even further, he adds a zero to the *importance* bracket related to *family*, and a zero to the space that rates his own performance in the area lately.

"We try to encourage patients to look after family relationships while they stay with us, and we make an effort to bring in a trusted family member into the Care Team, too, so that their fears and assumptions about what it means for someone to be hospitalised like this can be addressed. If you
don't feel comfortable with a family member taking on this role---"

"No, I don't." Not that his opinion will in any way deter Mycroft. Sherlock actually hopes he's
listening in right now.

"As I was saying, if you prefer it, this support person could also be a friend. We could contact
whoever you choose and invite them to discuss the matter if you feel uncomfortable doing so
yourself."

"There isn't anyone."

"Surely one of your friends would be willing---" Sherlock is already on his feet, leaning over the table. "There is NO ONE," he snarls.

He has again lost his temper. He hates how this subject matter pricks past his defences, like a scab
being picked. He doesn't understand why. He's always been alone. Why won't he acclimatise to that?
He's perfectly content with his own company. At least he should be allowed to be.

"Please calm down. I'm giving you options, not trying to force you into anything."

He sits back down, collapsing into the uncomfortable chair, robbed of all energy.

Why do they bother trying to convince him there's a choice when it's always akin to picking between
a rock and a hard place? If he doesn't take his medications, he gets injected with them anyway. If he
protests about his treatment, he gets shoved into a segregation room and medicated. If he doesn't get
up in the morning, they write things down and nag him about it endlessly. If he refuses the appalling
food they serve for breakfast, they endlessly try to coax him to eat something else. Nothing in here is
voluntary. What they call choice is a joke.

Mycroft's methods of control had been more subtle before. Cleverer. That still doesn't mean that
things were better when they lived in the same house. This is just a different sort of totalitarian
system to endure. This is… revenge for daring to be the only person on this Earth brave enough to
go against Mycroft Holmes.

The thought makes him proud. At least he has that to show for himself if nothing else. That he never
gave up, that he never cowered. That he never gave in an inch. This is a trench warfare, and as long
as he doesn't crawl out in supplication waving a white flag, he hasn't lost.

The therapist still looks annoyingly calm as he leafs through Sherlock's folder. He produces a sheet
of paper he shows to Sherlock but does not let it linger long enough to read anything else than a
headline – it's his Section 2 order. "It says here that your brother is your medical proxy."

Sherlock huffs. They bullied him into that decision years ago when he was still a minor. Even his
parents had been all for it – parents who couldn't be bothered to stay in the country long enough to
really see what Mycroft actually did with his beloved power of attorney. He should have had those
papers amended years ago when he hadn't been ruled incompetent like this. "I'm going to petition to
have that decision dissolved."

"Sherlock, it's going to be really tough going through this alone. You need someone, a link to the
outside world. If the relationship is troubled, we could help you change that."

Sherlock nearly laughs out loud. The reasons why that relationship is currently lost at sea has
everything to do with him being here, but the staff are never going to accept that.
The therapist rambles on. “That person is an important reminder that you need to think ahead, to consider what's going to happen when you get back out there. The last time you tried to be all on your own, things didn't go so well, did they?”

Sherlock swallows. His mouth is so dry because of the medications that his throat now constantly feels as though he's about to get the flu. "No," he begrudgingly admits, "they didn't."

*Whose fault is that?*

---

A man wearing a sky-blue dress shirt, impeccably pressed trousers and a cravat, appears by his bedside the following morning.

At least Sherlock *thinks* it's morning. He has no idea what the precise time is. He doesn’t care. He did not care yesterday, and that has not changed.

"How are you doing today, Sherlock?"

He doesn't dignify the man with an answer, or even eye contact. It irritates him that the staff tends to automatically assume that they are on a first name basis with him even if he's never met them.

"My name is Dr Barnes, and I work at Fitzmary House which is the next building down this garden path. I'm sorry I couldn't come see you yesterday as planned. Dr Cassells says you're ready to move out of this crisis unit to come and stay with us."

Sherlock shifts to finally look at the man, blinking. What is going on? Whatever is the point of moving him someplace else now, since the Tribunal is so soon?

Barnes smiles, and it's the same sort of rehearsed, disarming, polite smile all these idiots plaster onto their faces when talking to patients. This isn't how they smile at their spouses, their children, their dogs or even at a nice view from the car window. This is how they deal with people who are under their control.

"You can tell him he doesn't need to worry, that I promise not to cause any *inconvenience* in the future. He can stop this charade now," Sherlock informs Barnes and yawns.

"Who are we discussing, Sherlock?"

"Don't be obtuse. He's listening in, and I might warn you that if he thinks you're an idiot he'll get you replaced."

"You're refusing to go to therapy today, is that right?"

"Yes, since it's the only thing *I* *can* refuse." They could drag him to see Smathers, but if he refuses to talk, therapy isn't going to be much use, is it?

Barnes checks his watch which is not cheap, but not luxurious, either. Exactly what one would expect from a psychiatrist working within the public healthcare sector. "We'll have to move you soon if we're going to do it before the nurses' shift change. You'll be going to Fitzmary 2 Ward, where I'm the Chief Consultant. I wanted to come and tell you this in person, and to see how you were doing," he offers, obviously expecting some sort of acknowledgement, if not downright gratitude.

When Sherlock doesn't reply, Barnes continues, "You haven't got any visitors arriving today, have
you? You should contact them about the move."

Sherlock flicks his wrist dismissively and shifts his gaze to the ceiling. "He already knows."

Barnes' eyebrows rise. "Who would that be?"

"My brother." Mycroft has been trying to visit or talk to him on the phone every day, and Sherlock has refused every time.

"How would he know? I've only just informed you."

Sherlock rolls his eyes in disbelief. Oh, come on. He has made it perfectly clear that he knows about everything his brother is doing, yet they insist on pretending. It's highly insulting.

A wardrobe-sized orderly – the one who has been assigned to watch him today because he has been, quote, 'obstinate' – unceremoniously begins gathering the meagre collection of things he has been given: toiletries, clothes, some books Mycroft had left for him which he wouldn't touch with a ten-foot barge pole.

“Leave them,” he tells the man.

These aren't his things. He doesn't belong here.

o-0-o-0-o-0-o

"Are you depressed, Sherlock?" Smathers asks him the following day. They had let him off the hook for one measly day with therapy while he, quote: 'settles in' to Fitzmary 2, a subunit of the National Psychosis Inpatient Service.

He doesn't feel settled in. Unsettled would be a much better term, since the Tribunal is before noon today.

Sherlock is considering co-operating with psychotherapy at least to some extent because it just might be one hoop he will be forced to jump through if the Tribunal yields no results and he'll be forced to wait until the Section 2 order expires. All in all, the thought of facing an undefined number of these sessions as a condition of release produces a teeth-aching frustration born of utter despair. But, if he can use the leverage of his cooperation to argue against the heavy medications, then it's definitely the preferable route.

Smathers questions today are inane beyond belief. Sherlock is certain the medical establishment has already decided whether he is suffering from clinical depression or not. What possible reason would he have to not be depressed in this wretched place? Yet, if he admits it, they will just up the dosage of the antidepressant part of his drug cocktail and such medications have never, ever worked with him. If anything, they make him feel worse.

The solution to this mess is simple: stop medicating him and let him out. It has become obvious that this cannot be achieved without a fight.

So, he counterattacks. "Define the term."

"When someone is depressed, their mood is consistently low, they have little initiative and they tend to avoid experiences that contain even the smallest risk of being unpleasant. Their motivation for self-care often lapses and they withdraw from social interaction. Are these things something you recognise?"
"Calculating the risk-benefit ratio in an endeavour and finding it pointless is logical and useful, not pathological. It makes no sense to do something if one already knows doing it benefits no one."

"The criteria used in assessing those things might not be objective if the person making the assessment is already convinced they are bound to fail or not enjoy themselves. It's like wearing tinted glasses – everything is the wrong colour."

"Such criteria can be based on empirical evidence."

"If a friend told you they saw no point in getting out of bed because they might not have a good day ahead of them, what would you think about that?"

"What friend?"

"Any friend."

"I don't dwell on the motivations of imaginary people."

"What about your own motivations?"

"I am motivated now to stop this conversation and go back to my room before I spontaneously combust of boredom."

He's not bored. Instead, he finds himself increasingly anxious about the Tribunal, and Smathers interrogating him about his feelings isn't helping at all.

"I don't think boredom is what brought you here to Bethlem." The therapist leans forward in his seat. "I'd like to hear what sorts of experiences you've had of therapy and psychiatry before, so that I could make sure that this time around, things would be better and that we could provide what you feel would be a useful approach."

Sherlock wants to scream. They never listen. He hasn't asked for any of this. He doesn't want any of this.

He doesn't know what he wants. Or, perhaps he does, but they are things outside the scope of the lives of normal people. They are things that sadden and disturb them to the extent that they like to pretend they have misunderstood.

He wants to stop being himself. He wants to stop, period. Not wanting to continue down the road that leads nowhere is not the same as wanting to die – that would only be an unfortunate side effect. It's a cruel joke and a fine form of torture: forcing him to pretend to want to go on in a world that rejects him. Putting him in therapy is not going to change the world one iota. Formulating an outpatient treatment plan with family support or some other textbook nonsense is not going to change the world.

He envies these people for their ability to not see the world for what it is. A cesspool of idiocy, a stage of pointless plays he never gets cast to. A prison where Mycroft dangles the keys just beyond his reach.

He wants to be left alone, to be no longer forced to endure these interactions with people who don't understand him. Mycroft just might be the only one who has the faintest clue, and where does that leave Sherlock?

"I know you've applied for a Tribunal, which is understandable, but if they lift the section they will still require a plan to be formulated for helping you as an outpatient. You're going to have to work
with us, regardless of what happens with the Tribunal," Smathers tells him apologetically. It's a good tactic – pretending they're on the same side, pretending that he's here to help Sherlock negotiate the bureaucratic maze that is the NHS. It's a good tactic, but it only works on the simple-minded.

"Why do you think you've ended up here?" Smathers asks. "What happened to you?"

He knows he has already admitted to not feeling well before he ended up at A&E, but there's a reason for that he can volunteer as an explanation. "I developed an infection which made me delirious." He's tempted to say that such a thing could happen to anyone, but it sounds too defensive for his taste.

Refreshingly enough, the therapist does not beat around the bush: "you were living on the streets and using drugs when that happened, is that right?"

Neither of those things was his choice. Not really. "Well, I'm not NOW!"

They end up in a staring match, until Smathers spreads his arms in defeat, nods his head towards the door and lets him leave.

On his way out the door, Sherlock holds onto the thought that the Tribunal is his escape tunnel. This ridiculous CBT might just have helped him work out a way to buy him some ammunition for it, to claim he's co-operating since he actually attended his assigned session today, but he doubts that the therapist would be happy with such a motivation.

He shouldn't have left the room, but he rejoices in the fact that he had managed to assert his independence at least a little. They haven't broken him yet.

Chapter End Notes

Chapter title borrowed from Port Noir. The flamethrower comment is a nod to GhyllWyne.

Two parts of a photographic report of our on location research has been published at tumblr.

2007 On Location - part 1
2007 On Location - part 2

The third and final report will be posted later since it (sort of) contains spoilers.
Under We Go, Part One

Chapter Notes

See the end of the chapter for notes

On the lordly lofts of Bedlam
With stubble soft and dainty,
Brave bracelets strong, sweet whips ding-dong,
And wholesome hunger plenty.

- Trad.

The next day, *Tribunal Day*, Sherlock knows that he very much still looks like a mental patient or someone in rehab, because there obviously is no emergency closet of crisply pressed Spencer Hart suits available on the ward. What he will have to make do with for the tribunal are a worn but clean grey pair of track bottoms and a similarly depressing sweater. It annoys him that Mycroft has conspired with the staff here to ensure he is clothed in something that makes him appear less than he is. Some of the other patients have at least decent clothes, ones befitting their age, and he doubts they have all been delivered by family members. He can't be the only one with so few visitors.

He had pretended docilely to take his morning medications as soon as he had packed his things. The morning shift nurse, whose name he hadn't really paid attention to, had insisted that if the Tribunal lifts the section, he could come back and pack afterwards, but he's not setting his foot here again, not for a minute. They had begrudgingly given him a paper bag to put things in after he'd hammered home that very point by shoving his meagre collection of belongings inside a pillow case. It's mostly papers – he had made notes of the material they are obliged to allow him access to for the hearing, but some of those notes have proven hard to decipher afterwards. He has written the most important ones in code because he's certain that Mycroft will have tried to get the staff to photocopy them when he isn’t watching. The code he'd used is unbreakable – it's based on the notes of a violin score that he had composed at university. It’s never been written down, so even if one of Mycroft’s cameras does get a look, or the photocopier has been connected to MI6, deciphering it would be astoundingly difficult. The Ward's head psychiatrist, Barnes, had asked him about the notes and had probably been disappointed when Sherlock had been able to decipher them and their contents had made sense.

For the remaining hour before the Tribunal, Sherlock paces, having increasing difficulty keeping control of his thoughts as he rehearses his planned statement in his head, wondering what the judge will make of it. He knows this is just the anxiety picking up, nothing more, which he should be able to deal with if he must. Still, infuriating signs of it are bleeding out into his physical demeanour in the form of sweaty palms and a pounding heart. At least these sensations are real, not the products of some medication or other. The anxiety feels almost reassuring as if he's winning himself back.

- o-0-o-0-o-0-o-0-o-0-o-

Thirty minutes before the announced time, Miriam comes to pick him up. She had explained that if a section is lifted, it is often under certain conditions, such as residing in a certain place and adhering to a community-based treatment plan. What the therapist had been talking about yesterday had echoed
If Sherlock is honest with himself, he is not entirely confident he can deliver a statement convincing enough to achieve full autonomy from this nonsense. If they enforce some sort of an inane outpatient treatment plan, he might just have to hide again. The concept does not feel tempting, but it's better than acquiescing to what Mycroft wants.

He will gladly say yes, Sir, three bags full, Sir – anything to get out of this place. But, once out the door, he will break free. It may not be necessary if he is able to convince them that this whole thing is a ruse, a fake, a plot, a mistake, a misdiagnosis, a fairy tale spun by Mycroft, a conspiracy, did he say fake already? Did he say all or any of this out loud?

He tries to examine Miriam’s expression to find out whether his mouth has run off on its own again, but the woman's expression is blandly patient, and he can’t deduce anything from it.

He hasn't spared much thought to the practicalities of leaving the hospital because he needs to focus on one thing at a time, if he's to win against the overwhelming desire to lock himself in a closet in some small, dark space in a frantic attempt to deal with what's in his head. He doesn't even know where the nearest train station is, so he has no idea how to get back to London proper. Since he had disposed of them, he doesn't have his wallet or his phone. He had left his copy of keys to Mycroft's house behind when he'd left there since hell will freeze over before he uses them to cross his brother's threshold again.

He doesn’t feel entirely like himself, which scares him. This must be his frayed nerves trying to shove him out of himself. He usually functions well under pressure, he always has. A good poker face has helped him through many an encounter with representatives of the system Mycroft so adores. He must hang onto the belief that he can still do that.

At least his one important wish will be respected, even if his rights as a human being have been trampled upon otherwise: Mycroft will not be present at the Tribunal. That thought raises his spirits for the first time in this wretched prison. He can imagine Mycroft's surprise afterwards when he learns that Sherlock has been released, and then his brother's rage at losing control. Again.

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-

Walking out of the ward and hearing the door's electric lock snap close behind him for a change as they leave Fitzmary House, Sherlock is flooded with such relief that his knees nearly buckle.

Before leading the way towards the main building in the hospital grounds, Miriam takes a good look at him, rummages around her pockets and offers him a Mars bar. "You look dead on your feet. Did you have any breakfast?" she asks.

He hadn't. He can't risk touching the food at the ward.

He accepts Miriam's offering, twisting it in his fingers for a moment, distracted by the sudden thought that he should have pressed harder to get access to a library. He should have read up better on the Mental Health Act, should have found a way to get to a computer to find which members of his treatment team have intelligence connections, should have tried to break into Barnes' office to see if there are notes they've hidden from him, should have called in favours to formulate some sort of an escape plan, should have should have ----

"It's from the Elephant & Castle Tesco Metro. Safe, I promise," Miriam interrupts his looping train of thought.
"Thank you," he says, after some hesitation because it takes him time to decide whether it is the right response.

He eats the chocolate while they walk the short distance required. Inside the main building, they walk up the main staircase and enter a conference room just behind the museum guard's desk.

As Sherlock takes in the surroundings, the sugary chocolate nearly comes back up again. The ominous portrait paintings, the crests adorning the walls, the dark reddish brown wood panelling, the high ceiling and the stuffy formality of it all is strongly reminiscent of Mycroft's house. He feels faint, anxious beyond measure, fractured and not entirely present.

He tries not to think about the fact that the people he's about to face in this room have both the power to keep him locked up forever, and the motivation to do so.

"You can ask for a break at any time," Miriam reminds him. "Anytime you feel like it, just tell the judge.

Why would he want a break? He's perfectly capable of making his case and following through with the proceedings. If he can keep his head together, that is.

Barnes had told him that at certain points during the Tribunal he might be escorted out for a moment if something being discussed is deemed to be detrimental to his recovery. What does that even mean? It's _him_ they're talking about – doesn't he have the right to be present? He knows the staff discuss him behind his back: case conferences, Care Team meetings, teaching rounds, _family updates_. The latter is a fancy name Miriam uses for divulging everything about him to Mycroft against his wishes. It has got to stop. _It will_ stop.

Sherlock glares at the video conference setup at the end of the room. A red light denotes that the projector is in sleep mode. It would be naive to assume these haven't been tampered with. This is a direct feed to Mycroft, who will be watching and making sure that his puppets perform as he has directed. _Predictable._

He stifles a laugh when he realises that he could destroy Mycroft's career with what he knows. He could, but his brother has been clever – who would believe a certifiable psychotic addict?

This is why Mycroft is being so thorough – he's afraid. Even though this master plan must have been devised and put into place years ago, at the start of the first rehab stint, he could fail. If Sherlock turns out to be the smarter one, after all, he will fail, and that is why he has recruited the NHS.

It's a trench war and Sherlock wants to kick himself for not seeing the big picture before. He needs to be a soldier today. He doesn't return Miriam's smile as she glances at him before pulling a curtain to let some sunlight into the room. He can't let his guard down. They're all in on it, especially the ones pretending to be on his side.

Three people enter the room, chatting amiably and carrying identical folders, the contents of which Sherlock can easily guess: copies of his Tribunal application, his sectioning documents, and his medical records and statements by staff. Sherlock has a similar folder, but he suddenly realises he has forgotten it at Fitzmary House, packing it with his other things by mistake. He had been too distracted to manage even that detail.

There are handwritten name tags placed in front of all the seats, turned so that Sherlock can easily read them. Even the seat allocated to him has one.

The judge turns out to be a blonde sixty-something woman with short-cropped hair and a carefully
controlled, tight-lipped smile. The name tag in front of her says Judge Heaton, written in large, round freehand. She looks up from a folder bearing his name and gives him a polite, distant smile before standing up and extending her hand. "Good morning, Mister Holmes."

Sherlock answers with just a 'morning' since there's nothing good about this particular one. He doesn’t take the hand she offers because his own are shaking. He should have, he knows it. He appreciates the fact that the judge hadn't used his first name. At least they're pretending to be serious about this.

On the judge's right side sits the person Sherlock has been told will be the Specialist Lay Member. One look tells him that the man is obviously a retired schoolteacher – a state school, and not one rated outstanding on the last OFSTED report. To the left of the judge, a wiry man in an expensive suit is reading something from a book. This must be the psychiatrist of the Tribunal board. The suit makes Sherlock think of Harley Street, and how Mycroft has plenty of contacts there.

On the left on Sherlock's side of the table, Doctor Benjamin Barnes stands up briefly and gives him a nod framed with a polite smile. The psychiatrist does not look dismayed, even though the purpose of this meeting is to contest his clinical decision-making. He has likely been in this position hundreds of times. What to Sherlock is a matter of life-and-death is just a part of a regular workday for the man. They've met several times during the past few days. He has been cooperative, but naturally not forthcoming. He isn't stupid – he knows opposing a doctor in charge of the ward will come to nothing good.

The nearest seats on either side of Sherlock would have been assigned to a nurse and a solicitor, but since Miriam acts as both his nurse and his Care Co-Ordinator and there is no legal representative, they are only three people on this side of the table, mirroring the setup opposite.

This doesn't feel like a court of law, even though that is effectively what it is: a judiciary hearing to decide whether Sherlock ought to reside in a closed psychiatric ward. The thought floods him with a strange sort of apprehensive, directionless anger and he clenches his fists so tight under the table his knuckles crack, but it doesn't help.

He places his sweaty, shaky palms on the table instead. There are pens and writing pads piled in the middle. He grabs a set, not to write but to have something to do, something to fiddle with to dissipate his nervous energy. He makes a mental note to steal the pen once the proceedings are over.

The judge is instructing the security guard by the door. Sherlock uses this opportunity to have a careful look at her to try to discern what he could deduce: divorced. Owns a horse, suffers from lichen ruber planus, size twelve, prefers coffee, smoker, left-handed, drives a manual gear shift car-probably sports, as her one concession to rebellion-already greying, fiscally responsive since she fixes ladders in her tights with nail varnish houses horses hoses where was I takes the Tube uses a gas stove nickel allergy what else WHAT ELSE useless utterly useless---

The conference room door closes with an echoing thud, startling him and tearing him out of his head.

The handwritten answers in the blank spaces in the photocopied form in front of the judge are in his handwriting. He doesn't remember filling it. The medications must have caused him to forget. Or maybe Mycroft has added forgery to his skill set; it would be rather convenient to be able to sign him into oblivion. Why would he forge an application for a Tribunal? Maybe to create a smokescreen, to pretend proper patient rights have been respected.

"Mister Holmes?"

His head snaps up, thoughts completely grinding to a halt. He slaps on his emergency smile, the one
that he always hopes looks boyish and disarming, but Mycroft has claimed it looks a little manic and thus most unsettling instead. Strong words from a man who had probably looked smug even as a new born.

"We're ready to begin, Mister Holmes, if you are," the judge says, watching him carefully.

He nods.

"My name is Karen Heaton and I will be serving as the judge in this panel. This will be recorded, and written notes taken." She nods towards a young woman sitting in the corner with a laptop. "Could you confirm your NHS number and your full name?"

Sherlock recites both.

"You have requested this Tribunal to contest being detained under Section Two of the Mental Health Act, is that right?"

Sherlock tries to steal a closer look at the form in front of the judge. The letters are shaky, not his usual handwriting – is that because of the medications, or is Mycroft so subtle that he can mimic the expected weakness in his usual confident scrawl?

He has filled the application. He wants this. He needs this. He needs his life back, even though it has recently been in pieces that refused to fit together anymore. Still, they're his pieces.

Sherlock crosses his fingers tightly in front of him, allowing himself to run his thumbnail along the side of his opposite forefinger, a nervous tick the judge can't see from her position. "Yes."

"I understand you have waived the right to have a solicitor or an Independent Mental Health Advocate present, is that right?"

"That is correct."

"I tend to advise against patients representing themselves. Your advisor does not need to be a solicitor; anyone you would feel comfortable with in this capacity would be allowed to act in that role. Is there anyone else you would wish to appoint?"

"No." Sherlock has a very clear idea of a person who would not hesitate to offer his services. "Absolutely not," he adds for good measure.

"Mister Holmes, could you explain why you have made this decision to represent yourself?"

"I do not trust that any legal advisor willing to take on the case would be acting impartially."

"Very well. We will return to this matter later. Your appointed psychiatrist, who is present today, Dr--" she checks another document in the folder in front of her,"---Benjamin Barnes, has expressed an opinion that you have sufficient capacity at this point to make the decision to waive your right to a representative. After consideration, I will allow it. Because of this, I am willing to grant recesses up to thirty minutes during the proceedings, whenever you feel the need for one. You will also be escorted out if Doctor Barnes recommends that something be discussed without your presence."

"I object to being removed from the room while my case is being discussed."

"In most cases, this does not even come up," the judge assures him with a joyless smile. "We will consider it only if the need arises."
The judge introduces the other members of the panel, then confirms the identity of Miriam to the scribe.

"We have been provided with three reports requisite for this assessment: a medical report from Dr Barnes, a nursing report signed by the Case Coordinator, and a social circumstances report filed by social worker Sharon Robbins who, regrettably, could not join us today due to illness. The purpose of this panel is to establish whether the conditions stated in the Mental Health Act are fulfilled in this case, as pertaining to detainment under Section Two."

Sherlock is certain he has never heard the name Sharon Robbins. What is in her report, and what are her sources? He doesn't think he has received a copy. On the other hand, he hardly needs to wonder about whether the contents are favourable, and he may have skipped or forgotten about some of the papers he had been given.

If Mycroft couldn't somehow affect the proceedings through the judge, the psychiatrist or the Case Coordinator, he would have spun some tall tales to the social worker as the only remaining option. *The bloody bastard.*

"Dr Blakemore, would you like to start?" the judge asks the bespectacled man beside her.

The Tribunal doctor opens his file and asks, "Dr Barnes, would you be so kind as to summarise Mister Holmes' admission and the events after that?"

Barnes slides off a paper clip from a stack of papers in front of him. "On the twenty-fifth October, Mister Holmes was found by EMTs in the grounds of Heythrop College near Kensington High Street, after an incident on the Underground reported by the British Transport Police. He was taken to the Accidents and Emergency unit of Chelsea and Westminster Hospital. The intake form lists a stab wound on the left lateral abdomen, suspected septic soft tissue infection in his left arm and erratic behaviour as the chief complaints. According to the Transport police, the stab wound appeared to have been self-inflicted with a pocket knife found in the patient’s possession. After being informed of a pending mental health assessment, Mister Holmes managed to obtain a significant amount of fentanyl from a cabinet in the Emergency department and injected it in what seems to have been an attempt at self-termination. Although his motivation was initially unclear, he later admitted to as much. During the following five days, he was treated for sepsis and an arterial thrombosis, mostly under sedation, first at Chelsea and Westminster's Intensive Treatment Unit and then at the Psychiatric Intensive Care Unit at St Charles Hospital, where he was transferred for weaning off sedation and for a more thorough psychiatric assessment. From there, he was transferred to Bethlem Royal on the 3rd of November."

The judge nods and turns to Sherlock. "Mister Holmes. Do you feel that was an accurate account of the events?"

"I can't---" he starts, then swallows and licks his lips. His mouth is as dry as the desert. "I can't comment on that since I have very few recollections of those days. As Doctor Barnes mentioned, I was sedated for most of that time."

"Very well. Dr Blakemore?"

"Dr Barnes, in your professional opinion, during time of admission into the crisis unit here at Bethlem Royal, was Mister Holmes suffering from a mental illness fulfilling the criteria of detainment under Section Two?"

"That was both the conclusion of the psychiatrist in charge of his case at St Charles, and the conclusion of the intake interview here which was carried out by Dr Cassells. Having reviewed his
notes, I agree. It is clearly stated that Mister Holmes presented with pervasive paranoid delusions, he was unwilling to even consider a need for a psychiatric intervention and was in an extremely agitated mental state not allowing him to sleep or otherwise look after himself. He appeared acutely suicidal, and it had already been established that he had performed an act of self-harm prior to being hospitalised related to what seemed to have been a hallucination or paranoid delusion. Afterwards, he denied experiencing such things, but he was witnessed conversing with himself numerous times at St Charles and during his stay at the acute crisis ward. At both the Chelsea &Westminster and St Charles, some of these behaviours may have been due to acute intoxication and withdrawal from class A drugs, the septic infection, or a combination of these factors, but the withdrawal phase had passed by the time he arrived at Bethlem and the infection was well on the mend. All in all, in keeping with the purpose of the Mental Health Act, a further assessment period was judged to be necessary. As the law requires, Mr Holmes was informed of a decision to be placed under section two on November the third, before he was transferred here."

"In your professional opinion, after having assessed him yourself after he came under your care at the Fitzmary 2 ward, is Mister Holmes currently suffering from a mental illness fulfilling the criteria and if yes, how would you categorise it?"

"A formal diagnosis is still pending since the assessment of the patient is not complete. At this time, the suspected diagnosis is that of severe depression with psychotic features, complicated by a substance dependence issue and the fact that Mister Holmes is on the autism spectrum. The latter is not a new diagnosis – it's one he has received in his childhood. These complicating factors were the reason why St Charles made a referral here in particular –the National Psychosis Inpatient Service, that is."

It always hits like a slap in the face, when someone says the word *autism* out loud, as though it is as concrete a feature of him as the colour of his eyes or that he's right-handed. To him, it's just a designation, just a label, just a man-made thing to shove him into a box so that others won't have to try to understand him. Some men have sat in a conference room probably a bit like this and decided to call a certain cluster of symptoms autism. It doesn't mean anything because he refuses to let it.

He's so tired of all this. He's so tired of being symptoms and problems and diagnoses, tired of being managed and assessed.

It will never stop, not unless *he* stops it.

Chapter End Notes

This would have been a terribly mean spot for leaving you all in limbo, so we have posted two chapters tonight. Authors' notes at the end of chapter 11.
Chapter Notes

See the end of the chapter for notes

They called me mad, and I called them mad, and damn them, they outvoted me.
- Nathaniel Lee

Barnes clears his throat and delivers his verdict: "The current working diagnosis is well within the limits of disorders falling under the Mental Health Act's sectioning criteria."

The sounds in the room seem muted, as though underwater.

'Watch out, the freak's mental!', taunts the disembodied voice of a boy, and Sherlock fights the impulse to swivel his head around to locate the source when he knows it's no use: this is a memory, a ghost voice echoing inside his head. He lets it come because somehow, it comforts him to know that he can still escape into his head.

Running footsteps, the taste of mud, grazed stinging knee. Grass under his palms. The coppery warmth of blood in his mouth.

The memory is bright and painful, and it jolts him awake from his stupor. He'd hoped letting it have free rein would help him summon walls to block out what is going on, but he doesn't want it anymore, not even if banishing it will leave him brittle and spent and at the mercy of reality.

He digs his fingers into the softer flesh under his kneecap to make the pain physical instead of heaviiness in his heart. He blinks quickly, momentarily distracted by the sound of his own increasingly erratic breathing. They're all talking about him as though he isn't even present. Is he present? He's not entirely certain anymore.

Miriam pats his arm. "Sherlock? Do you need a break?"

Finally, he manages to exhale and reorient himself back into the room.

The judge is now watching him carefully. "Mister Holmes? I am willing to suspend the proceedings if you wish to take a moment."

"No, it's fine," he says, whisking his palm through the air in front of his face, hoping to convey that it truly is fine, that he doesn't care. He looks at his palm afterwards, wondering if he'd done it correctly.

He tries to tune out again with little success, while Barnes rambles on at length about his opinions regarding Sherlock's so-called symptoms. Most of them could be chalked up to being stuck in this place. Of course, it's hard for him to sleep, when the staff keep wandering the echoing hallways at night. He has never slept much, and when he does he prefers to do it somewhere nicer than on the lumpy mattress in his assigned patient room. He hasn't stopped working because he's ill – he can't stop working because he does not even possess a job. As for agitation, anxiety and compulsive behaviour, one only needs to look at animals in a zoo cage too small for them to find an apt analogy. Depersonalization and derealization and dissociation? Those are quirks, life-long habits, not symptoms. He can manage. He always has.
"In your opinion, Dr Barnes, could Mister Holmes' treatment be community-based at this point?"

"Our assessment is not complete, so I would recommend erring on the side of caution. The nursing report clearly states that Mister Holmes' acknowledgement of requiring assessment and treatment has not improved and that he habitually tries to decline medication. He does not appear to be able to realistically assess his level of well-being."

Sherlock is certain he should be asking questions, protesting, correcting, cross-examining, but his thoughts keep running off beyond his reach and by the time he manages to formulate half a question, he has lost his train of thought and lost track of who had been speaking last. He fingers an errant curl briefly, tugging at it because the sensation is calming until he realises it might not be something a normal person would do at this point. He can't really tell what would be considered normal behaviour in this situation. His roadmap of socially acceptable conduct has disappeared.

"Mister Holmes. Do you feel that you are in need of psychiatric treatment and if yes, what would you characterise as the primary issue you would require assistance with?" the Tribunal psychiatrist asks.

Maybe he could bargain. Maybe if he confessed to something, they'd let him off the hook. Then again, it might only give them more ammunition. "I see no need for any of this, now that the sepsis is over. Frankly, it's preposterous to place a psychiatric diagnosis on someone while they were obviously physically ill."

"It is not common for sepsis patients to resist treatment and to self-harm."

"Is that supposed to be a question?"

Annoyance visits the psychiatrist's expression briefly, leading him to shift his attention away. He begins jotting something down on his notepad instead of interrogating Sherlock further.

This is cause for alarm, and Sherlock realises he had been too contrite, too impolite, too… himself. His views will no longer interest them, they won't stick to the facts now since he has managed to rile them up without meaning to do so. They don't like him, why should they? He doesn't know how to deal with people, Mycroft would be the first to tell him this. When he doesn't try, they think him aloof and in possession of a superiority complex. When he tries, things invariably go wrong.

Since the psychiatrist has now fallen silent, the judge takes over. "Nurse Heron. How would you characterise Mister Holmes' self-care skills and motivation at this point?" she asks.

Miriam glances at Sherlock amicably. "He needs to be reminded of a regular daily routine. He constantly gets distracted by what he describes as a conspiracy to keep him here. Those thoughts also upset him, make him anxious. He is preoccupied with them and neglects sleep, food and doing anything enjoyable or relaxing."

"In your opinion, if Mister Holmes were to leave Royal Bethlem today, would he be capable of looking after himself in a capacity expected from an independent adult of his age, and adhere to a community-based treatment plan?"

"No, Your Honour. I don't think he'd cooperate." Miriam turns to face him and lets out a breath. "I'm sorry, Sherlock," she tells him.

She looks sad, which garners no sympathy from Sherlock since he knows it's fake and he shouldn't let exceptional acting skills of her or any other staff fool him. This is their job, from which they get to walk away every afternoon to go back to their own lives while he remains within these walls.
They're all pretending to care; they're lying to the judge and to him.

Mycroft never sounds like he means it when he says *sorry* to Sherlock. He does not mean it, when he has Sherlock carted off the rehab, dragged to A&E, or locked up in a closed ward. Mycroft is not sorry when bad things happen to Sherlock because he deserves such lessons. His mock apologies are sarcasm so thick even Sherlock has no trouble recognising it.

The lay member speaks up next. "Dr Barnes, in your opinion, would release from care today pose a risk to the health or safety of Mister Holmes, or those around him?"

His father is The Mister Holmes, Mycroft is a Mister Holmes. He rarely recognises the phrase; even at school, he was just “Holmes”. The Tribunal members are pretending to treat Sherlock with respect, too, but they're in a position of power where they don't really even have to.

*I'm trying to save you from yourself*, Mycroft's stern voice echoes inside Sherlock's head. That's what he'd told Sherlock in the car en route to the Providence Project, a grandiosely named rehab that was the stage for Sherlock's second stint in such a place.

*You can't trust your own judgment on whether you're in control or not. That is very definition of addiction,* Mycroft chides.

"Shut UP!" Sherlock snarls in his head.

After a confounding moment, he realises that the room has suddenly become very quiet.

He scans the faces of those present and realises he may have said it all out loud, after all. They're all looking at him now, wearing varying mixtures of slight alarm, surprise and the blatant anticipation of being allowed to leave soon, now that he has botched things.

Miriam is biting her lip, frown lines deepened by what appears to be worry. The judge is looking at him with an expression that speaks of a decision having already been made.

Panic begins slithering in, and Sherlock scrambles to attempt damage control. “I'm sorry, but no one here has really allowed *me* to say what I want to say. Everyone else seems to have an opinion, but I understand it is my right to say something, too, instead of just answering questions.”

The judge's lips thin in disapproval. “If you had been represented by a solicitor, he or she would have told you that you can speak after the other reports have been given, or when a question is addressed to you. When Doctor Barnes is finished, you will get your chance.”

Barnes clears his throat. “I concur with Nurse Heron, Ma'am. He is not yet ready or able to take care of himself in the community. Until there is clear evidence of accepting the diagnosis and constructive engagement with treatment, taking responsibility for his own welfare is not possible.”

Sherlock realises he has lost the game. Maybe he never even stood a chance. Frustration and desperation had bred a false hope.

He should have known this was going to be a puppet court. Orchestrating such a thing is child's play for someone like Mycroft.

Judge Heaton is still focused on him, pity emanating from her like a heavy-handedly applied stale perfume. "Would you like a minute, Mister Holmes?"

"No. I want to say what needs to be said."
The red light on the video camera is blinking. He's watching.

"Very well," Judge Heaton relents.

Sherlock proceeds to explain, in as calm a voice as he can muster, how this isn't the first time his brother has forced him into confinement – before, it had all been dressed up as rehabilitation. He tells the panel about the CCTV cameras that follow him everywhere, the men employed by his brother who has tried to find him even when he wants to be left alone, and how it is all a blatant abuse of public funds. His brother practically is the British Government, and he uses this position to micro-manage Sherlock’s life. He explains how the latest spy surveillance methods are used to tap his phone, monitor his bank balance, and to track his movements. He’d been forced to live at Mycroft’s house, even though he never wanted to do so, which clearly also amounted to false imprisonment since he had made the decision reluctantly under the duress of emotional blackmail in the form of his brother threatening to reveal certain things to their parents. When he had finally left his brother’s house, someone had planted a tracer on him, used it to track him down, drug him and probably even to make him sick.

By the end of it, he knows that his speed of delivery has been too quick, frantic even, but he must rush through because if he doesn’t, he’s going to forget half of it, or they might not let him finish. He throws in a mock apology for his unruly conduct, explaining that this, too, is due to his brother having convinced the staff at the ward to drug him with something other than what he is supposed to be getting, drugs that are designed to keep him docile and to make him act in an uncharacteristic manner below his actual intelligence. Emboldened, he announces that hasn’t taken his medications for two days so he that he could tell the truth. That must show that he is able to cope on his own, once the judge allows him to leave this place.

He keeps it together. For those long minutes, he keeps it together. Barely.

After he finishes his explanation, Sherlock is forced to avert his gaze from the judge to look at the table to contain his returning nervousness. He tries to draw in deep breaths, but the sensation of drowning does not abate.

When he looks up again, the red video light is still blinking and he gives it a triumphant look even though he feels rather faint. Take that, you fucking éminence grise.

Finally, he plucks up the courage to examine the looks on the faces of the others present. Even a glance would have told him that all this has been pointless. The disinterest and pity etched on their faces make it obvious that they've all been got at. They're following their scripts, and he has not swayed their opinions.

In despair, Sherlock drifts in and out of the remainder of the conversation, while the judge continues asking some more questions from Miriam and Barnes.

They say he might well still be suicidal. They think he can't tell reality from the products of his imagination. Barnes thinks he's hearing voices. To this, Miriam protests that Sherlock had denied the notion, based on the fact that he can't tell the difference between hearing voices and simply paying too much attention to his own thoughts.

"That's mostly semantics, and hardly any less alarming," Barnes points out and glances at his watch. It's lunchtime. He probably expects to be able to make use of the staff canteen soon.

Sherlock closes his eyes. The effort of making his speech has taken everything out of him. This is just a play, now – going through the motions, crossing the Ts, dotting the Is, the eyes have it, the eye of the storm which is a misguided comparison in terms of anatomy and where is this again can't
To help focus and catch his thoughts that feel like wild horses scattered across a plain, he stares at the wall behind the judge, trying to will the empty space of it to take over, to blank out the storm of words in his head and replace them with a blissfully empty calm, but there seems to be only a flimsy border between his head and the rest of the world nowadays and he can't control any of it anymore. Things move in and out like ghosts sliding through walls.

He needs to look into ghosts when he gets access to the library. Could they have been recruited to spy on the inside of his mind?

He doesn't really want to go to the Bethlem library. He suddenly remembers wanting to go home. Not that he has one, they tell him, but they lie all the time.

"---attempted to intimidate staff on two occasions, although during the past few days he has been somewhat cooperative and segregation has not been required, which is why he has been moved from the crisis unit to one of our National Psychosis Service wards."

Finally, Sherlock manages to catch onto the discussion again, and he doesn't agree with what he hears. They're saying he has intimidated staff, that he had been prone to violent outbursts at St Charles. The only thing he will admit to doing is making his opinions known, and if someone chooses to be intimidated by that then it's their own fault. Idiots.

This most certainly is a puppet court. Mycroft desperately needs a hobby; this is getting as pathological as it is ridiculous. Sherlock barely stifles a hysterical laugh. Such a waste of taxpayer money, as though Sherlock's head is a fusion bomb needing to be contained.

A weird little girl's voice appears in the recesses of his head: '...and under we go...' He wants to growl a command of not now, but he can't. He already made one mistake, he can hardly afford another.

Something touches Sherlock's arm, which makes him blink back into existence, to drop out of the empty darkness of his own cranium to where he'd drifted off. He finds himself looking at Miriam, who cocks her head towards the judge.

Sherlock tugs his arm out of the loose yet offending grip of Miriam's palm on his bicep and turns to face the Tribunal panel across the table, realising they look as though they've been trying to get his attention.

"Mister Holmes? You waived your right for an assessment by an outside psychiatrist before these proceedings, is that correct?" the Tribunal psychiatrist across the table asks. Sherlock is downright surprised that he's addressing him again. Judging by his earlier reaction he appeared to have already made up his mind.

He had refused another assessment because it would have been useless. Mycroft would have sent someone.

Had he answered the doctor's question? His memory is like a bad phone connection these days, full of static and constantly being cut off. He wishes he knew what drug is being used to cause this. He says nothing.

The judge never returns the conversation to the fact that he'd chosen to represent himself. She must have decided that they have gathered enough information already. "Mister Holmes, we will now adjourn to consider our decision. Would you like to be escorted back to the ward? It is lunchtime."
Sherlock realises he had forgotten the pillowcase full of his things in the corridor outside his room at the ward just like he had forgotten his papers. Briefly, he considers whether his memory is even good enough to find his way back there to fetch it and then navigate out of the hospital grounds if he gets out, but quickly decides that once they stop fogging up his head with all the medications, it will all be sorted. All he needs is to find that one bolthole where he may have stashed a bit of cash from---

It's all gone, again. He doesn't remember what he'd been trying to remember. He feels as though having just woken up mid-sleepwalking. "I want to wait here," he says after the judge repeats her question. It's humiliating, this inconsistency of his memory and the patchiness of his concentration.

They let him linger in the conference room. The members of the panel trail out instead, leaving only the security guard to keep him company. He wonders if having one present is standard procedure, or if he has been declared dangerous.

He hears Miriam talking to Barnes in the corridor, but he can't muster up the energy to get closer to eavesdrop.

He spreads his arms on the table, drops his head onto his right bicep and tries to will himself to sleep.

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He doesn't know how much time passes until the panel returns. The sun has shifted, and if he had the initiative, he might be able to calculate the time from the change of the angle. He could. He hasn't stopped being clever even though they're trying to chemically lobotomize him.

The red light on the camera is blinking again when the panel members return.

The judge tells him that the Tribunal has decided to continue his section for the remainder of the 28 days under section 2 of the Mental Health Act, with no recommendations to alter his current treatment plan.

He offers no reply, nor does he make a move to rise from the chair. He feels stagnant, slow and distant.

To be precise, he doesn't feel much of anything at all, and that detachment is somehow more alarming than anger or sadness would be.

He should have known this was going to change nothing.

He should have known.

'Consequences, Brother Mine.'

Could that be Mycroft’s voice commenting on the proceedings via the camera? Or is there a microphone in his head that is conveying his brother’s judgment on the proceedings. He is distracted from this thought by the guard turning off the lights and standing by the door, looking expectant.

Sherlock finally drags himself up from the table, and Miriam explains that on Barnes' orders, he is to be escorted by the guard back to the crisis ward at Gresham House for 1-on-1 watch in a high-security room.

"Why?" he asks.

"It's not unheard of for patients to make impulsive decisions after an unsuccessful Tribunal. Barnes wants to err on the side of caution. We're only doing this for your safety."
"Why?" he repeats, not because he hasn't understood the answer, but because he has understood it perfectly.

"We don't want you to make a decision right now which you'd regret."

"You don't want me to make a decision I wouldn't be able to regret," Sherlock corrects, his tone biting like a cold breeze.

The guard is making a phone call. While Miriam gathers her things, Sherlock watches through the windows in the corridor as the Tribunal members step into the cars and leave. The guard ends his call, tells him they need to get a move on and gestures towards the staircase.

He feels frozen in place, a terrible sense of loss and of being punished suddenly becoming overwhelming.

"Sherlock?" Miriam asks.

Disoriented and faint, Sherlock briefly leans his palms on his knees, then reaches for the bannister but his uncoordinated fingers slip. Before the guard and an alarmed Miriam make their way to his side, dancing black dots take over his vision and his legs give out. Exhaustion has come to claim its prize and he lets it win.

Chapter End Notes

Authors' notes for chapters 10 and 11:

Bethlem Royal/ St Mary Bethlehem/Bethlehem Hospital was the very first mental hospital founded in England, making it the epitome of a madhouse in the eyes of the public in its early days. Its earliest version was the Priory of St Mary of Bethlehem, founded 1247. The very word 'bedlam', denoting chaos and madness, comes from the hospital's name, and its history is full of scandals that well illustrate the tumultuous history of psychiatry in general. Simon Fitzmary, whose name one of the hospital buildings still carries, was the Sheriff of London in the 13th century who donated a plot of land for the original building. Before moving to its current location in Bromley, it has had a home in many different spots in London, including on the site of what is now Liverpool Street Station, and in the building now housing the Imperial War Museum.

At one point, it was a popular Sunday pastime for Londoners to visit the hospital and, in
exchange for a donation, get to gawk at the poor patients. The hospital is mentioned in many English plays, novels and poems.

The rhyme quoted at the start of chapter ten is called Tom o'Bedlam's Song. It has a complex textual history and can be found in many divergent forms. This version was recorded by Robert Graves in 1949.

Nathaniel Lee (1653-1692) was an English dramatist who spent five years as a patient at Bethlem Royal.
A wretched soul bruised with adversity
We bid be quiet when we hear it cry,
But were we burdened with like weight of pain,
As much or more we should ourselves complain.
- William Shakespeare: The Comedy of Errors

They keep him under constant observation at the crisis ward in Gresham House for two days. After Fitzmary 2 its beige walls with peeling paint, scarce furnishings and restless atmosphere grate Sherlock's nerves raw. He fights the feeling of ending up back where he started from, anxiety mixing with helplessness into a state in which he can neither rest nor think. Everything is painful and his skin is too small for his thoughts. Existing would be so much easier if they gave him some peace and quiet to calm down. They could have just locked the door and forgot all about him but instead, someone constantly hovers by which makes his skin crawl. Isolation and loneliness would be preferable to all these idiots trying to get him to talk about things he doesn't like thinking about. He does not want to discuss his anxiety or his mood because that never works and the things in his head have always made people uncomfortable. He does not want to get to know any of these people — staff or patients — since he's not going to reside here for any length of time. The thought of putting a stop to it all through some means he has not yet decided upon is like a safety blanket – if he needs it, it's always going to be there, at the back of his mind. This hell, right here, is exactly what he must've been trying to prevent with what he did at the A&E department, although his memories of that day are patchy, at best. Judging by the forensic medicine textbooks he had read in Cambridge, human creativity knows no bounds when it comes to getting intoxicated, attaining sexual gratification or suicide, but there's nothing in the room he would deign to harm himself with. The impulse is there, during moments when he suspects Mycroft may have won not only this round but perhaps the entire war, but a hope still lingers on that his wits might still get him out if he can just get through these next few days.

During a moment of weakness on the first evening back at Gresham, he accepts an offering of a benzodiazepine for the night. It does absolutely nothing. By three a.m. he's ready to bang his head against the wall, if that only would allow him to rest. For a fleeting, desperate moment, he considers caving in, calling a staff member in to give a message to Mycroft, saying whatever it is he is required to say to be let out. But the last shreds of his dignity stall his hand just as he was about to bang on the door.

That, and the fact that only two days remain.

He has lost the tribunal, but it's less than fifty hours until his 28 days are up. Even an idiot would see that there are no grounds on which to keep him here any longer than that. If they do, then they'll be incriminating themselves, putting proof in plain sight that it can't be medical science that's directing their decisions, but the will of Mycroft Holmes. They can't afford that. It would be too risky.

He's going to get out. They have to let him out.
His furious beehive of a head still hasn't allowed him to make any plans where he's going to go, where he'll spend his nights, or what he's going to do after walking out of the front door. It's unimportant; only freedom counts, which is why he doesn't argue when he's summoned to see Dr Barnes the next morning. Anything that will act as a distraction, score him some points, waste some of his remaining time on this bleak ward is a welcome thing, even if it means having to fend off the psychiatrist's questions. Barnes is relatively harmless; so far he hasn't been very good at pushing Sherlock's buttons. But, he has to be wary because that could change. Who knows what Mycroft might have told the doctor recently about how to get under his skin?

That nagging suspicion means that Sherlock's anxiety level climbs to nearly unbearable levels when he's escorted into the man's office. Barnes seems to pick up on it and offers him a seat twice, as though that would help. Sherlock curls his fingernails into his forearms, having wrapped them around himself where he stands near the chair reserved for patients. He is barely able to curb the desire to pace.

This place has a strange way of unnerving him. He's not entirely sure how they're doing it. It has to be deliberate. Everything here has been designed to test his limits with maximum effect. Maybe it might even be something subsonic? He remembers discussing CIA's MK Ultra project with Mycroft years ago, so the possibility that they're experimenting with something similar most certainly exists.

He quickly scans the corners of the room with his gaze for a hidden speaker.

"How are you doing today, Sherlock?" Barnes asks.

"Can you---" Sherlock gestures towards the door with a nod of his head.

He has requested this before, that he not be shut into rooms. He can feel the walls constricting closer like a trap, and he is sure that he can hear the hum of electricity in the centralised locking, which raises the hairs on the back of his neck. It's all connected and keeping the door open might change the acoustics of the room and lessen the effects. He doesn't know how sophisticated the most cutting-edge modern surveillance and mind control equipment has gotten. They just might be able to track his movements through the wiring in the walls.

Barnes watches him for a moment, his gaze appraising and a little resigned. "It's not locked."

Sherlock glares at him. Idiot. Not locked isn't the same as open.

Barnes exhales, stands up and opens the door, then pulls it inwards so that it's slightly ajar.

It feels like a counterargument, which infuriates Sherlock. This is not a matter of principle, this is not semantics. He wants to see his escape route, even if it'll only take him as far as the main hall downstairs before he gets wrestled down and dragged off. They needed five people for that the first time.

He sits down, tells him that it's just a room. For a moment, he believes himself until doubt begins a tug-of-war with probability again.

"How are things?" Barnes asks again. He doesn't ask how Sherlock is feeling, like everybody else in here does. Maybe because Sherlock had made it abundantly clear that he had no interest discussing such a thing with the man.

Ammunition. Evidence.
Every word he speaks in this room, or in any other room in this institution, is recorded and transcribed and filed away. It's probably Mycroft's favourite bedtime reading. He must be tempted to quote it on Christmas cards. Sherlock is not going to indulge in some touchy-feely discussions to satisfy the whims of Big Brother.

"Your latest lab results have come through," Barnes starts almost cheerily.

Relief makes sweat break out on Sherlock's palms. This he can do: focus on the facts of his physical health. At least there he still must have some power left over the decision-making. They had asked his permission last week for a tetanus booster shot, one which they should have probably given him at A&E but that had been forgotten about 'in all the commotion', as Barnes had charitably phrased it. He had said yes, because of course he would have, because he can be perfectly rational when he's not being trampled over.

Sherlock nods, less disinterested than he tries to project.

"As you know, we've been following your complete blood count since you had relatively low haemoglobin and white cell values at admission. Sepsis does that, and sometimes they take a while to climb back up, but yours still haven't returned to normal. Platelet count's fine, but it appears you're still anaemic, with very small red blood cells. That might be due to an iron-deficient diet."

It makes sense to Sherlock. Wholesome food hadn't ever been a priority for him, and admittedly he'd been using more than he'd been eating after leaving South Eaton Place.

He expects Barnes to send him off with a bottle of iron supplements but instead, the doctor continues in a more sombre tone: "what most concerns us is your white blood cell panel. Sepsis often drains them from circulation, meaning that the count in the blood is low even though there are plenty of them – they've have simply migrated to tissues. We would have expected the levels to climb back to normal range by now. Particularly your granulocyte levels leave something a lot to be desired."

"Meaning?"

"We need to have a look at your bone marrow to make sure the cells are being produced normally. We're not suspecting anything dramatic, but we do have to make sure there isn't something there that needs to be kept a close eye on."

"Such as?"

"Some sort of myelodysplastic process, or something else that may have harmed your ability to form these cell lines. We've scheduled you a bone marrow sample tomorrow at King's College, which is our somatic affiliated unit."

"Can't this be sorted out as an outpatient appointment once I'm discharged?"

"It could, but you'd have to wait a lot longer for an appointment, and going through with this now would demonstrate good self-care and sound judgment."

"And if I decline?"

"Since nothing that would require emergency or urgent assessment or treatment is suspected, you could, but it wouldn't appear in your favour, considering what I just said."

Anger washes over Sherlock. "That's blackmail and you know it." Do these people not listen to themselves? Agree to this like a good boy, or decline and face the consequences.
"This is not bartering, Sherlock. This is your health we're talking about."

"How do I know the drugs you're enforcing on me haven't done this?"

"Some medications can affect white blood cell production, but the antipsychotics you are currently on are not known to be among those. What is more, we know that cocaine is sometimes cut with medications that could also have caused agranulocytosis. Regardless of the reason, we have to monitor this. If the white cell count remains low, you could be at risk for another bout of sepsis."

Laboratory results can be faked. It's exhausting, this constant vigilance, this constant battle against plot after plot to keep him here. "Unsectioned people are allowed to decline anything they bloody well want," he says in a biting tone. They can twist the medicine whatever way they want, forge as much evidence as they need, so arguing autonomy must be his best defence.

"There is always an obligation for medical professionals to give patients all the necessary information to make that decision, and the right to decline anything and everything only applies to individuals whose capability to look after themselves has not been called into question," Barnes explains in a patient tone.

Sherlock is feeling anything but patient. "My next Care Team meeting is in two days, on day twenty-eight. It certainly feels like harassment that you're springing this on me so close to that date."

He shifts in his seat, forcing himself to calm down enough that he can untangle his arms and lean slightly forward to avoid appearing evasive. His heart rate is going a mile a minute because a thought has just occurred: is this another attempt by Mycroft to inject him with a tracer? The timing would be ideal – just before his release. Lodged in his bone marrow, it would be very hard to remove.

Barnes looks slightly uncomfortable, even apologetic. "I have to tell you that the decision-making process regarding your discharge is still ongoing. A formal decision has not been made – that will be done on Wednesday."

It's obvious in Barnes' body language that an informal decision may well have been reached.

Sherlock grips the edge of the table and places his other palm on the surface. "Spit it out. It's not like I can't see it on your face that he's got to you already."

"The assessment process is still continuing," Barnes repeats. "We haven't even begun to address some aspects of your situation," Barnes offers, the haste in his voice betraying that he wants to avoid saying anything obvious, but feels the need to make excuses anyway.

"Such as?" Sherlock demands venomously, fighting the urge to stand up. He knows that patience and talking about things are a currency with which he can buy favour in Barnes' eyes, and he obviously needs all the brownie points he can get. It would be highly beneficial to have this man on his side, but the idea of being honest about anything makes him feel dangerously exposed and it must be a pipe dream anyway to find an ally in this place. He should hardly be surprised that Barnes seems to be sidestepping his accusation of the man's will being in Mycroft's pocket.

"One of the things we need to start addressing is the drugs. Why do you use?"

"Why does anyone?"

"It varies. Some start recreationally, but a lot of people medicate things that should be treated in other ways. What did you start with?"

"Cocaine."
“And that has been your narcotic of choice ever since, has it? Why? What does it do for you?”

“It makes me feel normal.”

“As opposed to feeling like what?”

“Me.”

“What about heroin?”

“It softens the landing from cocaine.”

“So you use them together?”

A shrug. Sherlock expects the usual appalled expression and a lecture about the utter recklessness of speed-balling, but Barnes looks unsurprised yet curious.

Sherlock briefly wonders why anyone in their right mind would want to be a psychiatrist. Why do some people have such a compulsion to meddle in the lives of others? Don’t they have enough trouble sorting out their own heads to want to barge into other people’s minds? Perhaps they don’t. Maybe the great majority of humans don’t need to have to battle their own thoughts like he does.

What if there is something that could be done about that? What if something could work? Cocaine quiets down some of it, but he’d be an idiot to think it was somehow a viable option to use that 24/7 for the rest of his life.

No. He can’t even consider acquiescing to be the system's guinea pig in the vain hope that this isn't just an elaborate hoax. Nothing has ever worked, and plenty enough things have been tried already, even though he's willing to admit things have never been quite so….

Cocaine is the best he can hope for and sod anyone for telling him different. It's the only substance the efficacy of which he has empirical evidence. He had been on a multitude of different medications during his late teens and early adulthood, and nothing legal ever worked.

Barnes is not in his head, so the man should stop presuming how it works.

“What made you start using again, this time?”

“Bored. Pointless.”

“Are you describing using, or is that how you felt and it made you relapse?”

“The latter.”

“As a doctor, that makes me think that you were, indeed, trying to self-medicate.” It sounds like a question.

“What I was trying to fix was caring about things.”

“Caring is a bad thing?”

Sherlock does not reply. *Caring is not an advantage*, is what Mycroft likes saying, even though the man is obviously not free of that affliction himself. *Sentiment leads to clouded judgment and stupid mistakes*.

“Did it help?”
“You lot didn’t give me a chance to find out,” Sherlock snaps.

“The emergency services and the police didn’t have a choice – they had to err on the side of caution and to obey the law which says that they’re obliged to help people. You were found bleeding outside in the cold. You could have died.”

“Like I said, you people ruined everything.” He knows what he's insinuating, but it's getting harder and harder to rein in his annoyance. This is the product of the drugs forced on him – they affect his self-restraint, thus providing more evidence that he can’t conform to expectations, can’t be trusted to helm his own life.

Barnes leans back in his chair with the look of someone who has made up his mind. "You've already detoxed. Being here means an automatically enforced abstinence – we won't need to address withdrawal. What we do need to think about is trying to help you with the things that made you start using again. It sounds as though when the motivation is there, you're capable of managing the issue. It seems that you didn’t start using drugs for fun, which means that you’re using them for some other reason, so when things are better you don't feel that you need them. You've been abstinent for significant periods of time, at least according to your brother," Barnes offers.

“As far as he knows,” Sherlock snarls back. Mycroft is right, but he wants to signal his disapproval at being discussed behind his back. Everyone is treating things Mycroft says as Holy Gospel. “Like you just said, I can quit using when I want to. I'm not an addict.”

"What separates you from addicts, then? Intelligence, academic education or family background don't dictate whether someone gets addicted to a drug or not. They fit the receptors in our brains frighteningly perfectly; it's not a mind over matter thing."

"People’s brains work differently. As a psychiatrist, you should be well aware of this. What causes harm to one might be beneficial to another. Against that back drop, it's quite pathetic how psychiatry and neurology really have not advanced very far in tailoring treatment individually."

Barnes' gentle smile wanes and he seems to take a moment to prepare for what he says next. "If what you were using was beneficial for you, why did you end up homeless, and get into a highly dangerous situation while clearly unfit to look after yourself?"

"I was sick! I had sepsis!" Sherlock argues. As much as he tries to contain his anger, still ends up sounding more defensively petulant than he would have wanted.

"Why did you contract such a thing, do you think?"

Anyone could get sepsis, and Barnes is clearly too much of an idiot to grasp the complexity of his choices. Sherlock realises he needs to backtrack. “Why am I not allowed to make decisions for myself, not even when it comes to things that have nothing to do with psychiatric treatment? Need I point out to you that I am still an adult?"

“Because when your prior decisions have not been good or safe for you, it’s our job to find out if you truly wanted things to be that way, or if you were ill and thus not capable of rational thought. Or, perhaps you simply no longer cared what happens to you, which can be seen as a form of suicidal ideation.”

Sherlock has no idea which notion is more insulting: that he's mentally ill, or wilfully stupid.

The naiveté of the medical establishment is bottomless: they assume that everyone's life is worth something – that with a bit of talking and a prescription of an antidepressant, everyone's life can be
worth living. “You don’t care. You’re doing your job, and shamming empathy is part of it,” Sherlock accuses. These people get off on enforcing their world views on others, making them jump through hoops. It's just the sort of power game Mycroft would enjoy being a part of.

“Believe it or not, but it actually feels really good seeing patients get better and return to their lives. If that’s selfish, then be it, but if the results are beneficial, does it matter? And yes, I do care about my patients,” Barnes says, with the tiniest edge of dismay in his tone.

“Not all doctors do.”

Barnes looks amused and no longer annoyed. “Fair enough. Look, I know it doesn’t feel like we’re on your side right now, since the law essentially makes us your wardens for the time being. But, what’s the harm in seeing what we could offer here to help you?”

“What you offer is not a choice, but a take-it-or-leave-it-and-be-mistreated deal. It'll make your jobs easier if I comply. Respecting my views and wishes only make everything more complicated, so the system is designed to sidestep them.”

“If you hadn’t been sectioned, and had been offered voluntary help instead, would you have taken it? If not, then you left us no choice.”

“There’s no fiscal point in a society that stubbornly insists on keeping alive even those who are an ill fit for it,” Sherlock points out. “I hope you feel proud for wasting taxpayer money.”

“Protecting someone, saving a human life, is never a waste of money, Sherlock.”

It stings, this naïve bullshit about the inherent value of a life. It stings that someone would weigh him on that idealistic scale without understanding a single thing about what it's like to be him. It's like keeping a family pet alive for the sake of its owners, even though it's sick and old and suffering and there's no hope.

He remembers hushed conversations to that effect, Mummy trying to contain tears. They had been talking about Redbeard behind his back. He remembers feeling guilty, even though he's certain he never did anything deliberately to hurt the animal. Why would he need to feel guilty? Did he try to help, and failed? Eventually, they took Redbeard away. It must've been a good decision, but what little Sherlock recalls of those days makes him feel like something had broken that couldn't be fixed. Maybe there's a purpose to the vagueness of his memories – perhaps this is his own mind protecting him. He doesn't like thinking of Redbeard on the best of days, and on a bad day thinking about the dog makes him feel like he's been stabbed.

Maybe they kept the dog, even when it was old and sick, for Sherlock's sake. Maybe they doubted his ability to deal with the realities of the world even at that young age.

Why keep something alive, when all it does is suffer?

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He acquiesces to the bone marrow aspiration, trying his damnedest to chase away thoughts about tracers. He hopes going through with this will count in his favour once the section order expires. His cooperation will, at least, surprise Mycroft that he would submit to such a thing instead of saying no out of spite.

He is escorted to King's College Hospital by a nurse for the procedure. The pain of the local anaesthetic is negligible, but the crunch of the relatively large, hollow needle through his sternum into the marrow is deeply unsettling. After that comes a sharp, searing twinge of the liquid marrow
being sucked out which very closely resembles the torturing jolt of a drill hitting close to a dental nerve, and it makes him grit his teeth and nearly cry out. He was told before the procedure that it would be ‘relatively small, lasting mere minutes’. The part about it being short had been accurate, but when he’s lying down on a trolley afterwards, waiting for transport back to Bethlem, he feels disproportionately miserable and stripped of the last shreds of self-determination. Is it a side effect of the new tracer they may well have inserted during the procedure? He doesn't know what side the sample needle normally is – this one had certainly been bigger than he had expected, and could have contained a device. He doesn't think it's there, but he can't judge his own perception right now. The tracer might be advanced enough to trick him into a false sense of security.

It makes him tired, this vacillation between doubt and belief. It's hard to gauge what is logical and likely and credible, when incredible and unlikely and illogical have always been words much better suited to describing Sherlock and his life.

From King’s College, they take him to see Smathers for their scheduled therapy session. The man is wearing an even more tiresome mask of carefully constructed interest and sympathy than usual.

Sherlock is so very tired of all these theatrics. Couldn't they be honest with him for a moment? He doesn't want their company, and they hardly enjoy his. Couldn't they just accept that and call it a day? Instead of staring down a therapist, he wants a bath, a long one, but they said he shouldn't even shower today because of his sternal wound. Besides, a nurse would invariably be sent to sit by him if he requested the privilege. Notes would be jotted down after such a request, probably something along the lines of 'patient exhibits interest in pleasurable activities of daily living pertaining to personal hygiene'. He had once stolen the Ward Sister’s notebook, the one where nurses write down things to be then later transcribed into more coherent journal entries in the NHS records. There were some general themes emerging in the handwritten lines made about him, number one being 'patient declines meal'. Another fan favourite was 'patient confrontational about daily ward schedule’. What a hypocritical way to put it. All he wanted was to not adhere to any sort of schedule. The staff would have a much easier time and less work on their hands if they left him alone.

The crisis ward had been a hell hole. Yet, even though it looks nicer, Fitzmary 2 is hardly any better. Clean curtains and a couple of potted plans do not change that fact that he's a prisoner.

His strategy of laying it all out in the open at the Tribunal had been a disaster. He needs to be cleverer, and he needs to be on his best behaviour tomorrow. For that, he might need some sleep, which he hasn't enjoyed a significant dose of for days, at least not unassisted by the sleeping pills he keeps declining. Should he indulge tonight, instead of lying awake in the bed that he will never agree to call his?

No.

He's not going to give in an inch to this place. The things on offer here are all potential poisons – how could he be sure that they wouldn't slip something into the pills? Something that would conveniently emulate a proper psychotic break at just the right time to keep him here for longer? LSD. Ketamine. PCP? A hallucinogen would be an easy way to ensure his extended stay here. He wouldn't put it past Mycroft to take such a belt and braces approach: have a tracer implanted just in case he got out, whilst tampering with the drugs just to make sure he screwed up again before the release date.

No, he will tough it out tonight.

There a hand on his arm and he flinches violently, ripped out of his own head back to reality. When
his surroundings begin to register, he finds himself standing in the corner of a somewhat familiar room, Smathers standing within an arm's reach, hands raised in surrender.

He bites his lip, tries to get his breathing under control. He glances at the wall clock and realises that ten minutes have passed after he'd been escorted in. *Patient exhibits dissociative tendencies,* the report from his penultimate rehab had stated. He had found it in Mycroft's desk drawer after picking the lock. He'd been bored that day. Mycroft would, of course, never leave anything really important lying around at home or locked in to a drawer that could be so easily broken into.

"Are you all right?" the therapist asks, dropping his arms, not making a move to step closer.

Sherlock swallows, his throat dry. It won't reflect well on him to drift out like this. Had he been sitting down or standing? The therapist has not touched him before. He must have done so because Sherlock hadn't reacted at all to being spoken to.

He sits down.

After a moment of hesitation, Smathers takes his usual seat opposite him. "How did it go today?" he asks.

Sherlock blinks, chasing the thoughts in his head and trying to decide what the man could be referring to. He instinctively touches his throbbing sternum and through his thin, long-sleeved T-shirt he can feel something underneath. It must be a dressing.

The world and his memories realign, and he's back in control. "Fine," he answers, proud of his calm, collected tone. He wonders if he should say something about how he'd stepped out of himself for a moment.

"Did they prescribe something for the pain?"

They had told him paracetamol should suffice. There's a faint throbbing, nothing more. Sherlock suddenly remembers the crack he'd felt when the needle pierced into the marrow. The memory disturbs him more than it should.

The *not* knowing is worse than the knowing: is there something inside him that shouldn't be? He wants to squirm in his skin, wants to have a look inside.

"Are you too tired to talk? You seem very distracted," Smathers points out. His shoulders then shift a little, as though preparing for something unpleasant. "Sherlock," he starts, "are you hearing or seeing someone in this room right now beside the two of us?"

"No," Sherlock snaps. He had thought he'd managed to convince at least Smathers that he wasn't like *that* – like some of the other patients of the same ward, the ones who walk around arguing with invisible people and disembodied voices. Can't they see he's miles above most of these other people, most of who are schizophrenics and manic-depressives going through an acute episode? The only reason for these so-called professionals not to see the difference between him and them as plain as day has to be that there's an ulterior motive in their actions. They're all pawns, and this entire game has been designed so that he'd lose.

What has he done to deserve this? What terrible thing has he done which Mycroft hasn't already avenged? What would he need to do for the curtain to be dropped and the doors opened? Whatever it is, he'll never agree. He'll never give that smug bastard the satisfaction of winning. His best strategy is to prevail until even Mycroft Holmes' guilt gets the better of him. There is *sentiment* in that man that can be played against him – why else would he so hate the very notion?
He has done what Barnes wanted. Surely even Mycroft might now think that he has been taught enough of a lesson? He can't outwit Big Brother in here, so he'll have to play along until he has regained his freedom, and has more resources at his disposal. *Less than twenty-four hours, now.*

He needs to win this war, or he's not going to have much to show for himself in this life. He'll take any ditch, any shelter, any park bench over this sense of powerlessness. If this ordeal has taught him anything, it's that he values his freedom more than he values his own life. He tries to find consolation in the fact that nothing short of a trans-orbital lobotomy will be able to remove his greatest weapon: the fact that he's aware of what's happening. He shouldn't doubt his own perception so much, no matter how much Barnes and Smathers try to convince him that he's paranoid and off his rocker. Mycroft may have stripped him of his freedom, his rights and his dignity, but not the truth. His brother would do well to learn that there's only so much damage he can do.

 Granted, his thoughts can be so intense they're hard to keep in check, but he is *not* like these other people stuck in Bethlem. He can't be mad – if he were, he wouldn't even know there is a difference, wouldn't trouble himself with trying to tell these things apart. Still, why does he constantly need to question his own deductions? Round and round and round his head goes, round and round the proverbial mulberry bush.

He knows there are flaws in his logic, things he can't explain, things that seem unlikely even though he *knows* them. This self-doubt is his greatest enemy right now.

He doesn't belong here. He can't belong here.

Smathers looks disgustingly calm and collected. In a few hours, the therapist is going to walk out of here and go home to his pathetic middle-class existence to spend the evening doing something *normal* and tedious to keep him from remembering this place. Or, maybe he doesn't even need such a distraction. Maybe it doesn't bother him, the disparity between what he has and what the people in Bethlem must do without.

"Nothing bad will happen if you're honest with me," Smathers tells him. "It'll only help us help you if we know what's going on. Hearing voices is common with your diagnosis, and it's usually a symptom that disappears with---"

"I'm not like that," Sherlock hears himself pleading. "Why won't you believe me?"
A Comfortable Existence

If you can look into the seeds of time,
And say which grain will grow and which will not,
Speak then to me, who neither beg nor fear
Your favours nor your hate.

- William Shakespeare: Macbeth

Mycroft asks for his driver to drop him off at Monks Orchard Road in front of Bethlem Royal Hospital's main entrance. Just inside the brick wall, he pauses beneath a chestnut tree. It is but a skeleton of branches, the last of the previous year's leaves brown and lace-like on the ground. He spots what are likely the effects of the chestnut leaf miner parasite – yet another plague that has descended on the kingdom.

The sight of the tree stripped bare, exposed to the elements, matches his mood.

Once the car has driven off, Mycroft digs out a packet of cigarettes from his breast pocket and lights one in the shelter of his palm. It's a vice he allows himself, half-heartedly blaming it on the family responsibilities placed upon his shoulders. He could go without, of course, could easily get by with just the occasional whisky as an indulgence, but he has decided not to on this occasion. He deserves it.

On this occasion, when he is yet again standing outside a hospital where his brother has been admitted, Mycroft's own frustration is such that he begins to comprehend the need for some sort of release. Taking a deep inhale of smoke, he wonders if this mind set mirrors that of Sherlock's about the drugs and the rest of his self-destructive, risk-taking endeavours when the rest of the world falls short of his expectations. Mycroft isn't naive enough to think his brother's behaviour is all borne out of boyish petulance, boredom or a wish for petty revenge. What it mostly falls under is a well-established addiction and self-medication of issues he refuses to believe anyone could help him to solve.

He is not looking forward to this day, not one little bit. Sherlock won't be, either. He'd already been told on the phone that Sherlock is still adamantly refusing visitors. Mycroft hopes that the Lasting Power of Attorney order will prove decisive, and he considers it illogical that the staff respect Sherlock's wishes regarding contact with him when in all other matters they have the legal power to overrule his opinion.

The sense of déjà-vu is heavy. It sits on Mycroft's shoulders and slows down his steps. When he'd become aware of the sectioning orders of another sibling years ago, he'd been younger, more inexperienced, but admittedly not much less affected. After years of preparation, Uncle Rudy had made sure on the day he retired that Mycroft understood that he was on his own, now, when it came to shouldering the responsibility for Eurus. 'Your turn, my boy. Needs a steady hand, and one that is accessible twenty-four seven.'

However burdensome that sibling might have proven in the years since at least Mycroft knows that she is safe and secure. Unless he adheres to the responsibility detailed in the document in his briefcase, the same won’t be able to be said for Sherlock. The decision to continue involuntary treatment beyond the 28-day observation period is not his alone to make, but what he has to say on
the subject might well be a deciding vote. That is an unbelievably heavy weight that he wishes was not his to bear.

It had been months since he'd seen Sherlock anywhere approaching stable. He'd come home at twilight, crossing paths with the housekeeper at the front door. The house had been quiet and dark, apart from the dimly lit upstairs library. There he had found Sherlock, wearing a bathrobe and a worn T-shirt and pyjama bottoms, spread out listlessly on a beautiful Victorian chaise longue upholstered in a green fabric with embroidered vines. Mycroft had bought it at a manor foreclosure auction last year. Sherlock had been dangling his head off the edge of the hand rest and he had a lit cigarette in his hand, despite Mycroft's orders that he mustn’t indulge indoors. Judging by the number of butts in an empty tea mug, he had been doing little else all day. The ennui hung as heavy in the air as the smoke.

During the previous six months, it had been obvious that Sherlock hadn't been doing well, in the sense that normal people mean when they use that word, but he had been doing much better than he had during the worst times of his life. Or, at least the worst times of his life up to that point.

No, he was certainly not well. Sherlock's traditionally boundless energy was absent, he had been sleeping more than his usual scanty amount, and when he actually spoke, he did so in a clipped tone, his communications utterly devoid of his usual rambling monologues about obscure subjects. He hadn't left the house in two weeks, not after he'd gotten briefly tangled up in some sort of a police matter. Mycroft was certain Sherlock hadn't spoken to anyone else other than him and the housekeeper since then; their parents had not been in touch lately and there were no friends in Sherlock's life. Sherlock usually ensured that by allowing his more abrasive and alienating traits free rein when meeting new people. He has always actively banished people from his vicinity, then takes that abandonment as proof of his incapacity for human interaction. Mycroft had realised a long time ago that this was sensible; alone protects me is the safest mantra Sherlock can follow. He is painfully aware of the price his brother had once paid for having a friend. It's a blessing Sherlock himself doesn't remember what had happened all those years ago.

That last evening in the library, Sherlock did not greet him when he entered. He was a resident, not a guest in the house, so bourgeois niceties were not the norm anyway. They had never been between the two of them.

Mycroft had felt like saying something encouraging, something to gently tug Sherlock out of this colourless, joyless existence. Yet no words of encouragement would have been welcomed, and no praise was warranted.

In the end, he opted for the practical. "Have you considered what I said about postgraduate studies? I'm sure Cambridge would welcome you back in that capacity."

"Why do you have to keep on about that?" The question bristled with both anger and annoyance. "Pointless. That would mean either a corporate career, in which I have absolutely no interest, a teaching post for which I have even less desire – to put it mildly – or an academic research career, stuck in some lab doing pointless donkey work for someone else who is chasing funding. Not even Cambridge offers intellectual stimulation I would be able to bear for more than a week. Or, more accurately, it offers no place that would be willing to put up with me."

"Well, then, I'm sure there is some other career you would be suited for," Mycroft had said and sat down in an armchair near the unlit fireplace.

"I will seek no position that entails dealing with other people on their terms. Just leave me alone."

Irritation crept in. "What is driving this gloom? Has something happened to further your general
embitterment? As far as I can tell, nothing new has happened, except that you never explained what
happened with the police apart from assisting in their investigation."

Sherlock's gaze had fixed on him, cold and dismissive. "People don't really want my help to find the
truth; all they want are answers that suit their agenda."

Mycroft realised he had become, yet again, the placeholder target for Sherlock's anger at the entire
universe. It was most tiresome. "I just want you to find something that will keep you occupied. The
trust fund will enable you to live quite comfortably without employment if you so choose, especially
since while living here you won't incur any expenses."

"I'm sure most prisoners are also very happy with the fact that they aren't charged to be incarcerated."

"Don't be melodramatic. We agreed that it is best, for now, that someone keeps an eye on you, and
living under the same roof is the most convenient way. I promised as much to Mummy. Must I
reiterate my requirement that as long as they are kept in the dark about your substance abuse---"

Sherlock snorted at his polite choice of words.

"---You would allow me to help you keep things under control?"

"I'm sure you spun quite a tale about my defectiveness to them since they don't know the real reason
why you keep spying on me. You like it. It makes you feel important."

If only you knew all of it yourself, Mycroft remembers thinking. As far as Sherlock is concerned,
Mycroft is doing all this because he's determined to keep him off the drugs. The rest, Sherlock is best
spared from knowing. As long as his brother's memory does not return, Mycroft knows, or at least
hopes, that he can keep this house of cards standing.

"I am glad to host you. You can take as much time to just follow your interests, but you can't just
lounge around, letting idleness tempt you into a relapse," he had chided gently.

"No, we wouldn't want that, would we, so terribly embarrassing," Sherlock had replied in a prickly
tone, gathered his limbs off the furniture and wandered off to the landing and out of sight.

In the morning, there was no sight of him in the house before Mycroft had gone to work. There was
no sight of him after that, either, save for grainy images on CCTV of an increasingly skinny ghost
moving through the streets of London in an increasingly erratic pattern, until he managed to evade
the sight of those watching him.

It was hardly the first time Sherlock had been in the doldrums. Still, Mycroft can't help returning to
the memory of that evening. Had that day been different, somehow, from all the other evenings when
he had come home to find Sherlock in a dark mood? Should he have read something in his
demeanour, in his expressions that should have alerted him to the fact that Sherlock was about to
make a disastrous decision to take to the streets? A similar state of mind almost seemed to be
Sherlock's default mode, only momentarily dotted by instances of delight when he found something
in the universe he did not already know, an obscure fact he had not already filed away in his head, a
mystery he hadn't yet solved. The Sherlock he knows finds solace in things and information, not
people. The laws of logic that govern science and the disciplined world of classical music are a
soothing intellectual blanket to create the illusion of control in a world that rejects him, a world which
he has never been able to fully understand.

He has analysed that evening constantly in his head, finding nothing unusual, but the suspicion still
lingers: should he have realised something had finally tipped the scales too far, and that what was
going on went beyond Sherlock's usual mood fluctuations?

Had he vanished so deep within his own paralysing anguish that dying out on the street seemed preferable to going on? Did nothing matter to him anymore, besides a flicker of freedom which he had mistakenly thought he'd find on the grimy streets of London?

In hindsight, it seems obvious that Sherlock had felt trapped long before he had ended up at the closed ward of Bethlem Royal, but Mycroft cannot really fathom what had been so terrible about sharing a residence with him. Sherlock had had all possible comforts available, funds at his disposal and the freedom to use his time whatever constructive manner he saw fit. And still, he had taken to the streets instead.

Even though he had never expressed any joy about the plan to share a living space, the notion of moving to London had seemed to downright invigorate Sherlock after his failed postgraduate tenure at Cambridge. It seems that to Sherlock, the city is a vast playground – an archipelago of adventure and intrigue for a boy whose childhood dreams of a life of piracy on the high seas were never quite squashed by the dreariness of adulthood. Sherlock's wandering around London may have seemed aimless, but they all served the mental map and encyclopaedia of the metropolis he appears to be building in his head. Mycroft understands the allure of the combination of history and urban anonymity the city could be seen to offer, but he sees the risks in that map becoming one that identifies the nearest drug dealer or bolt hole. It isn’t healthy, his brother’s interest.

To Mycroft, London is the stage from which much of the civilised world is run, not a setting for the adventures of a Peter Pan hopeful. Against this backdrop, he has to admit that there is sadness in the fact of Bethlem Royal's suburban London has chewed Sherlock up and spat him out, banishing him to the woods and semidetached houses of Bromley.

Mycroft grinds the half-smoked cigarette into a tree root with his shoe, turns to face the hospital grounds instead of Monks Orchard Road, and begins walking. The red brick façade of the building, which nowadays houses the administrative unit and the museum, is clearly visible behind a fountain at the end of the driveway.

He tries to conjure a confidence that things must eventually take a positive turn. Modern psychiatry can do marvellous things, can it not? He needs to believe that Sherlock can claw his way out of this proverbial hole in which he has buried himself. Even if all the medications that had previously been tried had mostly failed, the medical establishment must have at least some therapy on offer that will restore the precarious status quo. Something had to work to rebuild the fragile bridge over dark waters that is Sherlock's mental health on his better days.

Or, perhaps not. Maybe this is all there will be, now. His and Sherlock's relationship reduced to a Sunday chore of a visit, a routine placation of guilt over things Sherlock no longer can enjoy but which others take for granted, and a well-hidden relief upon Mycroft’s departure that the next visit is still a week away. Occasional outings to the city, only to return to a hospital ward at twilight. Meaningless gifts brought in to mark occasions Sherlock had never cared about anyway – Christmases, birthdays.

Should he summon their parents? Face their pain over seeing this happen, again, to a child of theirs? No, Mycroft decides, not until he is absolutely certain of the outcome. As alone as he might feel right now, an infantile desire for parental support is no reason to make matters worse before some time has passed and a more reliable prognosis formulated. At this stage, telling his parents about Sherlock’s detention in a secure unit for an indefinite period of time will be their worst nightmare come to life, and Mycroft is not ready to do that to them. And he wants… no, he needs to have hope himself that this is not going to be permanent.
He halts his steps at the western corner of the main building as Fitzmary House comes into view. Momentarily overwhelmed by the weight of responsibility, he draws in a deep, ragged breath and battles a crushing sense of finality.

Then he squares his shoulders and starts the short walk towards confrontation.

-o-O-o-O-o-O-o-

The conference room at the Fitzmary 2 ward could be anywhere: a college, an office block, City Hall, The SIS Building. It is a nondescript space with the typical long table and swivel chairs. Nothing speaks of the kinds of decisions made within these halls. Nothing speaks of bedlam or madness – not that Mycroft thinks those notions generally describe modern psychiatry, of course, despite his first impression of the crisis ward at Gresham House. He has done his homework since then.

Benjamin Barnes, Chief Consultant of the National Psychosis Inpatient Service, accompanied by today's sample of the unit's constantly changing rota of registrars, shakes Mycroft's hand upon entry and directs him to one of the chairs. Mycroft has done a background check on the man right after Sherlock's case had been assigned to him. He comes from a physician family well networked in the operative fields, a family with three children out of which Benjamin Charles is the eldest and furthest in his medical career. At age 42, he is already a unit chief at a prominent teaching hospital with several significant publications into the neuropsychology of depression under his belt. Mycroft had been content to find out about Barnes' extensive training in neurology – among the things which had initially worried him about Bethlem was whether anyone assigned to Sherlock would be suitably appreciative of the neuropsychiatric aspects of his case. What is more, Barnes has also spent years running the addiction rehabilitation unit at a regional hospital in an area known for clustered social problems. The only stain on his reputation was a dropped assault charge from his medical school days – the result of a drunken bar brawl.

According to the staff, Sherlock has found nothing about Ward 2 at Fitzmary House acceptable. His specific complaints are unknown to Mycroft since they have not spoken much since his admission. His three phone call communications have been dismissive and short, consisting mostly of rambling threats and broken deductions. He is becoming more coherent, or at least his speech is now less stream-of-altered-consciousness, but he is willing to discuss little else than his plan of counterattack against what he sees as some elaborate plan of Mycroft's to keep him hospitalised. The anger in him is not constant. It's only there on his better days, and so far, there have not been many of them. Mycroft wonders whether his current medication is a suitable combination, because even though he has stopped behaving like the living dead, shifting to a painful and agitated restlessness instead that has always been his worst trigger for a drug relapse. He is no longer at risk of starving to death from sheer indecisiveness and lack of initiative to get out of bed, but that doesn't mean he could look after himself or make sensible decisions – far from it. That is plain as day even from their scarce communications, and to Mycroft's relief, the Care Team assigned to him seems to strongly agree.

Every sectioned patient has the right to demand a Tribunal to contest the sectioning. According to Dr Barnes, Sherlock's had been short and to the point. Mycroft had not attended since Sherlock had banned him from doing so. He can only guess at the level of stress such a proceeding must have caused when faced alone. Since the Tribunal, Sherlock has been refusing to talk to him at all.

"How are you today, Mr Holmes?" Barnes asks politely, leafing open a folder on the table. Mycroft is adept at reading upside down text so he instantly recognises the sectioning paperwork. Underneath, he can see a sliver of a form he had been asked to fill soon after Sherlock's arrival. It details his medical history, allergies, regular medications, family history, education level and other such background information. Carefully omitting everything and anything pertaining to Eurus,
Mycroft had filled it in to the best of his knowledge and provided the hospital with a stack of carefully edited copies of Sherlock's medical records from when he'd been a minor.

"Fine, thank you." Pleasantries needed to be observed, however inaccurate the words used. How could he be fine when his brother is psychotic?

"We're waiting for some more participants."

Mycroft nods. The last Team Meeting had included the psychiatric nurse named as Sherlock's Case Coordinator, and a cognitive behavioural therapist who has not gotten very far with Sherlock yet due to his patient's... reticence, but who seems reassuringly unperturbed by it. Still, Mycroft does not have high hopes for the man in having much success with Sherlock, since clearly the patient is more intelligent than the therapist.

Three more people trail into the room. The first one, a bespectacled woman in her late fifties, introduces herself as a Medical Director, making her Barnes' supervisor. She informs Mycroft that she sits in on all Team Meetings involving long-term decision-making. The second arrival is the already familiar psychotherapist. The third one is introduced as a new Case Coordinator.

"What happened to..." Mycroft consults his notebook to find the name of the previous one, "Miriam Heron?"

"There was an unfortunate altercation with another patient, due to which she is on leave."

"I'm sorry to hear that." He isn't really, but politeness greases the wheels. "I must ask: is Sherlock safe here? If a patient mauls or intimidates a nurse badly enough that they are forced to take time off work, can I be guaranteed that he will not suffer the same fate? He can be abrasive and provocative and thus highly likely to end up in conflicts."

"The incident happened during a night shift at another ward. You don't need to worry," Barnes assures him.

Although unconvinced, Mycroft leaves the subject matter be. Sherlock certainly has fulfilled his description during this hospitalisation – abrasive and provocative – which had landed him under a so-called DASA observation several times already after verbally threatening staff members. In the arbitrary-sounding four-step approach Bethlem takes with patients, they haven't even reached step two yet, which is patient engagement, as explained by Barnes' registrar at the meeting last week. A written agreement called a Compact would be the next step – it is a code of conduct between staff and a patient, agreed upon by both and amended as necessary.

"The management of Mr Holmes' case has proved challenging, because he is highly suspicious of foul play in all aspects of treatment and adamantly refuses to engage in any constructive manner with nearly all of the staff", Barnes had stated soon after Sherlock's arrival at Fitzmary House, which to Mycroft is nothing new. At every rehabilitation unit he has been in, there's been a long adjustment period during which Sherlock's conduct could be compared to a stubborn teenager. Now, however, the paranoia is a new and formidable foe in the battle for Sherlock's sanity.

"I think we're all here, so let's begin," Barnes says. "After three and a half weeks of observation and a medication trial, we are satisfied that a diagnosis of major depressive disorder with psychotic features can be placed. The narcotics Sherlock was using appear to be an attempt at self-medication, and later on, an attempt at self-termination. They may have exacerbated the paranoid delusions along with the sepsis, but symptoms befitting this diagnosis have persisted even after the initial detoxification and withdrawal period. His previous diagnosis, a pervasive developmental disorder not otherwise specified but existing within the autism spectrum, is uncontested and complicates
"He isn't hearing voices or seeing things as far as I've been made aware in your reports. Why would this be categorised as a psychotic episode?" Mycroft asks.

"There need not be overt hallucinations for that diagnosis to be valid. He actually did seem to have some sensory ones at the start, but those seemed to be connected to the cocaine use. There is some suspicion of continuing auditory hallucinations, but he hasn't been forthcoming at all about discussing them. What characterises his case of acute psychosis more are a rather typical set of paranoid delusions which, I regret to tell you, are still very much connected to you, Mister Holmes. As for the major depressive episode itself, there is no doubt over him filling the set criteria. His mood is abysmally low, he exhibits no pleasure nor does he seek it, his energy level is diminished, his confidence is low, he has attempted suicide and performed acts of self-harm – be it that it happened under the influence of cocaine and heroin. He is highly anxious and he seems very preoccupied with death even in his hobbies---"

Mycroft is tempted to protest, but this is hardly the main point. Sherlock has always been fascinated with death, even as a boy, what of it? As long as he isn't actively bringing it upon himself or others, it may well just be one of his peculiarities. Unlike those of Mycroft's other sibling, Sherlock's preoccupations have thankfully never taken homicidal forms and Mycroft would never believe he would deliberately derive joy from hurting others. He acts out and is certainly prone to vicious fight-or-flight reactions, but he does not enjoy the pain of others like Eurus does, nor is he indifferent to it. This belief is what has kept Mycroft going even during difficult times, has helped him keep motivated in preventing Sherlock ending up locked into a fortress like his sister.

Barnes continues, "He is most indecisive, preferring to withdraw from every instance in which he's required to make even the smallest choice such as selecting an option from the meal menu. He has trouble concentrating and alternates between restless agitation to a state resembling that of stupor. He sleeps very little or too much----" Barnes trails out to draw a breath.

Again, Mycroft wants to throw in a word of defence, to state that Sherlock's sleeping habits had driven their parents to the brink of despair even as a small child.

"He has no appetite and has lost a significant amount of weight, although the effects of his drug use must again be kept in mind. Most importantly, he has little to no self-awareness of being ill – he refuses to even discuss the possibility. He scores forty-one points on the Hamilton Depression Severity Scale, which is outstandingly high. He does not report emotions other than those consistent with depression, anger or agitation and denunciatory opinions of himself and others seem to be a pervasive feature in his thinking. He exhibits highly paranoid thinking and, as I said, we do have reason to believe he's experiencing if not outright hallucinations then at least some level of dissociation."

Barnes stops as though preparing for the most famous line of a theatre monologue. "All things considered, it is our recommendation that inpatient treatment is continued under Section 3 of the Mental Health Act." He turns to Mycroft. "Would you contest this suggestion, Mister Holmes?"

No counter arguments come to mind. These are the features which psychiatry has clustered together and declared that they require involuntary treatment. When put so bluntly, listed in such a relentless manner, the truth of what needs to be done is plain and simple to Mycroft.

He takes a deep breath and then utters the words that he knows will ensure Sherlock remains at Bethlem. "No, I agree with your assessment. You are the expert, and there is very little in what you have stated that I would disagree with."
"Good. This is always easier when we have the family on board. It's time, then, for the hard part. I assume you will not want to be present when we break the news to him?"

At first, Mycroft stands up and reaches for his briefcase, then hesitates and faces the doctor. "He will be furious. If he must direct that anger at someone in order for progress to be made, let it be me. In that way, I will have at least served a useful purpose, which I may have failed to do when he was residing with me."

"Mr Holmes. You shouldn't blame yourself, or sacrifice your relationship with him in this manner. This isn't about protecting someone from bad life experiences or failing to do so – depression this severe has a very biological foundation. Life events affect it and can trigger it, but whatever you did or didn't do most likely had very little impact on the progress of his illness."

"My feelings are irrelevant. What is likeliest to help him must be done."

"This impacts the whole family. Have you got someone to talk to about this, someone you trust? It's tough being a caregiver and a close family member to someone who's this severely unwell. We have very good family support groups and counselling available if you'd like to---"

"The offer is not necessary. Furthermore, the demands of my work make such a frivolity impossible. You need to focus on him."

"Fair enough. The offer stands, though. This is a difficult time, and we're dedicated to helping build and strengthen our patients' support networks. If you wish to be present during the proceedings, I won't argue that decision, but I must advise that it may take time to repair the damage you are risking by being present."

"I have had a role in this process, even though the responsibility for this decision isn't mine. He will be convinced it is mine, whether I am in the room or not. I will not shy away from the responsibility."

The doctor gives him a tight smile and walks to the door, where an orderly is waiting. "Olivia, could you bring in Sherlock Holmes, please?"
The Fraying Ends

Do you think because you are virtuous, that there shall be no more cakes and ale?
- William Shakespeare: Twelfth Night

Mycroft has barely taken a seat in the car before his PA attempts to resume the conversation they had been having before the Care Team Meeting. As the driver pulls away from Bethlem Royal, she pokes at her Blackberry. "You'll need at least twenty minutes to get to the Mayor's Reception, but if we put that down as lunch it will leave you at least half an hour to---"

"Would you just shut UP!"

The words are out of his mouth before he is even aware of wanting to say such a thing.

Anthea does not continue the schedule recital. With admirable professionalism, she stifles a brief flicker of surprised dismay and begins typing Lord knows what into her calendar. His calendar.

Mycroft leans back in his seat, unable to find it in himself to care about work right now. That is hardly new – many engagements that are part of his duties or beneficial to networking are as dull as they are purposeless. Still, a sense of responsibility is usually enough to get him through the minutiae of his exceedingly long workdays.

He wants... no, he needs a moment alone. Not a moment in peace, because in his current predicament that would be a fool's hope, but a moment to... do what, exactly?

He has always been excellent at compartmentalisation. Right now, however, he can't focus on anything else than what seems to have been etched into the backs of his eyelids: the look Sherlock had given him a mere twenty minutes ago, before being escorted back to the ward that currently doubles as his home. That look had spoken more than words ever could have: defeat, betrayal, despair, absolute hatred.

In that moment, Mycroft had felt a sense of a rope already frayed dangerously thin snapping.

He lets his temple rest against the cold car window and his eyes drift shut to block out his surroundings.

Why had he insisted on being present in the Care Team Meeting? Why does he keep torturing himself like this? He should leave it all to the professionals, despite his doubts about their ability to address the particular needs of such a patient as Sherlock. Mycroft knows he should be glad, practically carefree, as long as Sherlock resides behind a set of locked doors.


Still, he'd be fooling himself to think that his responsibility is on hold. What sort of a sadist would saddle a man with such a task – to be the jailer of those close to him? Mycroft has been able to handle Eurus because after seeing the trail of corpses left by his sister, he does not doubt for a second the necessity of her strictly controlled surroundings. Uncle Rudy had taken the burden of the original
decision; Mycroft has just carried on with the practical arrangements with a heavy heart. Eurus has
done terrible things, and in some of those things – those done for the greater good of the
Commonwealth – Mycroft is an accessory to her crimes.

Sherlock, however, has done nothing of the sort – all that he represents is uncertain potential.
Sherlock, who now looks at him as if he's a war criminal or a monster he had associated himself with
by mistake, thinking it might be a friend.

In the Care Team Meeting, Mycroft had expected his little brother to rage at him like he had raged at
everyone present mere moments before, but instead, he'd seen into Sherlock's unshielded heart, and
in that instant, Mycroft had realised that he may have just done something irreparable.

Anthea glances at her Patek Phillippe watch. "We could still make it to the debriefing?" she suggests
quietly.

He had been looking forward to this all week: a high-ranking North Korean defector had finally been
assessed to be in a fit enough state to be interviewed. A cover story and identity package have been
prepared in exchange for his cooperation. Mycroft had been hoping to be able to present a valuable
new asset to his superiors after tonight. Instead, he feels drained of energy, not up to the task.

"To hell with the briefing," he curses.

Anthea now looks, for lack of a better word, concerned.

Mycroft knows that it is as uncharacteristic of him to swear as it is for him to shirk his duties.
Following through today's plan would be highly beneficial for his career, and he is not one to miss
such opportunities. Yet, right now, the pointlessness of everything has pushed all of that to one side.

So what, if he climbs another step on the ladder? Where does that ladder even lead? He has already
achieved the goal set for him by Uncle Rudy – to reach a position of sufficient security clearance and
influence to enable him to keep the fate of Eurus secret from the rest of his family and to ensure
Sherlock stays out of it all. Sherlock, who is the nosiest, most irresponsible, reckless and self-
destructive of all. Sherlock, who always gets away with everything, because it is a responsibility
foisted upon Mycroft's shoulders to make sure he damn well survives and stays off the radar of the
powers-that-be.

He had accepted the responsibility for his siblings because he'd been asked to do so, but also because
he knows he is just as culpable as Eurus was for wreaking havoc on his little brother. He can never
forget that he stood by, paralysed by fear and disbelief, made no move to stop what was going on,
making him a silent accessory to her reign of terror. Between Sherlock and his work, little space in
his life remains for him, but that is how it must remain. It's restitution, a repayment for something the
victim does not even remember.

'**Caring is not an advantage, my boy**'; Uncle Rudy’s comment has never seemed so apposite as it
does right now. Guilt or love – Mycroft has never been sure which is the stronger motivator.

He knocks on the bulletproof glass separating them from the driver. "Home, please."

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The townhouse is dark and chilly. He doesn't turn on the lights – a reddish sunset provides enough
illumination to navigate his way to the library upstairs. He had begun to think of it as Sherlock's
study already, and the adjoining guest room as Sherlock's bedroom. Now, the spaces feel desolate in their emptiness.

This is how it had always been when he came home before Sherlock moved in, nothing new to it. 'Learn to keep your own company, Mikey. It is too dangerous to bring someone else into this,' Uncle Rudy had advised him. Mycroft had originally suspected that the man's own solitary lifestyle might have been more due to his transvestism than a dedication to duty, but who knows? Maybe he was right. Maybe watching over unruly siblings truly does require the mentality and lifestyle of a monk. Maybe his little brother is the only housemate he'll ever have because the framework of his life is utterly incompatible with other kinds of human companionship.

That doesn't mean Mycroft never seeks sexual gratification. For someone moving in the circles he does, there are discreet ways in which to engage in such things. They do carry the risk of ending up on the pages of the Daily Mirror, but hiring the occasional escort is hardly the most unsavoury thing he has done in his career and the ones accustomed to dealing with those in the upper echelons of society will provide outstanding discretion in exchange for their exorbitant fees. His brother's presence in the house had kept him celibate for the duration, however. He needed to focus, to be there, and to ensure that his own needs and vices did not intrude on his duty of care. Besides, Sherlock had always been able to tell when he'd indulged, and would never refrain from snide remarks.

Mycroft tears off his tie and drops it on the chaise longue. For a moment, he imagines Sherlock still lying there like some histrionic Victorian lady with the vapours, dressing gown hems hanging over the edge, a cigarette in his fingers.

His phone vibrates in his pocket as a message arrives. It's from Anthea, politely inquiring what she is to do with tomorrow's schedule. He had left her in the car without any instructions when the driver dropped him at the front door. He types a short reply, telling her to clear his schedule until the following Monday, and to inform anyone who might ask that he is taking some personal leave.

**Three days.** He doesn't really have office hours – his work requires constant availability, and he has never taken a single day off for any other reason than illness. He shouldn't, not now or ever. It's risky, but on the other hand, what does it matter? His meetings can wait or if they can’t, they will be delegated to others. No one is irreplaceable. Some of his more public work is done merely to be seen to be exercising his authority, and four days is hardly going to make a difference in people’s expectations about his performance.

He turns his phone off, then switches it back on when he realises someone might need to contact him about Sherlock. There is Eurus as well, of course, but she is even better contained. Sherrinford can make do perfectly without his attention for a weekend.

Has anything he has done ever made a difference to Sherlock? Have his noble efforts prevented his sister from becoming a caged animal, used by the government for her brain but at the expense of anything resembling the normal life of a twenty-six-year old woman? Has his hard work in Her Majesty's service and his tireless toiling for the well-being of his family prevented Sherlock from losing his mind?

There's a bottle of 40-year old Lagavulin on the bottom shelf of his liquor cabinet; alcohol had always been safe to leave at Sherlock's disposal since he has never enjoyed consuming it. Mycroft had reserved that whiskey for special occasions and important guests. If this isn’t a special occasion, he doesn’t know what is: it’s not every day a man who already has a sister imprisoned as a psychopath has to contribute to the extended sectioning of his other sibling.

Mycroft goes to the liquor cabinet and finds the right bottle. He scratches off the sticky tape ribbon
covering the cork, opens it, and drinks deeply straight from the bottle – a ghastly common thing to do, but he doesn’t give a damn. The whisky burns at the back of his throat as he raises the bottle towards the window, toasting silently to Uncle Rudy.

'Blood is thicker than water' had been a favourite platitude of his Uncle's. 'In the end, what do we have except family?' their father had said at Eurus' fake funeral. Mycroft had grieved at the time just as the rest of the family had, convinced that their little girl was dead. In a way, he's the one still gripped by that sorrow because it never ends. His father had lost his family in that fire, the fabric of his existence damaged beyond his ability to repair. He was a small man, a simple man, a man of little initiative. Not one to carry the burden of a genius wife and similar offspring with all the associated challenges.

'Look after Sherlock,' Mummy had repeated to Mycroft like a parrot throughout his childhood as his directive in grocery stores, in parks, on their way to parties, when going on holiday, and when a new school year would invariably bring on a fresh hell of bullying for Sherlock no matter how hard Mycroft tried to keep him out of harm's way. 'Look after him, Mikey' – that's what they kept telling him, as often as they told him to brush his teeth or eat his vegetables.

Or, they didn't, because all the everyday things that were unpleasant but necessary, Mycroft had always done without prompting. 'You are such a sensible boy. I don't know what we'd do without you,' Mummy had often told him. 'You never cause trouble.'

He remembers being punished severely only once when Father had discovered him smoking. It may have been the first and thus a very shocking piece of evidence that he wasn’t always the paragon of virtue that his parents needed him to be. Objectively speaking, it had been a minor misdemeanour, but Father didn’t see it that way. Mycroft bore his shame gracefully back then, just like he’d have to take it in stride, bow his head and not make a fuss about how he would feel if he ever had to tell the parents that he’d lost control of Sherlock. They don't even know he has had to take such control in the first place. It would unravel so much.

Would he have to tell them about Eurus, too, at some point? Will Sherlock ever find out about her? Even through the warm haze of the whiskey hitting his head, Mycroft realises he needs to make a plan to find out if this… episode is affecting Sherlock's memory. If the recollections of Eurus resurface, then Mycroft has no doubt that it would be the end in many meanings of the word. Sherlock is in no state to deal with such a revelation – perhaps not ever, but least of all now.

He needs to formulate a plan to survey the possibility of those memories resurfacing, but he doesn't want to. Not right now.

It has never mattered what he wants, except that today, in his own bloody house, it does.

He sits down on the floor below the window, watching the skeletally bare tree branches cast distorted shadows on the floor. Sherlock could probably name the genus of the tree in Latin.

He drinks a third of the bottle on one go.

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He always got excellent marks at school. He forged lukewarm friendships that benefited him. He did what was expected of him by his teachers and Uncle Rudy, and he did it well. When Mummy and Father had attention to spare for him, they acted as though he was a dull constant, something sturdy and predictable they could rely on, like a good quality washing machine.

His reward for all this was nothing but more expectations to fulfil while his sister murdered people
with just the sound of her voice and Sherlock wrecked his own life in the most colourful ways possible. Mummy was constantly at odds with school authorities because she felt that they didn't understand how to handle his little brother, even though she was hardly better at it herself. Later, when it came time for Sherlock to go to Eton, he threw a strop and opted for Harrow instead, before being kicked out within a term for exceptional resistance to authority and for stealing chemistry supplies. Mycroft had never known what pressure Uncle Rudy had applied to the Eton Headmaster to get Sherlock reinstated there, but with a strict and extensive support network of tutors, doctors and therapists, Sherlock scraped through the rest of his studies with only the occasional tumble into the black pit of depression. He was accepted to Cambridge, where he fell head over heels for cocaine. Mycroft’s diplomatic skills were honed in keeping him from rustication: Sherlock insulted the intellect of his professors on a regular basis, and at one point he took up and employed martial arts in order to stop getting the crap kicked out of him when his acerbic tongue pierced through even high society’s levels of self-restraint. After Cambridge and a few rehab stints, Sherlock discovered a second good friend: heroin, which together with his stellar people skills, lead to the end of his academic ventures.

All in all, there have now been four stints in rehab, the first organised by Uncle Rudy and the rest by Mycroft. After an overdose that had seemed to rattle even the addict himself, Mycroft had wrung a promise from him that he'd always write a list of what he’d taken. Even Sherlock accepted the logic that it would be beneficial if someone would be able to tell the medical professionals whether naloxone and flumazenil would bring him around or if he'd taken something more exotic that had no antidote.

Sherlock never thanked Mycroft for any of it. Indeed, the most memorable reward of his troubles had been a black eye, as delivered by Sherlock who had been on a bad trip when he'd been sold God-knows-what instead of what he'd asked for. Mycroft is certain that there is no such a thing as a good drug trip.

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After the now empty whiskey bottle accidentally rolls underneath a bookcase, Mycroft smokes an entire packet of cigarettes out on the French balcony that faces the courtyard behind the townhouse. The combination of alcohol and nicotine in such quantity makes his head swim and his stomach hurt. This is the sort of thing Sherlock does – goes overboard until it all goes to hell. He wonders how much of Sherlock’s drug taking could actually be a form of self-harm, instead of the self-medication suspected by psychiatrists. He isn't sure precisely where such a need in Sherlock to fix himself arises. Are there other things buried deep in his psyche that are still causing aftershocks, something as toxic as the phantom of a little girl who murdered his best friend and then tried to do the same to him?

Mycroft's phone keeps making noises since the demands of current politics never cease. He answers only one call when he recognises the number as Bethlem Royal since they’ve returned his calls often enough on this number. He hopes his voice won’t betray his drunken state.

They want to inform him as the nearest family relative that they are switching Sherlock's medications, all of which he is unsurprisingly attempting to refuse. He is informed that after the Case Programme meeting, his brother has been virtually catatonic.

He tells them to do whatever they think is necessary, with the exception of ECT. He knows that the option will be on the table if things do not begin to improve with just the medications. There is no way to tell what effect that might have on someone who has already suffered complex and devastating memory loss since a varying degree of amnesia is the most common side effect of electroconvulsive therapy. He sternly tells the Ward Sister calling him what he has already told the psychiatrist, Barnes: that he would never support that line of treatment, and that it would instantly
decimate whatever rapport the staff may be able to reach with his brother.

They want to know if he is coming to see Sherlock this weekend, and he tells them no. He knows he wouldn’t be able to convince Baby Brother to cooperate anyway, and he doubts Sherlock would receive him. Not after he let the seemingly indefinite sectioning order happen. It doesn’t matter that he never had a deciding vote; Sherlock will still see it as his fault. Everything about Sherlock is always Mycroft’s fault.

The air upstairs feels suffocating even with the balcony doors open, so Mycroft makes his way downstairs and drops onto the couch in the sitting room. He doesn't turn on a lamp. Instead, he watches the winter sun coming through the window shift and dim into twilight. The gloom suits his mood.

Does Sherlock care about him at all? Or, is he just a nuisance, an unnecessary evil?

When he'd been ten and Sherlock three, he'd had to have his tonsils out. Even though it had been just an overnight hospital visit, an exhausted Mummy had brought Sherlock in late in the evening to see him. 'He wouldn't stop crying,' Mummy had explained. 'He wanted to see you to make sure you were alright.'

When he'd been small, Sherlock had been a mostly happy, affectionate little boy who actively sought Mycroft’s attention and company and even copied his acts in admiration. After Victor and the fire, nothing of that remained. Had whatever fondness he'd have for his big brother been lost as collateral damage as he turned away from everyone? Or, had this rift began even before that? When you're a child who is being ignored by one parent, misunderstood by another, terrorized by a psychopath sibling while the other is either absent or looks on, paralysed by disbelief, can you retain any of your faith in that the people close to you will protect you and wish you good? Guilt burns Mycroft's stomach almost as much as the scotch had.

He’d stood by and let the disaster happen.

From Sherlock's perspective, is their current predicament a repeat of that scenario, though he does not even remember the first one properly? Does it appear that Mycroft looks on impassively, while a tidal wave of dread and powerlessness knocks Sherlock off his feet?

He tries not to think back to the earlier events of the day, but the memories are too raw. They come up his throat with the bile of his stomach acids.

Sherlock had practically leapt up from his chair the second the words had left Doctor Barnes' lips that he wouldn't be released – that the section 2 order was being turned into section 3, allowing involuntary treatment for up to six months.

Mycroft had called out his name, sensing a danger in the atmosphere that Sherlock might lash out physically, judging by the fury that radiated off him in waves.

'GET OUT OF MY HEAD!' Sherlock had snarled at him, then slammed a palm on the table between him and Barnes. 'Why?' he demanded, 'what possible medical justification could you provide for this? I've done what you demanded, and he's had his fun---' he'd spat out, cocking his head towards Mycroft.

'Your self-care has not improved, and you are still more preoccupied with paranoid thought constructs regarding your brother than you are with getting well', Barnes had told him, leaning back
and appearing slightly alarmed and apologetic. Placations and attempts to sound disarming have never worked with Sherlock – if anything, they throw fuel into the fire since he easily interprets them as condescension.

All in all, Mycroft had not been impressed with the doctor's demeanour. Sherlock could certainly be intimidating if he so chose, and today he had put on a formidable show, but this man was supposed to be an experienced physician in charge of the situation.

Next, Sherlock had launched into a barely coherent tirade of accusations, delusions and random insults at all individuals present. Eventually, after several prompts to do so had not made him sit back down and stop shouting, and after he'd even toppled one of the unoccupied chairs to underline his point, a panic button underneath the table had been pressed.

What followed was a short but pointed staring match between Sherlock, two nurses and two security guards who burst into the room. Thankfully, Sherlock had soon relented, ripped his arm out of the grip of a nurse and marched out into the hallway.

Before the door closed behind him, he'd turned and looked straight at Mycroft and then through him, as though he did not exist at all anymore because Sherlock had willed it so.

There's a pile of work papers on the coffee table in the sitting room. Mycroft kicks it off to make space for his feet, and the sheets spill onto the antique Kilim rug beneath.

He goes down to the kitchen and eats every biscuit, cake or another sort of sweet thing he can get his hands on. The sugar rush combined with the whiskey makes him nauseous.

He should probably buy a treadmill.

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After two days of endless thinking, raiding the contents of the liquor cabinet and battling a sense of inevitability, Mycroft orders in Indian takeaway enough to serve three and eats it all. Relief and shame collide, but he can no more stop those emotions than he can control the onslaught of guilt and memories.

He washes his meal down with a bottle of Petrus 1989. It all clashes horribly, and he ends up vomiting, more inebriated than he's been in years. At one point, when he pushes himself away from the toilet to sit on the white-tiled floor, he remembers trying to console Sherlock who was in withdrawal and had spent hours being ill like this. That time, he'd finally managed to convince the boy to go into rehab voluntarily, coaxing the agreement out of him when he'd been at his weakest and most miserable.

What do normal, ordinary dullards do with their siblings in their free time? Go to a pub, see a film, go off on holidays without the silences between strained words hanging heavy? Are normal adult siblings able to share a meal, sit down in front of a fireplace, indulge in a glass of wine while reminiscing about their safe, tedious childhoods?

He drags himself to the kitchen and bins the empty wine bottle. Sherlock doesn't drink wine – as a matter of fact, he rarely wants to eat or drink anything. As a child, he'd been the fussiest of eaters. Tantrums were the standard whenever Mummy dared to serve anything outside of his strange list of acceptable foodstuffs. At one point, Mummy had consulted some new child psychologist on Harley Street who was supposed to be all the rage and begun to engage Sherlock in cooking all their family meals. Mycroft would have been mildly interested in helping, but Mummy conspiratorially ushered him out of the kitchen. *This is for Sherlock's benefit. I can't divide my attention between the two of*
you. Besides, don't you have schoolwork to do?"

Food shouldn't take on additional meanings beyond nourishment or a social habit. It shouldn't be significant beyond fuel, and like brushing one's teeth or sleeping, it is hardly worthy of excessive attention. Sherlock's relationship to it certainly isn't healthy, but it might just be enviable from Mycroft's perspective. He hates himself for what he rewards himself with. It's vicious – hating oneself for something as intangible as wanting something that is simply necessary to survive. Abstinence is not an option the way it would be for addict of all other kinds.

The reason why he can never adopt an entirely utilitarian relationship to food is that it is also a reminder of home, the one they had when Musgrave Hall was still standing. Aromas are a trigger of many happy memories and a familiar, reliable source of comfort. He remembers fondly a perfect cup of Assam tea at the Oberoi Grand Hotel in the midst of a difficult mission manoeuvring strained relations between Myanmar and Thailand. It had been a haven of peace in a cup. He also recalls the mouth-watering and reassuring taste of liquorice allsorts at Caracas when his flight had been cancelled and half of the airport was flooded from an inconvenient hurricane. It was the only recognisable and ready-packaged thing available at the small shop just outside the airport since other stranded passengers had already emptied its shelves.

Sometimes it's not even the food that offers the comfort, but the promise of it. Right before a meal, the experience of it is still ahead of him, which means that there's at least something to look forward to before facing the rest of his life which looms ahead, unrelenting and unchosen and unforgiving and not the way he wanted. These small choices he makes in his daily life are his and his alone – his to control. It's pathetic that he needs such a thing, that something as pedestrian as food keeps things from falling apart.

It's not just him. Most people seek such comfort, engage in rituals that seek to wrench familiarity and comfort out of food. Tea was the nation's antidepressant and tranquillizer way before the pharmaceutical companies brought more effective options on the market. It's just that for some people – for those like him – these rituals of safety are more important than for others, and wrought with difficulty. He remembers family dinners during holidays from Oxford; him, comforting himself with another plateful of Mummy’s cooking to dull the guilty ache in his guts over the fact that he was the only one who knew what Sherlock had just slipped into his own room to shoot up.

He doesn't really remember all that many happy family mealtimes, not even before Eurus disappeared from their lives. What he does remember much better is when she'd been four and he five years of age, Eurus had once somehow forced Sherlock to eat earthworms, clearly fascinated by his distress as though unpleasant emotions were something she'd only seen in a book and now wanted to experiment with. She never projected much emotion outward until Victor came along and she decided that the world would be a better place without him in it. When Sherlock didn’t agree, then he had to go, too. The ancestral home would become collateral damage – Eurus had never grown attached to inanimate objects or places the same way other children were fond of stuffed animals or dolls or their own rooms. To this day, Eurus still has a fascination for emotional context, a curiosity that seems akin to that of an alien landing on earth for the first time, trying to understand what makes humans tick.

Sherlock tries to pretend he's exactly like that, but it's a front. What their sister lacks in depth of emotion, Sherlock makes up for thousand-fold.

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His parents never ask Mycroft about women. Whether they assume he puts his career first, that he prefers his own sex, or that he somehow has no interest in finding a companion he does not know.
The thought probably does not even occur to them. With all their children now out of the family home they had moved to after the fire, they are now free to pursue their own interests again. That takes them to America, where Mummy has found her intellectual niche in running her own prestigious research group, and Father enjoys golfing and collects early American first editions of books. Across an ocean, the ashes of their family will not excessively haunt their thoughts. There is a distant pleasure to be found in the phone calls Mycroft makes to them, assuring them that he is well and so is Sherlock. He justifies his white lies with the notion that it's a blessing that at least the parental unit has managed to escape this nightmare. Mycroft will not take it upon himself to be the one to deconstruct the carefully built happiness in their later life. He cannot put onto their shoulders the shock he had experienced when Uncle Rudy told him that Eurus had not died, after all, in that fire she had set at the psychiatric unit. If he had not promised never to tell his parents about her real fate, then he would not have been let in on the secret of where she was being held, and why.

Mycroft's only chance of freedom will come if Eurus dies in captivity and Sherlock finds someone else to be the airbag in his constant collisions with the rest of the universe. The only other way out of his current life is if he fails in some way that carries permanent consequences for Sherlock's survival and well-being. He might be free if Sherlock gives up trying and just lapses into madness.

Lying atop tangled, sweaty sheets, wearing only a crumpled dress shirt and pants, Mycroft tries to imagine what would happen if he simply walked away? What if he just let the NHS sort Sherlock out? Could he disappear? Reinvent himself? Like any sensible intelligence operative, he does have an exit strategy he has put considerable time and effort into planning. What a lovely fantasy: walking along the streets of Cape Town or Rio De Janeiro, breathing in the ambience, unaccountable to no one. Is this how Sherlock feels when he is living on the streets? If yes, then isn't it only fair that in Bethlem, Sherlock gets a taste of how things have been for Mycroft all his life?

The powers that be would never let either of them disappear off their radar. There is too much invested in keeping him as Eurus’s handler, and the state would assume he had gone rogue or defected. Or, they might assume that he has fallen under Eurus’ thrall and is doing her bidding. Before he retired to Brazil, Uncle Rudy had taught him everything he knew about learning to become immune to her control techniques. He had interacted with her briefly without the shield of a video-based system, but nowadays they mostly use a text-based chat link because he doesn't want to risk finding out if he would be susceptible to her abilities, after all. Eurus positively revels in having the chance to taunt him, to make him work for every piece of information that she can yield. Undoubtedly, she is a significant strategic asset – her ability to see patterns where none exist, is better than any machine or any intelligence officer's grasp. She easily trumps even Mycroft or Sherlock in perceptive ability. Her brilliance can be made to work for the greater good, but she dispenses it only when Mycroft agrees to be the interface and offers secrets and outrageous gifts in exchange. A Stradivarius, for God's sake!

His two siblings are like Charybdis and Scylla, and he is Odysseus, at risk of being crushed between the two of them. When he can't bring himself to hate Sherlock, who has things Mycroft can never have yet has no sense to appreciate them, he hates himself, instead.

Rules, expectations.

And no escape.

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refrains from commenting.
Alone Protects Me

In sooth, I know not why I am so sad.
It wearies me, you say it wearies you,
But how I caught it, found it, or came by it,
What stuff ’tis made of, whereof it is born, I am to learn.
- William Shakespeare: The Merchant of Venice

The following days at Bethlem are not good days. Sherlock refuses to see Smathers for nearly a week, accepts a single call from Mycroft just to have the satisfaction of hanging up on him before Big Brother gets a single word in after a 'good morning'. These end up being his only acts of rebellion since the rest of his time during the week is spent lying on the bed and letting his thoughts have free rein.

He thinks back to the Care Team Meeting where he had been informed of the decision to move forward with section 3. He thinks about the diagnoses. He won't contest them, because it's pointless. He disagrees with what they are calling the way he feels. Giving it a name does nothing to fix it; all it does is justify to them his continued incarceration. He could apply for a new Tribunal now that the section category has been changed, but only a veritable idiot would expect a different outcome. He is not an idiot, despite their attempts to make him one based on yet another combination of medications that they are insisting he takes.

Those who have not experienced it seem to think depression is about being sad, seeing no purpose, being paralysed by a fear that this is all that there is to life. They assume it's to do with finding no pleasure in anything, seeing no future and a past wasted. Yet to Sherlock these seem like consequences and not the cause.

He has been told during his earlier rehab stints that he can expect to experience some level of transient depression and anxiety because they are inevitable when withdrawing from drug dependency – his brain needs to learn how to again produce the equivalents of the happy chemicals – the actual words of a rehab physician – he'd been supplying himself intravenously. He’s supposed to accept this and use the cognitive behaviour therapy sessions to challenge the negative feelings that are being driven by his assumed separate mood disorder. They're trying to fix his symptoms, which is very much beside the point.

They keep asking him why he isn’t willing to explain how he would define his emotional state. No – he can’t answer even that. It isn’t a complicated question, but he knows from prior experience that they won’t be happy with his answer, and he needs to uphold an illusion of cooperation, if they are going to agree to release him from the Section order. So, he keeps quiet.

For Sherlock, what they euphemistically call depression does contain all those things that they keep listing as typical symptoms, but mostly it boils down to a simple question: what, then?
He could get out of bed today, eat lunch, go to the garden with a nurse to see if bees have woken up after the winter. What, then, after that? Another day of scraping himself off the shoe bottom of humanity, trying to come up with something meaningful to do, all the while acknowledging that he's still nothing but a transient spark of energy in the universe and nothing more? If he gets through that day, what then? Yet another one will follow, and then another one. Nothing will change, so why bother?

His physics teacher had once told him that thinking about outer space is consoling, that it makes troubles feel smaller and makes one feel like a part of something bigger. Sherlock has never found the notion of lightyear upon lightyear of emptiness and isolation consoling. Planets spin, moons rotate, suns go supernova without sentence – they don't know how little point there is to it. It would be easier, wouldn't it, to be a celestial body without a brain? To go about one's business without questioning things all the time.

He hates the solar system. It’s all so predictable. Pointless. Empty.

Take the orbits he’s forced to follow. Say he goes through this charade and returns to the prison that is Mycroft's house. His family will be delighted that he appears to be back on track. What, then?

It’s the same old story. He went to boarding school and was forced on a school trip he had tried to get the House Master to allow him to skip. He gracefully turned the other cheek when the attention of his peers turned to him again and ended up head-first in a ditch. He has taken the high road, over and over again, to no effect. Then, he began fighting back, and he was the one to get punished again. His life is a battle against the riptide of the rest of humanity trying to drown out his voice under an insufferable cacphony of normality and mediocrity. He may try to connect, even succeed, but it fixes nothing. He went to university, studied for a degree. Still, no one wants to exist in the same space as him. He graduated; there is no suitable career on offer. He has no plan – how could he have formulated one, while at the mercy of other people’s ideas of what should work for him, but doesn’t. What, then?

Drugs make it easier. The option of not having such an escape hatch is unbearable as long as there's nothing else to keep him motivated. Cocaine chops up time into bearable chunks and there's always something to look forward to. He's never been good with patience, with long-term plans, with delayed gratification, with believing that a holiday trip or a Christmas or a date or anything in the future, really, could offer enough incentive not to cease existing. The drugs have given him moments of belonging, of connecting to the here and now, enough false hope for it to serve as a reason to keep functioning. They were his holiday trips from himself. With drugs, all he ever needed to think about was the next hit and it was always worth it – until it wasn't. Tolerance makes sure of that, followed by withdrawal when funds run out or someone pushes him into rehab.

The things he sometimes is forced to do, in order to buy drugs when he has no money left, certainly don't feel worth it when they're happening, but he can get through it for what he knows is coming – relief and respite from the now. On some level, he knows exchanging those kinds of things for a hit is ruining something of him that he hasn't even experienced properly, takes something away that devalues what others think of as beautiful. Still, it doesn't matter. Assigning sentiment to sex is a societal construct, yet he still doesn't like naming the acts he has paid his debts with – doesn't want to call it sex. He's never had “sex” in the way other people say they do. It's unlikely such a thing will ever happen. Not in a future such as his. Those who would partake in such things with him have always wanted his body, never his mind. There have been offers for what could have become longer relationships, but he doesn't know how to stage the negotiation between his body and his mind that one would require. No one will ever accept his mind, so why should he barter his body for companionship? And, the same question still follows: what, then? A sharing of mutual, lukewarm satisfaction of animal urges? A precarious attempt at a longer relationship he's bound to ruin? He
doesn’t do friends. He’d be an unrealistic idiot even to consider lovers.

The notions of people believing that everyone is entitled to find happiness, or that there exists some magical, special someone for everyone are just preposterous. So many people die alone never having found such a person. And, so many of those who do make the effort are miserable and get divorced, their minds and their ability to trust fractured by badly selected spouses. The notion of finding a friend, a platonic companion is something Sherlock can deceive himself with momentarily on a good day, but he has to be sensible: why keep trying at something that has never succeeded? Mycroft clearly doesn't hold much hope for him in this respect, either. His scepticism is obvious, though the man would argue that he keeps counseling against such things for Sherlock’s own good, to protect him from the abuse of others. So, Big Brother spreads that doom and gloom out of some wonky sense of brotherly support.

Maybe he gets through this episode of incarceration and enforced rehabilitation, however long this sectioning ends up lasting, and goes back to South Eaton Place to live with Mycroft. What, then? Things will be exactly the same. Alone in a crowd. What else is there?

Not wanting to live is not the same as wanting to die, but sometimes, when lying on his bed staring at the ceiling of his room in the Fitzmary 2 ward, the difference seems academic.

Eventually, when he does get off the bed, he trudges to therapy since there is little else to do.

The door to shuts with an already familiar click from the electric lock. Sherlock can't help reacting to that sound, freezing for a moment as he is reminded there is such a device in the door, one that he doesn't have control over. It's purposefully designed to be loud, so that the medical staff will have the reassuring knowledge that the door is secured.

To Sherlock it's an acute auditory reminder of his imprisonment.

He had agreed to this, to seeing the therapist again, because it must be better than yet another day staring at the walls, stuck within himself. He would rather take the ominous unease of someone trying to get into his head over trying to claw himself out of there. Why does answering the man's questions feel like his emotions are leaking through cracks in the Palace and he can't shove them back since he doesn't dare to access the construct properly? Inside it, he might find some relief, but the drugs are fogging his brain so much that he remains outside, frustrated and irritated and worried of what might happen if he cracks the door open. Maybe, if he makes some effort to “engage” or whatever word the therapist is using to describe it these days, they will lighten the pharmacological load assigned to him. None of his other attempts to affect his own treatment have worked.

The therapist clears his throat and offers him a greeting of good morning, which gets ignored.

Sherlock takes a seat in the chair opposite Smathers. He had been repeatedly offered an armchair next to the desk, at an angle, but he prefers to have an expanse of a conference table between them.

"In the last session, we talked a bit about your future plans before our time ran out. I'd like to return to that," the therapist tells him, electing not to acknowledge Sherlock's absences during the past days since the Tribunal.

"I don't know what there is to talk about, since I haven't made any plans. According to you lot, the primary content of those plans consist of indefinite incarceration here." He can’t help but let the acid
of his disappointment leak into the tone of his voice.

Smathers doesn’t even flinch. With a lukewarm smile, he ignores all that has just been said. "Off the top of your head, think about yourself ten years from now. What do you see?"

"Nothing."

"As in…?"

"I don't think about it. Never have."

"When you enrolled at Cambridge, where did you see that educational choice leading?"

"I enrolled because I wished to study chemistry. I was considering medicine at some point, because that would have enabled a career in forensic science and pathology, but I was counselled against it. I was told I was not suited to patient work, which the basic degree would require before research work could be possible."

"I understood that you did outstandingly well in your studies. Would a scientific career interest you?"

"It would have, if it didn't come with the baggage of other scientists."

"Can you explain why that is a reason to refrain from it?"

"I don't suffer fools gladly, as I am sure you have noticed. And the fools certainly elect not to tolerate me."

Smathers swallows, but continues, "Anything else that interests you besides chemistry?"

"Criminology. Forensic science. "As I have repeatedly mentioned, you moron. "Following that path would entail either medical college or a career in law enforcement, neither of which are possible due to a criminal record and this," he says pointedly and bitterly, waving a hand around the empty air to signal their surroundings.

"It's normal for a young adult, a recent academic graduate, to need to take time to get their bearings, to look at their options. You really aren't the only one who doesn't have a plan at this stage."

"Obviously." The thought of many others being stuck in a similar limbo is hardly consoling.

"Does it affect your mood that you haven't yet decided on a career?"

"Unlike my brother, being employed has never been something I judge my worth against. What motivates me is my interest in things, not the financial value or social standing offered by them."

"That's good."

"I think I'd prefer to work on my own, on my own terms."

"An entrepreneur, then. What sort of a business would you imagine owning?"

"There is no legal business that would involve the things I'm interested in."

Eventually, Smathers’ patience wears a tad thin. “You need to be open to trying new things, to find out if they might interest you; but if you don’t make an effort, then you will never find out. You are in danger of making assumptions without actually knowing how they would turn out. It's the easy way out, not even trying properly and then declaring failure as evidence that trying would have been
futile, anyway."

Sherlock doesn’t like the idea of making assumptions – it’s highly unscientific unless one is formulating a sensible hypothesis to be tested based on prior research. But, on the other hand, whatever he has tried always ends badly. Repeated disappointment is as smart as banging one’s heads against the wall and then complaining about a headache.

He leaves the session no less frustrated than he was when he walked in the door.

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"I'd like to talk a bit about your brother," Smathers says the next day. He sounds tentative, probably because this subject matter has come up before, and each time Sherlock has promptly shut it down.

Theatrical groan. "If we must." *Best get this over with.*

"Do you enjoy spending time with Michael?"

"*Mycroft.*"

"Apologies. *Mycroft.*"

"I would enjoy his company more, if he imposed it upon me as little as possible – or even better, never."

"You're angry at him."

"Very astute observation." Even this naïve fool will hear the irony in his tone.

The therapist leafs through his notes. "On numerous occasions, including your Tribunal, you've stated that he's very controlling up to the point of planting a tracer on you, following you via remotely controlled cameras, reading your thoughts, knowing everything you do on your computer and spying on you. Does any of this sound out of proportion to you?"

"I never said he could read my thoughts. I may have said that's what he'd very much like to do exactly that. It would be much more convenient than a wiretap."

"Some of the things you think he's doing to control you could sound a bit paranoid to other people. Could you be exaggerating any of them because you are distressed by him paying you attention?"

*Interesting.* This is the first time any of the staff have mentioned a possibility that the only explanation for his so-called claims is not that he's a raving lunatic. This is probably a carefully constructed attempt to get him to contradict the statement and then reveal something of himself, so Sherlock decides he needs to stick to the facts. "He works for the government. He has proven that he's free to use whatever intelligence resources he sees fit to employ to monitor me."

"It sounds very unlikely that he could follow you around town through CCTV cameras. That would be an abuse of authority and a misuse of taxpayers' money."

"Pick up that phone and call Thames House. I'll tell you exactly what to say to get your call connected and to whom you need to speak. I can assure you that any MI5 surveillance unit will easily recognise my name and get you forwarded to the right person."
"That's a bit beside the point, don't you think?"

"How is it beside the point, if it proves I'm not delusional, like you lot all seem to think I am?"
Sherlock demands venomously.

"This is not about proving that point. This is about us analysing together how you feel about your brother, and how we could make dealing with him a little easier for you. He may be doing these things, or he may not be, but the key is in how you react to it. To understand that, you need to think about why you believe he'd do such things?"

"He will say that he wants to keep me safe and contained, not in that priority order."

"That sounds like he cares about you a great deal, that he wants you to be looked after and well."

"What he wants is for me to stop inconveniencing him with my existence."

"What do you mean by that?"

It should be as plain as day. "I'm a burden to him."

"Have you told him this is your impression? Perhaps you need to be honest, and talk about how his behaviour makes you feel."

Him and Mycroft, having some heart-to-heart? Sherlock rolls his eyes.

"Do you feel like he understands you, that he's someone you could share things with?"

"I didn't say I think that I'm a burden – I would stop being that the minute he left me at peace. It's what he thinks. As for sharing, I would prefer he ignored me completely. I don't know why he does the things he does! Because he's an overbearing idiot?"

"That sounds harsh. How aware are your parents about your current situation?"

"Not aware at all."

"Do you want to tell them? Would that help?"

"No. I have no interest in confirming their worst expectations of me. At some point, they decided to wash their hands of me, like everyone does. For them, it was a game of pass the parcel, and I ended up in Mycroft's lap. Because of some strange fixation on duty, maybe he fills the emptiness in his life with me."

"How much do they know about what has happened to you after you left for university?"

"I went to Cambridge. I graduated. I share a flat with my brother. They think I'm working. End of story, as far as they are concerned."

"Are you parents aware of your prior drug use or rehab periods?"

"No. Mycroft has been willing to withhold that information at my request, perhaps because he knows that if he tells them, then I will retaliate by telling them the truth about the son they think is so perfect."

Sherlock expects Smathers to ask him to clarify his last statement. He crosses his arms.

"It won't take us forward to discuss what you see as your family's shortcomings. All we can change,
you and me, right here, is how you deal with them. Is there someone else in your life at current, then, who you trust and who you could talk to about how you're feeling?"

"I've been told that I'm not good at that sort of thing."

"That doesn't answer my question."

"I don't want to answer it." He stares outside the window; frustration is driving him to seethe and for a moment, he can't even bring himself to look at Smathers. Who could enjoy being reminded of the fact that they have no one except for bloody Mycroft Holmes?

"Why is that?"

"I know you lot like to harp on about support networks and family involvement---" Sherlock spits out the words as though they were profanities, "It's easier not to have anyone."

"That sounds a bit lonely, doesn't it?"

"Alone is what protects me," he declares, yet hates how this is a notion Mycroft has put in his head. It's true, but he still hates the fact of where the wording of the credo comes from. "Interaction with people ends up badly or is disappointing in other ways."

"To me, it seems like your brother would be willing to be a support person for you, if you allowed it. Maybe we could explore what good qualities and skills he might have that would benefit your recovery?"

"How much is he paying you to say this?"

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The next day, just as Sherlock is taking a seat after being escorted in, the lights in the therapy room flicker briefly as a rare winter thunderstorm batters the outskirts of London. The flicker is just enough to tie his senses into an even tighter knot than usual.

"Today I'd like to talk about coping strategies for difficult experiences. Could you think of one you've had recently?" Smathers opens the game.

"Apart from being locked up in this hellhole?" Sherlock asks, but instead of proper venom it ends up sounding more like a whine.

The therapist laughs politely. "Maybe you could think of one before this. Some time has now passed from your hospital admission, so maybe you're ready to talk about what you think may have triggered this recent period of depression."

"Nothing new happened."

"Do you remember when we talked about deciding to see things a certain way, in a way that reinforces negative ideas about your life? Sometimes it works the other way around, that we try to downplay things we don't want to admit have affected us."

Sherlock doesn't answer. Smathers has been talking at him about this. He has listened, when he hasn't been busy trying to imagine being someplace else. It's marginally better than listening to what's going on inside his own mind.
"Is there anything that you can remember happening recently that made you feel worse about yourself? Maybe something from when you were still living with your brother?"

Smathers is confidently fishing for a specific tragedy, a “trigger event”. Therapists love having something to point their finger at, saying “ahah”, when the culprit for something could just as easily have been a worsening stagnancy, a black stain spreading in his life that has always been there.

Sherlock realises the therapist is probably just going to keep pressing until he offers the man some morsel.

There is one thing, but it's not that important. There was nothing new about the event or its outcome – just another failure of his to conform. It's not important. It shouldn't be.

Still, he doesn't like thinking about it, and the depth of that dislike confounds him.

After a pause, he decides to bite. At least it'll give Smathers something to chew on while Sherlock counts the minutes to the end of the session. "I--- I tried to help someone. They asked for my assistance, because they thought I might be better at it than the police."

"Better at what?"

"At first, it was about---" he trails out, not wanting to delve into another but the cold, hard facts, "---never mind. Soon the initial issue turned into solving a murder. I failed, because I could not make the police see reason. I thought it could have been something I might be good at, trying to deduce such a thing, but even if I were, it's not something I could do in the long run, because that's obviously the police's task."

"But you were optimistic about it at first?"

"At least it gave me something to do that wasn't forced on me by Mycroft."

"By accepting someone's plea for help, you showed empathy and initiative. It gave you something potentially rewarding to do. Those are all good things."

What initiative? "They contacted me; I didn't seek that case out."

"Still, you decided to help, even if that required you to do something you hadn't done before, and you even had confidence you might be good at it. What happened?"

"The police didn't really want me or anyone to solve the case. The wanted to close it, quickly and efficiently, regardless of whether the person who would go down for it actually was the guilty party."

"How did that make you feel?"

"I wasn't surprised. I've never had a very idealised picture of the police."

"You clearly think that the outcome was unfair."

"The world is unfair. That was not news for me then."

"Why do you think that experience was important in a negative way, then? I asked you to think back, and this is what you remembered. You answered so quickly that it must've been the first event that came to mind."

"It reminded me of things. Why it's pointless to try---"
"Try what, Sherlock? This is what we talked about, taking experiences without any intrinsic moral or emotional value and moulding them into notions that reinforce your negative thinking."

Sherlock glares daggers at the therapist.

"You often use the word 'pointless'. I think it's your way of dismissing things you find difficult, things you don't want to do," Smathers suggests.

"What else would you call it, then, doing something where the game is rigged, where you're destined for failure from the start? What I should have realised that I should never have said yes to that request. Nothing I did had any impact on how things turned out. That child was dead to start with."

"The death of a child makes people very uncomfortable and emotional. If someone reacted badly, it may have had very little to do with you. They may have appeared to be reacting to you, but it could well have been that you were just a catalyst."

"People often take out their frustrations on me, but very often I really am the source of those frustrations. I point out the flaws in their thinking, and they don't like it."

"So, if I understood correctly, someone asked you for help to solve the murder of a child and you think you failed in that task somehow. It's not your job, of course – like you said, that's what the police are for. Still, feeling like that is easy to understand – you probably didn't want to disappoint the devastated parents---"

"The mother did it," Sherlock quickly cuts in, trying to keep his tone disinterested. "Nobody wanted to believe so, and that's why they kicked me out of the investigation. She didn't want a child like that, so she killed him. She had already abandoned him in a care home because of what he was, and she still did it, didn't want him to exist, not even someplace else than living with her."

"Sherlock, why was that child in a care home?"

Sherlock's right thumb begins crawling along the tips of his fingers of the same hand, faster and faster because suddenly he can't contain his agitation and he doesn't understand why he feels like this. "I don't want to discuss that."

"It's alright to talk about things that upset you. This is a safe space for just that."

"He's dead. Talking about it doesn't change anything."

"Not for the child, no, but it might make you feel better."

"I doubt it." Sherlock stands up and wanders aimlessly around the room. He pauses in front of the window and runs a finger down one of the white-painted metal bars on it. "There's nothing to talk about. It is what it is."

He walks out of the room, again wondering what, then. Where is all this going to get him? The direction their conversations are heading feels unsettling, and he doesn't understand why.
"People who have gone through a lot of fear and anxiety get conditioned to it," Smathers tells Sherlock. "Those who haven't might be able and willing to stop things in their life from deteriorating earlier. They get angry for having to go through something that they see as unfair and unpleasant to them, so they make choices to avoid further pain. In contrast, someone whose life has been defined by depression might think that it's just their lot in life, a fate they must contend with, so they may not even try to get better. It's a matter of perspective. Have you ever been angry enough at your depression to be willing to change your way of life to avoid it in the future?"

"I don't think about it all that much." Sherlock thinks about his moods as little as he can. They pass by like clouds in the sky, and sometimes he feels as though he has as much control over them as he has over the weather. "It's useless to dwell on it. It's just the way things---" Sherlock catches himself. Isn't that exactly what Smathers had just said?

Mycroft would laugh at him, falling for such cheap therapeutic tricks.

"It's a matter of what we think we deserve, and what we've grown used to," Smathers summarises.

Sherlock says nothing to this. The man in front of him has probably never personally experienced depression; there is no we in this conversation, despite his repeated attempts to make Sherlock think he can understand everything that happens in his patient's head. This is not a shared experience. There is an imbalance of power here that prevents such a thing, even if Smathers had somehow gone through the exact same life experiences. Their obvious differences in intellect make the chasm even wider: how comfortable it must be like in the simple, stupid, slow brains of others. Life must be easy, not having to sift through a constant and overwhelming barrage of information, every moment a battle against a tidal wave of data.

Smathers is still wittering on. "Some pain and frustration are necessary for healthy development of brains. Animal studies have been done on this: individuals who are exposed to a moderate amount of stress will cope better in life than those who have not experienced it at all – and much better than those whose experiences have been crushingly overwhelming."

Something in his tone stirs Sherlock to snap: "I'm aware of the old adage that a parent's duty is to cause children a moderate amount of frustration." He wonders what Smathers would say about his parents' detachment from him. He'd been parented by proxy, handed over to medical professionals and then Mycroft. Still, he can hardly blame Mummy and Father – they had no way to know what was going on in his head, just as he had no way to tell them about it. Whenever he tried, or if he stopped communicating altogether, others got alarmed. His relationship with his parents has been a dialogue of the deaf.

"It's been claimed that happiness can be a choice," the therapist says. "What do you think about that?"
The scientist in Sherlock wants to argue, so words are formed and then manage to escape: "happiness is a chemical imbalance: when the human brain releases dopamine, an excess of it is defined as euphoria. Modern neuroscience thinks that depression is a misalignment of neurotransmitters; it likely has a lot to with dopamine being re-absorbed too quickly to create positive behaviour and mood." He shrugs. "How can alterations in such chemistry be a choice, unless you are using or being prescribed drugs that affect those pathways?"

Maybe the reference to drug use makes the therapist thoughtful since he takes a moment before replying: "modern neuroscience also knows that experiences create new pathways in the brain and affect which old pathways are maintained and which ones are cut. It's a sort of a pruning, and the owner of the brain can decide which shape and direction to aim for. Life experiences can lessen, worsen or trigger depression and the milder forms of it are often situational, not requiring of medication. It's the more severe forms where we begin to see maladaptation of brain neurochemistry. Some people are less resistant to relapses, which might be genetic, or just a result of a lot of that pruning having already happened."

There are things in Sherlock's Mind Palace that he would give anything to prune, but even the laborious process of manual deletion hasn’t always worked for him. "I'm willing to concede that for some people, it takes much more work to achieve even a moderate level of happiness. Are you saying that there's a baseline for everyone, a spot where everyone starts, on a scale of happy versus unhappy?"

"That's the thing. We think that such a scale, assuming it exists, can be deliberately re-calibrated. We believe that it's possible to learn to say enough, before we've suffered so much that we get used to being miserable. Someone who has had a terrible childhood full of fear and anxiety will have very well-developed pathways that handle negative emotions, but their perception and ability to handle happiness, when it does arrive, might be underdeveloped. But, those pathways can be developed with practice. You need to pivot: stop focusing on the unhappiness and start looking the other way, at what could do to restore your happiness. It's a skill, Sherlock, and that skill can be learned, nurtured."

Sherlock scoffs.

The therapist continues. "If you tell yourself that something is pointless, that you're bound to fail, that it's no use reaching out to people, you're learning nothing new, creating no new connections in your brain that might reinforce the networks producing a feeling of happiness – you're just reinforcing the old, destructive ones. You told me about your theory that your reward system is not satisfied with the things normal people are perfectly content with. Why do you think that is?"

He shrugs. There it is again, a medical professional forcing him to admit that he is a freak. That conclusion makes him angry enough that he snaps, "I'm wired differently. What makes other people adequately happy feels profoundly boring to me. I'm not allowed to do things that do feel good to me because they're supposedly harmful. Most other pastimes that are borderline bearable still require me to deal with an unpleasant amount of social interaction. As a child, I was only rewarded when I did things that other people wanted me to do. The better I shammed at not being me, the happier they all were."

"And the more miserable you got in exchange?"

Sherlock lets out a breath. He dislikes the way the therapist keeps putting words in his mouth, but some of the time Smathers is right, even though the man has a tendency for gross oversimplification.

At least the man's therapeutic approach is somewhat based on neuroscience, rather than the much less empirical ideas of psychoanalysts. It's just that this is not his first encounter with a cognitive
behavioural therapist: one had been assigned to his case when he'd been a young adult and the
woman had successfully taught him many ways in which to blend in, but it still felt like he was being
taught how to not be who he actually is. From Sherlock's perspective, CBT methods have some
limited uses when applied to practical problems of communication and self-care, but he doubts what
use such therapy will ever serve in these kinds of abstract discussions.

Smathers takes his silence as agreement. "Judging by what you've told me, while your parents
appeared satisfied when you did something the way other people were supposed to do it, they may
not have rewarded or praised you very often."

The therapist's guess is accurate. Mummy is extremely intelligent and highly educated, and any child
of Millicent Holmes' was never going to get rewarded for mediocre performance. Behaviour that
wasn't up to their parents' standards was a puzzle to be promptly solved or outsourced to the help of
an army of professionals. They described it as giving Sherlock the best possible start in life, while
effectively trying to turn him into someone else. They wanted him to be like his brother, but Mycroft
was hardly lavished with praise, either. Unlike Sherlock, he did as he was told, and what was
expected of him. That was acknowledged but not praised. His parents were obviously relieved that
Mycroft didn't cause any trouble, rock the boat, step outside the boundaries like Sherlock always did.
When Sherlock had been a teen he had despised and looked down on Mycroft's tolerance for routine,
duty and conformity, but part of it was envy. Mostly he just couldn't fathom how anyone could
content themselves with such a bland existence. Since Mycroft didn't even seem all that happy,
Sherlock's held onto the belief that such conformity would do little to improve his own life. Mycroft
would probably say that chasing such transient things of happiness is a frivolity for lesser minds.

Smathers digs out a handkerchief from his pocket and sneezes into it. Pollen counts are already rising
in London; the warmth of the urban environment always brings trees into blossom early. Sherlock
usually enjoys observing the changing of the seasons, when they deign to present themselves
properly in the Greater London area. A memory suddenly appears on the surface of Sherlock's
awareness: it had been snowing when he'd been hauled into the A&E at Chelsea &Westminster
Hospital. A visceral despondency takes over as he realises how much time seems to have passed
since then, how many days he has been forced to waste in this place. His stay has been a perpetual
passage of time with no sensation of movement or change – a limbo of the finest order.

Smathers is talking again, and it's a welcome distraction. "It might just take a bigger thing to kick-
start that reward system for you than for others," the therapist suggests, "especially when you've
introduced things to it that you think are way more effective, much more of an instant fix than what
can be gained from relationships and successes in work and study."

"Cocaine and heroin work differently for me than most people. They fix things."

"They fix things because your brain hasn't been trained to accept more subtle and slower-acting
remedies. Why wouldn't your brain want opiates when you're not feeling well since they are
practically tailored to hyper-activate the receptors that are responsible for you feeling euphoric and
calm? It's a bit like when we're terribly hungry we crave sugary things, things that will quickly raise
our blood glucose, instead of something healthier."

This reminds Sherlock of Mycroft.

"When we're anxious and sad, we want the fastest and most effective fix we've encountered. Who
could resist such a temptation? We know that the ways we've satisfied our reward system during
adolescence have huge impacts on its function for the rest of our lives. At what age did you start
using?"

"Sixteen."
"Why, do you remember?"

"It wasn't a... recreational thing. I wanted something that would help. Prescribed medications never did, at least not much, not without side effects."

"Help with what, Sherlock?"

He refrains from sharing the fact that the first time he'd used heroin, it had been to kill himself. No need to add ammunition to the already heady arsenal of weapons being used to keep him here. He had used other substances before, mostly sedatives and tranquilizers on the side of cocaine, because the doses of benzodiazepines prescribed to him around the time he was at boarding school and Cambridge were no longer doing anything to ease the anxiety that wouldn't give him a moment's peace.

The oppressive silence lingers on, so Smathers tries another angle: "did the drugs help you interact with others? Many people feel that alcohol is a social lubricant. Is that how heroin and cocaine fix things for you?"

The drugs certainly took him to some college parties, but only because that's where the Cambridge dealers were found. He rarely could resist scoring the first hit in the very place he'd made the purchase in. The walk out was always more bearable than entering had been – the barrage of moving bodies, the pounding rock music and all the other background din of collective inebriation were easier to bear with the cocaine high. Snippets of lyrics often etched themselves into his memory, and he often remembered fragments of melodies even after just one hearing. He remembers enjoying walking home when the weather was good and the high was turning into the mellow after-burn of heroin with some random bits of Rolling Stones tracks playing in his head.

No, there was no consolation in the drugs, not even then, not even if they transiently fixed some of his faults. Using never taught him anything that could have got him past difficult social situations when he wasn't high.

There's no point in digging around this subject matter. These memories don't give him anything; they are not good or bad, they just are, floating in his head like flotsam and jetsam. Useless, inoffensive.

If Smathers thinks there is a revelation to be found in his past regarding drugs, he's mistaken, but the therapist certainly isn't giving up: "so, you feel that the drugs served a purpose at first. When, do you think, your use got problematic?"

Sherlock decides that he needs to say something to stop the idiot from drawing false conclusions. He does his best to muster enough energy to answer: "whenever I had no desire to do anything else. I don't lack awareness of the risks; I simply lack the motivation to change my behaviour at those times." This is what the esteemed Doctor Barnes fails to grasp, even though the psychiatrist himself had pointed out that Sherlock had been sober for long periods of time: when the void is too close for comfort, he shoves the drugs into it. When it's distant and he has the energy to pay attention to the world around him, he doesn't need them. He'll still want them, but he doesn't need them. It's difficult, but he can even stay sober just to get Mycroft off his back.

"Do you have awareness of how your drug use affects those close to you?"

"My brother does little else than increase my awareness of that."

Smathers knows by now that Sherlock's parents are unaware of a lot of things, which is probably why he refrains from asking about their reactions. "Did the legal medications you were prescribed ever make your life easier?" the therapist presses on instead. "You have already said that they didn't
seem very beneficial."

Sherlock glares. "Of course not. They may have helped me not to want—," he stops just in time before giving the therapist something truly meaty to note down in his file.

Smathers pounces on what he must see as dreadfully meaningful omission and tries to encourage him to finish the sentence: "this is a safe space, Sherlock. You don't have to avoid difficult words here. People who are not professionals might get upset over hearing someone voice self-destructive thoughts or suicidal ideation, but that's not the case here. It's important that we talk about things with their real names."

Sherlock bristles. He won't be trapped like this. He chooses what he's willing to share, so he sidesteps. "The medications made me stupid and slow. That's what others wanted me to be – safe, quiet, not a threat to their boring routines. That's not what I wanted…or want. Not now, not ever. If that's your definition of happiness, then I reject it. That's not living, and I don't…" He stops himself before he lets the truth out: he'd rather not have a life in those terms at all, because it wouldn't be his life.

"The goal of your treatment is not to change you to another person through pharmacological means, but I have to remind you that there are medications you currently do need. What we are trying to do here is to reset your brain chemistry so that you could get back into control, to make you well enough to fully benefit from therapy. Once the psychotic symptoms stop interfering with a patient's thinking, in most cases the medication doses can be lowered. Sometimes, they can be stopped completely."

"Sometimes? Not in my case?"

"The relapse risk of psychotic-level depression is significant, as Dr Barnes may have explained. When discharge becomes a relevant topic, we have to make a long-term plan for your stable state, and think of a future strategy to intervene before things get so bad that you'd need to return here."

Sherlock gets a tiny thrill as he realises the therapist had used the word when, not if. This is the first time anyone at Bethlem has said it without lying through their teeth. He stifles his urge to say that once he does get out, the only way he's ever coming back here is if Mycroft donates his brain to the hospital's small museum.

Time to distract the therapist by backtracking. "You said that happiness is a choice, but what if there never was much to be happy about?" Sherlock argues, crossing his arms. "What if you can't even be sure you've ever really been that way, since you can't remember parts of your early years, and people keep telling you that it's best if you don't? They've tried to…tell me that forgetting is a good thing; it's my brain clearing out stuff it doesn't want to think about ever again. That certainly doesn't hint at a content and carefree childhood, but I don't know what to believe because I can't remember."

Whenever Sherlock raises the subject of his memory loss regarding certain periods in his childhood, the staff seem uneasy and deflective, as though they don't quite know what to make of it all. It could be due to Mycroft's influence, but what would be the point?

“Some remember a lot about their early years, others don’t. It’s not necessarily a sign that there's a problem. Have you had narcotics-related blackouts in your more recent past?” Smathers asks, stubbornly steering the conversation back to the drugs. During one of their earlier sessions, he had explained that he very much puts the emphasis of CBT in the here and now: 'we should focus on the negative thoughts you are having now so that we can challenge those, and replace them with more positive, constructive ones. The past happened, and reasons for how things are now can often be found there, but understanding 'why' doesn't give you instant coping skills in the present.'
Sherlock looks out the window, rapidly losing interest in the conversation. “Obviously, when I was sedated at the A&E, and the week after that. Like I said at the Tribunal—it's hardly my fault.”

"We're not looking to assign blame here, just exploring things. What about before you were hospitalised? How much do you remember after leaving your brother's house?"

"It's… fragmented." Some of it he really doesn't want to remember, but he does. Some parts are… gone. He traces a scrape on the surface of the table between them and resists the temptation to look at the wall clock.

"See? It's normal not to have perfect recollections of even recent events."

Sherlock elects not to argue that he has an eidetic memory. It's the very reason why not remembering something upsets him.

"What about the earlier times you've mentioned – before you went into rehab to get off the drugs. Is your brother willing to discuss those periods that you can't remember?" Smathers asks, but doesn't sound all that interested; the question is probably posed to prevent Sherlock from being able to claim that the therapist is ignoring something he has expressed a willingness to discuss.

"Never," Sherlock replies quickly. He's had quite enough of arguing about Big Brother. The first few weeks of therapy had been aggravating to the extreme; because Mycroft had been all he would discuss, Smathers had diligently tried to poke holes in all his claims and beliefs about the man. He is willing to admit now that some of the things he had been convinced of earlier may have been the products of his sense of reality tipping over, but inside his head, he's not conceding an inch to those who have told him that his brother is generally looking after his best interests. He knows that to get out, he has to play the game and not let on that he hasn't let go of the truth. To get out, he needs to win this game, in which the opponent has never stopped being Mr British Government.

The therapist keeps trying to deflect him: "under the influence of drugs, memories can disappear and distort and get buried under one another, but the consequences of difficult experiences don’t really go away. We learn to react in certain ways, even though we might not be able to pinpoint later on the exact moment when that happened. Even if someone could somehow delete their memories, the consequences of those moments would likely still remain and affect their behaviour. Dwelling too much on the past won’t help you now. Looking at it can help understand where you’ve ended up but the world changes, people change, circumstances change, and we need to choose if we are going to fall behind, of change with them. That was then, this is now."

Sherlock sighs. What if he can't change? What if he can't change enough? Why does it always have to be him who bends and breaks?

---of that, he had no recollection, and yet every minute he felt that he had forgotten something he
After reading the line three times, Sherlock returns to the start of the page in the well-thumbed copy of *Crime and Punishment*. The book’s protagonist is ill and has been suffering delusions about reality.

’He was not completely unconscious, however, all the time he was ill; he was in a feverish state, sometimes delirious, sometimes half conscious. He remembered a great deal afterwards. Sometimes it seemed as though there were a number of people round him; they wanted to take him away somewhere, there was a great deal of squabbling and discussing him. Then he would be alone in the room; they had all gone away afraid of him, and only now and then opened the door a crack to look at him; they threatened him, plotted something together, laughed, and mocked at him.’

He turns a corner down, since he doesn’t have any bookmarks at his disposal. Through the fog of the medications, it’s hard to concentrate on reading, but the story of the axe murder of an old woman pawnbroker and the issues raised by Dostoyevsky regarding guilt manage to carry his interest at least for a few chapters at a time.

The title alone had drawn his eye to the Dostoyevsky tome on the common room bookshelf. He has always been interested in criminology: what makes people do things, and why are some better capable of resisting certain impulses than others? Why do some people stay on a road that has already led to disaster, while others are able to salvage their lives and their sanity? Raskolnikov commits a murder and then spends the rest of the book coming to terms with it, at least according to the preface. Sherlock would prefer to have read it in the original Russian; the language has more resonance for the sombre subject than English.

Questions of sanity as pertaining to violence tend to put people off, so he hasn’t had many chances to discuss the subject with anyone. Even Mycroft, who is usually willing to indulge in a dialogue on any aspect of humanity, usually refuses to speculate why some people can resist the impulses everyone has: anger, rage, revenge, destruction, addiction.

Sherlock can certainly attest to the difficulty of resisting something he craves. Society shuns addicts, even though some of them have been driven to using by mismanaged chronic pain or depression due to unemployment and poverty; it’s just as Raskolnikov asks: “the whole question here is: am I a monster, or a victim myself?” Maybe he likes to study the cases of those who fall through the cracks, who are banished, who do not conform to the standards of society, because part of him intimately understands what it’s like to know better but to still fail, because one doesn’t have the requisite tools or skills to conform or to make more cerebral choices.

Is it a crime, or bad, or wrong to do something, if the culprit never knew any better? The philosophical notions of *evil* and *wrong* are cultural constructs, often double-standard and contradictory in nature – how else could one be punished for the wrongdoing of murder by being murdered themselves by society? People kill other humans in an imaginative array of ways – wars, accidents allowed to happen, neglect in the form of misdiagnoses, medical blunders, drunk driving. Not all of these are considered crimes. What is justice? What is fair or unfair?

’Even simple curiosity can be a bad thing, if no morals direct it,’ Mycroft had told him once, in a tone parents usually warn their offspring from doing something naughty. His brother has always spent too much time telling him what is right and what is wrong, forcing his personal sense of morality down Sherlock’s throat.

Mycroft especially seems to discourage curiosity in all forms when it comes to their family’s past. Sherlock has a sense that his life hasn’t always been like this: he has memories, very vague ones, of a time unburdened by the pain of acknowledging the future. He remembers sunlight, freedom and
comfort, but he can’t see any faces; no people reside in these memories. At one point in the chronology of his life, these memories stop and there’s just an empty space, a piece missing. Around it, vague impressions of dread and fear and danger have made a home.

He opens the book again at another spot he’d dog-eared. ‘In a morbid condition of the brain, dreams often have a singular actuality, vividness, and extraordinary semblance of reality.’ His dreams are not vivid; there is something between him and them that is interfering with the memory.

He lost Redbeard. That must have been the cause of such a cerebral rift, the reason for the breaking of his memory banks. Mycroft has told him that it was. Yet, something makes Sherlock wonder why that could have dammed the flow of his memory so completely. His recollections of the dog are imprecise, like a film cut into a series of snapshots, and things he would assume he’d remember about the animal’s life are not there. Maybe the dog was old – perhaps even older than himself, which would explain why he doesn’t remember its arrival or anything about it as a puppy. He’s quite certain he would have remembered a puppy.

Whenever he had tried to talk about such things as a child, Mummy and a parade of psychiatrists and therapists had patiently and repeatedly explained to him that sometimes, when bad things happen, the mind protects itself by forgetting. He has always known that Redbeard is not a thing that others in his family want to discuss, so the dog must've meant a lot to his parents, too. Even Mycroft goes quiet and more distant than he usually is, on the rare occasions when Sherlock has been brave enough to mention the family pet.

Science still knows so little about how human memory works. The amount of data a sea slug trapped in a laboratory retains about being repeatedly zapped with electricity is not going to explain why pieces of Sherlock's life have sunk below the surface like shipwrecks.

Maybe Smathers is right; what use would he have for the past, when the present is overwhelming enough?

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The next day, at dinner, he takes the Dostoyevsky with him to the common room again and reads while picking at the horrible food on a tray. One of the characters says to the protagonist, Raskolnikov: 'Do you understand, sir, do you understand what it means when you have absolutely nowhere to turn?'

For a moment, he has to close the book. Yes, he does understand. Every glimpse of the other patients and the bars in the window force him to confront his current reality — the total sense of being powerless, without any idea of how he is going to escape. And, even when (or perhaps if) he is discharged, he knows he can't bear to go back to living with Mycroft. Yet, where else could he go? Nowhere to turn, indeed.

He stabs a green bean with his fork and reluctantly takes it into his mouth. It has been boiled to stringy mush but it's still better than the cornflour-thickened gravy with the consistency of mucus that has contaminated everything else on his plate.

Opening the book again, Sherlock resumes reading. Raskolnikov is an odd character, but time and again Dostoevsky seems to capture a moment that makes him compelling. Sherlock finds himself re-reading one paragraph halfway down the page: 'An anxiety with no object or purpose in the present, and in the future nothing but endless sacrifice, by means of which he would attain nothing — that was what his days on earth held in store for him... What good was life to him? What prospects
did he have? What did he have to strive for? Was he to live merely in order to exist? But a thousand times before he had been ready to give up his existence for an idea, for a hope, even for an imagining. Existence on its own had never been enough for him; he had always wanted more than that.’

He feels like tearing the page out and just handing it over to Smathers the next time the therapist tries to cajole him into verbalising his emotional state. A writer who had died over a century ago had managed what Sherlock has never been able to do—give voice to the particular despair he is gripped by.

Alienation — that, too, whispers to him in the voice of this Russian character. 'He walked on without resting. He had a terrible longing for some distraction, but he did not know what to do, what to attempt. A new overwhelming sensation was gaining more and more mastery over him every moment; this was an immeasurable, almost physical, repulsion for everything surrounding him, an obstinate, malignant feeling of hatred.’

There are layers between him and other people: layers of processing errors, misunderstandings, hidden meanings, things that ought to be read between the lines, expectations and prejudice. He's missing some of the vital filters others have for tuning out the irritating static of the universe, which makes trying to interpret people even worse – he keeps getting distracted by things that turn out to be insignificant minutiae. To get to the truth, he has to painstakingly dig through so many layers others peel away without any difficulty, and in the process, he always gets something wrong.

People pretend to value the notion of honesty, yet are frightened by it. After turning his powers of observation unto others, Sherlock has repeatedly made the mistake of dragging the facts he discovers into the light and this seems to be his gravest crime in the eyes of others. Even when he gets things exactly right, he gets punished for it. It has always been a painful lesson to learn that others don’t appreciate the truth in its unadulterated form like he does. Instead, they drape it in sentiment and denial. They shun those who think differently, those who want to rip off the veil that’s covering what’s real – people like him, who are willing to point out that the emperor isn't wearing any clothes at all.
Let Death Make A Room

“...My soul seek the shade of my willow’s bloom
inside, brother mine, let death make a room...”

After supper is over and his nearly full tray is collected, Sherlock retreats back to his bedroom. By the poor light of the bedside lamp – fixed to the wall, no electrical cord to tempt some patient to use it as a noose – he devours chapter after chapter of Raskolnikov's tale and thankfully, the staff leave him to it.

At four in the morning, he wants to throw the book across the room. He can’t carry on reading because the story has shaken loose too many memories as it detours down dark alleyways of family disputes, cruelties and abuses inflicted on children and women. It isn't like him at all to be so affected by fiction; it must be the medications that are making him lose control like this, to get upset over the plight of imaginary people, be it that some of the content is highly disturbing: a secondary character's wife hates and abuses their children and revels in their disgrace.

He turns off the light and stares into the darkness. His mind keeps returning again and again to the investigation he got involved with – the child found dead at a care home.

People tend to view children as innocent, to assign their lives inherent value because they are seen as blank canvases on which life could paint a lovely picture or clay to be moulded into a force of good. Yet, when it turns out that a child is not what everyone had expected, the abandonment can be swift and cruel. Children can become inconvenient, a burden to be shoved aside. Adults use the excuse of saying that such things are done 'for the benefit of the child', when in reality, they are only looking after their own lives, chasing their own ambitions.

A staff member at the care home had asked for his help that day because he is different in a way they realised they could take advantage of. He knew he was being used, but for once, it didn’t matter.

Samuel Marsden was a child with 'neuropsychiatric issues' – what a wonderful euphemism, conjured up by medical professionals and family members to denominate someone who simply doesn't know how to operate in a world where the rules are made up for healthy people, neurotypical people, normal people. Such problems of Sherlock's had been dredged up at his Tribunal as evidence against him as if those words meant or justified something. Those who have issues are still always expected to navigate the world as it, a world constructed for the lucky majority, the normals. A part of being sectioned is society’s judgment against him, and the game is rigged against so many: prisons are full of people with neuropsychiatric issues.

At least he is an adult. Samuel Marsden did not have a chance to become one.

He will readily admit that it had disturbed him to be a witness to a crime against a child whose life nobody wanted to be a part of, one whom even in death did not receive the sympathy usually given to a normal child. It had upset him even more profoundly when the investigating team lost their
respect for the victim when they found out how different that child was. Nobody wants a child to die, but when that child is something that makes people uneasy on a regular basis, then they are apparently willing to empathise just a bit even with their murderer. This had actually shocked Sherlock even more than having to accept that Samuel's mother would kill him out of shame and inconvenience. A single person wanting to erase the existence of someone who was different is a criminal act; a larger group sympathizing with that turned it into a crime against humanity. The same officers whose eyes teared up at the crime scene in the care home had eventually expressed relief that their own children were not like the one who lay dead in his own bed, white as a sheet, eyes unseeing: 'It must be so tough, having a kid like that.'

None of it should have surprised him. None of it should have shocked him. None of it should have affected him. He has spent his life trying not to be affected, shocked or surprised when humans turn out to be stupid, merciless and self-serving. He should have known that lesson already, moved past it, accepted how things are. Yet, he's not immune to such cruelty as the murder had been. Despite all his efforts to remain detached, Sherlock had taken it personally. The last straw had been when his capability of actually feeling something decent was called to question and he was labelled as a freak who enjoyed hanging around such gruesome scenes.

Before they arrived at the care home, the staff member who'd recruited his help had told Sherlock that Sam had been a timid child endlessly fascinated by animals and their behaviour. He would watch nature documentaries and leaf through animal books for hours. He had terrifying tantrums when someone tried to limit this. He hadn't spoken more than a handful of words in his entire life, and communications with staff were a combination of nods, head shakes, signing and a visual aid designed by a speech therapist consisting of a folder of pictures the boy could point at.

'Sam minded his own business', the staff had characterised him, 'as long as he was left alone, he didn't cause any trouble'.

The assumption often is that autistic persons do not want company or affection, simply because they do not actively seek it. Why does it never occur to people that the reason they behave as they do could be that they don't know how to react to the ways in which others seek to communicate with them, or that they've been hurt and mocked and stressed and confused so many times already that it's better to not even try? What a neurotypical parent would consider affectionate gestures might have been strange, alien, even frightening to the child. Then again, Sherlock doubts that a mother who eventually resorted to filicide would have been genuinely affectionate at any stage of the child's life.

The care home's child psychiatrist, consulted by the police on site, had expressed a theory that Samuel would have had a very different life, had he received all the support and help available. He'd explained that the mother had declined all of it for years, refusing even to have the child evaluated by professionals even though it was blatantly obvious he had not reached key developmental milestones. Sherlock had found the psychologist's comments too optimistic – all the assistance Samuel had been deprived of, Sherlock himself had received, and it still hadn't made his life much easier. Granted, he had certain skills and high intellect, and his particular… behaviours, even as a child, had been much less severely pathological than Samuel Marsden's, but still.

When he'd first laid eyes on the body, Sherlock had wondered whether the homicide was the work of an Angel of Death. It could have been a copy-cat Doctor Shipman, one focused on disabled or developmentally challenged children. He had hoped it was a serial killer – that the victim had been chosen at random, that Samuel had simply been a convenient target of violence because he couldn't call for help, couldn't communicate. Everyone present that day had probably hoped for a faceless, nameless, anonymous murderer because not even Sherlock, who fancied himself a realist, had wanted to accept what had really happened. Even though he likes to think he values truth above all else, he had come close to willfully ignoring evidence right in front of him.
Sherlock can't help wondering if Samuel had been aware that he had so shamed his mother with his very existence that she thought he was better off dead. For the child’s sake, he hoped not, but children can pick up on a lot of unsaid things.

Based on how his own life has gone, Sherlock briefly wonders if the child’s death had spared him endless suffering at the hands of those who would not be able to help him. This thought makes his gut constrict with guilt, and there's a powerless rage in him at the reason that boy’s life had been snuffed out. It makes him want to fight on, to rail against a universe that deals such a bad set of cards to some of its denizens, and then demands that they adapt and bury what makes up the essence of them. Despite all his efforts to learn the patterns that make up the mundane and reassuring everyday communications between ordinary humans, there is still something wrong about him that always gets in the way. Whatever he tries, he goes overboard or presents the wrong thing altogether. People reject him because they can't understand him. It must have been even worse for the non-verbal little boy, even if he'd had all the therapy in the world available to him.

But, his own communication skills are not the best. Sherlock doubts that he will ever be able to explain any of this to Smathers. The therapist had blithely questioned him about the case as if his failure to get the police to see the truth had been inconsequential and simply upsetting.

Samuel died because he was different. Because nobody wanted him.

Being bothered about what happened to the child is…sentiment. Pointless. Weak. He needs to forget about it because it threatens to stir up things in his head he knows he doesn't want to think about, things he would, perhaps, have wanted to forget. While he might long for the key to some doors of the Mind Palace, there are those that need to stay closed because it's better that way.

Sherlock suddenly realises that right and wrong and crime and punishment have somehow become recurring themes of the CBT sessions. He wonders if this is on Mycroft’s instructions, or because he has let slip something that has led Smathers to make unsavoury deductions about the importance of the murder case or his reading choices. He needs to be on his guard, to err on the side of caution: as long as the medications are being forced on him, his control over what he reveals will likely remain terrifyingly poor. The pills shouldn't have enough time to absorb into his system in the morning before he gets rid of them, but the evening doses are harder to avoid. On top of all that, the staff must still be adding things to his food.

Now that his eyes have adjusted to the darkness, he stares at the book on the bedside table and wonders if Mycroft had planted it on the bookshelf, knowing he'd be tempted to pick it up because of the title.

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The therapist leans forward in his chair, telegraphing that he is about to change his current, tedious line of questioning about how Sherlock's day has gone. Invariably, Smathers has begun sessions by asking about how he's been sleeping and eating, as though that information wasn't available to him in the daily reports the nurses must be scribbling down every chance they get.

“We’ve talked a lot about your negative thoughts in recent sessions. I'd like to return to that, to see if we can find a way to turn them around when they threaten to take over.”

Sherlock absent-mindedly picks at his nicotine patch, resenting that the staff here are determined to deprive his stimulant-desperate mind of anything that would keep his dopamine hanging around in
his bloodstream long enough to do anything beneficial. They tell him this is a good opportunity to quit smoking since he hasn't been granted permission to leave the ward yet, not even to go to the yard for a few minutes. His brother has obviously brainwashed the staff into thinking he is what they call a flight risk.

“Tell me about something recent, something that made you excited, interested… or just useful to someone else. Something that made you feel good about yourself.”

Sherlock is tempted to blurt out "smoking", but he suspects this will trigger yet another exercise of being nannied. Or perhaps, "absconding" would be an even more appropriate word, given that it's been the one thing he has spent more time fantasising about than anything else. Imagining the look on Mycroft's face when he realised Sherlock had made a daring escape is rewarding indeed.

He says nothing of this to the therapist. Over the weeks, the staff has been attempting to brainwash him into thinking that he's only going to get out when he concedes to divulging everything he feels and thinks. In reality, the CBT therapist is re-training him in the art of lying through his teeth and shamming, play-acting to be normal. He feels coherent enough now to actually begin to manage that, and some further practice will make him practically proficient.

“Sherlock, you know that it is important to re-establish your sense of self-esteem. You’ve been through a bad patch, but you need to re-engage yourself with the things that you enjoy.”

An image of throttling the man for this psycho-babble comes to mind. Sherlock tries to think of an answer that might be socially acceptable and harmless. He really does try, but his thoughts keep circling back to the moment in the care home when he'd first seen the body of Samuel Marsden.

Very little regarding the subsequent investigation into the death had made him feel good about himself or anybody else. Yet, it's consoling, at least a bit, that he'd been there, because it means that someone had cared about the boy, even in death. He had been able to argue on behalf of a child who couldn’t speak for himself, not even when he had been alive.

Still, what did it matter if he cared? Did it breathe life into the body now buried in a graveyard plot?

The therapist is waiting for something. Finally, Sherlock says, “I like puzzles… figuring out why things have happened. I notice things that other people miss. It’s like they’re blinkered or looking through so many filters that they miss the important bits. And, even when they do see what's there, they don’t think about what they see, what the patterns represent, what the truth is. Maybe it’s the only skill I possess that isn't undermined by the things I'm bad at.”

Smathers gives him a sunny, professional smile of encouragement. Sherlock knows from prior experience that this is what psychiatrists do to make people drop their guards, and he is wary.

“Tell me more; have you done something like that recently?”

Smathers nods and then struggles over deciding how much to reveal about the Marsden case. He then wonders if the therapist could possibly help him understand why the police had been such idiots about it all, why the usual shock of a parent killing a child had been so diluted by the personality and issues of the child. Smathers' professional assessment of their failure to understand or judge the criminal intent of the mother could be… interesting. This might tell him something about the therapist, and whether he could be trusted.

So, Sherlock decides to tell him an edited version of the story.

It turns out that Smathers has heard of the case, but then again who hasn’t? The Evening Standard
was, as always, eager to jump on the bandwagon of beating up council care standards with the aid of a sob story about a dead child, since such exploitative drivel helps their circulation figures.

“How did you get involved?” The therapist is curious, but Sherlock can’t tell him the whole truth. The one who had asked for his help had been a young man who volunteered at a charity that distributed food and clothing to the homeless, which is where Sherlock had met him. He was still living under Mycroft’s roof at the time but had begun doing some research to see what he might do if he were to try to disappear onto the streets – whether he’d be able to keep himself fed and clothed while staying off of Mycroft’s radar. Admitting that to Smathers would only earn him a note in that blasted file of his.

He decides to focus on the one aspect that had made him feel good about himself. “I notice things – and it helped someone get medical treatment. That was witnessed by someone who worked in the murder victim’s care home.”

At the homeless shelter, Sherlock had noticed a young girl waiting in line for some soup starting to act strangely. The charity volunteers were convinced that she was drunk or off her head on drugs, but Sherlock had quickly put together some subtle signs – obvious to him but apparently incomprehensible to others – and told them flat-out that she was a diabetic and was about to go into hypoglycemic shock.

After the ambulance had picked up the young woman and Sherlock had been about to leave the scene, one of the volunteers sought him out. The young man, Jamie, seemed to be a kind-hearted person if a little naïve. He'd asked Sherlock if he was a doctor and seemed awestruck when he learned that he wasn't. Sherlock had told him how he'd come to the conclusion about the young women's symptoms, reciting what he knew about telling apart physical illness and psychological issues when it came to human behaviour. He had rambled a bit, he knows it, but Jamie had listened with interest and asked a lot of question about reading people's behaviour.

"So, you can look at anyone, analyse how they behave and solve their problems?" Jamie had asked Sherlock with a hopeful tone tinged with urgency. "Does it work when that person doesn't even talk?"

Sherlock had shrugged. "Sometimes that may even make it easier.” He wasn't going to confess that it meant fewer data to analyse. Less risk of failing to understand sarcasm or other such misleading things.

"I could sure use some pointers," Jamie had said; "I’ve got a patient at work, a young boy, who isn't doing well. His behaviour keeps getting worse, but he’s non-verbal and no one can figure out what is going wrong. He can’t communicate, but he’s really agitated.”

Sherlock told Jamie that deducing others wasn’t something that could be taught; at least not by him and certainly not to the average idiot. It has remained difficult to explain his thought patterns, no matter how many times his family has taken him to counsellors, therapists and psychiatrists. Their advice is always the same: he should learn how to filter all this stuff out and to stop putting his nose where other people don’t want him to meddle.

“You helped someone—and got recognition for it. That’s good. Tell me more.” Smathers is trying his best to accentuate the positive.

He doesn’t tell the Bethlem therapist that there’s a second reason why he dislikes discussing his methods. Mycroft has always been nosy enough about his abilities all their lives – probably because he’s curious which one of them is cleverer. His brother had taught him some things like the Mind Palace, but there are things that Sherlock thinks he might one day do better than Mycroft. When it
comes to patterns that are evident only when one looks at the smallest details, Sherlock's skills tend to triumph. Maybe that's the price Mycroft pays for always being asked to do the big picture stuff in his work, and for wasting his time by interacting with people.

Sherlock doesn't say any of this to Smathers since he hardly wants to mention Mycroft. Instead, he explains that Jamie had then asked him to visit the patient he had mentioned to see if Sherlock could figure out what was upsetting the little boy so much.

Sherlock had actually argued against the whole endeavour – wouldn't the other staff protest if he showed up at the care home without any legitimate reason to be there? What about confidentiality issues? Still, he eventually relented to the young man's pleas, mostly because there was nothing better for him to do. It was either that or spend empty hours fighting cravings and trying to come up with a reason not to drop off the map right then and there.

Jamie had piqued his curiosity. That was enough. Besides, he had reasoned that the worst that could happen was that he'd be thrown out of the premises. Not really a novel experience for him to be asked to leave.

“What happened then?” Smathers sounds intrigued and he seems to be practically in raptures that Sherlock is voluntarily sharing something.

“A murder happened.”

Sherlock explains that the child he was supposed to observe and deduce had been found deceased mere minutes before he and Jamie arrived at the care home. He was already cold and livor mortis evident, so the psychiatrist present in the facility had not initiated a resuscitation effort. The police were called, and everyone present in the care home was ordered to stay put until their statements could be taken.

“I assume the police talked to you as well?” Smathers asks. "Did they dismiss your views because you hadn't met the child when he was still alive? It seems logical that they'd pay more attention to the care home staff’s statements.”

“The staff, apart from the individual who had asked for my help, were no more delighted at my involvement than the police were, even though my deductions effectively exonerated them. They weren’t interested in hearing the truth.”

“So, what was the truth you’d seen?”

Sherlock has to think hard, editing the story in his head to ensure that the therapist doesn’t take this the wrong way. He needs to quickly re-think the whole episode and come up with something plausible and harmless.

He remembers giving his statement to the detective constable, a young black woman with a south London accent that still carried traces of her parents' Jamaican background. She appeared fierce in her conduct, a no-nonsense type. After he told her why he was at the care home, she’d written it down, but when he said that he had arrived after the boy was dead and this was confirmed by Jamie and another staff member, she promptly lost interest in Sherlock and began to close her notebook.

He glances at Smathers' expectant expression and decides to say: “I told the police sergeant I was brought there to observe the boy, so that is what I did while we were all waiting for the police to arrive. Dead or alive, it didn't change what I saw. I told the officer that it was obvious he hadn't been killed by a staff member.”
The therapist now cocks his head, and asks “how could you know that?”

That part of his statement had made the policewoman look back up at him sharply, too. The possibility of a care home worked being the murderer was exactly what was being considered – Sherlock had already overheard a Detective Sergeant and the DC questioning the staff and talking about the possibility among themselves. Granted, it was logical, but was there evidence to actually support such a notion?

The DC had become suspicious again and asked why Sherlock would say such a thing.

"It's obvious. A staff member would have been more careful, hidden their tracks better. His killer overdosed him with the drugs that are going to show up on the post mortem tox screen. And, they're not what he was being prescribed."

She raised a sceptical eyebrow. “How on earth can you know that?”

Sherlock had found her staring at him hard to deal with, so he looked away, and focused on a faded watercolour painting of a teddy bear on the wall. “Because he was taking melatonin to help him sleep, clonidine for the stimming, and a stimulant called Ritalin. I asked Jamie about his medications en route here. It's highly likely that a tricyclic antidepressant is going to show up in his blood. Something that is prescribed for adults, not…” he had hesitated, but then finished, “…autistic children.”

“So, how do you know about an antidepressant, unless you're the one who gave it to him?”

He rolled his eyes. "He was dead when I got here. Even that much must have gotten through to your tiny mind by now since several people have confirmed when I arrived. Ask anyone – this is the first time I've ever been here, and in all likelihood, the last.”

Sherlock hesitates to tell Smathers how distrustful the police had been of him since it might make him sound paranoid. “The evidence was there; they just didn’t want to see it, because it didn’t fit their theories.” Sherlock had realised, by then, that the female officer was a bit thick and prone to clinging onto assumptions she preferred, instead of keeping an open mind to find the truth. He decided to cut to the chase and just tell her: “Samuel Marsden was killed by his mother. She administered the drugs when she was here yesterday evening.” He had glanced at the visitor log when he'd signed in – all visitors were required to do so when they arrived. The timing of the mother's visit fit the state of the body.

“How could you possibly know that?” the policewoman, breast pocket tag proclaiming her name to be Sally Donovan, demanded. Before Sherlock gets to answer, she brusquely grabs Sherlock by his coat sleeve to pull him into a corner, since the acutely arrived Mrs Marsden is about to pass them on her way to the manager’s office, crying her eyes out. She had obviously rushed to the place when she was informed of what had happened around the same time as the police were called.

“How have you even met the mother? Spoken to her?” Donovan's disbelief was shown in every syllable. She glances around the corner towards the office Mrs Marsden has just disappeared into.

Sherlock shrugged, “I don’t need to. Just look at the body; it tells you everything. Or, at least it should.”

She’d shaken her head. “All we've got so far is a dead little boy, in his pyjamas in bed. The Medical Examiner hasn't even got here yet, so we aren't sure at all that he’s even been murdered. Lots of disabled kids have heart problems, don't they? You’re the only one who said anything about foul play,” officer Donovan accuses Sherlock.
"I'm not the only one who thinks that something was wrong with the boy shortly before he died," Sherlock reminds her.

"Still, it's just you and that one carer thinking that something strange was going on with the boy. It'll be a job for the coroner to decide if foul play is suspected.”

Sherlock was not happy about the conclusions she had hastily jumped to. “Cardiac pathology is not associated with these kinds of developmental issues in children. A Sudden Unexplained Child Death always has to be investigated, hasn't it?”

Donovan crosses her arms angrily. "Of course it does," she replies defensively.

“Let me talk to your superior; maybe he'll understand,” Sherlock offered, realising quickly that he may have phrased this suggestion in a mildly desultory manner.

He says nothing of this to Smathers, who just asks, “How did they react when you told the police about your theory?”

“Badly. I presented the pertinent evidence to them, but they chose to ignore all that.”

Editing the events down to that one sentence doesn't stop Sherlock from remembering the scene in intense detail. Scowling her disapproval, Officer Donovan had escorted him back to the dormitory room, where the boy had died. Jamie was there, watching another officer clearing out the locker beside the bed that had belonged to Samuel.

The forensic photographers had already finished up, so the body was in the process of being zipped into a black bag and rolled out on a trolley.

Sherlock overheard two other officers conversing among themselves. The older – a tall yet stout man – carried himself with authority as he muttered: “I kinda understand her putting him in here; I couldn’t deal with a kid like that. Defective, like those chromosome syndromes or whatever they are.”

The other detective was equally dismissive: "what do you think his future would have been like? There's no place for him, except staring at the ceiling here or in some other care home. Who wants that for their kid?"

The older man finally noticed Sherlock lingering by and gave him a once over. “Oi! You're trespassing on a crime scene,” he told him off with a scowl. "Donovan, get this guy out of here."

Sherlock ignored the men and focused on scanning the room to see what a mess the police had made of the place.

“This is Mr Holmes; says he noticed something when he was in here before we got to the scene,” Donovan pointed out to the man who, judging by her behaviour, was her superior.

When his eyes returned to the men, Sherlock felt like he was back in school, expected to answer the questions of an oral exam.

The other officer introduced himself to Sherlock without a handshake. “I’m DS Morton, and this is Detective Inspector Bradstreet; what can you tell us?”

The three police officers formed a semicircle around him and the bed, so Sherlock cleared his throat nervously. “Look at the sheet, under the pillow. There’s a fresh drool stain.” He pulled back the
duvet in the now empty bed. The sheet had been untucked, the bedding now was a mess. Thankfully, he was able to deduce how the bedding had been before the body had been lifted off. He pointed to the stain. “The boy normally sleeps in a foetal position, with his legs tucked up underneath him and his head under the pillow, turned to the side, like this.” He knelt down on the floor near the bed to mime the action by leaning to the side, trying to portray the precise angle of the head.

The Detective Inspector had let out an incredulous laugh. “What, you were watching him sleep? How can you know how the kid slept? Donovan says he was dead when you got here. You’re just making all this up.”

Sherlock glared at him. "It's how a great majority of autistic children sleep. The downward pressure of their body weight on their legs is soothing, and the pillow over their head keeps the stimulation down. Jamie said he used to be a very quiet sleeper, and his bed never looked messy like this."

Jamie approached the group to back him up: “it’s true; a lot of our patients sleep like that, including Sam.”

Emboldened, Sherlock continued. “Many developmentally disabled children drool since their motor control is underdeveloped, but that doesn’t apply to autistic children, and especially not to Samuel Marsden. This spot is really wet – much more so than normal. It’s likely due to excessive saliva production in what could well be an acute dystonic reaction. He wasn’t sleeping much last night – must have been writhing about on the bed in obvious discomfort. Just look at the state of it – sheets all rucked up. If you don’t believe me, just ask the carers on the evening and night shifts. He may have been presenting symptoms around bedtime when he was still alive, but they could have been mistaken for stimming. Judging by the arrangement of the sheets, he likely presented with what’s called choreoathetosis – involuntary movements in a very specific pattern of twisting and writhing."

DC Sally Donovan looked at him closely. "What are you? You’re not a carer somewhere else, are you? How do you know this stuff?"

Sherlock ignored the question and soldiered on. “His mother dosed him with probably at least two of the pills she normally takes. Tricyclics have a very narrow therapeutic window – go a little over the usual dose and toxic symptoms will be produced. It had to be something that would not require several significant doses over a longer time, it had to act quick. This was a single and fatal overdose, and most definitely deliberate. Jamie says the child hated taking tablets. He wouldn't have ingested them accidentally or willingly. There are tricyclics than can be dissolved into juice, and his pyjamas were soaked in sweat – a classic sign of a tricyclic overdose. You can still smell the sweat on the mattress, fresh sweat.""You can smell that? What kind of a psycho freak goes sticking their noses into a dead kid’s bed?” Donovan's shock was clear.

The DI glanced conspiratorially at the Detective Sergeant and shook his head. When he looked at Sherlock again, there was disgust and scepticism in his expression. “Don’t be daft, Sergeant; this loser is probably making this shit up. I mean, just look at him. Probably a junkie, clearly delusional. Can’t trust anything that comes out of that mouth.”

Sherlock had known he had only a moment to make his case. The tone of his pitch rising as nervousness took over, he pressed on: "Samuel wasn’t running a fever to explain the sweat stains. The staff would have checked for that, and you won’t find anything written about a high temperature in the notes.”
Jamie backed up his assessment. "He's right. They checked him at nine in the evening and took his
temperature. They documented it in the night book; his entry says that he was agitated and sweaty
but temperature normal."

Donovan cocked her head towards Sherlock. "This freak thinks the mother did it." His scepticism
was evident.

"Make sure those notes are passed on to Forensics," the Detective Inspector snapped before his
attention returned to Sherlock. "Nothing this guy says is admissible in court, and no one gets away
with throwing wild accusations around. The mother is in a state of shock, and we don’t have time for
this rubbish. No one has yet explained what this charlatan is even doing here. When I was young, we
always cleared crime scenes properly." He gave DC Donovan a disapproving glance. "The
pathologist will sort this out."

"The pathologist isn't here to see the evidence on the bed," Sherlock pointed out.

"Nor should you be," the DI snaps, clearly having lost all patience with Sherlock. "Escort him out,
Constable. We'll contact you if we have further questions," he dismissed with a cynical smile that
said that this would be highly unlikely.

He carefully edits the version he gives to Smathers: the mother’s use of the antidepressant drugs, the
sheets, the symptoms of the child being drugged, are all laid out in a monotone, without mentioning
the way the police had received his deductions. He summarised it with the simple comment: “The
evidence didn’t suit their agenda.”

“What happened next?” Smathers’ enthusiasm to hear more seems to have waned, and Sherlock
knows the question is asked more out of politeness than any real interest to know the outcome. It
seems that his circumspect narrative has done the trick to discourage the therapist from digging
further.

"You've read the papers. They never contacted me again about the murder. After the funeral, I
followed the case as long as the press kept reporting on it. That waned until a night shift nurse was
eventually charged, but the case was later dropped in Crown Court for obvious reasons – because
there was no real evidence that she had done it. The mother got off scot-free. I believe she has since
re-married.” Maybe the promise of a new start with a new spouse had been the final trigger for the
homicide.

After he finishes recounting the story, Sherlock leans back in his chair, feeling drained.

“Why did that distress you?” Smathers asks. "It's obvious remembering all that still bothers you. Is it
because you tried to help, but your attempts were dismissed? Sometimes that can be disappointing,
but as you said yourself, the child was already dead. The police rarely involve civilians in their
investigations; they are the experts, after all."

Sherlock closes his eyes and says nothing for the rest of the therapy session, unable and unwilling to
put any of what he feels into words. It had been a fool's hope that Smathers might shed some new
light on the case for him. There's nothing he can do about it anymore, and probably nothing he could
ever have done to make a difference.
Why, look you now, how unworthy a thing you make of me! You would play upon me. You would seem to know my stops. You would pluck out the heart of my mystery. You would sound me from my lowest note to the top of my compass. And there is much music, excellent voice, in this little organ, yet cannot you make it speak?

– William Shakespeare: Hamlet

"I have to say, Mister Holmes, that your suggestion is highly irregular."

Mycroft straightens his waistcoat to mask his annoyance at the stupidity of the man in front of him. Raising a disdainful eyebrow, he puts steel in his voice: "your opinion on the regularity of it is irrelevant, given that the standard approach you have been employing is clearly not working well enough. I told you from the very beginning that my brother would not respond properly to any of your regular therapies. As stated in the records I have provided you with regarding his assessments and rehabilitation as an adolescent, talk therapy has very limited utility with him. I have sat here weekly for months now, listening to your so-called progress reports, in which the very term progress hardly deserves inclusion. Indeed, it makes me wonder whether you are just cutting and pasting the same drivel every week, given that the content in unvarying: 'he's not showing the improvement expected; he's largely contrary to the psychotherapy offered, and while the medications have curbed his psychotic symptoms, the depression persists on a level unsuited for outpatient treatment'. Don’t bother to check; I very much suspect your notes for this week echo those same sentiments, and I would like to be spared of hearing them."

Doctor Barnes hides his potential embarrassment well, but he does break eye contact. Although he makes no move to pick them up, the psychiatrist spares a quick glance down at the very notes Mycroft had been referring to. "Even though CBT is an evidence-based method, human interaction is not a precise science. Progress isn't always linear, and some of it is only recognised by the patients themselves. There can be steps back as well as forward."

"Of course. Yet, while you elect to express your scepticism week after week, you keep failing to offer a better plan to replace the current efforts. Pessimism is a disease, Doctor Barnes, in that it tends to spread."

The psychiatrist draws a deep breath. "While his therapist's optimism regarding his cooperation is unwavering, the fact remains that Sherlock still refuses to engage with us about his Individual Care Plan. Acknowledging his illness and taking responsibility for decisions regarding his treatment have to happen before we can start thinking about the next stage of care, including discharge. I don't think we've found the best possible medication combination for him yet, since his paranoia persists and seems to still dominate over his intellect. As I have explained before, according to the therapist, his communication difficulties regarding his emotions make it very challenging to---"

"Exactly," Mycroft interrupts. He has no patience for excuses or rambling conjecture that mostly just repeats the points he himself has already made. Repeatedly. "You should be looking at methods that have produced results before. Sherlock does not talk about his feelings. If he did, perhaps this whole mess could have been avoided, but it is a fool's hope that therapy based on verbal dialogue could be
used as a preventative measure for future incidents."

"We do offer musical therapy, Mister Holmes, which he has declined."

"Banging a tambourine, singing Kumbayah, or whatever else your sort of musical therapy entails is hardly going to appeal to someone with significant musical training and talent and who plays an instrument at a very advanced level. His sanity, whatever shreds of he is currently hanging on to, require expression, and music has worked in the past when he has needed to—" Mycroft swallows the rest of his planned sentence when he realises the belittlement inherent. 'Snap out of it' is what he had been about to say, but that would have grossly underestimated the severity of the situation.

While discovering the violin may have broken Sherlock's months-long silence as a child, Mycroft isn't naive enough to think it could snap him out of neither psychosis or severe depression. Semantics aside, something needs to change in the therapeutic approach, and he obviously needs to provide all and any assistance he can to the staff. Unlike these beginners, he has been looking after Sherlock for years.

"The violin would at least have to be kept in a locked cabinet in the Fitzmary House music room. The Trust would be very worried about liability issues if something happened to it."

"The Trust need not know about this arrangement, now does it?"

Barnes regards him with suspicion. "We don't keep a record of patients' personal possessions, but it would be impossible to plausibly deny afterwards that the violin had been here."

Mycroft stands up from the chair he had commandeered, grips the handle of his still wet umbrella and fixes the doctor with a gaze signalling that he is not about to back down.

Finally, Barnes leans back in his chair. "Very well. But what I said about storing it in the music room stands."

Mycroft straightens his jacket. "As long as he has access to it when needed, that is absolutely fine."

"I have to ask again, Mister Holmes – the violin in question is not a valuable one, is it?"

"Heavens, no. It looks old because it's been in the family for a long time. I assure you, it is not anything I would lament having to replace," Mycroft lies effortlessly, an acquired skill well-honed by his abiding responsibilities. The staff hardly need to know that the instrument is a 1851 Silvestre, gifted to Sherlock by the Vernet contingency of the Holmes clan on his 18th birthday. A late career example of the master luthier's skill, it's an exquisite violin particularly well suited to Baroque music. Right now, the fact that Sherlock needs it, even if he may be too proud to ask for it, weighs much more in the scales.

"As long as we're agreed that the hospital can't take responsibility for possessions deemed important by patients, even if their value is just based on them being a family heirloom."

Mycroft tightens his lips as he controls his increasing irritation. "If he smashes it, then it's his loss. You will not be held accountable. I am merely trying to make your job easier."

-Thirty minutes later, the necessary arrangements have been made through a few phone calls by Barnes. According to the Trust regulations, all stringed instruments are kept under lock and key, lest-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
a patient unstring them and use the material for self-harm. The Silvestre will reside in a wall cupboard with safety glass doors already containing some guitars and a ukulele. The music therapy room is only used during the afternoons, allowing Sherlock as much private practice time in the evenings as he wants – so long as it is supervised.

Right now, however, the violin is still in its case, being carried by Mycroft out of the administration building and along the path to the Fitzmary 2 Ward, and it is not the only thing he is delivering to Sherlock. The other half is a luggage case, which he wheels behind him. It had been inspected by staff while he conversed with Barnes.

Mycroft presses the doorbell at the entrance to the wing housing the Fitzmary 2 Ward, trying to banish to the background the notion that it is his first proper visit since Sherlock was told about the section 3 decision. Mycroft finds that he is oddly nervous, unsure of what reception he will be given. He stifles the yearning to have a cigarette before entering, and that idea is thwarted anyway by the door buzzing promptly open. As he holds open the door, manoeuvring the violin case and the luggage through, he hesitates but only briefly. It simply will not do to let any of this apprehension show to Sherlock, but vacillating outside the door will do little to remedy his nervousness.

He concentrates on surveying the surroundings. With its warm brick facade and a pleasant location in lush woods in the middle of the hospital grounds, the building had hardly looked like a hospital from the outside. It has probably served as something else during the early days of Bethlem Royal's existence, perhaps having been converted to wards as the patient numbers rose and more options for treatment emerged. Upon his first view of it, Mycroft had wondered whether it might have once been a residence for staff. The bars on the windows and the high fence around the back seem to be modern additions. Inside, the tell-tale linoleum carpets and lockable corridor doors tell a different tale as to the current purpose of Fitzmary House. The air feels stuffy in the entrance hall, and the space feels both drafty and overheated in manner common to most medical facilities – as if raised temperature could make the place cosier. Unlike non-psychiatric hospitals, the ambient smell is not that of disinfectant or bodily fluids, but there is no mistaking that this is not a home. The sound of the electronic lock closing behind Mycroft, as he lets go of the door handle, is enough to dispel that idea.

As he walks the short corridor leading to the ward proper and is let into the foyer, Mycroft is willing to admit that whoever has designed the interiors had at least attempted to balance the needs of safety with some degree of aesthetics. The heavy stone walls have been painted in muted tones and there are plenty of houseplants, some of them demarcating comfortable nooks suitable for reading. There are large, albeit barred, windows framed with soft curtains overlooking immaculately cared-for lawns.

As he waits at the reception desk for the nurse to direct him to the visitors' room, he again tries his best to calm himself, but the brief phone calls that have been their only communications lately won't stay out of his thoughts. Those have mostly consisted of heavy-hanging silences and Sherlock raging at him about his continued 'indefinite imprisonment'.

He is glad not to have arrived empty-handed, even though Sherlock is hardly the sort of soften with bribes. Before today, Mycroft has only been able to send books, and those have never been delivered in person. He has no idea whether the titles he had chosen are welcome or not; when he had tried to ask for preferences during the phone calls, Sherlock had made snide comments about propaganda and Mycroft's attempts at mind control, although less lately. It appears that Sherlock has begun to read again – Dostoyevsky, of all things, according to Barnes – and has even shared some poignant passages with his therapist. This appears highly irregular, and it might just be the only thing that prevents Mycroft from demanding that the therapist is replaced with someone more competent. Sharing a few passages from a book is hardly the same as confiding in someone, but Sherlock engaging even that much is remarkable.
It isn't the only positive development Mycroft has got wind of, which is why the contrast between the hope they have aroused and Benjamin Barnes' dire attitude is so great.

A week ago, during a phone call that had been marginally less filled with animosity than before, Sherlock had made a welcome demand: his own clothing. It must be a step forward that he has begun to care for his comfort and identity enough to request his own pressed trousers and dress shirts from home. Or, perhaps he simply cannot find it in himself to put up with the low-quality hospital garments anymore. Mycroft actually sees this as more likely than the medical team, but then again, they are less aware of Sherlock’s sensory issues. The clothes supplied by the ward had served their purpose and the soft pyjamas could even have been bearable, but the coarse tracksuits must be terribly irritating. More importantly, they are not Sherlock's clothes.

Mycroft had instantly recognised the potential for leverage in the request. He had readily agreed to bring clothes in but told Sherlock it would be on the condition that the two of them met face-to-face: "I know you hate talking on the phone, so let's dispense with that. You can say what you want to my face," he had told his little brother. "You have never hesitated to do so before, and this silent treatment is becoming infantile."

To his surprise, Sherlock had not argued back. With a histrionic sigh, his reply had simply been: “fine. Just bring me something decent to wear.”

Mycroft had rolled his eyes at the staff's insistence on checking the contents of the luggage case. “I’m hardly likely to hide something in there that he could use to escape this place,” he had pointed out to the Ward Sister over the phone.

The nurse, unaffected by his logic, had sternly lectured: “we have to check every item to ensure that there is no way he can re-purpose them for self-harm.”

The luggage case contents had been examined while he was talking to Doctor Barnes. When he had collected it, the nurse told him that the lace-up soft leather Oxfords from Sherlock’s closet had been confiscated. No matter how well-monitored his brother is, Mycroft knows that if Sherlock really wanted to, his intellect would find a way to terminate itself, shoelaces or no shoelaces. Still, the fact that there have been no further attempts after the one at Chelsea & Westminster may not be signalling anything else than of Sherlock's preoccupation with escape and revenge. At the early stages of his sectioning, it must have been the medications that had held suicidal ideas captive, stalled between thought and execution. One can only hope that things are starting to improve on that front enough that when the medication doses can be lowered, the depression will not wash over like a tidal wave again. Nothing much has changed in Sherlock's life during the past months; that life has simply been put on hold.

According to the staff, Mycroft needed to supply shirts and trousers in a size smaller than when he last saw Sherlock, who has lost enough weight that the old contents of his wardrobe are unlikely to fit well anymore. When Mycroft has raised the subject that his brother’s sleeping and eating habits have always been alarming at the weekly meetings with the Care Team, they have assured him that his eating has, at least, improved marginally from the early days of his hospital stay. All had agreed that the potentially stimulating effects of the medications on his appetite are to be welcomed; it is a rare chemical side-effect of antidepressants that is actually beneficial in his case.

"Mister Holmes? This way, please," a fortysomething woman with a thyroidectomy scar and naturally red hair, favouring her left knee likely due to arthrosis, leads him towards what looks like a meeting room just off the entrance. She points out the nearest washrooms and the fact that there are two exits from every space and that the nurse's office is always manned.

"How is he today?" Mycroft asks.
The Ward Sister looks thoughtful, then smiles. "He visited our small museum and came back in a better mood than he was this morning. He doesn't seem to be much of a morning person, anyway," she says with a smile and a crinkle of her nose.

"Most certainly not."

After escorting Mycroft into the visitors' room – which also serves as a space for group and art therapy – the nurse excuses herself after assuring him she will let Sherlock know he has arrived.

Mycroft takes a seat by the window in front of a small table after making note that the luggage case has been placed near the door. As he takes in the rest of the room with its walls adorned with patients’ painting of flower vases and the hospital grounds, he's struck with a deep sense of unease. What on Earth does one say to someone in these circumstances? Will Sherlock simply use this occasion to rail at him in person, the way he has on the phone and at the Care Team meeting when he was told about the continued sectioning? If not, what will they talk about?

Pointless chit-chat is not something they have ever indulged in. Asking about Sherlock's day, his mood, or something else related to his well-being and his current whereabouts will very likely result in Sherlock slamming up walls rivalling those of the Bank of England, and a prompt end to the conversation. Talking about the comings and goings in the outside world feels like rubbing a patient's nose in their predicament; according to the staff at the Care Team meetings, Sherlock reads no newspapers, watches no television news. Then again, since his interest in current affairs has always been highly selective, this is hardly new. Any attempt by Mycroft to talk about himself is likely to be met with pointed and total disinterest. This is why having something to gift to Sherlock is vital – it will give them a context in which to interact.

At each Care Team assembly, Mycroft has tried to make a case to the staff for a face-to-face meeting with his brother outside of the more official meetings, only to be told that it had to wait until Sherlock himself asked for it. 'There's precious little the patients here can control, but meetings with relatives is one thing we can let them decide on.' The staff simply do not appreciate the fact that he needs to see Sherlock in person — to be able to deduce what sort of a toll the past two months have taken on his brother. It is not enough to talk to the medical staff, none of whom know Sherlock the way he does. And, there is pressure from above, too; he needs to give an update on the situation to his superiors, who want to know whether this current bout of psychosis is just a blip or a permanent state of affairs. It's difficult not to worry terribly, knowing the prognosis of psychotic-level depression. It can relapse, even after rehabilitation. After discharge, a relapse could easily derail whatever progress has been made during the entire hospitalisation. And, relapse can become stasis, making the risk of suicide is even higher. This is only the very beginning of a long road. That road may never turn into a stable state, so there may be an indefinite need for Mycroft to be constantly vigilant for warning signs.

He places the violin beside his chair so that it will be hidden from view, but leaves the case of clothing in plain sight near the door. He is not seeking to hide it from Sherlock but rather knows that timing of his handing over the violin needs to be carefully planned. Sherlock has never cared for such things as gifts or the element of surprise associated with them. Gift-giving is linked to Christmas and birthdays, both of which he has always seemed to hate. Their parents had given up throwing birthday parties for their youngest son after the eighth year of his life when an epic meltdown had ensued from becoming utterly overwhelmed by the chaos of other children running and playing in the house. Christmas still appears to be constant torture for Sherlock with its blinking lights, aggressive soundscapes in stores and malls and public transit, pungent spices of festive food, and all the social demands associated with the holiday.

An unfamiliar nurse peers into the visitation room, greeting Mycroft with a smile that signals
rehearsed, fake familiarity. She offers to bring them tea once Sherlock arrives, and Mycroft accepts the offer. He will not enjoy the cheap brew coming from a bag served in scraped plastic mugs with a greasy-feeling surface, but the comforting ritual is one he is prepared to endure for Sherlock’s sake. According to Sherlock's assigned psychotherapist, reintegration into social convention is important. The man had tiresomely kept on about it at a Care Team Meeting, as though someone such as Mycroft working in public service could possibly be unaware of the lubricating power of manners and diplomacy. Sherlock, however, is unlikely to ever adopt such a mentality, so the therapist is wasting his time.

At the Care Team meeting, the therapist — a man with the slightly ridiculous name of Smathers — had also told Mycroft that some of the paranoia has receded, but the underlying depression has not. According to him and Barnes, Sherlock treats the staff with scornful superiority and still refuses to accept the need for treatment. Unsurprisingly, after the Section 3 decision, he had focused what little energy he had on making it known to all and sundry that he feels betrayed and patronised by his brother's support of continued sectioning beyond the initial assessment period. Since then, the focus has slowly shifted to a reluctance to talk about Mycroft in therapy at all. It remains to be seen if this is progress — a genuine sign of the paranoia lessening — or simply a result of Sherlock being clever enough to realise what statements further his cause and what can be seen as just a sign of his distress. At least Sherlock has agreed to attend therapy regularly, though Mycroft suspects it might just be because it offers him a pastime to break the tedium.

On the phone, Mycroft has tried to get Sherlock to discuss his therapy, but that has been conversational quicksand. At first, Mycroft was simply informed that it was none of his business, and any attempt to get beyond that was met with suspicion. But, even suspicion takes effort, and Sherlock's hostility on the phone tends to ebb away if Mycroft managed to keep him on the line long enough as if it is too hard to keep it up for any length of time. An alternate approach of trying to engage Sherlock in a bit of verbal fencing has resulted in a rapport lacklustre at best. For a brief moment two weeks ago, there had been a tiny spark when Sherlock had challenged his brother to deduce what secret the janitor was keeping from the Ward Sister but halfway through the process, Sherlock had stopped mid-sentence. After a moment of silence, he had muttered: "no, I won’t play this game. It’s pointless." He’d put the phone down on Mycroft, leaving him grimacing at the abrupt end of the conversation. Mycroft remembers thinking that he would have actually preferred anger over such defeatist lethargy.

Perhaps the violin will help break the log-jam. Something has to. After all, it had once marked the end of a long period of non-communication when Sherlock had been a child and learned that other people's minds worked very differently to his and that there was nothing anyone could do to change the fundamental truth of that.

He wonders what is delaying Sherlock. Each passing minute makes him more worried that his invitation may have been rescinded. On the other hand, he is grateful for each extra minute to prepare.

A young, male nurse walks in to fetch a folder adorned with pictures of food. "He’ll be right with you, Mister Holmes," he says cheerily before disappearing into the hallway and leaving the door open.

When Sherlock finally enters the room, Mycroft practically leaps out of his chair. He then contends to standing beside it, hands hanging uselessly at his sides.

Sherlock looks uncomfortable and terribly out-of-character in a pair of ill-fitting, stretched joggers and an oversized sweatshirt. He's barefoot, even though the floors are draughty – a rebellious streak unencumbered by the depression. Mycroft wonders if, perhaps, the cocktail of drugs he is taking
exacerbates sensory issues and makes shoes and socks even more unbearable than the cold tiled floors. Sherlock has always reacted to a great many medications in an unusual way, but on the other hand, this might simply be just because Sherlock does as Sherlock pleases, even when incarcerated. His hair is in dire need of a skilled pair of scissors, but at least he is clean shaven and his eyes no longer have the smudged bruising of severe insomnia that Mycroft had seen on the day the sectioning was extended.

"Hello," Mycroft offers as Sherlock takes a seat opposite him without a word and without really looking at him properly. He seems to be practically hiding behind his overgrown fringe and Mycroft is reminded of him as a teenager, all spindly limbs and petulance.

“I’ve brought you the clothes you asked for,” Mycroft says.

There is a brief glance at the suitcase from Sherlock, and then a tiny nod. The tea arrives, timely, to give them both something to preoccupy themselves with.

As he stirs his mug, Mycroft decides that it is now Sherlock's turn to break the silence. After all, he had surprisingly readily agreed to the meeting, so he may well have an agenda of sort. Mycroft can only hope that it isn't a repeat of his paranoid tirades. According to Doctor Barnes this morning, a stranger might briefly talk to him and not consider the possibility that this is a psychiatric patient so a modicum of sense regarding normal social output must have been regained. Still, keeping up appearances takes a toll, and according to the therapist, Sherlock's concentration eventually shatters during their sessions. His anxiety rises and he becomes confrontational, or he drifts into stupor, staring at a wall. After that, the therapist claims that he might manage to get him to speak, although his voice resumes the flat monotone of depression. Sherlock's willingness to engage socially has been hit or miss at the best of times, and being forced into social interaction now seems to drain him more thoroughly than ever. Mycroft wonders if, at the moment, speaking with him may be less or more stressful for Sherlock than interacting with the staff. *The devil you know?*

He watches Sherlock finish stirring in his customary two teaspoons of sugar. Then, the teaspoon clatters onto the table top and the mug is lifted to drink. Sherlock is still studiously avoiding looking at anything else than the table.

Mycroft's patience degrades his nervousness to the point where he can no longer suppress a sigh. There is one thing, in particular, he hopes to discuss, and he had hoped to postpone it until they'd broken the ice, but perhaps it's now or never. He has procrastinated on a certain decision long enough, and he wants to allow Sherlock a say in it.

"Father and Mummy will be in town next month. I have told them you would most likely be unavailable, seeing as you're touring possible postgraduate research facilities in Switzerland."

A slight, knowing smile passes through Sherlock's features which does not reach his eyes. "You've always been a very skilled liar." He makes it sound like an accusation.

"It's been months, Sherlock. If this ends up extending beyond six, I shall have to tell them." Giving such a deadline will invariably heighten the pressure Sherlock must already be feeling. Mycroft half hopes this will make him decide to stop stalling, face the inevitable, and tell their parents, or ask Mycroft to do so.

Sherlock swallows and his fingers curl around the tea mug. "It's been your decision all along. I don’t get any say in this. You're the one who cares about the family reputation."

"This is not about that. They ought to be on board for the discharge treatment plan at least." *If you won't accept my help, then maybe----* Mycroft catches himself from succumbing to a bout of childish
optimism. The parental unit has never rescued Sherlock from himself before, so why would they start now? They will be horrified, worried, angry and yes, they will hover and meddle and fuss. It will likely do very little good, but frankly, Mycroft is quite fed up with having to come up with lies after lies to placate them, tired of being the only one to carry the knowledge of what is going on.

"Yes, you do get a say. You always have." *I've obeyed your wishes for years,* Mycroft wants to remind him, the temptation to throw everything in Sherlock's face and to make him face the consequences of his irresponsibility raising its ugly head yet again, but he refrains. He needs to avoid adding to a burden that is already breaking Sherlock's back.

Mycroft sternly commands himself to keep his own bitterness in check. This is not all Sherlock's fault. He may have made choices that have made matters worse, but the core of why these things happen to him does not come from his actions.

Sherlock snorts into his tea cup. "Is this you admitting to needing their help, because this is too big a covert operation even for you?"

Mycroft lets the insult go uncountered. Yes, he would very much like to share the burden, but he fears that instead, he would have to cushion his parents' emotional reactions as well as mediating Sherlock's interactions with them. Perhaps it will only make matters worse, more complicated, but this secrecy does not seem to be serving anyone, either. *Damned if you do, damned if you don't.*

"I've never asked you to do any of this, but you still insist on trying to run my life as if it were an adjunct of yours. As a matter of fact, I've told you repeatedly how much better things would be if you'd stayed the *hell out of my business.* That's valid now, and it will continue to be, if and when I ever do get out of here. I might be sectioned, but I still have a say in who is given information and who I want to call the shots."

Mycroft sips his now lukewarm and slightly bitter tea, glancing out the window. He is not going to go down this road again, and not engaging in this particular argument is easy since he's had plenty of practice lately. They've argued endlessly and utterly fruitlessly about whether Mycroft has any right to meddle with any aspects of his brother's life, including saving it. He resists the temptation to bring in back-up in the shape of Sherlock's assigned Care Team to explain the chain of command at Bethlem. He does feel the need, however, to reiterate that the sectioning is not something he decided on his own. Sherlock must face the facts at some point: the doctors need to be convinced that he is ready to take the next steps, and it's for them to decide when it's time to leave. Sherlock still behaves as though this is all just Mycroft attempting to teach him a lesson, to put him in his place.

"Not my choice, Sherlock. You know that. Not even someone with Power of Attorney can compel sectioning if it isn't medically justified."

Sherlock just rolls his eyes. Mycroft knows it is not his fault, either, that his little brother had, after a childhood and adolescence defined by difficulty and a repeated need for professional intervention and support, ended up on the streets in a terrifying state, unable to look after himself, and then tried to end his own life. His assumption that Mycroft has some pathological desire to micromanage others is not entirely illogical from Sherlock's viewpoint, but it hurts all the same. Sherlock had obviously needed help, and the NHS had stepped in to provide it since they were legally obligated to do so. A part of Mycroft yearns confirmation that Sherlock at least understands this much, and it frustrates him that it may never come. He has no right to seek such consolation from someone in this situation, no right at all, but that doesn't stop him from wanting it.

They need to work together. He needs Sherlock to meet him if not halfway, then at least somewhere between their current trenches. Oddly, he has accepted that Sherlock sees very little value in his own existence; at this point, it isn't any good being angry at him for demanding that others stop caring
whether he survives or perishes. That's a symptom of the underlying problem. Until Sherlock cares enough himself, he's safe only as long as he stays here. When he's better, there needs to be a firm hand to guide his steps and to intervene if there's a downturn. This current... *episode* has done nothing to make Mycroft believe that Sherlock could make it on his own.

This is his baby brother, and despite their differences, losing Sherlock would be a greater loss in his life than even the death of either of their parents would be. Mycroft will not be moved to do anything other than what will keep Sherlock alive. If the price of that is animosity and alienation, so be it.

An oppressive silence falls over their stalemate, and Mycroft decides that it's time for the olive branch. It could mean even more if Sherlock makes use of it in the way he once had. "I've got something else for you besides the clothes."

Sherlock looks nonplussed. "You know what they say: rich gifts wax poor, when givers prove unkind," he comments, but his usual toxicity is somewhat lacking.

Curiosity has always been a good way to get forward with him. Without any further introductory words, Mycroft leans down and retrieves the violin case, placing it carefully between them on the table.

After a moment of staring at it, Sherlock pulls it into his lap. He opens it meticulously, pushing open the clasps and sliding the zippers as though he's worried what he might find inside. He peers into a pocket on the cover and finds a stack of sheet music Mycroft had grabbed from the music stand in his bedroom, assuming these pieces had been something Sherlock had been working on before he'd decided to take to the streets. Finally, Sherlock opens the main compartment, and his eyes fix on the instrument itself.

"You're allowed to have it in the music room – the Ward Sister has a key. When you have free time, all you need to do is request to be escorted in. As long as there's a staff member present and you return it to a locked cabinet afterwards, you're allowed to play it in the common room, assuming the other patients don't object. I don't see why they would," Mycroft adds. There are a television and a radio in the common space, and they seem to be mostly used for the pop music channels and witless viewing of evening entertainment designed for the lower brackets of human intelligence. Sherlock's music would be a considerable improvement.

Mycroft digs out a small burgundy box from his pocket. It's Hidersine rosin, the dark variety Sherlock prefers. Mycroft had made a quick stop at a Victoria music shop for it since he hadn't been sure of the condition of the old rosin block kept in the case.

Sherlock practically snatches it from his hand and pockets it. With a concentrated frown, he then runs his fingers along the E-string, eliciting a flute-like, whispering note. His finger comes off slightly coated with old rosin, so he vigorously runs his thumb against the tip of his forefinger.

"Thank you," he says quietly, barely more than a whisper.

No more words are exchanged during the visit. They finish their tea, and afterwards, Sherlock rises to leave the room, grabbing the violin and the suitcase full of clothes.

Hastily realising his question still remains unanswered, Mycroft calls out his name.

"Don't tell them," Sherlock replies, and walks out.
Because I cannot flatter and look fair,
Smile in men's faces; smooth, deceive and cog,
Duck with French nods and apish courtesy,
I must be held a rancorous enemy
- William Shakespeare: Richard III

Sherlock pointedly shoves the empty notebook across the table. It's hospital issue; cheap, easily ripped, recycled paper. It bounces off the therapist's hand and skitters to a halt in front of the man.

Smathers opens the cover, then shuts it, his expression a combination of slight disapproval and resignation. He looks to be preparing for one of his usual lectures. "Sherlock, we talked about this."

No, just no.

Smathers has repeatedly tried to insist that he should be chronicling his thoughts and his emotions in some manner, but the thought feels strangely intimidating. Sherlock has put his foot down repeatedly over the man asking him to keep a daily journal to identify all his negative thoughts, but Smathers seems not to be discouraged in the least by his reticence.

His entire life up to this day has taught him that emotions cannot be commandeered, precisely expressed, controlled or understood in any manner, and that is the gist of the problem here. How could a blank notebook help him to do something that everyone else always insisted he was incapable of? Smathers wants him to treat his feelings as though they were a concrete thing, something to be measured, calculated and studied, which is something he has endeavoured to do all his life and failed, repeatedly and miserably. If it were that easy, would he even be at Bethlem? If he can’t explain what he feels out loud, why on earth does the therapist think writing it down will be any easier?

He can now keep track of his thoughts just fine without turning them into written notes, without creating incriminating evidence against him. That doesn't mean, however, that he feels close to his normal state: his cognitive abilities seem to be wrapped up in gauze and tied down by adhesive tape. He still hesitates to use the Mind Palace — he's still not convinced he can control the traffic of memories in and out. The medications must be messing with his memory to some extent, even though he is getting better at managing to use his toothbrush to trigger his gag reflex so that he can vomit on command, quietly, letting the tablets he is supposed to be taking in the morning disappear down the drain. Unfortunately, he can’t escape the evening dose, as he is watched like a hawk and the group bathroom, located off the common room where they have their meals, is almost always crowded then.

He finds it difficult to suppress his sneer when the therapist starts, yet again, rabbiting on about the need to do homework: "Cognitive-behavioural therapy doesn't happen just during the sessions. What you take from our meetings and how you start applying that knowledge outside this room is more important than what we discuss together. The assignments are an integral part of that."
"Shouldn't you be tailoring your approach to the patient instead of insisting on the equivalent of trying to shove a round piece through a square hole?" Sherlock asks with mordacious acid.

If only this idiot across the table would draw the same conclusion that other therapists have, earlier in his life: they labelled him as being on the Spectrum; and according to the textbooks, he's *supposed* to lack the ability to express and understand empathy, fail to recognise non-verbal cues and emotions in others, and be unable to communicate what he himself feels. Smather's optimism about his capabilities is disconcerting, and Sherlock resists it in order to avoid disappointment. This the therapist always counters with the question: 'what have you got to lose, if you give this a try?'

It used to be so that even the medical establishment assumed that lack of emotional expression meant that people like him did not experience much emotion. Unfortunately, that is total codswallop. He doesn’t talk about what he feels because if he does, the dam will burst and *everything* will come tumbling out in a giant flood he can't control.

He remembers reading about the first-ever tunnel under the Thames at Rotherhithe. It was so long that once a Victorian pedestrian had reached the middle, they could not see either end. At that point, some panicked and broke into a run, because they were afraid that the river would come in and they would drown. Sherlock can certainly identify with the impulse—his emotions threaten to engulf him at times when he is anxious, not knowing his way around and fearing that there will be a point of no return that leads to an unknown future.

A strange restlessness has set in during the past week – it's no longer the cage-like claustrophobia of his early Bethlem days, but a more subtle but still incessant impatience that tugs at his nerves. He wants to shake the therapist, force the man to lay his cards on the table, to give him the clues he needs to tick whatever boxes are needed now to get out. Instead of giving him precise directions on how to fulfil all the requirements for discharge, the therapist is playing with twaddle like “homework”; trying anything and everything under the sun to see if something would stick or make him talk about his blasted emotions. He's been here for months. He’s conforming to their regime. He has admitted – at least to himself – that things may have spiralled out of control just a bit before he ended up here. He feels different, now – not good, because that would be a pipe dream, but different at least, and he has admitted this to Smathers. What more do they want?

Sherlock had once spent a whole week figuring out how to pick the lock on Mycroft’s back door; it’s taken him two months so far but he worries he’s not getting nearer to finding out what will unlock the electronic system in the Bethlem doors save for cutting a major power line or hacking into some centralised computer system. He could get out if he wanted, make a run for it, but the ensuing manhunt would result in his being dragged back here and everything resetting to the early days of his stay. Mycroft is nothing but thorough, when he wants to find someone.

"I can't do this work *for* you, Sherlock." A more chagrined disappointment has taken over the therapist’s features, and Sherlock is a little surprised that it bothers him.

He shouldn't be taking this out on Smathers. Out of all the staff, he's the most tolerable, and judging by some dismissive comments, Mycroft doesn't seem to like him after meeting the man at the recent Care Team assemblies. Those meetings have been something of an experiment for Sherlock — the past three times he’s agreed to Mycroft attending it at the same time as him, after Doctor Barnes had been nagging him for ages to let it happen. It was a trade-off, payment for services rendered: once Mycroft had delivered Sherlock’s proper clothes, his presence was allowed, at least for now. It's a matter of goods for information: Mycroft had been kept up to date all the same even if they hadn't both been present at the meetings, but Sherlock is convinced that what Mycroft had most wanted out of those meetings would have been to observe him reacting to what was being said in them.
No longer dressed as some madman, Sherlock had felt that he was able to hold his own in the latest meeting. It had been… unexpectedly enlightening to see Mycroft in such a situation. As much as Big Brother tried to hide his apprehension behind the usual cold façade of superiority, he was clearly battling a sense of being a fish out of water. He appeared dismissive, even suspicious of Barnes, and acted in a downright belittling manner towards Smathers, which had almost made Sherlock want to defend the therapist. All in all, Mycroft's behaviour was much at odds with the assumption that he is running the show behind the scenes. During the past week, Smathers has actually earned a new sort of appreciation from Sherlock by gently shoving him into deciding things for himself and even going against Mycroft a couple of times in the Care Team meetings by insisting Sherlock answer a question instead of being talked over.

But, the therapist just had to spoil it all with this stupid notebook.

“Maybe you’d like a more detailed assignment? I could describe a different scenario at the end of each session and you would then have a think on it and note down your thoughts, emotions and beliefs about it in each of the columns, and bring it with you to the next session. It will help bring structure to our discussions. We can challenge those thoughts, and work to replace them with more positive ones. It’s not going to happen quickly, but with time, you will become more aware of how these thoughts are holding you back or causing you difficulties in dealing with people. You need to think of it as an exercise in re-training your brain. Soon, you will be able to do this on your own without the help of writing, with just the occasional support from your Home Network Team. You need to show that you can take responsibility for your own mental well-being.”

Sherlock refrains from pointing out that he had done precisely that: taken his mental well-being into his own hands, when he'd walked out of Mycroft's home at South Eaton Place for good. There is a piece of him that is weary with playing this game. He's been through rehab before; he knows that he has to deliver the outward appearance of conformity in order to get out, no matter what he allows himself to think in private. Even when necessary and unavoidable, lying annoys Sherlock; it always has. It offends his sense of dignity, of his own self-worth. But, he’s also smart enough to know that he’ll never get out of the sectioning unless he says what he has to say.

Still, writing lies down feels terrible. Writing lies down for Smathers feels worse, since Sherlock has slowly come to the conclusion that he's an ally of sorts. The fact that Mycroft looks at the man with the same sort of condescending pity like directs at Sherlock has cemented this notion.

It all boils down to issues of privacy and the right to decide what or when he reveals of himself. Isn't his life his own to nurture or to wreck? He hadn't hurt anyone else, not really. He had tried not to bother anyone, until---- well, that day. His memories of ending up at A&E are less fragmented and vague than he has allowed to staff to know, and he doesn't like thinking about the whole ordeal. He doesn't recognise himself from the description of the events he'd heard at the Tribunal. He knows paranoia still tears at him, stalls his hand and tempts him doubt everything and everyone: could this still be about teaching him a lesson? Is this a demonstration of what will happen if he fails to adapt, to comply, to obey in the future? Will the words he writes down now be used against him in the future?

"We could do the first assignment together, right now. Give you a bit of an idea what I'm after," Smathers offers. He repeats things in this manner, when Sherlock gets lost in his own head.

Smathers offers Sherlock the notebook back, but he only crosses his arms and leans back in his chair.

"We'll do one, and then you can decide if you want to continue?" the therapist bargains with him. He digs out a pencil from his coat pocket and pushes it and the notebook even closer to Sherlock.

After a moment of stalemate, Sherlock rolls his eyes and picks up the pencil to write his initials on the cover. Underneath, on the other empty line, he adds 'Bedlam', then underlines the word twice.
before sliding it back across the table. He keeps the pencil, rolling it back and forth under his forefinger. He has purposefully used this old nickname of the place before, since it never fails to annoy Smathers. Barnes hates it, too. The psychiatrist had frowned and told him that 'this is the Bethlem Royal Hospital, part of the South Maudsley and Lambeth NHS Trust. Psychiatry has advanced a great deal since the days of that old nickname.'

Today, instead of looking irritated, Smathers smiles and shakes his head slightly as he reads what Sherlock has jotted down. "I see you've read up on your London history."

Back in the day, they used to sell tickets to the predecessor of this place. Wealthy Londoners brought their families and toured the lunatics before having a picnic on Hampstead Heath or high tea in town, probably feeling better about themselves after seeing what happened to those who fell between the cracks.

Sherlock knows what it's like to be stared at like an exotic bird or a rabid animal or an alien lifeform. He knows what it's like to scare even other children and not know why. “As a special treat for being so co-operative, I've been able to visit your little museum here, and become acquainted with Bethlem's past.” Sherlock decides not to mention the fact that the enjoyment of that outing had been hampered by his escort, a hefty nurse who had eyed him as though he was the demon spawn of Houdini. "As early as 1751 this hospital's methods were strongly criticised by the founders of a rival hospital that was much more modern and humane in its treatment of patients."

Smathers is clearly unimpressed by what Sherlock's eidetic memory has just churned out. “You need to focus, Sherlock. This isn’t a history lesson; you're stalling, trying to veer off topic. Therapy will offer you the tools to manage your mental health, but you have to put in the work to learn to use them.”

Right now, all Sherlock really wants are the tools to dig himself an escape tunnel rivalling the Rotherhithe one – a shovel and a pick would do nicely. After he finished the Dostoyevsky he's been reading a silly novel about a prisoner of war camp in the Second World War, where people came up with ludicrous ideas about where to hide the excavated dirt.

A riot or a coup would never happen here at Bethlem. The inmates ('No, Sherlock. We have patients here; this is not a prison', Barnes had superciliously corrected him) are not inclined to co-operate. Most of them wander about rather aimlessly, drugged up to the nines, meekly submitting to the daily regime of being seen to be getting better. Some of them have been here on and off for years or even decades. When they're better – which means that they're not delusional or paranoid enough to be in need of sectioning, but still very unwell – they get sent to some care home or close supervision in the community, until the weight of the world gets to them again.

Sometimes Sherlock suspects that the biggest problem some of the patients have, is seeing the world for what it is. How do normal people stand it? How do they construct a reality in which they sidestep the pointlessness of it all? Smathers, with his notebooks and coffee-stained ties, Barnes with his catamaran sailing and his golfing, his parents with their lectures and antique books and faculty dinners. How can they stand the mundane and the dull, the terrifying emptiness around them?

Maybe it's because normal people have other normal people in their lives to help fend off the inevitable. Smathers is married, Barnes engaged, most of the nurses have families and his parents have each other. With his zero friends and his distant parents safely ensconced in America and oblivious to his problems, Sherlock only has Mycroft. Good God, that would be enough to drive anyone around the bend.

As is his habit, Smathers bores through his resistance to what they were supposed to be doing. "This is the first scenario: judging by your past records and what you've told me about your school years,
you were at the fringes of the social circles, and that was difficult to change because peers had often heard things about you beforehand. Now, you're in a situation where you meet a new person who has no preconceptions about you. What is your first thought?"

"To avoid them in the first place, or ignore them if I can't."

Smathers dutifully writes that down in the notebook after flipping open the first page and sliding a pen out of his breast pocket. Sherlock has kept the pencil he'd been given and is rolling it on the table between his forefinger.

Smathers draws four lines down the page to create columns. "Why is that your response?" he demands.

"Most people are idiots."

"What if this was someone interesting?"

"It doesn't matter; what's interesting to you is dull and tedious to me. And, no matter who I happened to meet, they wouldn't be interested in my company."

"So, you push them away before taking the slightest risk? Do you always assume that someone you meet wouldn't relate to you or enjoy your company?"

Sherlock doesn't reply. Most people are either stupid, just like he'd stated already, or they want something from him. If they know nothing about him beforehand, it usually doesn't take long until they realise they're not dealing with someone who reacts the way they assume or who wants to engage in all the usual social niceties.

"Could you come up with a more constructive way to react?" Smathers coaxes.

With a put-upon sigh, Sherlock rattles off the little mantra drilled into him by a predecessor of Smathers': "Acknowledge them. Make eye contact. Engage the proper social script such as thanking someone for their help if that is how you met them. Show interest in them. Be careful about what you say at this stage – make sure it isn't too personal. Best stick to pertinent information, but avoid evaluating their personal hygiene or their outward appearance. If the other person appears confused or taken aback by something, change the course of the conversation to something safer such as the weather or recent, preferably uplifting news events."

This is what he had been told by one of his previous therapists at around age sixteen – a moderately useful, practical woman hired by his parents. She'd been a cognitive-behavioural therapist as well, but instead of Smathers' softer approach, she'd run a tight ship.

Smathers seems now rather baffled by his detailed textbook answer, and Sherlock suspects he has completely missed the irony intended. "Good, that's... good, really."

Sherlock learns forward to read what Smathers jots down in the notebook: 'be polite and interested'. The man's handwriting is appalling and obviously the result of a left-handed person being bullied into using his right hand for writing. Interesting.

Perhaps Smathers does understand what it's like to be forced to conform to the pointless expectations of others, after all.

"Can you tell which approach is more constructive: ignoring people, or doing what you just described?"
Sherlock catches himself before an eyeroll and puts on a face that shows what he hopes is a thoughtful expression instead. "It depends on the situation. If the new person is potentially useful or otherwise relevant to me, I might try to be polite. But, when I do, I've been told I have a propensity to try too hard, to go overboard and it's unnerving for the other person. The balance of appearing interested but not too forward is difficult to find, so avoidance is often more sensible."

If only he was given a chance to start from scratch with people, but very often they have already been primed with the opinions of other. At school, at university, by the time people met him they had already heard talk of his… less desirable traits. *Freak*. The scenario Smathers has presented is rare and thus planning it is a frivolity.

Frustration pours in like a tidal wave. This is pointless. It's useless. It's torture. It's never going to get better, it's never going to get easier, so why should he even try?

Sherlock jiggles his knees under the table, fighting the sense that with each lie he utters, with each falsely optimistic sentence he allows Smathers to entice him with, the room is getting smaller because he can't escape the truth, can he?

His palms are sweaty, and he dries them on his trousers. Thank God for his own clothes, although getting them dry-cleaned will require dealing with Mycroft.

"You seem on edge, even though we're not discussing anything exceptionally delicate. Should I be talking to Dr Barnes about your medications again?"

"I'm fine."

The fact that he *can* feel angry and desperate about something should be celebrated, because it means that they are failing their attempts to medicate him into a zombie. On the other hand, as long as his intellectual capacity is working at far from optimal capacity it's hard to turn off these emotions, to banish them when he needs to.

Smathers thinks he shouldn't even attempt such a thing, that he should let them come, live them through and try to understand where they come from, but that would leave him at the mercy of the chaos in his head, which is exactly what had landed him in this place, isn't it?

*Isn't it?* All he needs to do is to regain control over his faculties, and shove all this useless sentiment back into where it came from.

Smathers gives him a moment of silence, and somehow, it helps. He can breathe again.

"Something bothered you just now. Can you tell me what that was?"

"You thought the answer I gave you was… good. It surprised you."

Eyebrows rise. "Of course. You exhibited some very constructive and positive thinking that was centred on the person you would be encountering instead of focusing on your own fears and assumptions. But, it didn't feel like something *you* would say. It sounded rehearsed."

"It works."

"Very likely, yes, but you don't seem to like that approach or believe in it."

"It feels fake." *It's not me. It's something a performing monkey would do.*

"We all learn patterns of social responses which we employ in certain situations. It's not just people who have difficulties with interaction or who have had therapy who lean on what is sometimes called social scripting. It can be a tool we all use to smooth our way around others. Most people are a bit
nervous, a bit unsure when they meet someone new, but we often falsely assume that they are more confident than us just because they're successfully using the same social means as we are to get by."

Sherlock's first impulse is to deny the notion, but he recognises that his dismissal may contain just a tiny bit of wallowing in self-pity.

Sometimes he uses the nervousness of others in new situations to his advantage – to catch them off guard, to intercept these social patterns to gain control. On occasion, he enjoys witnessing their reactions and sometimes, very rarely but sometimes, people seem delighted at the surprising nature of the encounter. It shouldn't be a revelation, but it is. The positive effect never lasts when they get to know him, though, which is why the approach must be destructive in the long run.

"You see now, that it's not that hard, what I'm asking you to do?" Smathers asks. He slides the notebook back in front of Sherlock. "Your reactions to these assignments might teach you a lot." He glances at the wall clock. "We've discussed your difficulty with dealing with idleness. As your homework, I'd like you to think how to cope with being alone at home. What thoughts and habits might come on which are not very healthy, and how would you deal with them in a more constructive way than before?"

Sherlock likes being alone, when it's his choice to be so. No one bothers him, then. He needs things to do in order to avoid thinking too much, but the presence of others isn't the deciding factor on whether that toxic boredom materialises or not. People rarely offer him any sort of intellectual stimulation.

"We're out of time," Smathers points out. "I'll see you tomorrow."

Sherlock shoves the notebook into his jacket pocket. He still hasn't decided if he's going to write a single word in it.

-o-o-o-o-o-o-o-o-o-

A vague sense of conflict and unease lingers on after the therapy session, and to banish it Sherlock requests access to his violin. Thanks to the medications, his hands feel somewhat sluggish and shaky but with a bit of practice he has been able to regain most of his usual repertoire.

Miriam – finally back from sick leave – had requested that he play during Sunday lunch at the ward, but he'd declined. The violin is for him, and for him only. What flows through it is too personal right now to share with others – it is his only release, his only moment of truth in this world of play-acting.

Having to practice under observation is hateful, although the staff watching over him at those times seem to consider it quite a favoured assignment. It takes an effort to dampen the annoyance that there is an audience present; he resents the implication that he would take the strings off a Silverstre or some other instrument to try to garrotte himself or another patient. There are easier ways to commit suicide in this place, if he really wanted to.

He avoids playing his favourite pieces, wanting to avoid any association between them and this place and when he plays, he turns his back on his assigned minder. He does technical practice at first and then, once he has warmed up and reached some sort of a flow, he plays from memory; this week, he has been in the mood for exploring Enescu sonatas.

He’s also been doing some notation, using plain paper liberated from the middle of Smathers’ wretched notebook to scratch out a melody that feels like a memory that is teasing him. He
remembers tiny snippets, but they don’t arrive in the right order; it's hard to fathom that he could have forgotten a score so thoroughly. His eidetic memory never fails him like this when it comes to music. Only the drug blackouts and medications have ever caused him such memory loss, so the only explanation is that perhaps he had heard the melody when he was doing… whatever he had done to land himself here. It’s worse than any ear worm; the fragments go around and around, but never in any order that would make structural sense – it’s never music, just bits scattered in the wind that howls through the Mind Palace. It comes to him at night, and he bitterly resents the fact that he can't access his violin freely to chase down the music the moment when it appears.

In addition to the fragmented melody, he is being plagued by a recurring dream. He hasn’t had this particular one for years. He hasn’t told Smathers about it – or anyone else – because along with the dream, a memory of discussing it and being promptly told to put a lid on the whole thing, has appeared. He remembers that discussion much more clearly than the dream itself: 'It's just a nightmare; you shouldn't put any stock in such nonsense,' Mycroft had told him sternly, so sternly that it had stuck in his mind. It was as though Mycroft had been taken aback by it, which contradicted the very idea that there was nothing noteworthy in what Sherlock's imagination conjures up from the attic in his Mind Palace.

He never talked about the dream again. When things were… better, it stayed away. Now, it has begun to haunt him again. Not to an extent that really troubles him, but still.

In the dream, he’s near water. It’s dark, and he can’t really see where the waterline is, but he can hear it lapping against stones on a beach. If he really strains his eyes, he can make out ripples on the surface of that water, reflected back onto a wall behind him. At the same time as he sees this in his dream, he is filled with a terrible sense of premonition: an intense stab of premonition pierces him like a knife, and every one of his senses seems to slip into some hyperactive mode. He's alone and nothing makes sense and yet, he knows that something awful is about to happen. Slowly, a faint glow begins to surround him. There’s a crackle, like wood in a fireplace that's getting nearer, but instead of investigating he is overwhelmed by a sensation of running out of air, of choking, or suffocating. Then, it all goes black and he wakes up gasping.

He has always seen intuition as something the brain knows but it’s too fast for the conscious mind to grasp. In the dream, he knows that he will only survive if he can solve the puzzle, but he can’t, because he always runs out of time and he can't even think because there's no air left.

He often dreams of water even when he isn't having nightmares. He has never known why. In the cold light of the day, he has tried to reason it out, to pluck each tiny morsel of data and scrutinise it carefully. The dream puts him on edge, and he ends up trying to see patterns and hidden things in everything. Yesterday, he had wondered if there's a connection between the nightmare returning and the melody bits appearing in his head. It is childlike, almost a nursery rhyme in feel, but instead of the usual cheery, happy tempo, it ends up sounding dreary, almost melancholic. Starting with a short snippet of a scale, the melody of it had then descended – a bit like going up and down steps.

He's not ready to assign much significance to the dream – analysing it is merely a cerebral exercise. The damned drugs seem to be shaking things loose, but at the same time they are stopping him from understanding the meaning of what is coming to the surface. He might be tempted to dismiss it all as some bizarre side-effect of his medication, except for the fact that he knows he has had similar dreams before, when he’s not been on any drugs, legal or illegal.

After playing what little he remembers of that strange, almost dissonant melody, he stands by the window, violin in hand. Wind often blows a storm of leaves by from nearby trees, and thanks to The Guide to English Trees and Wildlife in the small collection of acceptable books in the common room, he has been able to identify the most common ones by shape. Beech and willow. He doesn’t
understand why that is somehow important.

It must be the paranoia, making him think everything has some sort of deeper significance.

"Most people make concessions in behaviour when we first meet someone. It shouldn't be seen as not being allowed to be ourselves – it's simply sensible to be cautious and avoid communication that might spook the other person off before we even find out if we might get along with them."

Sherlock stifles a sarcastic retort. Smathers has decided to return to this boring theme.

"Yesterday you gave a text book answer to what to do when you meet someone new, and then said how it didn’t feel right to you. Are you making an assumption that since you think social interaction poses a great challenge to you, it must be a walk in the park for other people? It isn’t, you know."

He had asked at an earlier session, if Sherlock had interacted with the other…patients at the ward at all, and he'd said no. What would be the point?

Now, Smathers drops a bomb: "Your homework is to introduce yourself to one of the other patients and to try to get to know them. Your goal is to have a ten minute conversation and then come back tomorrow and tell me what you learned about that person."

"I don’t need to talk to someone to be able to tell you something about them. I can simply observe."

"Observation is not interaction. It doesn’t count. We should let others define what they want known of themselves upon a first meeting. I think you might find talking to someone at Fitzmary quite enlightening. Peer support is---" Smathers starts in his typical lecturing tone, and Sherlock shoots him a dirty look.

He opens his mouth to finish the therapist's sentence, but Smathers beats him to it by quickly raising a halting palm.

"I will get us that pointless jar if need be," he tells Sherlock in a slightly teasing tone. Instead of a cursing jar, he'd been jokingly threatening to make Sherlock drop a coin into one every time he tried to circumvent a topic with the p-word, as Smathers has begun to call it. "To judge if something is pointless or not, you'd have to explore further, not dismiss it outright. After all, you've described yourself as a proponent of the scientific method."

Of course Smathers would include something this vile in his homework. It sounds even worse when he repeats the assignment: "talk to someone, while keeping in mind that being polite and listening doesn't mean denying yourself the right to be who you are. The time for more open display of all your personality comes later, once you've got to know each other a little."

"In other words, you want me to pretend to be stupider than I am, fake being interested in someone’s mundane life, smile and nod like a bobblehead and pretend I’m enjoying all that."

Smathers had smiled. “If that’s what it takes, yes. And, you might want tone down the intellectual arrogance and superiority complex; it kind of puts people off.”

Sherlock's eyes widen. It's very much unlike Smathers to be this blunt. Then again, perhaps the therapist is picking things up from him as well. In his surprise, he decides to do exactly what Smathers has directed, if only to prove the futility of the whole thing. He’d gladly spend a mound of coins for that.
That evening, after dinner, Sherlock walks into the common room, book in hand. This time he has no intention of reading it – it's just a prop.

He needs to pick a… target. He settles into a chair in the corner and surveys the scene.

There are currently five patients in the room, none of whom look even remotely interesting. Sherlock has purposefully ignored every patient on the ward since his own admission; there have been arrivals and departures, of course, but no one is here to form a friendship. If, and when, they do get out, he is certain that none of them will want to remember their time here or keep in touch with anyone in the ward. Why would they? The stigma of mental illness is too strong; if they think like Sherlock does, they will not speak of their time here with anyone, unless they are compelled to do so.

He uses his observational skills to scan the options. It needs to be someone at least marginally functioning. The most acutely ill patients are in the crisis wards, but some of the patients at Fitzmary 2 are so tightly in the grip of their medication that it limits some their cognitive abilities. 'Every psychotic episode takes a toll on the brain,' Barnes had seen fit to inform him. How bloody consoling. Sherlock knows from his own experience when he first got here that the last thing he wanted was to talk to a fellow patient.

A quick survey of the room instantly leaves out two of the five individuals present; the thirty-year old builder named Jimmy, who came in last week, is at risk of drowning in the soup in front of him as he keeps nodding off after every few ladles. Then there's the middle-aged, long-term unemployed insurance clerk who has been at the ward the whole time Sherlock’s been here. He seems to be on such high doses of antipsychotics and sedatives that it is a miracle he can even focus his eyes. Judging by snippets of staff conversations Sherlock has picked up, he has been in and out of hospital since the late nineties. The ward nurses steer the man into the common areas for his meals, which he eats with mechanical precision, and then escort him back to his room. He seems as unwilling to engage with others as Sherlock.

From the three persons in the room who are more compos mentis, the choice is still grim. The patient known as Charles, wearing a battered Irish Tweed jacket, is in his mid-forties, and looks like someone who once had some wealth and status but has since fallen on hard times. The rumour amongst the staff is that he had once been a doctor, but Sherlock deduces the truth; the man had been an equine veterinarian who had developed a taste for ketamine. He has a subscription to the Racing Post which he is reading now, and Sherlock realises after a minute of scrutiny that the ketamine was also used to dope horses to fuel a gambling addiction, too. It is a testament to his physical strength that the side effects of two decades of ketamine have not yet killed him. He doesn’t talk the other patients, because he is under the delusion that they are all working class and so beneath him. Sherlock loathes upper class twits, and knows trying to engage with that idiot would be excruciatingly boring and likely to remind him of Mycroft.

When he was sixteen, Sherlock's therapist had suggested that it is always easier to start a conversation with someone with whom one has a shared interest. Looking at the other candidates in the room, Sherlock is gripped by the realisation that he has almost nothing in common with any of them, apart from the fact that they must all have been considered mentally ill enough to be locked away. Even in this gathering of those society has shoved into the waiting arms of the NHS, his interests may well make him singular enough to earn the label already given by school classmates and fellow university students – a freak. This ward may not be much different to a school yard or a university dorm in that they are all people brought together by circumstance and coincidence rather
than choice.

Smathers will expect something other than these deductions – he had said as much. Sherlock needs to show the man that he is right to avoid contact so that he’ll stop harping on about such futile endeavours.

Sherlock continues assessing the scene. The outstandingly OCD pharmacist sitting in the far corner of the room has a bit of potential; at least there would be some grasp of medicine, and they could always talk about drugs. But, his compulsive hand washing would make extended conversation difficult; he is always dashing into the loo. And, his need to repeat everything that is said to him not once but three times brings awkward memories of Sherlock’s own struggles with echolalia as a child. He wonders briefly what had happened to the man to warrant admission to a psychosis ward instead of a more specialised service dealing with obsessive-compulsive and anxiety disorders, other than the extreme severity of his symptoms.

He switches his observations to Gregory. He’s a second generation Greek restauranteur who hears voices and believes that he is the incarnation of Apollo for this generation. It appears that delusions this caricatured are rare but not unheard of. Despite the fact that his diminutive size makes him more likely to be cast as Eros, the man strikes haughty poses and talks to Zeus in classical Greek. He seems to be getting better, whatever that means – the odd behaviour seems to be lessening by the day. Sherlock is probably the only person at Bethlem that has a fighting chance of understanding what the man is saying; the staff just tend to ignore his one-sided conversations as gibberish. When Sherlock can be bothered, he finds the man’s discussions with his voices amusing; right now, whichever of the Olympian gods he’s hearing seems to be complaining about what is on the television. A soap opera, no doubt, at this hour. Sherlock has always thought the Greek myths and the classical plays rather melodramatic, so there might well be some amusement to be had for the man.

But, how would he begin a conversation with Gregory? Should he start by speaking classical Greek? Sherlock wonders how patient interaction etiquette works when it comes to diagnoses – is there an unwritten rule that one should not encourage an obviously pathological behaviour? Then again, why should it matter if he indulges someone’s current affliction? Isn’t that precisely what so annoys him about this place – people only seeing a list of medical terms on a page and then trying to change everyone’s behaviour to conform to some stereotype of normality?

He starts on an opening script, but then stops. If he does something like asking what the weather is like on Mount Olympus, that might register as more than a bit not good in Smather’s eyes. If he judges Gregory wrong, it might come across as mocking, and the therapist may well think that this is Sherlock making fun of someone in a vulnerable state.

He is still pondering this conundrum, when another patient arrives in the common room. This is Mack; he’s heard the staff use his name on a number of occasions, usually to try to calm him down. The schizophrenic who’d been a resident at the ward for seven months, might have adjusted to his medication better than some of the newer intake, but he is an insufferable boor about football, as Sherlock had discovered when trying to concentrate on his reading while the idiot had been shouting at the television screen. Most certainly someone to avoid.

Unfortunately for Gregory, the football fanatic has walked straight over to the television and switched the channel to a match. Then he moves a chair directly in front of the screen, blocking the view of the Greek.

Gregory starts shouting – calling on Zeus to strike this mortal dead with a thunderbolt. Mack objects and tells him to shut up since he wants to watch the match. All the racket is making Sherlock want to
bolt, but that would mean starting over with this whole ordeal and he isn’t sure he can muster the energy later.

He glances around the room. It’s time for the staff’s handover assembly so there’s only a nurse in the room; she’s one of the dimmer ones, and is currently trying with little success to get the builder to stand up so she can escort him back to his room.

Gregory had stood up, his yelling now mostly consisting of Greek profanities. Mack is pretending not to hear him and has turned up the television. Sherlock is convinced this is not going to end well. When delusion and obsession collide, the outcome is rather easy to predict. The chemistry here is highly combustible, and unless someone intervenes, there will be blood.

He puts his book down and rises from his chair.
"I want you to tell me exactly what happened," Smathers says. “It’s important.”

“I tried to stop a fight between two patients. It seemed the right thing to do.” Sherlock replies. He has interrogated about this several times already, and he has very little to add what he has already told Barnes and the Ward Sister. He also doesn’t quite share Smathers’ belief about the relevance of the incident to his recovery.

His right eye is swollen, the lateral margin of the socket bruised; the cheek bone had been cut, and the bandage is pulling uncomfortably at his skin. He now wishes he'd accepted the paracetamol offered; the eye is throbbing annoyingly.

Since Smathers does not look satisfied at his cursory explanation, Sherlock recites further details in a flat monotone. “I was in the common room, about to attempt that stupid conversation exercise you set. Gregory was watching television, and objected when Mack arrived and switched the channel. He didn’t like something that Gregory said, reacted violently and began to pummel him. I knew that the security staff on duty would take time to get to the room, and I didn’t want him to be injured further.”

“So, you stepped in and tried to restrain a man who is four inches taller than you and at least three stone heavier.”

Sherlock shrugs. “Size isn’t everything, especially not in martial arts, although admittedly I am quite out of practice. If you think the odds didn’t favour me, they certainly didn’t help Gregory. It would have been callous to just let him get beaten into submission by a bully.”

“Is this something that motivates you so much that you’d risk your own safety? Standing up to bullies?”

Sherlock is looking out the window rather than at the therapist. He is finding the intensity of the man’s scrutiny more disconcerting than usual. It was just a fight, the Bethlem equivalent of a witless barroom brawl.

Smathers is naturally not the first one to disapprove of him getting involved in altercations. He remembers Mummy taking him into the kitchen for a talking-to: ‘Sherlock, dear, it's never nice to be bullied for being different’ Mummy had said, referring to the village boy he’d got into a scuffle with, ’but you shouldn’t resort to fighting. Use your brain, not your fists. Avoiding and preventing the whole thing is the best strategy.’ She had been trying to be comforting and supportive of him, Sherlock knows that now, but back then, it had just felt like she was telling him to only be himself if he could keep his mouth shut while doing it. It wasn’t that simple; he could never tell which things were what Mummy called these things – stuff he shouldn’t do or say with people who were not like
him. He wished someone had given him a list. They told him off or shouted at him, but no one ever explained how he could make better the decisions adults were demanding.

To be honest, which he will be with himself, but with no one else here at the ward, he’d not exactly thought through the consequences of trying to intervene. It had been more a case of instinct than conscious choice.

He wants to justify his decision to Smathers, at least; he’s been told off by just about every member of staff for getting involved and that scolding is getting beyond infuriating. ‘That’s what the security staff are for’, has been the most common comment.

Sherlock has already pointed out that the diminutive nurse in the room would never have been capable of handling the sudden flare-up of violence, and that he’d done what he could to stop another patient from getting hurt. When the alarm had been raised, a security guard and a burly nurse eventually arrived to pull Mack off Sherlock and medicate the older man before he was taken to the Gresham crisis ward. Gregory had been nearly hysterical with anxiety so he had been sedated, too. Sherlock had been escorted to his own room.

Barnes had been called back to the hospital to deal with the “incident”, as it had been called, to assess blame and to decide what course of action was needed. The question was: had Sherlock provoked the man in some way, and would he need to be treated similarly? The nurse had not seen the build-up to the fight; she’d been concentrating on another patient, and Gregory had not been paying any attention to Sherlock at all.

“Well?” Smathers prompts, still keen to probe the incident, whereas Sherlock would rather just forget the whole thing.

He shifts uncomfortably in his chair. “Stop reading too much into it. It’s just another example of how pointless getting involved is; I try to do something to help stop someone from getting hurt and end up getting blamed and endlessly interrogated.”

“By drawing Mack’s attention away from Gregory, you made it a fairer fight and kept him from hurting someone else until the security guard arrived. In terms of motivation, wanting to help someone is decidedly not a problem, Sherlock. It was a very decent thing to do. Perhaps the method should have been different if your injuries are anything to go by – violence has a tendency to beget violence. Your lack of concern for your own well-being might be masking something that we should explore further.” The therapist’s voice is gentle.

“If I’d wanted to self-harm, there are easier ways to do it,” Sherlock snaps. “I didn’t provoke him, just deflected his aggression onto someone a bit better able to withstand it than someone half his size. I hate bullies.”

“Is that because you were bullied as a child?”

“Obviously; I am hardly a poster-child for normality. Children can be brutal.”

“Did you get into fights a lot?”

“I did until I realised that using my brain could prevent at least some of those fights; failing that, I have a second dan black belt in a martial art.”

“So, why did you resort to violence this time?”

Sherlock dislikes the description. “What I said wasn’t that provocative, but it would seem that Mack has a short fuse and little self-restraint.”
To his surprise, Smathers doesn’t continue to admonish him the way the other staff have. With a smile so small it might have been missed by someone less observant, he says: “It was a brave thing to do; that patient has intimidated almost everyone he’s come into contact with. We don’t have the manpower to assign a nurse to him 24/7, at least not as long as there are so many other patients currently requiring constant watch.”

Some of the tension in Sherlock’s shoulders eases. Unlike Barnes, Smathers is giving him the benefit of the doubt. Barnes had simply tutted at him in a rather Mycroftian fashion and told him that by intervening, he’d made Mack even more violent.

Sherlock had tried to distract the man’s attention by unleashing a diatribe against football hooligans, supporters who were so stupidly tribal that they left their brains back at the turnstiles and turned into a herd of animals. In hindsight, perhaps it had been quite provocative. He did land a few blows of his own, and had surprised himself with how good it felt to unleash some of the escalating general frustration and anger he had been carrying on someone who deserved it. Barnes had seemed on the fence about what to do with him afterwards but, luckily, the former vet, Charles, eventually vouched for him. He backed up Sherlock’s story about what exactly had happened and who had started it all. Mack is now nursing two cracked ribs back in the crisis ward of Gresham, but Sherlock has been allowed to remain in the Fitzmary, albeit with a stern admonishment to follow the rules in future and not to interfere with how staff try to handle other patients.

Just as the therapist has managed to lull Sherlock into a false sense of security regarding the latest turn of their conversation, he employs a new angle: “standing up for others less able – do you see any similarities between this, and that case you told me about before, the one with the dead child?”

Sherlock’s gaze narrows. Smathers is indefatigable in his persistence, so the truce is over. What little anger Sherlock had shed in last night’s fight comes back in an instant. He may have agreed to visit the care home out of curiosity and boredom, but admittedly it was wanting to do the right thing that had made him an active participant in the investigation. Instead of justice or satisfaction for employing his intellect in a constructive manner, all that had achieved was a reminder of just how far removed he was from everyone else. But, looking back now, solving that puzzle had provided at least a thin sliver of satisfaction in the otherwise bleak landscape his life – until he faced the stone wall of stupidity and scepticism that was the Metropolitan Police.

Predictably, his becoming interested in a murder is a detail that a psychotherapist such as Smathers would decide to fixate on: “It seems that the outcome of that case may have escalated your depression, which eventually led to the drug use, triggered the psychosis and your attempted suicide. Have you often had suicidal thoughts?”

Sherlock places his hand on the table and tries to imagine irritation flowing out of him through his fingers. Smathers is just doing his job, checking to be sure that this latest incident isn’t going to deepen his current depression.

What had happened with Mack is minor, insignificant, merely a reminder of how things are. That is what Sherlock has been insisting about the Marsden boy, too, but in all honesty, the way and the level with which the case still affects him is bewildering.

He is depressed. Has been, probably as long as he can remember if that word must be used about any state less happy than the bland contentment seemingly enjoyed by most people. But, being depressed, thinking about death and being suicidal are three different things. They might overlap, but they are not the same.

Sherlock hasn’t really said anything signalling suicidal ideation during these sessions, but Smathers will have been made aware of the events surrounding his admission, and Mycroft may well have
mentioned some earlier... *incidents*. Sherlock is certain his brother has been interviewed by the staff; maybe Mycroft has even volunteered this part of his patient history. Somehow, Mycroft is in possession of copies of records of childhood visits to child psychiatrists, psychologists, neuropsychologists, therapists, paediatricians, child neurologists and the rest of the ilk Sherlock was dragged to after Redbeard died. He can use those to patch together whatever pattern of ill behaviour he wants to sell to whomever is judging Sherlock.

It doesn't matter what Smathers knows or doesn't – Sherlock sure as hell doesn’t want to talk about any of those other occasions, any more than he’s willing to talk about the fentanyl at the A&E.

He doesn’t think he's preoccupied with death – if anything, his relationship to it must be much saner than most people’s. It's not his fault if most people can't handle the concept – why do people assume that just because he doesn't have that problem it means he wants to top himself all the time? Death is a thing inseparable from life – it's not possible to have one without the other.

Smathers is obviously not going to let the self-harm angle go: "Have you been having any thoughts like that recently?"

Sherlock groans with frustration. "I might start having them soon if I have to keep pretending this talking therapy is going to make any difference at all." He'd like to wash his mind clean, rinse away all the residue of frustration that these sessions create. Even though he knows he doesn't have to talk, doesn't have to reveal anything he wishes to hide, he still feels threatened and under scrutiny. Every word is assigned hidden meanings, every tone of voice interpreted like a poem.

The CBT therapist sighs. “You need to try to make use of this, Sherlock. It’s important to not be alone with your thoughts. Finding a way to express what you are feeling is crucial to your mental well-being.” He gives a smirk he probably hopes seems disarming, “other than with your fists, that is.”

Sherlock reminds himself that Smathers doesn't really care about his mental well-being. None of the other staff do, either. He's a patient. This is their job. Not even Mycroft gives a toss about how he feels. Sherlock himself may now care marginally more about prolonging it compared to when he'd ended up in hospital, but it won't require much for that motivation to wither if nothing changes – if there are no answers to be found as to why he feels the way he does.

He stops himself from rolling his eyes.

Smather's amusement is replaced by a more serious look. "I'm intrigued that the murder investigation was the thing that came to mind when I asked you about a rewarding, enjoyable experience, but recounting it seems to be so painful."

"As I already explained, I enjoy problem-solving. It's even better if it's a real problem and not just something made-up for the purposes of a university class. I was presented with a problem, but solving it took a tragic turn."

"Maybe it was meaningful to you in some other way than as a problem-solving exercise. The life events we learn the most from are rarely positive ones. There is an element of intellectual performance there in your story, but altogether it didn't sound like a very happy occasion in any way."

"I dare you to find anyone who would call a dead child a happy occasion," Sherlock dismisses until he realises that somewhere there is a woman who thinks exactly that – a woman who snuffed out their own child because he did not fill her expectations. Sherlock doesn't know if the police eventually did get on top of things – if they discovered and proved her guilt. He doubts it.
"Of course not. I apologise if that sounded flippant. Is there something else about the experience that troubles you than the nature of the incident? When you were telling the story, you really did seem quite distressed by it."

"I had nothing to do with the murder or the investigation, in the end. Why would I be distressed by something I was simply dragged into?"

"Did it encourage you to seek more opportunities to help others?"

"Hardly. I went home and tried to put it out of my mind."

"Did it work? Trying to forget about it?"

"What are you getting at?" Sherlock asks, increasingly annoyed at Smathers' insistence to hang onto this line of inquiry and make the whole incident into something life-changing. It had been nothing of the sort. If anything, it had cemented his belief in some things he has known all his life.

"You went home, tried to forget the whole thing. What happened then?"

Sherlock shrugs and pushes against the back of his chair so that the front legs of it rise slightly from the floor. He then lets it drop back down. He tries to watch his nervous ticks carefully when in Smather's office, but there are moments when he just simply has to do something to vent out the seething, infuriating, frightening restlessness that can completely overwhelm him when left unchecked.

"Two weeks later, I left my brother's house." He had been fed up not just with Mycroft, but with people in general. He wanted to give up, to disappear, to face away, to stop. Maybe it had been a long death march, a slow swan song in which he hoped someone else would swoop in to end him so that he could blame them and not himself. He had wished for some abstract confirmation that his place was not in the world, but the doubt and the hope lingered and made him hang onto life with a weakening grip and a withering determination.

"What made you make that decision? Was it impulsive or planned?"

"I was bored." He doesn't admit that he had spent a month planning it. Initially, at least, the streets of London had held more attraction than a coffin. It's impossible to quantify how much the murder investigation had influenced his decision. It certainly hadn't helped to be reminded of how little purpose the rest of humanity saw in his existence.

"People don't usually leave behind all their possessions and go live on the streets because they're bored. When they leave home like that, it's usually because they're trying to get away from something."

"I'm not discussing Mycroft again." Sherlock had tried to convince himself that he wasn't running away from Mycroft so much as running toward a way to make life bearable – or, if that wasn't possible, then to consider the alternative in peace, without some busybody breathing down his neck. He wonders if his reticence to discuss his close relatives will lead to the therapist considering the possibility of some clichéd family secret curbing his tongue.

If there ever was a shameful secret in this family, it would obviously be him.

"Alright." Smathers taps a pen against his notepad. "Helping the police wasn't motivating enough, then, to keep the depression from escalating?" he sounds a bit harsh.

Sherlock can recognise careful, deliberate provocation when he hears it. "Like I said, I did what I
could, which wasn't enough. I was a bystander, a nobody, and they made damned sure I knew it."

"The fact that you're becoming defensive right now might point to the fact that for you, it meant more
than that."

"No." Sherlock raises and slams his right palm on the table and then curses inwardly. By reacting,
he's revealing himself.

Smathers doesn't even flinch.

"This line of inquiry is pointless," Sherlock declares. So what, if the case had got to him? Maybe it
had simply been a final straw. He would give up trying to find contentment in the conformity
Mycroft was trying to enforce on him, to choose life on the streets or no life at all. It was a simple
choice, but not one to admit to a mental health professional who can influence the decision-making
regarding his detention in this limbo land of a secure ward.

"Do I really have to shake that jar at you again? Nothing is pointless about this; you have nothing to
lose by examining your reactions and learning from them.”

Sherlock pointedly glances at the wall clock. "Haven’t we run out of time?"

Smathers acknowledges this with a nod, now looking irritated. Finally, a chink in his annoyingly
sturdy professional demeanour. "So we have. I'll see you tomorrow. Before we end this session, I
want to remind you again that here you should feel free to say what's on your mind."

"To what end? So that you can write it down in your notebook and share it with Barnes?" And my
brother, he's tempted to add, but it doesn't sit right, somehow, accusing Smathers of that. He has
shared things with Barnes, but nothing Sherlock wouldn't expect, and there are many things he has
been discreet about. Ally, at least for now.

“We’ll have to carry on this discussion tomorrow. I'm not disappointed by our last two weeks, but
you need to focus on what we're doing, instead of counting days down to a discharge we don't even
know the timing of yet. You're not the first patient who, at this stage, starts thinking that they can just
do their time, as though they were in prison. It doesn't work that way. Have a think on what we've
talked about today.”

-o-o-o-o-o-o-o-o-o-o-o-

That night, lying on his bed and staring at the ceiling, Sherlock can do little else but think. He'd
declined a sleeping pill, stating that the medications he was already on made him sufficiently tired.

He hasn't had many a good night's sleep in this place. At the start, an unnerving sense of being
watched, or someone being after him had made him so jittery that he had been forced to leave the
bed and pace. Now, although the therapy sessions exhaust him more than anything only involving
talking should, the anxiety still keeps him from getting the rest he needs. He still feels as though he
must constantly be vigilant, to keep a suspicious eye on everything and everyone. Fight or flight has
become a permanent state, despite the medications.

Replaying the day's conversation with Smathers in his head, he realises he's still torn between turning
away from everything and everyone, and the temptation to grab onto the offerings of the therapist – a
flimsy wish that there may yet be hope for him. Why is he so hung on the opinions and acceptance of
others? Shouldn't his entire life so far have taught him the value of independence and not giving a
toss? He'll never satisfy the demands of those obligated to care about him, so why does he even try?

He also worries that Barnes and Mycroft may use this recent incident of violence to justify keeping him here longer. Mycroft knows everything about him, even things a brother should never be privy to. Thankfully, Mycroft has secrets, too, and some of them only Sherlock knows. Such things would probably have stopped any normal, reasonable brother from tormenting him like this, but not Mycroft bloody Holmes, whose life's mission seems to be to ensure that Sherlock is never allowed an inch of control over his own life. He never hesitates to point the finger of blame at him: 'you keep making such dreadful life decisions'. Maybe he wouldn't have a reason to make such choices if he was allowed a bit more say in his life in the first place!

_Autocratic. Bullying. Corpulent. Dictatorial._ Sherlock has an entire alphabet of adjectives and epithets he uses when thinking of his brother. Once Sherlock gets out of here, Mycroft is going to learn what it means to finally, completely lose control of him. He will walk out, disappear into the streets and alleyways and tunnels and abandoned buildings of London. Leaving Bethlem behind is all he can think about, but it's just a means to an end he hasn't yet identified. He harbours no illusions that life will feel less painful and tedious and pointless than before, but at least it will be a life he has chosen for himself. If the only way out of darkness involves risk and potential disaster, wouldn't anyone still take it?

He's so tired of thinking about all this, tracing the same paths with his mind, replaying the same worries. The question remains: what will be different, or better, if anything? Ultimately, this isn't about Mycroft. Only he can decide what he is to do with the life he's reaching for.

-Smathers is nothing if not relentless, which Sherlock is reminded of at their next session. There are a few days remaining before the weekly Care Meeting, and the therapist seems determined to somehow corner him before that.

"After the fight, now that the dust has settled a bit, I want to return to something we've talked about before, because it might have some bearing on what happened between you and Mack, and why you react in such a hostile manner to anyone trying to help you understand how you're feeling. Sometimes it's difficult to find words to describe our emotions. One thing that may well escalate anxiety is when we're asked to communicate such things and don't know how. I think this may have been behind some of your reactions lately? Some people might prefer using something else than a verbal description, but often it's the only option we have at our disposal. How do you think you usually express your feelings?"

"I don't. What I have to say tends to make people uncomfortable. Still, most of them don’t turn around and clobber me. Mack isn’t exactly rational, or he wouldn’t be here, would he?"

The therapist sniffs. “I’m going to hazard a guess that this is not the first time someone has taken offence at something you’ve said. Why do you think that is the case?"

“People know what they want to hear, and don't enjoy being surprised by someone who tells the truth, someone who doesn't adhere to their standards of normality."

"What is it about you that makes them uncomfortable?"

"They don't think the way I do. They have so many rules about what you're allowed to talk about in certain situations, and how you're supposed to behave at certain times. I'm not very good at that; I can’t be bothered."
"It's good that you're aware of it because it's something that can be learned with a bit of practice. It seems that you communicate in facts which you've tried to strip of emotional consequences, and since other people are rarely capable of that level of detachment and rationality, they are both offended by the content and alienated by the way those things were told."

"You're not the first therapist I've had," Sherlock reminds him. "I can get by if I so choose."

"I know you can, and looking at your personal history, you've done really well."

The man’s patronising tone reminds Sherlock of every awful moment of so-called therapy that his parents had sent him to. It was all designed to make him into someone who could pass for normal. Mummy had insisted that they simply wanted to make his life easier. If the exhaustive shamming to be normal is the price for that, then it isn't worth it.

He stifles his rage. "What is that supposed to mean? ‘Really well’ in what context?"

"When you get to know people, do you tell them you have been diagnosed with autism and what that means with regards to interacting with others?"

There’s that bloody word again – Sherlock has to take a deep breath to calm himself. "The point of making me kowtow to all those therapists was that I would learn how to pretend, so I would never have to wear a label. I don’t like being stereotyped."

"Nobody does. But it's not the worst label someone could have if it prevents misunderstandings that create conflicts with other people."

"Believe me, I know. I've been called worse than autistic. And I don’t care."

"Is that what you want everyone to believe?"

The question catches Sherlock off guard.

'You know what they say: it's always best to turn the other cheek. Don't let them get to you, you're smarter than they are. Children don't understand those who are different.' Mummy, in the car en route to school.

'They're just envious of the things you are very good at. Carry that envy like a badge of honour.' Father, on a morning when Sherlock had buried himself under his bedclothes and refused to go to school altogether.

'Actions have consequences, Sherlock. If you don't keep your deductions to yourself, those consequences come to pass.' Mycroft, standing in his room at Eton, as he tried to stop his bruised nose from bleeding.

While he was the one being bullied, called names and shunned, the adults demanded that he adopt the graceful approach. He was the one asked to understand and empathise, even though no one believed him capable of those very things under most other circumstances.

He quit all that at the age of fifteen. What followed was a series of school suspensions, more psychiatrists and even getting expelled from one school. Whether he used physical violence or unleashed his tongue on others didn't matter – he was always judged to be the problem, not them. He signed up for a martial arts class. It was not easy, sports never were for him, but he put in the work.

"When we're treated badly, it's often easier to pretend none of it hurts, that we don't care, that we don't feel anything at all. The fact that you find it difficult to communicate your emotions doesn't
mean that you don't experience them."

It feels pathetically nice to have that acknowledged. "Contrary to what people usually assume if
they're aware of... said diagnosis."

"Yes, exactly. As I said, there are ways to learn to do that better, ways to recognise those emotions
and to talk about them. We can practice together here, in a safe environment."

The therapist opens a desk drawer, pulls a stack of white cards that have been tied together with
elastic band and places it onto the empty table space between them. "You may not know that the
Bethlem Hospital hosts the National Autism Unit, too. I borrowed these because they can help
improve communication of emotion. You have the same right to communicate how you feel as
everyone else." He takes off the band and spreads the cards so that the words written on them can be
read.

I'M WORRIED, a card reads.

I'M SAD, says another.

"It appears that before we can start working out why certain events make you feel the way you do,
we have to name those feelings and identify when they most commonly appear," Smathers reiterates,
spreading the stack of cards by fanning them out with his palm.

I'M SCARED, one of the cards says, written in block letters on the worn, plastic-covered card.
Sherlock slides a finger on it and shoves it under a thin stack of other cards and then spreads them
around. He then hides his hands under the table.

"It can be easier to choose from these – think of them as a cheat sheet – than to try to come up with
the right word on your own."

Words are limited. Simplistic. Stereotypical. Emotions have more nuances than could possibly be
described with them. Feelings are personal, and they cannot be compared with those of others, unlike
words of which everyone has the same selection available. Trying to communicate with words how
he feels always fails, because it's so hard to describe them in any reasonable level of accuracy
verbally.

I'M HAPPY, says a card with a smiley face drawn on it. Sherlock snatches it and slams it in front of
the therapist on the table. "There you go. I'm done," he announces loudly, leans back in his seat and
crosses his arms defensively.

"With this exercise, today's session, or all together?" Smather's expression betrays that he doesn't
believe for a moment that the card describes Sherlock's current emotional landscape.

Sherlock wonders bitterly whatever happened to 'there are no right or wrong answers in here'. This
is exactly what he had been trying to explain: people don't accept the answers he gives them. They
don't examine what he's trying to signal, they merely jump to judging him.

The therapist spreads out the cards again so that I'M HAPPY gets reshuffled into the lot. "Why does
this exercise make you uncomfortable?"

"It's infantile and patronizing. And, you didn't tell me that there were right and wrong answers, after
all. How am I supposed to play if I don't know how?"

"I assumed you picked that card because you wanted to signal your disapproval. This is not a game,
there's no winning or losing."
Sherlock wants to scream out of frustration, but he manages to confine himself to just a reply. "It's always a game, trying to deal with people and their expectations. And no one ever tells me the rules."

It most certainly is a game, one he has grown tired of years ago.

"Can you remember a time when you would have wanted to communicate such things, but couldn't? You chalk up your frustration regarding the murder investigation to the fact that it wasn't solved the way you think it should have, but is there something else there, something that made you connect with it personally?"

Sherlock is out of his chair before he has even realised it. "Why do you keep pressing on about that? I told you that story to get you off my back, not so that you could throw it back in my face at every opportunity!"

"Please calm down."

Please? As if emotions can be turned off just like that, just because someone doesn't like them.

Instead of sitting down, Sherlock begins to pace. "Isn't this a safe space for expressing myself? Isn't that what this is about? You poke and prod until something bursts and it never gets better, it just gives you a false sense of accomplishment?!" He now sounds hysterical even to his own ears and doesn't even know why.

"You're right. You're angry, and you have every right to be, but attacking me is sidestepping the things you're really angry about."

Smathers' jaw sets into a determined line. He rises to his feet and they end up in a staring match. The therapist's gaze is challenging but not defiant, stern but not angry. "Why did that murder hit you so hard, Sherlock?"

He hears himself protest, to insist he doesn't want to talk about it but it's too late – Smathers is like a shark that has caught a scent of blood in the water. Sherlock might almost be impressed if a terrifying sense of anxiety wasn't creeping in.

Why does thinking about the murder make him feels like he's in danger like he has to hold himself together lest something break him into pieces? Why is it such an instant reminder of how he's standing at the edge of something – an empty future he can't abide, and a past he doesn't dare look over his shoulder at?

Until he does dare to stare back at the abyss, there's no moving forward. He needs the Palace right now, but he has bolted its doors shut. He needs his memories, but he fears them.

When he thinks about the dead boy, he thinks about himself, of memories he has lost or the ones he keeps stowed away. He doesn't like thinking about home, about his childhood. He never has, even though he's not quite certain why. They lost a family pet. What child hasn't? If that is the most terrible tragedy ever to befall him at a young age, then something is amiss. Yet, there's a strange sense of it all being connected.

He pinches his eyes shut, imagines a door creaking open just a little.

He remembers fear, a quiet creeping dread.

Mummy. Father. In the dining room. Him, hiding in the living room, but sneaking close enough to listen to what they are saying, through the open door.
'Millie, it's been months. You can't get him to eat, he won't talk--- We can't go on like this, it's not fair on you; it's not fair on him. We're in over our heads, and it's time to accept that. It's not fair on Mikey, either'

'Don't you dare say it,' Mummy snarls. She never sounds like this, unless she's so angry that no one in her path is safe.

'I think we should at least look into it. There are very good places that specialise in---"'

'I'm not sending another child away.' A furious panic lives in Mummy's voice, an edge that makes Sherlock want to stop listening. Yet, he couldn't. Instead, he peered carefully around the corner of the dusty-smelling chair.

Mycroft goes to school and only comes home on holidays. He seems to enjoy it, but it made sense that Mummy would not want both of them to leave home for school. The thought should have felt scary, but instead, Sherlock had felt indifference. He likes being at home when Mycroft is back from school. When it's just him and Mummy and Father they expect things from him, shake their heads at him, drag him to talk to people in London – well, they talk at him, and he doesn’t talk back and that's the problem, at least Mummy thinks so. He tries to keep out of their way, but it makes him feel lonely.

They think there's something wrong with him. Something that makes other children hate him and other adults think he's a bad influence. Things that make them want to send him away?

It’s better when Mycroft is at home. He talks to Sherlock, reads to him. Takes him to the garden when Father and Mummy are fighting. They fight about him.

From his hiding place, Sherlock could see that Father was sitting at the table, mug in hand while Mummy stared at him, eyes ablaze with anger.

'There are good care homes for autistic---' Father had started, but his sentence had been cut short by Mummy suddenly slapping him. That had startled Sherlock – he had never seen Mummy do such a thing.

Soon, hasty footsteps hurried away, and Mummy tore past with her hand covering her mouth in shock. It looked like she was trying to silence herself.

Sherlock didn't know what a care home is, but he could tell it was not a school. A home? A person could only have one home, couldn't they?

They think he should be sent away to this place. Mummy wouldn't be so upset if there wasn't a grain of truth in it that upsets her.

He's not like Mycroft. They don't want him. He's not good enough, never has been. They want him gone.

He didn't cry. He didn't react, not really, because there was nothing to react to. The emptiness that enveloped him had been his companion before. He sat there, rolling the skull of a starling he had found earlier that day in the garden along the edge of a carpet until it cracked in half. He sat there until Mummy found him and shooed him to the dining table for his evening meal. He refused to eat.

The memory evaporates, leaving behind a crushing sense of loss. He pinches his eyes shut even tighter, not wanting to return to the reality where these things are being extracted out of him like rotten teeth.
Yet, something Smathers had said to him earlier comes to mind and somehow, it pierces through the familiar emptiness creeping in: 'we don't get to choose our family, but we can choose the people we accept and want in our lives'.

This is the question: does he have one more try in him; could he scrape together enough hope to try to find a place and a role for himself undefined by his past?

'We can choose.'

Is there hope for even him? Is Smathers just a naïve fool, or the harbinger of the last spark of possibility that this hell is not all there is for him?

'There might well be someone whose paper is equally crumpled, and they might look at the patterns on yours and think that they're the most beautiful thing they have ever seen.'

If those he's bound to by blood don't want him and will never accept him, maybe someone else will. Maybe.

He has nothing to lose, regardless of whether he gives up or holds onto hope. Nothing to lose at all, so he might as well try?

'We can choose.'

Sherlock opens his eyes and answers the question in the therapist's gaze with a determined glance. "It doesn't matter why it got to me. It never did, which I should have realised before. It doesn't matter anymore because I'm done with all that. That's the past. No one from it gets to define me, not ever again."

To Smathers' surprise, he sits back down, looking somewhat composed.

"I need to think about the future. I need to plan one."

Two days later, Mycroft's mobile rings just as he's about to walk into a COBRA meeting.

"Yes?"

"This is Dr Barnes calling from Fitzmary House. Have I caught you at an inconvenient time?"

This inquiry means that there’s no emergency. Still, he is due to meet the psychiatrist the very next day at a Care Team progress meeting. Mycroft is not looking forward to it since Sherlock himself will most likely be continuing to make things as confrontational and awkward as possible. Alternatively, he might refuse to communicate in any way. Enough of these pointless meetings have already taken place, and they tend to leave Mycroft feeling equally exhausted and frustrated.

"I have a few minutes," he replies briskly, not in the mood to listen to yet another complaint about Sherlock. Isn't that what Bethlem is for: a place supposedly filled with professionals equipped to handle his shenanigans?

"You have expressed frustration over his progress, and it's often difficult to keep optimistic when improvement is slow. That is why I thought you might like to hear the latest developments as soon as
"possible, instead of waiting until tomorrow's conference."

"Very well." Mycroft nods politely as the Home Secretary slips past him into the meeting room.

"He has requested access to the music room daily, and we've actually had to consider limiting his violin time since he's been playing for several hours a day."

"Don't," Mycroft cuts in without even thinking, which he knows is very unlike him. "Don't limit that."

Barnes hums appreciatively. "I agree. He finally seems to have found something constructive to do with his time. And it's not just that. Yesterday, he requested that his escort waits outside the room, that he wanted some privacy. This was granted, so long as the door was open. For the next two hours, he kept playing, and crying."

Barnes pauses, awaiting reaction from Mycroft, who says nothing because he finds himself stunned. This is major. Huge. Astonishing. Sherlock does not do such things. The last time Mycroft had witnessed him crying was the night he was told Victor was not coming back – that too many days had passed for the little boy to be found alive.

The doctor continues: "He has not displayed any such open emotion during his time with us apart from those he employs to keep others at bay and to let off steam: anger, irritation, displays of intellectual superiority. I don't know how this new development sounds to you, but I am certainly surprised."

It's obvious that the significance of this has not escaped the psychiatrist. This regains some respect for Barnes in Mycroft's books, but he lets the silence lengthen.

"There's more," Barnes says, and Mycroft feels almost light-headed. It's a minute past the starting time of the meeting, and he's always on time for these things, but this takes priority. He makes no move to enter the conference room. This is much more important than to pretend to cater to the whims of cabinet ministers and their civil servant retinues of mediocrity manning the meeting.

"Yes?" he asks, adjusting his Blackberry closer to his ear so that he won't miss a single syllable.

"He was in an altercation with another patient — a fist fight, to be precise. But, rather than being a sign of deterioration, our initial investigation shows that he became involved to protect another patient from being assaulted. According to his therapist, your brother's action ensured that the assailant did not hurt anyone else and kept him occupied until he could be restrained."

Mycroft's initial worries about how safe Sherlock would be in an NHS facility flare up. "Was he injured? Why didn't you call me when this happened?" He does not restrain his anger.

"He's got a black eye, and some bruising, but that's not the point I am making here, Mister Holmes. According to Doctor Smathers, your brother was willing to engage with other people – for all the right reasons. He took decisive action on behalf of another to protect them from harm. That's an important step forward – out of the inertia and self-absorption that he's been mired in for the past couple of months."

Mycroft is not all that certain this is as significant as an open display of emotion, but before he can question Barnes further about the details, the psychiatrist blindsides him with a third revelation: "this morning, he asked to see me. Usually, when he's forced to interact, he bluntly demands to be told what hoops he needs to jump through to be allowed to leave. He's been thinking of his stay with us as a mechanical, tick-box approach, based on what he's had to do in the past. This morning, that
changed. He took the initiative to seek me out because he's finally accepted he's unwell and wants to talk about the future. He wanted to know what he should do now so that he will feel well enough to be discharged.”

There's a pause, and Mycroft uses it to try to stifle a laugh: only Sherlock can surprise him this thoroughly.

Barnes carries on, "We’ll talk about this more at the Care Meeting tomorrow, because I do still have some concerns about the violent incident at the ward, but I wanted you to know in advance that his therapist thinks this could be real progress."

Behind him, Mycroft can hear the Prime Minister calling the meeting to order, but he doesn’t care. “Thank you, Doctor Barnes. That is, indeed, good news.”
The Convalescent

Chapter Notes

See the end of the chapter for notes

So weary with disasters, tugg'd with fortune,
That I would set my life on any chance,
To mend, or be rid on't.
- William Shakespeare: Macbeth

Mycroft drops his keys on the marble countertop with a clink that sounds aggressively loud in the quiet of the dark kitchen. Next to them, he places a cake box. There are several hours before he’ll need to be getting in the car to take him to Bethlem and the weekly Care Team meeting. He won’t touch it before returning; the thought of something nice waiting for him at home is consoling.

It's a work of art, right down to the wrappings. The colour scheme in its overwhelming pastel pink does not exactly fit his preferences, but he appreciates the meticulous design work that has gone into the Peggy Porschen logo, the opulent custom ribbons and the wagon-like shape of the box, the way the whole cardboard contraption opens like the petals of a flower.

It feels decadent, having an entire cake in the house, but this is his birthday, after all.

Yesterday, he had received the requisite congratulatory call from Mummy; she had been a bit rushed due to a hair appointment. She was preparing for a gala dinner at Columbia University, during which she was to receive a significant award for her research contributions to multidisciplinary applied mathematics. She had naturally apologised for not being present, for not having a homemade cake to enjoy while sitting together at the kitchen table in Surrey. Still, in her tone, Mycroft could hear relief instead of a heartfelt apology; she was aware as much as he was that this call was merely a ritual, that they both knew that Mycroft’s enjoyment of his birthday would depend very little on the premise of parental presence. It didn't matter if she had even realised it – it was how things had been for a long time and there was no use in dwelling on it. Still, he couldn't help a certain irritability coming on during such calls from her – he is not the Mikey she speaks of. It's a role he can slip on as easily as he dons a tuxedo for a formal event, but it's not him.

Even Mummy falls prey to nostalgia on occasion. 'I wish I had all three of you here,' she had said one Christmas when Sherlock had been out of earshot. Neither Mycroft nor Father would acknowledge the comment, since it belonged in the world of fool's hope and sentiment. It was not spoken in earnest, since it was not a wish for a return to all the aspects of those days they had all gathered around the same table, but a longing for the gilded falsehoods of glorified memories. It was a wish for a time machine to magically go back to an era before it all went to hell and they discovered what kind of monster Eurus was. Mycroft had not been fond of fairy tales, not even as a child.

There's a bottle of champagne in the fridge, but the thought of opening it alone while eating the cake
only serves to make him even more melancholy. He ought to do something more sensible, something less pathetic than drinking alone on the day of this somewhat arbitrary celebration.

He thinks about the townhouse, the empty rooms, the quiet air of it which he alone never seems to be able to fill well enough to make the place feel like a home. He’d practically inherited it from Uncle Rudy, when the man had retired from the service and left for the south of France. ’Consider it yours, my boy; a fair exchange for the services you are undertaking now in my place.’ The man had been de-mob happy, delighted to be escaping the burden of being responsible for the Holmes siblings, especially the one kept in a cage at Sherrinford.

Annoyed at the gloomy direction his thoughts are going, Mycroft scowls at the fridge. Uncharacteristically – perhaps because it is his birthday, after all – he decides to do something spontaneous, almost impulsive. He takes the cake box back upstairs to the Corbusier occasional table in the foyer, locks his laptop in the safe in his study, and calls his driver to the front door.

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His spontaneous arrival more than two hours early for the Care Team meeting could, of course, make his birthday much worse. Sherlock is certainly not a bundle of joy these days, but then again, Mycroft would not expect that at this stage of his convalescence. Those words have not described Sherlock after Eurus did what she did.

He doesn’t call ahead, doesn’t text, instead relies on the fact that his early arrival might make Sherlock curious enough to receive him. Since he delivered the clothes and the violin, there has been a slight thaw in his relations with Sherlock. After what Barnes had told Mycroft about the events surrounding the fight, he wants to know whether Sherlock is willing to discuss the past few days without being prompted by others.

The more time he has had to think over Barnes’ telephone call, the more suspicious of it he has become. He needs to know first-hand whether Sherlock is shamming progress, or whether it is genuine. Their communications are mostly still taking place in the company of others — the amount of staff present at the Care Team Meetings tends to put a damper on most of their exchanges, since they must both feel terribly self-conscious about every word being scrutinised by a third party. Lately, his brother has been fairly predictable about his insults and accusations, keeping them down to a level that won’t attract concern that his paranoia has returned to the levels of his earlier days at the hospital. Is this conformity to expectation because he thinks it will get him discharged faster? Or, is it real?

After his conversation with Doctor Barnes, Mycroft allowed just a little optimism to creep into his thinking about the future, but he’s now unsure, since he has sternly reminded himself that his brother is a consummate actor. There’s also the third possibility that it is a sign of his mental improvement that he is become able to mimic the behaviours needed to get him discharged.

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Mycroft is conversing with the Ward Sister while making his way down the hall, when an angular human form uncoils from an armchair off to the side of the large sitting room area and comes to meet them.

Sherlock has not gained back all the weight he has lost, at least not yet. Surprisingly enough, he is
wearing hospital-issue clothes today instead of the selected pieces of his own wardrobe Mycroft had
delivered. Perhaps he was injured more than the doctor had let on and these garments are somehow
more comfortable right now; at least his shiner is a rather spectacular one. The T-shirt – worn,
shapeless from being repeatedly shrunk in the wash – hangs from his shoulders like a shroud, and the
baggy shape of the NHS logo-adorned track bottoms only barely conceals the stick-figure likeness of
his lower limbs.

Food hardly interests Sherlock when he's doing well, even less when he's high or otherwise going
through a bad patch. There is no way to predict how his appetite would react to the medications he's
on here, but Mycroft would never have bet on the earlier reported improvement to last.

After the bone marrow biopsy results had arrived, showing nothing alarming except for the iron
deficiency anaemia already suspected, Sherlock had been prescribed iron supplements. No other
reasons than a lacking diet had offered itself for the findings. Mycroft is aware that iron tablets often
cause gastrointestinal discomfort, which would offer Sherlock yet another reason for abstaining from
food. He begins to question his decision to bring the cake.

A decision is made to open the first exchange of fire, a ranging shot to gauge his brother's mood:
"Laundry day? Or was there blood involved in your little fracas? I can take something to be dry-
cleaned, if the NHS isn't up to it."

The quip is delivered in a light-hearted but slightly provocative way.

Sherlock sniffs. "At least you've stopped pretending that they don't keep you up to date on
everything that happens here."

Mycroft lifts up the cake box. "Already checked for files," he remarks, hoping a humorous
acknowledgement of Sherlock's situation might break the ice.

"Ah." Realisation dawns on Sherlock's features, and he adopts a carefully curated look of utter
disinterest. "Yes, of course. It's that day. Leave it to you to never forget an excuse for dessert or to
replace lunch with it. Did they cancel the parade and the fireworks in your honour, then? Is this a
self-acquired consolation prize, a peace offering, or both?"

Mycroft refrains from the impulse to grit his teeth and to point out that Sherlock himself looks to have
been replacing lunch with nothing at all lately. He passes the cake to the Ward Sister who takes the
box, murmurs a quiet appreciation over the way it looks, and disappears down the corridor.

"I remembered you prefer chocolate," Mycroft points out as a preventive measure against any more
big-brother-and-cake-themed humour Sherlock might be planning to unleash any second now. Not
that he would really mind. He's used to this, and simply grateful that Sherlock has not yet walked out
of the room, refusing to engage. Even a jibe is welcome; it is, after all, the most common form of
communication between them.

"What are you really doing here?" Sherlock asks in a wary tone. "The meeting isn't until half-past
two."

"Believe it or not, I felt like seeing you today, and the confines of the Care Team assemblies are
rather formal."

This time Sherlock actually laughs. "You’d have to share the cake with everyone then, and that
wouldn’t appeal, would it?"

After the apathy, anxiety and anger that he’s been greeted with in the past, such a display of
amusement comes as something of a shock to Mycroft. He decides to prod a bit, to see if he could get a further rise out of Sherlock: “When you were little, you liked sharing in my birthday cake; insisted on it as I recall, even measured the pieces with a ruler to make sure you got your equal share.”

“That was only to stop you from being excessively pleased with yourself, as if another year older gave you just another opportunity to tell me that you would always be smarter than me.”

As insults go, this is neither creative nor very piercing. Mycroft could berate his brother for such childish behaviour, but then again Sherlock brings that out in himself as well. Over the years, Sherlock has become more and more adept at knowing how to push his buttons, even though he keeps getting better at hiding or disabling them.

It is now Sherlock who looks moderately pleased with himself since Mycroft has not countered his barb. Yes, banter like this is most certainly preferable to sullen petulance or feigned disinterest. The evidence so far is pointing to some actual progress.

The Ward Sister has re-emerged, and leads them to the art room since the common area is still populated by other patients finishing up their lunches. Mycroft welcomes the privacy. The Ward sister has delivered a pot of tea and two mugs, as well as plates and spoons. Mycroft takes one sniff at the tea and declines a taste. Sherlock's expression is hard to decipher as Mycroft sinks an old, slightly bent cake server into the dark chocolate truffle cake. The Ward sister had made a point about not letting a patient use the utensil. "No metallic forks or knives; just spoons." The comment had made Mycroft wonder if his brother is not safe here, or that he is still suicidal and these facts have been kept from him by Barnes.

As he slides the first slice onto a plate and gives it to Sherlock, he inquires, "Are they treating you well here?"

"It's not exactly The Connaught," Sherlock scoffs. "If they weren't, what would you do about it?"

"Everything in my power," Mycroft replies plainly.

This seems to throw Sherlock a bit off kilter, judging by a sudden need to glance out the window and the withering of sardonic expression into apprehension. Mycroft wonders if he has left Sherlock to his own devices for too long instead of insisting on regular informal contact like this.

He knows that the burden of keeping the conversation going falls to him, so he continues. "This is a belated birthday treat for you, too, but then you weren't receiving visitors on the 6th of January. I made your apologies to Mummy. You were too busy with a research project in Singapore, should you ever feel the need to explain your absence to her."

He cuts himself a piece. The cake has eight portions, each topped with a solid chocolate ball. After having this very cake numerous times before, he is still uncertain whether he likes the airy yet moist sponge cake better than the icing’s combination of butter, sugar and 80% dark cocoa. Or perhaps, the solid chocolate truffle ball on the top could be thought of as the pièce de résistance. "This is for the both of us," he offers pointedly.

The usual reply to such a statement would be a rebellious retort along the lines of Sherlock pointing out that he has never considered birthdays to carry any meaning.

Yet, it never comes. Sherlock eats his piece, then picks up the slicer and cuts another for himself. Mycroft wonders if his appetite has been altered, after all – or, perhaps he enjoys the little act of rebellion of using the utensil against rules as much as the cake.
"It's alright, I guess," Sherlock begrudgingly acknowledges. "The cake, I mean – not this hell hole." For all the jokes that Sherlock has fired at Mycroft's eating habits over the years, he has always had quite a sweet tooth himself. He rarely buys food, usually seems to forget its existence until someone pushes it in front of him, but when offered a treat he tends to say yes. When he'd been living at South Eaton Place, all the sugary snacks disappeared from the kitchen cupboards and all the proper food would be left untouched. 'Saving you from yourself,' he'd usually snarked when Mycroft had complained.

“Well, even if it is belated I can still wish you many returns of the day and the wish that they won’t take place in circumstances like these.”

Sherlock lifts his tea mug and mutters, “I will drink to that.”

The following silence isn't exactly amicable, but the symbolic breaking of bread seems to have at least made some of the previously overt hostility evaporate. Mycroft practically relishes the thought that his presence is allowed, finally. On too many occasions he has ended up within a hair's breadth from never even having this moment. It had all started with the fire that could have killed Sherlock, and then followed the trail of self-destruction that came as the troubled child became an adolescent, then a teenager and finally an adult. This is simply the latest eruption of that tendency, as heavily laden with grief as it is. Sherlock could have died that day in November. He could have died numerous times before as the victim of his own recklessness, self-neglect and a darkness that eludes a proper name, but somehow, for Mycroft, this last time had been the worst. Before, Sherlock's decision-making had appeared to have at least some thread of sense, but this latest debacle had entailed that extraordinary mind fracturing to pieces in an unprecedented manner. Losing one sibling to insanity was bad enough. Mycroft wants, no, needs to believe that this time Sherlock will be able to put the pieces back together again.

He doesn't need to interview Sherlock any further today regarding his well-being, but in order to achieve some peace of mind, he has to know the answer to one question: "To make sure that you do have more birthdays, I need to ask, when did you last have a list?" he asks quietly, careful to balance his tone as serious yet non-judgmental.

This had been their agreement, that Sherlock always made a list. No matter where Mycroft found him, there would be a list detailing what he'd taken, and how much, in case he lost control or he was sold something else than what he had asked for. This agreement had been reached at the intensive care unit of John Radcliffe Hospital in Oxford after Sherlock's first significant overdose. Sherlock himself had seemed quite shaken after the incident, and Mycroft had managed to convince him such a fail-safe was paramount.

Sherlock is licking some of the icing off a finger. He has abandoned the spoon and is eating the cake crumbs off the plate with his fingers. "Before that place in Birmingham."

The reference was to the last rehab Sherlock had been to before this disaster. It means that things had been as Mycroft had feared: Sherlock had no longer even wanted to be saved, or at least he no longer carried with him the hope that if he lost control, someone would come to his aid. Mycroft doubted there was anyone else Sherlock looked to for help than him. There has never really been anyone. Not really.

"Would you make a list now, if you needed to?" he asks.

They both know what he's asking. He doesn't need to spell it out. The words 'suicide attempt' have been spoken out numerous times during the past weeks by various staff members both here, at St Charles and at Chelsea&Westminster. The fact that there was no list, and the description of Sherlock's behaviour when he'd been taken to A&E makes the truth painfully obvious: whether it
had been due to mental illness, or a sudden moment of surprisingly clear-headed self-destruction, Sherlock had wanted to end his life. Mycroft is not naive enough to hope or believe that it had all been just Sherlock's hallmark impulsivity at play, a silly spur-of-the-moment idea.

Mycroft still wonders when all this had started. When had Sherlock's thinking begun to veer off track, turning inward, painting demons on the walls of his Mind Palace? Should he have spotted the signs of paranoia and depression and intervened? It's his responsibility. It has always been all his responsibility. He doubts Sherlock is aware of any precise timeline. These things must creep upon one rather gradually.

“What’s the point of a hypothetical question like that?” Sherlock waves a desultory hand towards the corridor. “If you want a list of the medications I’m on, the doctors here can supply one. Not that they haven't already told you everything that goes on in here.”

"You'd be surprised. I was not informed of you being assaulted until more than a day later. I wish you had contacted me when that happened."

"And you would have done what? Come here to scowl at various people?"

"I'm sure Doctor Barnes has plenty of opinions regarding that incident, but I would appreciate hearing about it from you."

"I tried to stop someone from being beaten into a pulp." Sherlock shrugs.

"Very chivalrous of you."

Sherlock pushes his plate away and says nothing.

"My question was directed more towards when you’re out of here,” Mycroft specifies.

Sherlock crosses his arms and leans back in his chair. “You must have intended to say if, not when.”

“I have no doubt in your abilities to reach a point when you can leave,” Mycroft snaps back. “The question has always been what happens after that.”

This would be an opportune moment for Sherlock to revert to hostility, to trample on Mycroft's sentiment, to throw in his face his own role in this whole trail of tears, but he doesn’t take it. “I’m told that the proper, constructive mental attitude is ‘one day at a time’. You've meddled enough. I would appreciate it if you left the future well enough alone.”

It is the one thing Sherlock has asked of him again and again, if not always in words, and it is the one wish he cannot ever grant. Right now, though he can barely contain his own pain, Mycroft would gladly carry that of Sherlock's as well if that meant they could both have a moment's peace to live in that preposterous and risky one day at a time state of mind.

If only his attempts to help could remove from his brother's face the perpetual disappointment and confusion of someone who is in the world but never a part of it, because its rules and inner machinations elude him. Sherlock takes refuge in the claim that he's a sociopath – a label he took upon himself to wield like a shield. It's a reasonable tactic, really, judging by the course of his life so far and the way he's been treated, but the cold logic of it doesn't keep Mycroft's heart from breaking over it. Only Mycroft carries the truth that Sherlock does this because he doubts anyone would accept the real him, and because he consequently doesn't accept himself as a person worthy of being loved. To him, connecting with others and finding his way in the world without significant aid is a carrot dangled before him but always out of reach, a cruel joke on his expense.
Mycroft often hopes that someone would come and slot themselves into Sherlock's life in a way he would not protest – someone who would take his cynical brother utterly by surprise. Someone, who could look past the darkness and see *Sherlock*, instead of a problem to be dealt with or a nuisance to be shunned. Someone, who would choose Sherlock over others, to give him a gift of acceptance their connection in blood seems to prevent Mycroft from ever granting him. Someone who Sherlock would choose.

Mycroft doubts it will ever happen. The universe is not that kind.

Sherlock averts his gaze, having lost interest in the conversation that has probably made him rather uncomfortable.

The radio is on, turned to some popular music channel. Familiar place names in the lyrics of a song catch Mycroft's attention.

'So I convalesce and I ease the stress, 'cause DNA means does not accept.
Srebrenica cousin of Treblinka, scream until the war is over
War is over, and Dante's Inferno slides into dismorphia
So scream until the war is over'

"How apt. Manic Street Preachers", Sherlock points out and shoves away his plate and his spoon, leaning back in his chair. "There's fuck all to do here except to listen to the radio or read."

Neither of them make a habit of using profanities. This is a mild attempt by Sherlock to make him splutter with disapproval.

They both favour classical music, but Sherlock likely does not know that Mycroft's tastes of late are actually much more varied than his little brother would ever deign to suspect. The song is already familiar to Mycroft: *The Convalescent*. The album *Know Your Enemy* had been released six years ago, but it still remains one of his guilty pleasures.

Sherlock seems to enjoy thinking he has Mycroft all worked out, folded into the bland shapes the stereotypes he sees when he looks at his big brother. Perhaps they're more alien to one another than even Mycroft likes to think.

Maybe, in another life, without Eurus, they could have bonded over something else than a mutual discomfort of existing within the confines of their derailed lives. Sherlock has always accused Mycroft of keeping secrets from him, and it is true. He knows that that the one big secret he can never tell Sherlock would destroy him even more than his not knowing, but Sherlock is perceptive enough to have realised that his brother is concealing things from him and pulling strings behind the curtain of his existence. Sherlock has concluded that Mycroft is always watching him, judging him and of course he is, lest the little brother turn out to be like the little sister. He has spent ages defending Sherlock's right to be free, when the powers-that be jump at shadows and get nervous over even his more benign antics.

If only Sherlock knew that the brother he thinks is trying to control him is actually the one making sure he stays at the helm of his own life. Still, even Mycroft's influence has limits, and Sherlock has now crossed over to a realm where his influence cannot fully reach. Mycroft is the one who cares and worries about Sherlock; the powers that be are morbidly happy as long as he's just self-destructive instead of a threat to anyone else.

"Very contemporary of you, cluttering up the Palace with pop music trivia," Mycroft replies with a slightly upturned edge of his lip.
Sherlock is shifting in his chair, obviously wondering if there is any point to lingering in the room.

Mycroft wants to tell Sherlock he wants to do this again, to celebrate a pointless birthday every bloody year from now on, because it would mean that Sherlock is still present, still here with him, because that would mean that he hasn’t failed, that there's hope, that he quite enjoys having Sherlock in his life, and would feel rather rudderless without him. It's so different with Eurus, whose contact with him is even more regulated than his current NHS-issue relationship with Sherlock. Mycroft avoids contact with her, because he hates what he has to do to her, even though he hardly has a choice.

If he could have one birthday wish, it would be that Sherlock knew that he cares. He doesn't say anything to that effect, because he doubts Sherlock is ready to believe such words.

Another reason for remaining silent is that it would be an admission that without Sherlock, the only comfort available to him on a day like this would be fleeting, store-bought and disgustingly saccharine sweet. On his own, he would have happily binged on the cake, devouring it entirely and then used the guilt that it engendered – the guilt that underscores his whole life – to end up on his knees beside the toilet, trying to purge it all.

Sanity and health are relative constructs. Both he and Sherlock must make do with the cards they have been dealt.

Although he has seen promising things today, he reminds himself that the jury must still be out on how well Sherlock is doing. It's very hard to tell without Sherlock voicing what goes on inside his head, since therapy notes and psychiatrist's reports only go so far. Regaining some instrumental skills in self-care and being interested in other people are good things and so are the novel displays of amusement, but it hardly means that psychotic symptoms or the depression have completely lost their grip. Had the violent altercation been a one-off, or will there be more eruptions of frustration and aggression? Is this an expected stage in recovery?

Mycroft hardly even knows what a normal state of Sherlock's emotions would be. Even if the onset of his mental health issues was not exactly subtle or gradual, they have defined his adulthood so pervasively that Mycroft can't even imagine what he'd be like in a stable, balanced, content state. Maybe it's because he may have steered clear of Mycroft during such periods, or because they never happened.

They study their surroundings. Mycroft, seeking out a conversation-starter in his distracted need for something to do; Sherlock, looking around for God knows what, probably an escape route.

In the end, Mycroft gets up first. Sherlock follows suit, and Mycroft assumes that when he makes for the door, he intends to signal that Mycroft should make himself scarce until the meeting.

He's surprised when Sherlock turns, fingers perched on the door handle. "Are you coming or not?" he asks impatiently.

Mycroft isn't exactly sure where he's being invited to go, but there aren’t many options. He trails behind Sherlock to a single patient room near the kitchen and the common area. The symbolism of the gesture is not lost on him: this is Sherlock's space. Still, he forces himself not to pin too much on it. It could well be purely transactional, or even a ploy to lull him into a sense that there's an uneven truce in place between them. He very much doubts that.

In the room, he can see an unmade bed with faded, sky blue sheets under a plain duvet and a bedside cabinet where the drawers have been taken out. There is an open wardrobe with fixed wooden hangers that hold the clothes he had delivered; a series of open shelves on the side of the larger space
contain folded underclothes and some toiletries. There is a very spartan, but not quite a prison-like feel to the place. The window has cloth blinds and no curtains, and the walls are the sort of yellowish white that makes them look impregnated with cigarette smoke. Perhaps they are, since smoking was likely once allowed inside the building. A stack of books sits on a wall shelf, carefully arranged into the middle of it.

“I need to get dressed for the meeting. Better that you come with me than leave you to eat the rest of the cake on your own.”

As he sits down in the uncomfortable single wooden chair in the room, Mycroft can't help a bitter thought appearing: this is what Sherlock has traded his house for, but of course such a notion is unfair. The truth, on the other hand, may be even worse: Sherlock willingly traded his house for the streets.

_Do you hate me that much?_ Yet another question Mycroft doesn't ask, because he has deduced the answer. As he watches his brother reach into the wardrobe for his dress shirt, Mycroft realises that Sherlock had voluntarily allowed his company on this day of all days despite all his misgivings. Mycroft doubts hate has ever been the right word, after all.

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The Weekly Care Team meetings are usually stagnant, boring, unbearable. The only pleasure Sherlock normally gets out of the proceedings is watching Mycroft attempting to drink the cheap, atrocious Earl Grey tea offered and failing to hide his disgust.

Arriving together with Mycroft, however, seems to have broken the pattern this time. He had hoped that by doing so, it might show the Care Team that his paranoia about his brother was being put behind him. It should have ticked yet another one of those boxes that stand between him and discharge.

But, to his surprise, instead of repeating the same things he'd said last week and the week before that, Barnes launches something new. “We need to understand the violence that happened recently, to assess its implications for the current medication doses. I am not going to pull any punches here, Sherlock. Your involvement in physical violence is unlikely to be a sign of progress – in fact, it has led the Care Team here to seriously reassess your situation. We need to understand where the anger is coming from. According to the nurse in the room, although you didn’t start the fight, you did seem to enjoy it. This is worrying – in our experience here, patients who turn violent are usually linked to the fact that they want to hurt back, because they have been victims of earlier violence. Has someone hurt him in the past?”

This question is aimed at Mycroft, who shakes his head. “Not that I am aware of. Given our age difference, I wasn’t in school or university when he was, so cannot say what might have happened there, or for that matter, when he chose to leave the house for life on the streets.”

Sherlock can’t resist. “You were never there.” He draws a breath, and then shakes his head. “I had my share of school yard bullying, but it wasn’t anything serious.” He declines to give them any ammunition that they could use against him. His memories of being taunted, pushed around, and beaten up are locked up in his Mind Palace and right now that is the safest place for them. He jiggles his leg to try to deal with the annoyance of being confronted with this scenario. “I didn’t start the fight. You said so yourself. I chose to intervene before another patient got seriously assaulted.”

Barnes fixes a stern gaze on him. “A proper intervention would have involved alerting the staff, and getting the patient being attacked away from the assailant – you could have done that without having
to resort to physical violence yourself. Instead, you freely engaged in a fight. And enjoyed it. That’s worrying.”

As if he could see his stimming through the table, Barnes says condescendingly: “Your reaction suggests that you found the violence empowering – a chance to inflict some pain. This is not going to help you manage conflict when you are discharged, is it?” The doctor is studying his face for confirmation or denial.

A chair creaks as Smathers shifts in his chair, clearly uncomfortable at the way the conversation is going. Sherlock gives the therapist a pleading glance across the table but then settles his features into a blank expression. He’s being railroaded here, and he needs some time to get his anxiety back under control, time he doesn’t have right now.

He is forced to tune out as Barnes recites some other nonsense about anger management to Mycroft. He traces a crack on the table with his finger, and it helps a little.

His attention is reawakened when Barnes comments: "Some concerns have been raised about the efficacy of current medications, based on your level of anxiety and agitation. Given the doses you are on, you should not be manifesting aggression. There have been other signs, too. Are you acting out your frustrations with your brother? Do you still see him as the principal problem?"

Sherlock’s breath hitches in his throat. Despite his efforts not to, has he been acting in a suspicious manner, after all? He tries to quickly run through the last few days in his head. Apart from the fight, there's nothing at all. If anything, he has been feeling marginally better, less anxious at least. Perhaps he's been more irritable than before, but as he's stuck in a bloody hospital, who wouldn’t be? He finds it hard to gauge his own behaviour against the backdrop of other people at the best of times, and in this place, it's doubly hard. Are they going to punish him for the fight, despite what Smathers thinks and what positive evidence on his behalf has been presented?

As if he could sense Sherlock’s disquiet, Smathers finally decides to speak up. "Sometimes aggression is a sign that therapy is beginning to touch on important areas; there’s been better engagement with the behaviour exercises recently and some important lessons learned. I don’t think we should let this one occasion get out of proportion."

He hadn't shared the resurfacing memories of his childhood with the therapist, but Smathers had seemed impressed with his sudden willingness to discuss the future. They both know something is different, even if the details are only known to Sherlock.

He leans forward to put himself back into the discussion; his annoyance at being spoken of as if he isn’t here adds an acid bite to his tone: “I didn’t start it, and I didn’t get off on it. I took action to ensure someone else didn’t get hurt, until your staff could get that idiot back under control.”

"What about ---" Mycroft speaks up, stopping mid-sentence to clear his throat, "overt psychotic symptoms? Could the fight just be a sign of aggression brought on by paranoia?"

Sherlock feels stung by this accusation. So much for the bloody effort of being civil on his brother’s birthday.

He turns to Mycroft. "Has that cake put you on a sugar high? I do still think you’re a bloody dictator wasting taxpayer money keeping me under surveillance, but that has sod all to do with protecting someone." Sherlock stifles the urge to shout at his brother. He shouldn't allow himself outbursts even this mild. “Well, I know you didn’t set up that patient to take a swing at me, so I must be getting better,” he adds with a snort.
Barnes shoots him a look of disapproval. Sherlock hates the psychiatrist teaming up with Mycroft but then again, weak individuals often follow authority figures to save their own hides, and his brother does exude some level of intimidating power.

"Well, maybe you could explore that avenue a little," Barnes suggests. "How do you feel now about Mister Holmes, Sherlock?"

"I have not ever called him Mister Holmes and I'm not about to start now." He knows he sounds petulant, childish and arrogant. When someone gets treated like an imbecile for months, is it any wonder that at some point they might become tempted to fulfil that role? He wouldn't be surprised if they use the excuse of yesterday's fight to send him to his room like some naughty child – or worse still, back to the crisis ward at Gresham.

He's not going to take this lying down. "It may be a disappointment to you all," he says, "but I make a point of trying to waste as little time dwelling on my brother as I possibly can."

Barnes leans back in his chair, shoulders tight. "I feel it must be said that the incident has put into question the sense of continuing the current medication approach. We are either going to have to increase what is already a high dosage, since many different medications have already been tested, or change the approach entirely. There is an alternative that could avoid a possibility of things deteriorating further, so I want to raise again the subject of ECT. In my opinion, it could break the depression without having to make significant changes to the medications."

Sherlock's sarcasm-laced anger grinds to a complete halt. Again? AGAIN?! This is the first he's heard of it. He tries to summon his fury again to say something, to counter-attack, but fear has unexpectedly crept in. He likes pretending this is a game where he can move the pawns the way he wants if he's clever enough about it; it makes it easier to deal with the thought that those in power can force him to do whatever they think is necessary. But this---?

It's a punishment. He's been bending the rules, and now he's going to suffer for it.

The worst thing is that the only one who could possibly back him up in this but who won't have any incentive to do so is the one with Power of Attorney over him, Mycroft.

Sherlock's line of sight snaps to his brother, who is shifting in his chair.

Mycroft's jaw sets into an angry, determined line, and Sherlock knows, he just knows, that this must be the man's dream come true. His coup de grace. Sherlock's heart pounds in his chest and fear injects a coldness into his bloodstream. Please is the word that appears in his head.

Please, no.

He should congratulate Mycroft and Barnes. They've finally come up with something that he would resort to begging and grovelling to avoid, a sucker punch that leaves him helpless. He scrambles for a counterargument, for something, anything to fight this, but panic is wrapping cotton wool around his head, and his lips move without producing sound.

Then, Mycroft speaks up, and Sherlock can't even breathe. All he can do is to somehow try to brace for the inevitable.

"My stance on this has not changed," Mycroft says gravelly, looking straight at Barnes. "Current guidelines mention ECT merely as an option, not as the only plausible step when the efficacy of pharmacological interventions leaves something to be desired. The risks are too great. Under no circumstances will I support a decision that gambles with his memory; there will be no ECT. If there
is a possibility that this---" he glances at Sherlock as though it would help in finding the right word "---
temporary unease is transient, or especially if it could even be a sign that things may be changing for
the better, then we must wait."

Sherlock swallows and lets this sink in. This whole exchange seems to mean that Mycroft has fought
Barnes on the subject of ECT before. Why? Wouldn't it be something he would relish, seeing
Sherlock go through such a thing?

Yet, something is wrong with that thought. Something doesn't fit. During the past month, Sherlock
has begun to notice more and more things he thinks he knows about Mycroft don't really fit what has
happened during the past months; things that don't support the notion that he's the greatest enemy in
all this. An enemy he is, but--- Is Mycroft trying to slither back into his favour? Could that be the
explanation to this?

Sherlock had discussed his original admission with Smathers, and accepted that no matter how he
tried to reason it, Mycroft had not been responsible for him ending up at A&E – the man hadn't even
been in the country. That still hardly changes the fact that Mycroft had driven him to the streets, had
pushed him into this sequence of events, and has been supporting all the decisions to keep him here.

No, Big Brother deserves no praise or exoneration. What he has just said is insignificant when
weighed in the balance against years of oppression. Yet, he is still relieved to find that someone is on
his side besides Smathers, regardless of his brother's motives.

The relief and the resurfacing anger pushes Sherlock's anxiety into the backseat where it belongs,
and he snaps: "I won't have ECT," he tells Barnes. "Ever. You heard what he said. Are we done?"

"Alright," Barnes retreats amicably. "As I said, just raising the subject, reminding you of the options.
There is one more thing I'd like to discuss before we call it a day. There's a research project starting
into the effects of a first psychotic episode on cognitive abilities. It's not a drug trial, and it won't
affect your treatment. There will be a head MRI, a functional PET scan and a series of psychometric
tests measuring intelligence and related processing capabilities. We're recruiting subjects whose IQ
has been measured on a standardized scale earlier in their life. Dr Eileen Johnston is coordinating this
from Maudsley Hospital, and I'm the local researcher here at Bethlem. Would that be something
you're interested in, Sherlock? It would give you something to do, and you might help science
forward a bit?"

Mycroft is frowning. "Won't that be a distraction from therapy?"

Sherlock would very much welcome such a distraction. Nothing about it sounds hazardous or
offensive, and it even has one significant plus side: it might prove to all involved the damage done by
keeping him here. Whatever it is they've been calling his psychosis must pale in comparison to the
effects of being locked up in such a place.

The fact that Mycroft is wary of the concept also makes Sherlock determined to agree to it, if only to
annoy the man a little. "Yes, I'll do it."

"I need to see a detailed explanation of what that entails," Mycroft says dismissively.

"Of course," Barnes promises. "I'll get you an info package, Mister Holmes. Two packages," he then
corrects and nods to Sherlock. "We need a signed consent from both of you."

Sherlock manages half a smile. It's always nice when they remember he's in the room.
Chapter End Notes

Would you like to see where Mycroft went cake-shopping?
"Good morning," a familiar voice greets, and Sherlock cracks his lids open.

As had been her habit, Miriam pulls open the curtains he had shut the night before and opens the vent next to the window. She has been back from sick leave for a few days now, her thumb still packed up in a cast after surgery. She hasn't volunteered any details of what had happened; but, according to Mycroft, she'd been attacked by a patient in the women's ward where she does occasional night shifts. On the day when she had appeared in his room in the morning instead of one of the other nurses, Sherlock had told her he's sorry to see her hand in such a state and meant it. As a violinist, the notion of such a hand injury makes him deeply uneasy.

During the visit when Mycroft had revealed this backstory to her injury, he had wondered out loud how it could be that Sherlock had not been able to deduce the fact from the woman’s body language alone, not to mention the way the other staff must act solicitous when she is around patients. In hindsight, her natural enthusiasm has seemed a little diminished after her return, but Sherlock had thought nothing of it. The insinuation that his observational skills might still be so lacking had done nothing to improve his mood.

Sherlock had felt the impulse to offer his sympathy to her, because he most certainly prefers Miriam to the temporary Case Coordinator who had been allegedly handling his case during her absence. After one meeting the young man had seemed to avoid contact with Sherlock at all costs, and his contributions at the Care Team meetings had been non-existent.

He has mentioned to Smathers that he had felt a little guilty over how little he had actually cared about her situation, save for how it impacts his own life.

"You have enough on your plate without taking on the troubles of others," he had advised him. "This is why healthcare workers are recommended not to talk about their own lives with patients – we're here for you, not the other way around. It's alright to put yourself first, and judging by how her injury reminded you of how you felt after you broke your wrist once and couldn't play the violin and how you'd wondered how she manages at home with the kids, I'd say there's nothing wrong with your capabilities for empathy."

Speaking of capabilities, Sherlock is hoping to get his hands on the data from the research project he has now participated in, so that he could use it to make Mycroft understand what the effects of this place are to a patient's intellectual capacity. Then again, Mycroft might be way ahead of him and in possession of those results already, because he keeps trying to find out, among other things, whether...
any of the paranoia still lingers. Sherlock knows – he deduces, thank you very much – from the way the staff have been behaving that Mycroft is poking his nose into all kinds of things that seem arbitrary at best, such as what musical works Sherlock is rehearsing. The man’s ego knows no limits; he’s never accepted himself inferior to anyone else in knowledge, regardless of what the area of expertise required is. Sherlock would appreciate it if he left the doctoring to the actual trained professionals – he has his hands full trying to thwart their attempts at wrecking his life, so Mycroft expanding his meddling to that area is both ridiculous and adds greatly to his burden.

Is the paranoia gone? When he's very tired or distracted, a nagging thought can appear that reminds Sherlock that he's less of a threat to his brother's career if he's dumb and docile, but he can now silence that proverbial toxic tongue in his ear with a bit of effort. He no longer thinks Mycroft would go as far as he had once believed, and there's a nagging doubt that this might just be his own head trying to trip him up. All in all, he's tired of wasting his time thinking about Mycroft.

Sherlock presses the heels of his palms on his closed lids and drags himself out of bed while Miriam shoves a laundry bag into the hallway where it will be picked up by a porter. Sherlock doesn't have to shiver long in the draughty room before Miriam grabs a sweatshirt and passes it to him.

He was planning on wearing his own clothes today, but he doesn't want to dismiss the gesture. Somehow, being polite to someone like Miriam takes much less of an effort than with most other people. She doesn't judge him constantly, but instead mothers him just a bit and lets him be a bit imperfect, a bit petulant, without instantly considering it evidence of some sort of psychopathology. Such forgiveness and tolerance feel like a novelty in the world of Mycrots and Barneses. It would be an exaggeration to say that he could have actually missed anyone while residing here, but there isn't exactly an abundance of allies on offer.

After learning about what had happened to her, Sherlock remembers thinking that Miriam is wasted in a place like this. She should work at children's ward or somewhere else where lives haven't been wasted, where problems haven't festered and carved themselves such deep canyons that the flows of the lives of many of the people stuck here can never be improved in a significant way. Even though some level of optimism has been stubbornly keeping him above water lately, the jury is still out whether he's one of those. All their lives are wasted in a place like this, a place where life itself is all wrapped around the shifts of thoughts in their heads instead of what happens around them.

Sherlock knows that all the patients at Fitzmary 2 will eventually be moved elsewhere – a home of some sort, a supportive residential unit or a long-term ward. Yet there is no discharge date set for him yet, no goal, no roadmap. All he gets are prompts to be patient, to 'put in the work', to take it ‘one day at a time’. He's at a stalemate, a standstill, a trench war. He's well enough to devise plans to resist attempts to alter further what happens in his head and to have pipe dreams about a future where he could escape Mycroft's control, but is not recovered enough to be let out. At what point does the matter of being well enough become a downright battle between him and the doctors? To what degree will he need to prove he's compliant with their regime, even if he knows that he is now doing better than they would like to think? What will the conditions of his release be – will they be akin to someone who has lost the war and must pay unfair reparations?

Miriam clears her throat to discreetly signal that he's taking his bloody time again, so Sherlock gives her a tight smile and reaches out for the medicine cup on the nightstand, grimacing at the thought of what he'll have to do after.

To his surprise, Miriam snatches it before his fingers are within reach. "Bathroom break first."

Fuck.

This is it. They're on to him.
In his head, Miriam shifts from one trench, across the barbed wire and into the other. *Enemy.*

"And, I'm to watch you for two hours after," she adds apologetically. "You can play if you want to – the music room's free, I checked; the musical therapist is on leave this week so there are no therapy groups using the room. I'd be happy to take you there myself – we all love listening in," she reveals conspiratorially. "It's not often we get a proper musician in here," she says with a smile.

Sherlock wonders if she's been taught this – how to defuse volatile discussions – since she does it relatively well. He gets a strong sense that she's obeying orders, but they are orders she might agree with if she shares Barnes' suspicions about his adherence to medications. Ever since that fight with another patient, it has been Barnes' main agenda to try to confront Sherlock about what he sees as a discrepancy between his behaviour and the doses of the medications he's supposed to be on. At least Miriam doesn't accuse him out loud, drag him over the coals, because he's not been engaging properly or co-operating or complying. Those are Barnes' lines, chewing him out for not performing to expectations.

Barnes had raised his doses after the fight, even though they'd already been ridiculously high to start with. Allegedly this had been based on the assumption that he'd become more tolerant of the drugs, but Sherlock had an inkling that Barnes may have just been trying to call his bluff.

It has taken the staff months to realise what he has been doing with most of the tablets. *Idiots.* He's not on anything requiring regular bloodwork, and he's aware that many of the more modern medications don't even have routine tests available to measure compliance. The bloodwork that's been done a few times only catches something obvious, and he’s not stupid enough to avoid taking them the day before the test – the half-life of these drugs is so short that all he has to sacrifice is a day. The staff all assume he’s incapable of deducing when they intend on testing him. Managing to avoid the morning pills for the rest of the month has bought him time, but he was aware that one day they might well call him out. The evening dose he often couldn't avoid, but at least he slept through the worst of its effects.

"You know they'll swap you to a once-a-month injection if you don't start taking these and keeping them down. Tapering down the dose of the intramuscular stuff takes really annoyingly long," Miriam finally says after watching Sherlock finger the edge of his pillow case nervously. "You'd hate it more."

He knows Miriam is right, and it means that his daily stunt has led into a cul-de-sac. Either he comes clean to Barnes, who'd likely be unable to curb his vengeful streak over such deceit, or he does as he's told and grits his teeth through the aftermath. Most of all, he wants to avoid facing Mycroft's reaction to the news that he's been playing the staff. He'd take it as evidence that Sherlock is incurable and incorrigible.

"Fine," he says and drags himself to the bathroom.

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After months of getting rid of the morning medications before they'd had time to be absorbed properly, the full effect of them today hits him like a ton of bricks, mid-play. The timing is terrible: he has finally pieced together that annoying little tune that has plagued his dreams and managed to play it through twice. However, halfway through the third iteration, the bow just slides off the strings and he almost drops the violin.

Miriam has to walk him back to his room, his forearm tucked tightly between her arm and her side. He barely has the energy to keep his head up.
They tell him, afterwards, that he slept for seven hours.

When he wakes up, a pervasive nothingness has replaced the anger and the anxiety. He doesn't want anything, he doesn't know anything and he doesn't care. There isn't even any motivation to try to work around the new morning routine that's the cause of all this.

He waits for the craving to end himself to hit since this must be rock bottom. Yet the impulse doesn't come – it must have been swallowed up by the bland emptiness, like the rest of his initiative.

This means that they have taken away the last of his free will and power over his own life. They've won, and he doesn't even have the energy to wave a white flag. They'd found a way for drugs to do what he'd feared the ECT might do: he can't remember anything for more than a second and he has no fight left at all. This is not how he would have assumed losing the battle would feel. There is no anger, no rage, not even annoyance – just nothingness.

A part of him recognises the dangers of this malignant bliss finally giving him a moment's peace from his own head – it would be tempting to relish such a rare thing. This may be easy, but it's not him. It feels like walking around an empty Mind Palace before he'd even signed the lease. Vacant. Hollow. Unfurnished.

Somehow, before he falls back asleep, he manages to promise himself that this can't be the way he lets go off his life. He'll go down on the battlefield or not at all, and if suffering through this blankness, this pharmacological stupor, to prove that the doses need to be lowered, he will. If he needs to confess to getting rid of the morning doses, he will. He must, because other options refuse to present themselves right now.

He wonders whether he will even remember this decision in the morning.

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Three days later, he's not suffering, but he's still not anything else, either. Is this supposed to be better than what was before? Is this how normal people feel? It can't be; the vacuum between his ears is too horrible.

He needs to take it slow when he sits or stands up – invariably black dots begin dancing in his visual field and he has already passed out a few times. He is getting muscle cramps, his mouth is so dry his tongue is now sore and he keeps having to blink in a futile effort to clear his blurry vision. Yesterday, he'd walked into a wardrobe door. The strangest thing is that despite the overwhelming lethargy, his stimming and nervous ticks are suddenly impossible to control, even in the presence of others. His nails have been chewed to the quick; his cuticles are raw. It's strange, giving in to those impulses without any anxiety accompanying his failure to control them. He acts as though someone is pulling his strings, doing things and wondering why he's doing them.

He falls asleep at the next Care Team Meeting, just as Mycroft is arguing with Barnes over his current state. It's a shame because he would have liked to hear all that.

He doesn't even remember being escorted back to Fitzmary House. He is half-convinced that Mycroft had been sitting with him in his room afterwards, but he can't be sure.

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Two days after the Care Team meeting, Miriam takes him back to the administrative building to see
Barnes. Sherlock has no idea what this is about, and he can't muster enough energy to care. The frown lines Miriam is wearing today have been there every morning at least since they had called his bluff about the morning medications, and she has still not regained her usual cheer. Sherlock can't decide if this is because of her injury or because of what is going on with him – it's obvious she is worried. Maybe it's neither. He can't tell. The information doesn't come. Deductions are off the drop down menu; the screen is frozen on blank white. The quiet is easy, but he wonders if this is what it feels like to step off a ladder, waiting for a noose to tighten.

"We'll sort this out," Miriam tells him, a guiding hand on his shoulder, as she takes him in the elevator to the third floor. She sounds sad, yet determined.

Sherlock trails a palm on the wall along the corridor to Barnes' office. He needs the steadying contact to be able to walk in a somewhat straight line.

Once he has been offered a seat, instead of launching into one of his trademark condescending lectures, Barnes asks him plainly if he had been avoiding his morning medicine by tricking the staff.

Sherlock nods, averts his gaze, and tries to fight the onslaught of sleep.

Miriam, who had disappeared down the corridor when Barnes had opened the door to his office, returns with two cups of strong coffee. She passes one to Sherlock and sips the other herself. Sherlock wonders if it's a pointed gesture that she hadn't even offered to bring any for the psychiatrist.

The coffee helps, marginally, so that he can follow the rest of the conversation. It is a relief that they are now on the same page about what has been going on with the medications. It seems that Barnes is finally willing to at least listen to Sherlock's arguments. He explains that it had been established years ago that psychiatric medications tend not to have the usual effect with him, and they can cause more severe side effects than on most other patients. At his second rehab, a somewhat reasonable psychiatrist had taken a much more careful approach than Barnes, and that inpatient stint had been, if not comfortable, then at least somewhat bearable. He'd still legged it a week before he was due to be discharged. It was either that, or let his brain wither into a raisin from boredom.

He sleep-walks through his answers to Barnes' questions about his current state of mind and symptoms more honestly than he has done before, relieved that he doesn't have to expend the energy to lie any longer. This is one of those occasions when lying serves no purpose – if anything it would only have made him look like a stubborn idiot – and the truth might just help, rather than get him into trouble as it usually did. It's not all down to Barnes what he will do with this new information. He knows that Mycroft's suspicions will be confirmed, but finds he is past caring anymore.

The psychiatrist agrees that since Sherlock's paranoid symptoms had receded – albeit slowly – when he was ingesting less than half of the medications prescribed to him, then treatment with a lower-than usual-dose regime should be considered.

The doses of the current medications are immediately lowered, and there's a plan to taper them further. Sherlock would have preferred to halt them completely, but he understands the risks that would pose. As much as he loathes the idea of ingesting a single pill more, he doesn't want his head scrambled any further by sudden withdrawal.

It ends up taking an entire week for him to feel a difference.
Mostly because the drugs seems to be still affecting his short-term memory two weeks later, Sherlock begins writing things down in Smathers' notebook. He jots down things he sees from the windows, innocent enough thoughts handpicked from his memories of previous therapists’ lectures, and some things he makes up, designed to sound reassuringly wholesome. He puts enough of himself in the wording to be able to convince Smathers that he is co-operating with the assignments.

Maybe he is. He can't always tell the difference between what he is deliberately making up, and what is an honest answer. Things bleed into one another, and he has spent a long time now balancing between what he is willing to reveal and what he needs to conceal. The most convincing lie is the one even the liar believes.

Yesterday, Smathers had given him a set of multiple choice questions: he's supposed to pick the most constructive option in each one.

'When I have a setback at work, do I…
1) wallow in self-pity?
2) talk it through with a friend and try to make a plan to do better?'

More constructive would, of course, in Smathers' world be option number 2. Childishly obvious. It's not as though people choose to wallow in self-pity, is it? In reality, he would not complain to someone else. When faced with a setback in his university studies, he had thrown himself into doing better, forgoing sleep and other pointless routines, until he did everything better than anyone else. That is how one gets respect, not through whining to someone. Some of his fellow students were always full of excuses why they hadn't finished their assignments, and they audaciously presented those reasons to the unimpressed professors. Pathetic, and Mycroft would agree with him on this.

Then again, should Mycroft ever see that particular entry, he would sneer and ask what imaginary friend would Sherlock be referring to. That thought provokes Sherlock to move further in the questionnaire.

'When I feel like my brother is being too controlling, I…
1) try to disappear from his life so he'd leave me alone
2) tell him this honestly, and together try to come up with a plan that will make me feel more independent'

Sherlock answers with a question mark because option number two is entirely unrealistic.

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The following weeks establish that Barnes isn't quite done with trying to readjust his brain chemistry. Soon, Sherlock finds that he nods like a bobblehead and smiles like the idiot he feels himself to be at a Care Team meeting, under the effects of a downgraded dose of risperidone, the trimipramine that has recently replaced some other form of past chemical torture, and the newly added lithium. The last of these is supposed to be the 'more viable option' for treating his depression and his so-called atypical residual psychotic whatnots, as opposed to ECT or a heavier regime of antipsychotics. Sherlock isn't quite certain why the regime couldn't just be lightened instead of swapping things around. Hadn't they finally understood each other, Barnes and him? After that one hopeful and frank conversation, it seems that despite his extensive education in chemistry, Sherlock’s views are no longer considered – Barnes seems to think it useless to try to argue the finer points with him. Sherlock finds that he's reluctant to antagonise the psychiatrist, lest the ECT discussion starts up again.
He drifts.

The realisation soon dawns that he hates the lithium more than anything that's been tried before, and they watch him like a hawk for hours after every dose to make sure it sinks in and stays there. The anxiety comes and goes, but he no longer has the initiative to do anything about it – that’s being dealt with by the lithium. He's convinced he's getting all the possible side effects of the drug: nausea, stomach cramps, dizziness, muscle weakness. He constantly has to make his way to the bathroom because his bladder seems to have decided to imitate a thimble. There's a metallic taste in his mouth that is unaffected by anything he eats or drinks. Some of these nuisances had been features of the earlier medications, but not like this. It feels like being under the effects of the large dose of antipsychotics all over again – and worse.

The staff assure him all these things will wane soon, but Sherlock has never considered a time period of weeks to denominate the concept of soon.

The lithium doesn't fix his memory, quite the contrary. He reads a page from a collection of plays and neglects to continue. Macbeth has been tossed aside, all he can remember is the looping line, tomorrow and tomorrow and tomorrow creeps in its petty pace... It’s his mantra now. Plots of even soap operas on the television elude him. Before, it had just been the tiredness that had messed with his concentration, but now he feels as though the lithium has split his brain in two and his intellect is one the other side of the ravine. He can see it, he knows it's there, but without direction is sits there like dead meat on a slab, pecked at by passing vultures.

His anxiety makes a victorious return. On the outside, he had been mostly keeping it in check and the previous medications had helped dampen it but now, with the lithium, it eludes his attempts at control, like water slithering through his fingers. It keeps sucker-punching him at the strangest moments.

He's not sure if the drugs have truly dulled him that much that no alternate plan presents itself, or if there truly is no other option than wait, grit his teeth and sit tight, but it doesn't matter. He can scarcely raise the energy to protest to Barnes, and when he can finally muster the energy, it’s just met with condescending and dismissive assurances that everything will be better if he just waits patiently. Somehow, he has to persevere.

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It is cruel irony that the staff find his current state rather satisfactory. They seem to only see what he is inadvertently managing to perfect: the act of recovery. He appears calm, he sleeps, he eats. When he sees himself in a mirror, the image reflected back at him looks the same as so many of the inmates here – listless, dull, boring. It's the shell of someone who doesn't bother others or unnerve them, but it is still not someone people would wish to spend time with, either. On a quiet Friday evening, he spends three hours on the common room sofa imagining that he's a piece of furniture, a placeholder for the person the drugs have forced into hiding. He imagines, in place of Bethlem, a black hole into which everything is disappearing; its gravity is remorseless and nothing can escape its pull.

After being draped over the worn couch, unmoving, for several hours, a nurse offers to escort him to the music room. He takes up that offer, even though he had stopped trying to play the violin. His hands are too shaky, he feels too lethargic, and the music is just bare, mathematical notes to him now, with no poetry. He can’t claim anymore to be using the violin to express his feelings, because he is incapable of organising them into anything that could be grasped. As much as his emotions keep bothering him, now, like gnats circling his head, he feels like he's watching them happen from a distance, like watching someone else on a screen.

Although the music stays away, Sherlock still always makes use of the time offered for him in the
music room because it's blissfully quiet there. He goes to sit on the floor near the window, on a spot where the setting sun has warmed the floor tiles, leaning his cheek on the wall and cradling the violin in his hands like a stress toy. That's what it is, now. He runs his fingertips along the familiar curves of it, along the corners and the c-rib, tracing the tailpiece and perhaps a string with his fingertip, eliciting a whisper from it. He knows he hasn't lost the music, it's still somewhere in his head, waiting for release, and it is certainly not bucking against its restraints.

Even if this dulled existence is, in some way, deceptively effortless, it's wrong. The wrongness of it disturbs him, but he is forced to admit that its all-encompassing blandness is easier than some of the earlier anger and the paranoia and the regret. He is loathe to admit it, but it feels oddly restful, the way the barrage of thoughts that usually runs through his head like a flooded river has slowed down to a trickle. The information the universe offers him no longer feels overwhelming, but the price for such serenity is that he can't think.

His current state of stupor is a curious state to experience, because it makes him wonder if this in any way resembles how normal people feel. Would he prefer to have this, rather than how he normally feels, akin to an endless walk on a tightrope across a ravine while shoved around by a million angry thoughts?

No, he wouldn't. This isn't him.

He exists in an empty space, an in-between. Leaving it frightens him as much as its very nature. Limbo has its attractions, and he must endure this if it gets him to the door on the opposite side of the stage.

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The head researcher of the project dealing with the effect of first psychosis on cognitive skills sends him a pre-printed thank-you card. His IQ has probably dropped at least forty points as a result of the new medications, but the people running that research project he has participated in refuse to confirm it. He has received no data at all from the examinations and tests. Wanting to know what the drugs were doing to his cognitive skills was the whole point of his willingness to become 'Subject Nine' – as the researcher’s file which he'd caught a glimpse of had been labelled. He wonders what the evidence will be used for in the future. They had promised to forward him a copy of the article detailing their findings, if and when such a thing will even get published. He'd much prefer to see the results now so that he could show them to Barnes and Mycroft. Then again, if they wanted to ignore evidence like that, they easily could.

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Mycroft comes to the same conclusion as Sherlock: the lithium is a disaster. He files an official complaint against Barnes, which makes the Care Team meetings even more strained than before.

Sherlock relishes his brother's stunned reaction at seeing him like this, and during the worst of the lethargy from the previous round of drugs. It feels like justice is served – Mycroft had, at least in some capacity, assisted in ensuring this happens to him, and now he's rattled to witness the very thing? It appears that the man will never cease disappointing Sherlock.
The lithium is tapered off. Mycroft's complaint may have had some impact behind the scenes, but it had been Smathers who had made the scales tip.

A few days before to the latest Care Team meeting, the therapist had only made a half-hearted attempt to conceal his own disdain for Barnes' decision-making: "Finding the right medication is always a bit trial-and-error, but often listening to a patient's prior experiences helps the process," he had pointed out. They both know Barnes is rarely willing to engage in such things. At the meeting, Smathers had told Barnes in no uncertain terms that he felt that Sherlock's condition had deteriorated so drastically because of the lithium that therapy ought to be put on hold. Barnes had tried to argue that there were other possibilities for this change, including things that had surfaced in therapy, but Mycroft had argued the case. Sherlock had managed to muster enough energy to vocally agree, even if the words that came out of his mouth sounded like begging.

As a result, there had finally been an agreement to try an augmented version of his medications preceding the lithium, and with lowered doses and a very gradual regime change. Naturally this had meant another round of fluctuating side effects, but eventually, the fog began to clear.

Things are getting better again. Slowly.

"Well, I'm glad we can now get back on track," Smathers says on a Monday morning. He had dropped by the preceding Friday to talk to Sherlock at the ward, and he'd been satisfied with how things were going.

The notion of continuing therapy today had made Sherlock more uneasy than before the medication changes. He's still tired, his initiative gone, and he's not sure he can yet put up with much of Smathers' uncomfortable inquiries or assignments.

"We'll start off easy. No assignments or exercises today, just talk. I think it's time for a new topic, a fresh page if you will. How does that sound?"

Sherlock raises half a brow. Smathers having new ideas never bodes well.

"I'd like to talk a bit about relationships," Smathers announces, and before Sherlock gets the chance to start protesting, he loads up some further ammunition: "Romantic ones."

The ensuing slow eye roll and groan do nothing to curb the therapist's enthusiasm.

They've covered every other aspect of Sherlock's life already, so he's hardly surprised at the man raising the subject of romance. Come to think of it, it is actually rather baffling that Smathers hasn't plunged in earlier. Perhaps he has deduced correctly that Sherlock would be reticent – to say the least – to discuss this.

“Have you ever been in a relationship? Dated?”

“No.” A few gropes in the dark at university and some later... events, the purpose of which had never been his pleasure, probably don't count. What Smathers is after is something... normal.

“How do you describe your sexual orientation?”
"I don’t. It’s a non-issue.”

Smathers frowns, in the strangely keen manner he does when he thinks he’s latched onto something important but is trying to conceal his curiosity. “There’s no judgment here, regardless of what it is. Have you ever discussed it with someone? Your brother, parents, a friend?”

“I have told you repeatedly that I do not have friends. Whatever possessed you to think that I would have an intimate relationship? And what difference does my orientation make? You tone and that suggestion carry the assumption that it is not heterosexual,” Sherlock points out.

Smathers considers this. "People who identify as straight tend to be forward about it, instead of being circumspect such as you are right now. Why is it a non-issue?”

“Because I don’t care what people think or assume, and I don’t want a relationship.”

Smathers now looks unabashedly sad.

“Oh come off it,” Sherlock scoffs, “It’s only a weepy story if someone does not have a relationship, but wants one. I don’t.”

“That’s a lonely way to live,” Smathers points out.

“It’s not as though your marriage is making you skip with joy,” Sherlock points out. The signs have been obvious – the therapist’s sleeping habits have changed, and he’s often typing text messages with a suffering look on his face, and some of his usual energy seems forced. There are no children, so it must be a spat with the spouse. Sherlock is surprised when he realises he can do this again, put things together and see the big picture forming from the puzzle pieces. Damn the lithium. His returning abilities are incontrovertible proof of what that drug did to him.

“We’ve talked about this,” Smathers says, and he doesn’t need to finish the sentence. It’s a warning to stop deducing him. ‘We’re here to help you,’ Smathers had told him early into their sessions, ‘and when we discuss things you feel embarrassed or upset about, it’s logical to want to change the subject. Deflection is the oldest trick in the human book, Sherlock, and a rather obvious one – to try to turn the attention to someone when they’re raising a truth about yourself you don’t like examining.’

Sherlock is aware that he does attack others when he doesn’t want the contents of his head to be examined. Smathers has repeatedly told him that a healthy relationship between a therapist and a patient requires respect and boundaries. Sherlock doesn’t feel like his own boundaries are being respected in therapy but he does back off when told off by Smathers, because the therapist is not the worst of the lot in here. The man genuinely tries, even though he’s in some respects, an average idiot. He listens and somehow, Sherlock feels safe under that non-judgmental attention and respect. It’s a nice change from being berated, ignored and bullied. He knows it’s a plaster on a gaping wound, and it sure as hell is not going to fix anything, but it’s better than nothing.

“Did something happen that made you think like this? That being alone is the safest option?”

Sherlock doesn’t answer immediately, because no clear explanation offers itself. There’s the obvious, of course, that people don’t want to spend any more time with him that they would absolutely have to, but it can’t be all, can it? That’s the side that’s down to others, not him.

"Sometimes we adopt these black-and-white views because we feel insecure about our abilities to actually obtain what we want," Smathers muses. "The same applies here as with friendships – there are six billion people on the planet. At least one of them is bound to be drawn to you in particular.”

Sherlock snorts. "There have been plenty of offers, believe me." He has been the object of interest
from both sexes, but since his physical contact can easily get overwhelming, his limited experiences and attempts to reciprocate have left him feeling nothing short of disgusted and confused. He has never been able to connect the notion of such activities to what love is supposed to be. It’s not much of a logical leap from there to think that romance might just be something the dullard masses enjoy instead of more intellectual pastimes. It's all rather pointless, messy, emotionally volatile and wasteful of time. He understands sex and he’s certainly not stranger to loneliness, but there’s a piece missing there that would connect it all to something desirable from his viewpoint. Maybe he’s just not wired to see that connection.

People may have wanted him, wanted something from him, but that was out of lust, not a desire for a relationship. Once some of them actually interacted him, their interest always waned quickly. It seems that the benefit of a certain physique is greatly diluted by an abrasive personality and an inability to fulfil the expectations of others when it comes to social interaction.

“I don’t understand what people want when they want a relationship,” Sherlock offers as an explanation.

"A relationship doesn't have to conform to the stereotypical model of a heterosexual partnership. It can be whatever those involved want it to be. Being loved and accepted is a fundamental human need – it can't just be turned off. The inclusion of sex in a relationship can vary from it having no role at all to being a vital ingredient, but very few people do not want any sort of human companionship. For some people, a sibling or a very good friend may well provide an important relationship like that. Feeling lonely and misunderstood is a huge risk factor for depression."

Sherlock thinks about Mycroft, who is so much better at being sensible about all this. His brother does just fine on his own, doesn't he? Then again, Mycroft has his career and his charity work and plenty of minions to provide admiration and company when he so chooses. He is surrounded by people who respect him, interact with him, and don’t spend their time telling him he’s defective.

"What if there are people for whom such companionship is unattainable? Wouldn't it be better to be realistic, to stop reaching for the bloody Moon?"

Smathers looks thoughtful. “Have you ever fallen in love with someone? Maybe a crush on someone when you were younger? That sort of a need or want is very hard to describe and difficult to resist, and it might not be about anything very concrete. It's more of a general sense of really wanting to be in the company of a person and an ability to appreciate them.”

“Never,” Sherlock dismisses. His abdominal muscles feel tight, making him want to expel some of the gathering anxiety by getting up and pacing, but such evasion tactics will only egg the therapist on. Why is he even deigning to discuss this with Smathers? He should be using this as yet another exercise to sham normal, but instead he keeps letting all sorts of personal things slip. Does he want to discuss this? Certainly not.

He doesn't want the clicheed domestic relationship promoted by society, but he doesn't want to face a lifetime of loneliness, either. He isn't like Mycroft, he wants these things he will never have, perhaps out of some childish stubbornness after being told no. Maybe he just wants to prove them all wrong. Or, maybe he wants someone to prove him wrong.

“That explains it, if it’s any consolation – that you have no experience of falling intensely in love with someone. It isn't that rare, you know, not having had a relationship at your age."

Plenty of people die alone.
"If and when you ever meet a person that will make you feel like that, I think you’ll understand what the fuss is about and why rationality doesn't always factor into these things.”

No, rational behaviour is not very prevalent, judging by what idiotic things people do when they’re supposedly in love. They’re willing to risk their health, their lives, sacrifice their own needs and wants, and to participate in idiotic rituals such as weddings. Sherlock would be tempted to characterise the whole fiasco of love as a hormone-laden crowd psychosis perpetuated by a vacuous media, but he suspects such a cynical rant would only earn him an even longer lecture from Smathers-the-old-romantic.

It’s annoying not to understand something for lack of practical experience. Love is such an abstract concept that personal experience might indeed be required to grasp it.

Could it happen?

Would he want it to? All he knows is that he certainly doesn't want to become the irrational being love seems to turn others into.

The whole point is rather moot, because experiencing what the surrounding culture is peddling as being in love is hardly up to him. Getting to experience something like that would require that the other person reciprocated, and his track record for anything amicable and two-sided with others is… abysmal.

“Gay, and Mycroft knows,” Sherlock finally says in reply to the therapist's initial question. “I’ve never made a deliberate attempt to conceal it from anyone; as I said, it’s irrelevant.”

Their parents have never asked him about it. It’s as though they have assumed correctly – that it’s not something that needs to be discussed, because finding someone has never been on Sherlock's mind, and the other person would have to be out of theirs to consider him as an option.

He glances at the wall clock. Still fifteen minutes to go. This subject matter disturbs him more than he would like to admit. Alone protects me – he has always believed Mycroft about this, but what if he simply can’t adhere to such an ascetic principle? What if the notion is incompatible with him? What evidence does Mycroft even have to support such a theorem, and is that evidence equal or greater to what Smathers bases his opposite views on?

"You never know when someone important might walk into your life, but opening that door does require that you stop trying to bolt it closed. By doing so, you're only hurting yourself more. I don't say this often, but trust me on this," Smathers promises him. "It's like they say, 'better to have loved and lost...'?"

No, it's not. Who would choose heartache and pain, if they could have circumvented it all?

Sherlock half expects Smathers to come up with an assignment on the subject matter, after all, but for once the therapist lets him leave without.

"I think you have enough things on your mind right now, after this conversation," Smathers suggests when Sherlock finally shoves the notebook in his pocket after he's convinced nothing will be written in it today.
After the last dregs of lithium have cleared out of his system, Sherlock no longer has to fumble around for his scattering thoughts. The current medications do slow his intellect down a bit, but he feels almost entirely in control of his faculties.

Everything is bearable, and he doesn't feel like one of the living dead anymore, but the mood improvement he has been hoping for does not materialise. He admits to Smathers that he still feels like just a poor player, doomed to strut and fret his hour upon the stage. He’s been given the role of the idiot, but cannot summon any sound or fury.

There is one thought, above all, that drags him down still. Mycroft.

The behaviour of his big brother towards him has changed in the recent weeks, and he's not sure whether he likes it. Sherlock isn't sure which he prefers – for his brother to be condescending and confrontational, or this newfound strange tolerance of things being out of whack. It is probably because of the drugs that Mycroft has felt more difficult to read lately than ever before. During one frustrating visit, Sherlock had sarcastically thought that Mycroft is the one who should be using Smathers’ ridiculous cue cards.

By the pricking of his thumbs, Sherlock can pinpoint when Mycroft's behavioural shift had happened. After the violin had been delivered and he was still on top of the drug situation, one evening, out of the blue, it had all gotten a bit much for him. He had been hit by a paralysing sadness mingling with crushing frustration, akin to a flash of realisation on how far down he'd sunk to land himself here. He'd tried to continue playing the somewhat challenging sonata he'd been in the middle of and he had even gotten through a passage without hitting the wrong string once, but suddenly the tears had just flowed out, unencumbered by his attempts to stop them. He had tried to play through the rest of the piece, but couldn't even see the sheet music on the stand anymore. He doesn't know how long he'd stayed there, clutching his violin and the bow like a lifeline, too inconsolable to even consider going back to his own room. They must have written all that down in some report and shared it with Mycroft because, after that night, his brother's attitude reeked of feeling sorry for him. Maybe he had felt that way before, but after this instance, it practically oozed out of the man. Pity is an emotion that Sherlock does not usually associate with his brother, and it lingers like stale air when they're spending time together. How is he supposed to react to that? He has no idea, so he falls back on ignoring it.

He finds himself dreading Mycroft's visits. They continue to make him feel put on the spot, scrutinised. Everything seems to always take on hidden meanings with the man, even something as innocent as his violin playing. A good example is what had happened weeks ago when he'd really began chasing that childish rhyme of an earworm in earnest. During his next visit, Mycroft had acted so strangely that it had served as that afternoon's entertainment. It wasn't pity that commandeered his
brother's expression that day – it was alarm. Mycroft had practically interrogated him about his musical choices, leading Sherlock to suspect that a member of staff may have been tattling to him about what Sherlock had been playing. Mycroft had only seemed to settle when it had been established that Sherlock had no idea where he'd first heard that melody and that he didn't feel any personal connection to it. "See what you're doing right now?" Sherlock had asked him, "this is exactly why I think you a meddler with no respect for my privacy. What the hell difference does it make to you what I play?"

"As you must be well aware, matters of privacy come second in importance to medical matters."

"You're not my bloody doctor, and my doodling on the violin is not a medical matter. So piss off."

That seemed to annoy Mycroft, who responded, “You used to be capable of composing at a Grade 8 standard. Seeing that you are unable to string anything sensible together is a sign of serious mental deterioration.”

Over the years, Sherlock knows when his brother is dodging questions and avoiding the truth – that was one of those times. Mycroft rarely needs to lie outright – his deception is more often about omission of things. He hadn’t explained why he was going to the trouble of caring about Sherlock’s music choices, nor had he justified this latest expression of his attempt of micromanagement. This was yet another example of what Sherlock fears: he is expected to make all the changes while his brother gets to keep doing exactly what he’s done in the past. Still, let him stew in his curiosity if he couldn't explain why Sherlock piecing together that particular melody bothered him. His cryptic preoccupations hardly matter.

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Today, conversation shifts to his discharge, a subject Mycroft has not really raised in any level of seriousness before.

"I'd be very happy if you came back to South Eaton Place to stay with me afterwards, Sherlock. Will you agree to that?"

He never used to tell his brother what he wanted or didn't want, because it was pointless – the man never listened anyway. It is noteworthy, therefore, that his brother has made a show of asking, even if his tone is laced with pity and false encouragement. Sherlock is so surprised at actually being asked something, instead of being issued a command, that he doesn't even revert to his usual habit of pricking the balloon of rehearsed politeness and civility.

"Absolutely not," he says plainly. No explanation is needed or owed. Let Mycroft make some of his own bloody deductions.

"I'm sorry to hear that, but maybe you could have a think on it," Mycroft replies, and Sherlock can see him carefully concealing disappointment behind a well-rehearsed, business-like demeanour. "No need to make a decision now. We can discuss details later – I have some ideas regarding living arrangements you might find to your liking." The last sentence sounds very much like an empty gesture; it doesn't matter what Sherlock thinks because he will not accept any other outcome. Bloody typical.

There will be no sense of accomplishment or relief in the notion of being discharged back to South Eaton Place. He doesn't care about having to attend outpatient appointments if they actually serve some purpose as part of the Home Care Plan, but he will not budge on the issue of returning to live
with Mycroft. He fears that's exactly what will be presented as his best option, since he will most
certainly not be going to some vile half-way house or what they euphemistically call *residential
rehabilitation units*, either. Half way to hell is what those places must be like.

When he walks out of here, he will not have been *fixed*, because that is not possible. What he *will* be
is someone who has reclaimed their sensibilities up to a standard required in order to tick the boxes
needed for release. He's fed up with being contained, but not sane. The disheartening thing is that he
still doesn't see a very big difference between his state of mind in here as compared to when he had
been withering away at Mycroft's home before things began to really go downhill towards the
debacle that landed him here in bedlam. *Stagnancy is frustration is boredom is unbearable.*
Something needs to change. He's got to break the cycle of helplessness and hopelessness.

The medications will have to go, of course. Not cold turkey – he'll have to wean himself off slowly.
But, that isn't going to be nearly enough in terms of grabbing the rudder of his life into his own
hands.

"I'm going to have a word with your therapist on this. Maybe he can help you see reason."

Sherlock's lip quirks up slightly. "Your definition of that and mine are rather different."

That earns him an exaggerated eye roll of frustration from Mycroft. "I’m not the one in a closed
ward. If you expect people to support an exit plan, then there actually has to be one. If your therapist
isn’t focussing your efforts on that, then he needs to be told to do so."

Smathers is not on Mycroft's payroll, and he doesn't *make* people do things. That is the very reason
why Sherlock is willing to hear his opinions and not Mycroft's. The therapist listens, deduces, calls
him out on notions he holds on to without proper evidence to back those beliefs up and offers
alternate perspectives. He doesn't try to force a square peg into a round hole like Barnes does, or
announce the peg defective and try to lock it up like Mycroft. When Barnes would sandpaper it
down to a shape that would go through but no longer resemble what it had been before, Smathers
has the sense to ask why that peg won't fit in the first place.

Sherlock no longer fears a great conspiracy of Mycroft controlling the medical staff here. His
brother's frustration alone is ample enough evidence that the staff's will is not in his pocket.

"There's quite a brisk *East wind* today," Mycroft says abruptly.

Sherlock regards him with disinterest. "Why the sudden change of subject? Meteorological chit-chat?
You're clearly developing early-onset dementia," he scolds, grabs the book he had been reading
when his brother appeared in the foyer and takes over an armchair. He has better things to do than to
try to interpret his brother's cryptic comments.

Somehow, this sarcastic dismissal seems to instantly put Mycroft at ease, and Sherlock spots a slight
smile when he steals a glance at the cover of the book.

"There's a performance of Scarlatti's *concerti grossi* at Cadogan in a month, to which I have tickets.
Have a think on it," Mycroft prompts him, "even if you have not yet been discharged by then, I am
aware such outings can be negotiated."

Sherlock knows this is not an attempt to placate him with gifts. It is Mycroft's approach to restoring
normality for *Mycroft*. They sometimes did attend concerts together when Sherlock still lived at
South Eaton Place, but this is not about evening entertainment. It’s all about Mycroft showing he has
the power to reward him, like a dog being given a treat for sitting on command. He probably doesn't
even realise how organising such things and giving Sherlock only the option of *yes* or *no* nicely
illustrates the gist of the problem.

Mycroft may keep trying, but it's not going to work, it's not going to be any better than before, because he still thinks that Sherlock is the only one who is required to yield, to make concessions.

Every bloody time Sherlock has thought, even for a second, that he and Mycroft could ever stand on the same side as equals, the man has proved him wrong. Today has been no different; the only difference this time is in Sherlock himself. He is beginning to realise that he has to get beyond the 'what to do with Mycroft' problem before he can build the future he wants, and something tells him that the decisions he may have to make may profoundly shock his brother.

He begrudgingly answers some questions about how things are going with the medications, and his answers seem to satisfy his inquisitor. Mycroft then glances at his watch, fires off a message to his driver, and leaves after offering some pointless well-wishes and his usual prompt to call if there are new developments.

From the window, Sherlock notes his mood lifting as he watches the retreating back of his brother disappear down the gravel path.

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A week later, it's the first day actually resembling spring, and Smathers is making Sherlock roleplay Talking to Mycroft About Important Things. The exercise is pointless and hopeless and stupid but it doesn’t bother him because it's so totally unrealistic. At one point, Sherlock finds himself dissolved into almost hysterical laughter because practically nothing the therapist says actually sounds like his brother.

Instead of chastising him for not taking the exercise seriously, Smathers seems surprised and a little delighted at his open amusement. The therapist seems to be in a relaxed mood himself since he suggests they spend the rest of the session sitting on a large balcony overlooking the grounds with mugs of tea.

Once they've settled into a pair of wicker chairs, his thoughts keep lingering on the exercise.

He's never going to Talk to Mycroft About Important Things. Mycroft is not someone to confide in. He may have made that mistake before, but he knows better now. He points this out to Smathers.

"If you could change one thing in your relationship with him, what would that be?"

"I'd want him to be my brother, instead of a condescending, meddling know-it-all arsehole with a parenting complex."

There was a time when they were that – brothers. Sherlock remembers books read together, shared treats, sitting under the dining room table in the dark with a flashlight. Then, something changed. All Sherlock knows is that it's highly unlikely they could ever go back to those better times. They were children then, and that fleeting time of innocence has been followed by too many years of trench warfare and deep-seated assumptions. Neither of them can afford real honesty; it would just be used as ammunition against one another. They may walk the same London streets, but the world they see around them isn’t at all similar.

"Would you be willing to tell him just that, and ask him to try again to be just a brother? His support is an important part of your post-discharge plan. You know, I don't think people ever regret giving someone one more chance. I think we regret not doing so. Sometimes we show we care in the only
way we know how, even if it may be hard to interpret or be a bit too intense."

Sherlock bites his lip. He has not doubted that Mycroft cares, it's just that his way of acting on that impulse is... destructively misguided and suffocating. The signal it broadcasts is that Sherlock can never be left to his own devices, that he's someone to be watched over, babysat. "Did he talk to you?"

"No, he hasn't. Was he supposed to? Would you be willing to grant permission for me to be candid with him?"

Sherlock is surprised that Mycroft hadn't yet made good on his threatened suggestion to talk to Smathers. He finds himself annoyed that Mycroft may yet do so, seeing the therapist as a potential pawn, someone whose input he would not genuinely care about unless it serves his purposes.

Here, inside the walls of this fortress of false safety, it might sometimes seem plausible that they could resolve things between them, but out there in the real world, where the balance of power always favours Mycroft, things will be the same as before, if he lets them be. The difference is that this time, he won't. He isn't going to fight his brother, but to sidestep him and walk into the unknown.

Instead of staring into the black mirror Mycroft has held up to him all these years, and instead of just being alive, he's going to live.

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A discharge date is announced. The Recovery Plan – to give the wretched document its full title – stipulates that he is to live with his brother and attend outpatient therapy three times a week. Smathers will not be available since he only works within the hospital, so someone else would have to take over. The thought is hateful. In addition to a therapist, he will be assigned a mentor, with whom he is expected to make daily contact at least for a few weeks. A member of the local Home Care Team that serves the Belgravia area will monitor his progress, meeting weekly with him and Mycroft. He will be obliged to log his medicine intake, and there will be weekly blood tests to confirm that he isn't faking it.

Living with Mycroft is probably supposed to be some sort of a matriculation exam regarding what Barnes has dubbed the paranoid component of his psychosis. The final part of the plan is that he enrols in a substance abuse rehabilitation program – as though six months without a hit hasn't taken care of that already. He knows exactly why he uses. He doesn't need to sit in a circle listening to other people yammering about their reasons. He has successfully avoided any group therapy while an inpatient and has every intention of doing so as an outpatient. Of, course, he doesn't say this out loud. Why would he? He has had no input to any of the details of The Recovery Plan; they had simply been announced to him by Barnes. Thinking about the Plan drags Sherlock's mood down, makes him feel like he's just an actor, forced to learn his new lines. No room for improvisation here; any deviation from the script is looked at suspiciously. He hates each aspect of the plan equally, from the horror of pretending to a mentor that he knows the script by heart, through to the physical routines of medicine logs and blood tests. But what he hates most of all is that idea of enforced incarceration from under Mycroft’s roof. He has already escaped it once, and the thought of being bounced back to it is just hateful.

"A future option would be a supportive residential unit," Barnes tells him, “into which you could move to after a few months. We'd like nothing more than to see you living on your own and employed within the next year."
The only upside to going back to Mycroft is that at least that is a devil he knows. Frankly, Sherlock can't decide which idea is more depressing: returning to South Eaton Place and staying there for an undefined period of time or being placed in a bloody care home.

"There are support groups in the Belgravia area for the family members of patients in our outpatient program. Do you think your brother might be interested?" Barnes asks him next.

"I'll be sure to give him a leaflet," Sherlock says with a scornful half-smile. He would pay good money to witness Mycroft Holmes sitting in some weepy peer support circle. It will never happen, of course, but he can still dream, can't he?

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"Do you remember what we did during one of our early sessions?" Smathers asks. Lunchtime has just passed, and the cup of coffee the therapist has obviously burned his tongue with seems to have perked the man up to an even more enthusiastic gear than usual. "I asked you to list all the issues you would wish to fix in your life, all the problems you felt you had, and then we took time in prioritising them?" Smathers asks him.

Truth be told, Sherlock doesn't remember. He'd been medicated to stupor back then, thus his memories of that time are patchy, to say the least. He hopes he hadn't said anything too embarrassing.

To his surprise, Smathers digs out a large sheet of glossy paper that has several things jotted down in the therapist's handwriting. The words are enclosed in circles – a mind map.

If it's about him, why had Smathers acted as his scribe? He had probably refused to do the whole thing, but the man had pressed on. Smathers has an uncanny way to pretend he hasn't registered any protestations and to just get on with his business as if writing down what he thinks Sherlock should do is the same thing as Sherlock accepting such twaddle. Still, his sunny disposition is not naïve enough to severely grate on Sherlock's nerves. The man is simply admirably enthusiastic about his chosen line of work. His commitment is surprising, and Sherlock finds himself almost envious of having such a thing. He's never cared enough about anything even remotely related to work to feel that passionate about it. He is passionate about science, but the way it was taught at Cambridge had nearly destroyed his dedication.

“We began back then with what you described as the number one issue,” Smathers reminisces proudly and slides the glossy sheet of paper in front of him.

Sherlock has to almost stifle a laugh when he reads through it.

'Mycroft' is what the centre circle says, with several circles connected to it: 'being stuck here by his decision', 'nobody listens to what I want; it's just what he thinks', 'doctors are idiots', 'parents- what parents?', 'never been allowed to make decisions'.

He can identify with the state of mind he would have been in to have listed such petulant things. Some of them still apply today.

"Does that seem logical to you now?" Smathers asks.

He examines at the connecting line between doctors and Mycroft. He does not believe they're all controlled by him anymore. It now seems odd to think he once did. Had Mycroft truly been behind all this, he would not have put Sherlock in the hands of the NHS – it would have been a private facility off the radar. There is, of course, the possibility that the whole ECT argument had been all
theatrics to make Mycroft appear to be on his side, but when it comes to that conversation, he somehow trusts that what he'd seen is the truth. He can't explain it any more than he can explain believing things that now seem preposterous.

"It's a bit…" he doesn't finish the answer, suddenly slightly embarrassed.

"Sherlock, it's alright. What we're doing here is having a look at where you were many months ago, and where you are now. It's not your fault that all this happened. You didn't choose it. Would you put Mycroft in the middle now, if you had to do this all over again?"

He wouldn't. Mycroft is a symptom – a persistent, chronic one – but there's something that's always been wrong in his life, and it isn't just the way Mycroft behaves. The emptiness and the pointlessness and the boredom and the feeling that he has realised some disheartening truths about the universe others choose to ignore may have very little to do with his family. He is who he is – with all the issues that he’s ever had about getting on with people. He sees things, knows things about people from the endless stream of data that pours into him that others don't want to face. None of that is Mycroft’s fault; these are the cards he was dealt with from birth. There is also the fact that there are pieces missing from his past, sudden interruptions in his recollections like a record skipping, things he doesn't remember, but he knows they cannot possibly all be his brother's doing. They were both children, then, when those black periods happened, and he is certain Mycroft had never deliberately hurt or mistreated him back then.

In his misguided way, Mycroft does try to help and protect, yet in the process he is smothering Sherlock to death, folding him into tinier and tinier pieces like some origami puzzle until there is nothing left of him.

Why hasn't he fought back before? If he's honest with himself, it has sometimes been a relief when Mycroft has taken over the decision-making. When he's been overwhelmed with the world, it has been nice to have something to fall back on. But, that allowed Mycroft to go as far as he has, and Sherlock knows that he has somehow enabled his brother to do this. Whatever he has wanted to try or do in his life, it's not always Mycroft’s fault if things go wrong. He can’t duck all responsibility.

A sudden wave of fury washes over him. It's the old, familiar thing: why does everyone always expect him to fail?

Or do they?

Could it be, instead, that he has failed enough times for that to be the expected state of things? Has he given others reason to assume he'll always make disastrous decisions?

He twists his fingers into the fabric of his trousers, fighting the sudden onslaught of frustration and hopelessness.

When he does something right, does his family simply think: 'finally'? There are no achievements for him in their eyes, only a debt finally paid to their long-suffering frustration about his failures.

When he fails, they say: 'of course'. They don't let him fix his mistakes, won't even let him try because they assume he can't. They just outsource the problem – hire a tutor, a therapist, call in political favours to get him into another school, put him under Mycroft’s thumb.

An odd thought occurs: his parents don't know much about what is going on, so who is this 'they' he always thinks about? Why does he feel like it's not just Mycroft watching over him, that Mycroft is not the end of the line – that someone else is watching? It’s the strangest sensation, that could be just the long tail of the misfiring of his brain, the final embers of the disconnect with reality brought on by
the drugs and the sepsis. Or, is it something else?

"Sherlock?" Smathers interrupts his train of thought. "Could you tell me your anxiety level right now? Scale of one to ten."

He hates this. He hates that he’s asked to reveal himself like this, that what goes around in his head could be translated to a simple number. Then again, he hardly knows how else to describe what is happening to him.

"Seven."

"Can you tell me why you are anxious?" Smathers prompts quietly.

He doesn't want to say any of it out loud, does not want to give anyone any more ammunition to keep him here. How can he possibly explain that there's a sense of always being under caution, always standing at the end of a plank above black water, always having this last chance of turning into someone who isn’t who he really is? It had always felt like that, even before the drugs – 'the family screw-up', he could imagine Mycroft's saying in his most snidely superior tone.

He was always side lined. He was there, but his parents and Mycroft were preoccupied with other things. Mycroft with school and whatever time away he spent with his great idol, Uncle Rudy, who always seemed to find time for the young man. Father had never been much of a family man, and Mummy was… Mummy. Career woman. Millicent Holmes, the renowned mathematician. Preoccupied with herself, even if she refused to give him up into the care of others. Perhaps she is too similar to Sherlock to actually get along with him. Maybe their similarities frightened her? It was as if she was waiting for him to fail, so he could never be honest when he did make a mistake.

Smathers thinks his credo of being alone protecting him is a misguided defence mechanism, an excuse for not even trying, but it's more than that: what alone protects him from is everyone's disappointment.

This is not the depression talking; it’s a simple fact: The people in his life have never really got to know him – they just want him not to be a problem. What if they didn't dismiss him because they didn't like him – perhaps, they were never even that interested? Occasionally, maybe, Mycroft actually enjoys his company. Sometimes, it works both ways, but it doesn't mean that it's something Sherlock wants or needs or what would make him feel better. Why should he put so much weight on the opinion of these people, and hasn't he wasted time with that long enough? As Smathers had told him, one can't choose family, but one can choose other people to include in one's life. The man keeps insinuating that among the six billion people on this Earth there might well be someone who would value him more than those bound to him in blood ever had.

He probably does put too much emphasis on what Mycroft does or doesn't because his brother is all he's had. In many ways, that has been his choice: he has shunned others and relied on those who feel obligated to support him. That needs to change, it's just that he doesn't know how to go about it. His prior attempts have been disastrous. Even below school age, Mycroft had been so much better at shaming interest in the inner workings of other children and keeping to socially acceptable conduct. Most other people are idiots, and they don't tend to like those who are above them in intellect, regardless of whether they are capable of playing nice or not.

He has fought against the world for so long, tried to push it away, and it has tired him out. Maybe it's time to choose a different tactic.

"I need to know what to do about myself," he finally says.
"That's good!" Smathers exclaims.

Sherlock rolls his eyes, but this doesn't discourage the therapist. "Do you know that it's only during the last month that you've begun to say things about the future – that instead of trying to solve what you saw as the problem of your brother, you've gotten a bit more introspective?" Smathers leans back in his chair. "While there certainly are problems between the two of you, you can probably agree that just a feud between siblings doesn't land people in a psychiatric inpatient ward."

Sherlock's lips tighten in begrudging agreement.

"A big chunk of making progress is about stopping the process of outsourcing your problems onto the shoulders of other people or some abstract fate. It is something that everyone is prone to do, especially if it's about something about ourselves we don't like thinking about. It's easy to decide that everything that's been wrong is someone else's fault. That way you don't have to take responsibility for it."

"Whatever happened to your belief that none of this is my fault?" Sherlock snaps back.

"I didn't say nothing is your fault. Developing severe depression with psychotic features is certainly not your fault or your choice, but depression is not solely a biochemical disorder. We all have factors in our lives that predispose or protect from periods of significant depression. We choose to include things in our lives that either help or hinder us on our way. We choose people who either make our lives better or ones who take things from us that they shouldn't. You've been very frustrated at what you have interpreted as your brother taking away your ability to make choices, but maybe you've been a bit passive, too? Maybe you've let him make some of them for you, to cushion the way?"

It stings, the insinuation that he let the situation with Mycroft get this bad, but he doesn't protest since he has come to the same conclusion. "He wants to help, but he never asks for permission."

"What would happen if you told him to stop, if you told him to back off completely, and he took that seriously?"

"He'd tell our parents."

"About your stay here?"

"About everything."

"Would that be the end of the world?"

"At present, Mycroft is the only one trying to meddle in my life. My parents finding out would make things so much worse. Guilt is a vicious motivator."

There is another reason: he likes thinking that maybe they see him differently from the way Mycroft does. The fact that they don't know the depths to which he has fallen means that they might still have some faith in him. They'd be the only ones left.

He is surprised that their hope matters to him. But it does. “I don’t want to confirm their already low expectations of me.”
"Your parents would probably worry, and fuss, yes, definitely, but you're expending a lot of energy on maintaining this secrecy. Judging by what you've told me, you have a distant but amicable relationship with them. Everyone needs someone in their lives, and since you had denied your parents that role, there's only been your brother. It sounds as though part of your preoccupation with Mycroft might well be that you have allowed him to do these things for you, to take on an almost parental role, to fix things because it's easy. You've probably told yourself that it's the price you pay for him keeping your secrets, but is it really? Does he not liberate you from responsibility by taking it upon himself?"

"I thought therapists weren't supposed to peddle opinions," Sherlock points out.

"You're thinking about psychodynamic therapy or psychoanalysis. CBT is different. We're allowed to challenge patients' notions about themselves and to call them out when their thinking is not constructive."

Unimpressed, Sherlock raises his brows slightly. Even though some of what the therapist is saying echoes what has just gone through his own head, it stings to hear someone else throw these accusations back at him.

Truth be told, apart from Barnes and his wretched Recovery Plan, few people have inundated him with advice, especially not Smathers. Mostly they have just been asking him questions and trying to get him to answer them himself. As unfair as it is that he ended up in here, and as much as he hates the place, there is one thing he must admit he likes: this place sees people at their worst, but instead of looking down on them and shaking their heads, the attitude of many of the staff is admirably practical. Instead of letting patients wallow in their misery, they simply seem to ask: where do you go from here? Mycroft, ever the portent of doom and disapproval, should be taking notes.

If he can wiggle past all the rigmarole of the Recovery Plan, to circumvent jumping through its ridiculous hoops, maybe something good can come out of this. Maybe he could actually take something useful away from this whole debacle if only a determination never to end up in such a place again.

"A relationship requires two," Smathers says. "If a relationship is not working, it is rarely one person's fault. It's time for you to decide what would be the healthiest way to continue yours with Mycroft would be. He obviously cares a great deal about you, and a person who cares should be willing to listen to you. There needs to be communication, and you might need to be the one to initiate it."

"Impossible. He will never stop looking at me like a self-fulfilling prophecy."

"If he can't be your support person, then who could? Will you take the responsibility on your own shoulders and turn to someone else for support than him or your parents?"

"There isn't anyone. I don't have friends."

"No, Sherlock. You may not have had many friends in the past, but that doesn't mean you can't find one in the future. You haven't met every human being on the planet, and they haven't all met you yet, either. What you need to do is to stop assuming the worst of everyone."

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Later that evening, he tries to concentrate on his new book, but recollections of his conversation with Smathers keep slipping in. He has been reading more Shakespeare; Julius Caesar this time, which
had raised a wry smile on occasion, when the eponymous character came out with a line that sounded very much like vintage Mycroft.

When his peripheral vision picks up movement at the edge of the sitting area, his head snaps up. He's on his guard, because Mack has arrived back in the Fitzmary 2 ward, and this is the first time he’s been allowed in the common room after their altercation.

He puts his book down to observe Mack, trying not to assume the worst of the man who had given him a black eye and whose actions had led to the whole debacle of drug dosages being raised and the disastrous lithium being prescribed. It isn't easy trying to stay calm and composed when his anxiety levels are already spiking.

If Mack decides that someone is going to have to pay for his being confined, it is likely to be Sherlock, since Gregory has been moved to another unit before there was any risk of the big man returning from his stint in the crisis ward. It was almost as if the shock of being attacked by Mack had shaken loose his delusions of grandeur and replaced them with a much more disorganised psychosis. The diminutive Greek had stopped conversing with his Olympian voices, and instead, he had agitated and incoherent conversations that seemed to be directed at nothing and no one in particular. He had been a voluntary patient once, but not any longer, and Sherlock had heard something about him being moved to a unit that could provide much more intensive care.

Tonight, Mack is accompanied by a nurse who is almost his match for size and weight, which means that some of the patients in the room manage to relax and resume what they were doing. Mack flicks through the TV channels but finds nothing to his liking, so he gets up and takes a look at the bookshelves. His nurse starts talking to another carer in the room. Now that Mack seems to be occupied by something benign, his nurse visibly relaxes as well.

Sherlock finds it hard to do the same. He opens the book but glancing towards the bookshelves after every sentence is decimating his concentration.

A man Sherlock doesn't remember seeing before on the ward, walks into the common room. He's holding a book as well: a crime or horror novel judging by the image of a nude woman on the cover with her wrists tied behind her back with rope. The man has a five-o’clock shadow but he's wearing his own clothes – a plaid shirt and jeans, inexpensive but well-chosen in size and shape. It's obvious there has been a wedding ring the man has been wearing recently. He's left-handed, has an old sports injury that makes him favour the right and a very expensive hairdresser.

The man settles on a sofa, looking calm, composed, and soon becomes engrossed in the book, using a pencil to jot down the occasional margin note. He is projecting no overt signs of mental illness or distress as far as Sherlock can tell, and he wonders what has brought the man to the ward.

Mack has noticed the new arrival, too, and he wanders over to the sofa. “That looks meatier than the usual stuff they put on the shelves here. Mind if I have a read of it?”

The new man looks up and gives a smile. “I brought this one with me, and will be taking it home when I leave – I’m making notes, you see, as I go along.”

Mack isn't the sort to be patient and Sherlock can see what is about to happen. Mack’s nurse doesn’t seem to have realised the volatile potential unfolding, and alerting him to it would instantly antagonise Mack, provoking him into hating Sherlock even more.

There is only one possible action plan. He unfolds himself from the armchair, vacillates a little in deciding how to open the conversation besides an obvious greeting. Four steps and he's beside the sofa. *Still possible to retreat.*
"Is this seat taken?" Sherlock asks and instantly wants to kick himself. He can see that it's not taken – this is not the bloody Tube – and now the man can make no other assumption than that he is seeking company. Don't appear too keen. For fuck's sake, don't smile.

The man gestures to the unoccupied half of the sofa. "No, go ahead," he tells Sherlock amicably and doesn't appear suspicious or amused at all.

Mack is already glaring daggers because Sherlock has correctly deduced that he was about to take that seat and use his physical presence to threaten the new bloke into handing over the book. Having forestalled this ploy, Sherlock now needs to find a way to get the new patient talking. He can't just blurt out a warning on the lines of 'this man has beaten up two patients on this ward already, and he isn't going to take no for an answer', even though this is exactly what he needs to convey.

This is what Sherlock hates about social conventions and associated phrases – they mean little or make no sense at all, and they don't match his communication needs.

There they are now, sitting beside each other. Sherlock is turning his novel in his hands, trying awkwardly to steal glances at his sofa companion, and having no idea what to do next. Mack has taken a few steps away and is staring at the both of them.

If Sherlock can manage to get the new patient to talk to him and to keep up an engaged enough conversation, he hopes Mack will take the hint and back away. It seems likely that he would – he must know that provoking another confrontation with Sherlock will end up with him back in the isolation room. His nurse has finally perked up as well, and Sherlock hopes he can now sense the tense atmosphere in the room.

How to do it? How can he just start talking without the other person thinking him strange? He remembers people from school and university, those who effortlessly approached others and seemed to not care or be affected at all if they ended up saying something silly or accidentally slightly prying or rude. They manoeuvred themselves around those blunders, turned those instances into shared humour that acted as a social lubricant. That never seemed to work with Sherlock. He said things he didn't intend as insulting unless he wanted to be left alone, but somehow others ended up so hurt and mortified that there was no way to fix any of it.

It seems that his two options are to join the zombie contingency – to adopt these pointless patterns of communication that mean nothing and achieves even less – or to continue as he is and be shunned.

What does he want? Why does Smathers think he could be any good at any of this?

'That's a terribly lonely way to live', he remembers the therapist saying.

Yes, it is.

It's lonelier than he likes to admit to himself. So much lonelier.

Either he tries like Smathers is coaxing him to do, or he continues on that road.

What does he have to lose?

"Any good?" he asks the man, nodding at his book.

The man lifts the book to show Sherlock the cover properly, 'Post Mortem' by Patricia Cornwell. "The finest there is," he says and opens the book onto a seemingly random spread, offering it to Sherlock.
Mack grunts in frustration and wanders off, but Sherlock can't breathe any easier. He's still faced with the gauntlet of trying to have a normal conversation with a normal person and trying to convince said person that he is as harmless as he is agreeable. He desperately tries to decide how to balance everything he's trying not to deduce with paying attention to the man. To buy himself time, he inspects the book more carefully.

The edges of the pages have been scribbled full of notes, and some of them snake in between the printed lines. Sherlock's first thought is to wonder if, judging by the level of obsession inherent in the sight, this man is a fan of the author, perhaps even a compulsive stalker, but then he starts actually reading the tiny handwriting: ballistics details, lines of dialogue, questions.

"I'm using the narrative formula to write my own. I'm planning a series, in fact, but I tend to get a bit lost in the background research. Haven't got around to actually writing the first part. Maybe I will, soon."

Sherlock frowns and passes the book back to the man. What is he supposed to say to that? Offer encouragement? "Doing thorough research beforehand will probably make the actual writing process easier."

The man nods. "That's what I'm hoping."

The bookmark Sherlock slips out from between the back cover and the last page is a legal brief slip, embossed at the top with a name and address: South Square Chambers, Greys Inn. He can't help the deduction: barrister. Usually, he would have blurted this out instantly, but a piece of advice from Smathers comes to mind: 'let others define what they want to be known of themselves on a first meeting'.

"Are all your notes in here?" Sherlock asks, careful to keep his tone neutral.

"I've got boxes of notebooks at home. I'd have typed up the ones I've scribbled into books margins If I could make sense afterwards of even half what I'd written, yeah."

He's looking at Sherlock as though he's trying to make a decision. Then, he offers his hand. "I'm Colin."

Sherlock quickly responds with his own name and takes the hand. The shake is firm. There's a signet ring on Colin's right middle finger; the notion of a barrister fits it, but clashes with the man's clothing, although Sherlock would hardly assume he'd be wearing his work attire in these settings. The words are out before he manages to stall his tongue. "You don't look like a barrister---"

Colin laughs and says: "Well, none of us looks like ourselves in here, do we? Although there are exceptions that prove the rule." He casts a knowing eye in the direction of Mack and Sherlock's lip quirks in acknowledgement.

"Thank you”, Colin says, “for rescuing me from what might have been an awkward moment.” He glances at Mack again. "What's up with him?"

Sherlock smirks. “My therapist has claimed that saying negative things about others is an unpleasant habit of mine."

Colin smiles. “Telling tales out of school; yep, say no more.”

Sherlock shrugs to close the line of inquiry. What should he talk about, now? At least the things he could deduce might serve as a conversation starter, but if they are such a terrible idea, then what is left? The bloody weather? This is where Sherlock would usually ask if the man's wife had left him
because of his mental illness. It must be a wife; Sherlock can spot the signs of marital disarray. This is also where he'd establish his intellect by pointing out that he would have hardly needed the bookmark to deduce Colin's profession; there are probably tell-tale signs written all over him, lumberjack fashion choices notwithstanding, but Sherlock is currently very very slow and very rusty still.

'You might want tone down the intellectual arrogance and superiority complex; it kind of puts people off.' A recent quote from Smathers.

He reluctantly refrains from bombarding Colin with the questions that are burning a hole in his brain, since he's supposed to sham being… reasonable? Tolerable? Likeable? If he screws this up, then they will stop talking and Mack might try to elbow his way in again; he's still talking to his nurse in the corridor, stealing occasional glances at the pair of them.

"Is this your first time here?" Colin asks him.

Sherlock had not expected such a question. It's a relatively harmless one, but he doesn't want to imply he belongs here even by admitting that he is, in fact, here. "Yes," he replies coldly.

Colin gives him a knowing, tight-lipped smile. "My third. They've put me back on my feet twice already; let's hope third's the charm, then."

His optimism and the spirit of cooperation catch Sherlock by surprise and make him curious. A question occurs. Maybe it is a bit too personal? Then again, Colin had just volunteered information about his own situation. "Voluntary or involuntary admission?"

"Voluntary. I'd like to keep my job and I've learned my lessons. I can spot the signs. When I stop sleeping, and things are going a bit too fast."

Ah. Bipolar? Sherlock bites his tongue on voicing the deduction.

"What do you do, then?" Colin asks him.

"Graduate chemist."

"Right." Colin begins rising from the sofa to get up.

Sherlock is hit with a tidal wave of disappointment and frustration: is it happening again? Has he done something wrong? Why hasn't he managed to keep the man talking? Has he been dull? Or, has he been too cold and aloof? He fears Mack is going to try again because of his ineptitude at communication, worries that the situation will escalate into conflict.

"Tea?" Colin asks, startling Sherlock out of his own head.

He looks up and sees that Colin looks relaxed as he's bending back his head, likely to alleviate a crick in his neck.

"Please," Sherlock manages to mutter in his relief and surprise. "Milk, one sugar."

Colin returns soon carrying two plastic mugs, and they spend the better part of an hour discussing the ridiculous mistakes authors and screenwriters make regarding forensic science. Colin's day job involves property and not criminal law, but he writes crime fiction in his spare time, has done so since his late teens. When a manic phase arrives, writing is all he does apart from work. It's just that the text isn't all that coherent when he crosses over from a productive sort of hyperactivity to actual,
psychotic-level mania. He had spent some time at the crisis ward and things have now calmed down considerably. He'll be returning to work in two weeks if all goes well. He tells Sherlock he's been dealing with his disorder for years and has learned what works and what doesn't. That's why he tends to bounce back quickly and to be able to seek help before he wrecks himself. His first admission for psychosis had been during his university studies, and that had been involuntary like Sherlock's.

"The first time was really bad and I ended up here at Bethlem. Now it just makes sense to come back here before it gets that bad. Familiar places, faces I know. It seems to help."

It's reassuring to hear the story of someone whose mood disorder may be even more severe than his, but it's all manageable with the right motivation and a support network. Sherlock has neither of those things, at least not yet.

He dodges a few questions about his own non-existent work and his personal life. And, he refrains from asking about any area of Colin's life he doesn't volunteer information about. He manages to keep the man talking until Mack's nurse escorts him away. Around the same time, one by one, the rest of the patients disappear from the common room since it's already quite late.

Colin yawns, offers to take their mugs to the collection area and looks expectantly at Sherlock.

"See you around," Sherlock offers and almost crosses his fingers with the hopes that this conveys an appropriate level of friendliness and nonchalance. Don't appear too eager.

"Yeah," Colin says and heads for the kitchen.

Sherlock can breathe easy again. These things take a lot out of him. It's much harder to work out what the right social script is than to deduce errant factual information from non-verbal evidence.

Late that night, Sherlock can't sleep. He is mildly surprised over how everything had gone. It is unlikely that he will speak again with Colin, as he suspects they have exhausted potential topics pertaining to the few things they have in common. If it had not been for Mack's threatening presence, he wouldn't have even bothered; the whole exercise had mostly been performed to keep the big man away from making further trouble.

As always, the level of shamming normal had tired him out. Damn Smathers for making him curious, for making him want to experiment with this getting along with people lark. Why can't there be a middle ground, a way to be himself but not send people running for the hills? Nothing about Colin had piqued his curiosity, but what if he met someone who was truly interesting? Someone who would be open-minded and clever enough to see beyond the surface of what he says, the way he flounders, the way he tries and never quite gets it right unless he degrades himself to the level of some automaton spewing forth taught, empty phrases designed to keep others at ease.

Is there someone who would see him, and not just his faults?
“We came into the world like brother and brother,  
And now let’s go hand in hand, not one before another.”
— William Shakespeare: The Comedy of Errors

They finally give Sherlock permission to roam the hospital grounds without an escort. Spring is bringing out the best in the gardens, and the walled vegetable patch is sprouting a wonderful array of tiny seedlings all in their serried ranks, transplanted from the cold frames that had protected them from the March winds and gales. Some still shelter under plastic cloches, and some things, like the tomatoes in their growbags, will never escape the polytunnel. To Sherlock it feels almost like a metaphor for the inmates of this hospital. 'Patients, not inmates,' he remembers Smathers' intoning yet again.

He has been offered the option to join a gardening group, which he had swiftly declined. He enjoys having time for himself more than having to make small talk with other patients while potting on, transplanting and weeding.

Getting out into the fresh air is oddly claustrophobic at first, which he puts down to sensory issues. He can’t remember ever being confined in four walls for so long a period. When he has moved between buildings, he’s always had an escort. What few walks the winter weather allowed took a member of staff off the ward, so they had to be planned in advance. He always felt horribly self-conscious during those route marches. Having someone physically following him a few paces behind made him realise that with the CCTV he had, at least, been able to pretend that he was unencumbered by constant surveillance.

The first few walks on his own have been disconcerting. As they are slowly being freed from their pharmacological prison, his senses can easily be overwhelmed: the scents, sounds and visual impact of all this newness of Spring challenge his capacity to manage the flow of data. On occasion he’s had to sit down on one of the benches, put his head down between his knees, close his eyes and cover his ears. The sensory storm passes after a while, and he can then continue wandering the paths.

He’s leaning on one of those benches at the moment, trying to clear his sinuses of the sudden assault of a flowering currant bush. Ribes sanguineum has a pretty fuchsia pink raceme of flowers, beloved by the early spring bumble bees, but it also has a scent that reminds Sherlock of cat urine. Too many assignations down dark alleyways come to mind; the scent bringing back memories of things he would rather forget. It takes him a minute before he can move on.

The Royal Bethlem Hospital might have just celebrated the 760th anniversary of its foundation, but it has been on the Monks Orchard site only since the 1930s. Sherlock finds himself appreciating the fact that being this far out from central London means space – the grounds cover 270 acres of green, with the various buildings spread out across the site. Once he’s past the bowling green, he knows that he can’t be seen by any of the CCTV cameras, which naturally focus on the buildings and the carparks. The local residents in the area sometimes grumble about how few of them there are elsewhere on the grounds.
Once out of range, Sherlock fishes in his pocket for the stolen cigarettes and match box he’d liberated from the head gardener’s pocket. Under the cover of a tree, he lights up and draws the smoke deep into his lungs, relishing the speed with which the nicotine rush starts to thrum. Miriam gives him a new nicotine patch every morning, but isn’t a smoker herself, so does not understand that it can never be a proper substitute for the real thing.

It takes him only two and a half minutes to consume the cigarette, and he stoops to bury the filter under some soft earth at the foot of a pine tree.

He has always liked walking as exercise. His cramping muscles complain at first; it’s been more than five months since he has had the opportunity. There is a limited gym on the grounds, but he avoids that like the plague. Too many bad memories of PE classes at school; anything involving close proximity to other people is always bad idea. For the same reason, he studiously avoids the Occupational Health building; he has no need of classes to learn art, drama, pottery, computer skills or things like cookery and sewing. The Care Team can go take a flying jump; he just ignores Miriam’s suggestions that ‘life skills are important if you want to be independent.’ Boring. He has all the skills he needs, thank you. Cooking is basic chemistry, and the rest he can work out if he can be bothered.

The exercise helps disperse the anxiety which is now more on a backburner, and he’s been sleeping better than he remembers doing in years. He wonders if all these developments have more to do with the exercise or the medications, some of which have already been removed from his cocktail. Barnes doesn’t think he needs the antipsychotics anymore, which is a relief, but the antidepressants continue.

There are additional positive developments: the nightmares that have always plagued him frequently have stopped, and he doesn’t feel a need to avoid the Mind Palace anymore. He’s been getting back in there quite regularly. No longer afraid of what he might find in there, Sherlock is using his perambulations to do some spring cleaning. He has moved most old things to the basement or the attic of the Palace because he so rarely needs any of them anymore. The strange earworm of a fragmented melody that had somehow alarmed Mycroft and plagued his nights particularly incessantly hasn’t been forgotten, but he is not compelled to chase it with his violin anymore, nor does he care about any of the other strange bits of recollections that sometimes escape his memory banks. He’s making room for new things, now.

Instead of an invisible threat haunting his every footstep, his thoughts are now more focused on trying to solve a mystery: how can he make the future something that he does, rather than what other people do to him or for him? He’s railed against the constraints that others have placed upon him in the past, but wasted too much time and energy on that. What he needs is a chance to do things himself, to take responsibility.

Sometimes, as he walks he voices things, has a dialogue with his own intellect – so long as no one is in earshot or might see him talking to himself. It’s always been part of his repertoire. The staff at Bethlem had told him that, at his worst, he had been talking to inanimate objects. He hasn't pointed out to them that he has always done so. Of course he doesn't think that the family heirloom skull that nowadays resides on the mantelpiece of his bedroom at Mycroft’s house is alive or his ‘friend’ – he simply likes to direct his attention at something concrete to process things out loud. As a child, he apparently did talk to people who weren’t there, imaginary friends who kept him company, who didn't contradict him, walk over him or challenge him. Maybe his subconscious creates people like that for him because they're safe. They're nicer to him, unlike most real human beings, because they understand him in a way real people don’t.

He converses with himself in preparation for interacting with others: he needs to hear what he’s going to say, thinking through how it will sound to other people. There are scripts he has to learn,
now, to convince people he is ready to leave.

Still, he does wish he had an actual someone that he trusted to discuss various things with – a sounding board of sorts, someone to help him stop the frustrating loops in his head of not seeing the forest for the trees because he’s too focused on small details and complex patterns. Smathers is a therapist and doesn’t count; he’s paid to listen. Mycroft can be grouped together with a therapist – the blood connection means he’s obligated to listen. Sherlock has come to the conclusion that he would appreciate someone who could tell him everything will be alright when he doubts himself, and when he doesn’t see the answers and the solutions to everything. Someone to tell him when things are a bit not good, before he makes them worse. He doesn’t want a therapist for life, certainly not, but a someone in his life could be… nice.

He probably wouldn’t be any good at a relationship – at interacting with someone on a regular basis who wasn’t related to him. Yet, some of Smather's optimism about the future seems to have rubbed off on him. Despite his miserable history regarding friends, he now dares to hope that Mycroft won’t be the only company he gets to keep for the rest of his life. He doesn't have anything to lose, so why not hold on to that hope, as thin as it may be?

'There might well be someone whose paper is equally crumpled, and they might look at the patterns on yours and think that they're the most beautiful thing they have ever seen.'

As Sherlock had explained to Smathers after that statement, he has never met someone like that. Even so; that was then, this is now, and he likes thinking about that idea. As he lengthens his stride on the path, a part of him really wants to believe in such a possibility.

His walk today takes him up to the northwest border of the grounds. He leaves the path that skirts the edges of the large meadow and enters the woods. He knows that despite appearances, the metal railed fence that encircles the hospital is less than fifty meters away. Pushing through the brambles and early growth of nettles, he reaches the five and a half foot fence and looks dispassionately through it to the modern housing beyond – a rather boring blend of beige brick and white cladded cubes, with neat little parking spaces, only a few of which have a car in situ. It’s a weekday, so commuters will be off at work and the place has that semi-abandoned feel of commuter housing. It’s called Dorchester Court, according to the little sign at the end of the tarmacked road. He grimaces. It’s about as far away as it could be from the idyllic little market town in Dorset after which it is named.

That’s the problem with the real world outside the hospital walls. It rarely lives up to what it is supposed to be.

But, he doesn’t mind. Once he has left these walls behind, he’ll do whatever he needs to make his own way in it. He will not stop being a realist; he's simply going to quit being a nihilist. He's going to make it, even if it's the last thing he does. He is going to make sure Mycroft's prophecy of him self-destructing without a heavy fraternal hand to guide him will be unfulfilled. It will be an adventure, if not an easy or an entirely pleasant one.

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-

Mycroft puts the bags of groceries down on the table and pulls out the lamb chops to get them into the fridge before the late spring’s warm snap can get to the meat. Opening the fridge, he decides to put in the champagne bottle he’s bought, rather than add it to the cellar. He’d been good today – walking past all the sweet things, denying himself that indulgence. But, as he passed the wine and
spirits aisle, he couldn’t resist this particular purchase.

A lot can happen in the time it takes for a bottle of wine to chill properly, but on this occasion, Mycroft feels he has good reason to celebrate, given the outcome of the day: he’s finally succeeded in winning over the powers-that-be to his point of view. The gist of it was that it is now safe for Sherlock to be released. His full NHS files have been scrutinised by those who were looking for an excuse to keep him incarcerated for longer, and it has been judged that he posed no immediate risk if discharged.

It was the classic Catch-22, based on a judgment that Sherlock must never know about. When Eurus had been sent to Sherrinford – as a child arsonist who wilfully murdered her 39 victims at the Fairhaven secure paediatric psychiatric unit in Warrington – the intelligence community couldn’t have cared less about such an event. Amongst the host of cannibals, serial killers and other miscreants on the island, the only thing that made her special at that time was her age.

Only later did they learn just what that extraordinary mind was capable of doing.

Uncle Rudy managed to coax her into becoming an intelligence asset in exchange for increasingly astounding favours, someone who could be negotiated into cracking the unsolvable problems that the Commonwealth faced in an uncertain world. The select few people aware of her abilities and her continued existence soon realised the dangers of letting that intelligence loose on an unsuspecting world. Awe was accompanied by tremendous fear, and it was a logical step that worry that the “other one” might be a threat, too, would develop.

Ever since Sherlock went to university, Mycroft has had to deal with prying questions from his superiors about what his little brother is up to; if it is “safe” to let someone like him roam free. Far from being the compulsively meddlesome big brother that Sherlock has always accused him of being, Mycroft had not been the one who had signed the order for CCTV surveillance and the close watch protocols. After all, he knew Sherlock best, and was well aware of the distinct differences between him and Eurus. Still, it was not up to him, and in the line of intelligence, suspicion is always the preferred policy – better safe than sorry. At least he was already in a position where he could oversee the proceedings. He shudders to think of what someone without that knowledge would have done to Sherlock over the intervening years.

The NHS’s meagre efforts at patient confidentiality were no match to those who truly held power. Sherlock being sectioned made those people outstandingly nervous, and voices called for an indefinite extension on the grounds of erring on the side of caution to protect the general populace. Mycroft was aware that releasing him could have been blocked; there were legal routes that could have been used, if the forensic powers under the Mental Health Act were invoked on grounds of national security. He'd been forced to argue long and hard about how his brother’s problems were his own, and would never endanger anyone other than himself. It was solely the product of his own insistence that he was allowed to act as a liaison in the matter, still. Thankfully, the large pile of medical documentation has proved his point. The proviso is that Sherlock remains under Mycroft’s own strict supervision, if and when he was considered fit to be released.

He would like to do more. Unbeknownst to his superiors, he has been exploring what might be done to convince the sceptics that Sherlock would never be the threat that Eurus was. The research project that Sherlock had participated in might offer some possibilities, but he must remain a realist: most likely it might just lengthen the leash that they allowed Sherlock to wear.

Of course, none of this could ever be explained to a brother who hadn’t really done anything all that loathsome to anyone but himself. Sherlock simply wanted to be left alone. It wasn’t his fault that he had a sister who scared the bejeezus out of the few individuals who knew of her existence.
So, Mycroft walks the tightrope of keeping Sherlock “contained”, according to the requirements of those select few, whilst trying to deliver the freedom that he knows Sherlock wants. Sherlock would never believe it, but the latter has always been Mycroft's higher priority. No question about it.

For that reason, he has carefully concealed from the powers-that-be that fact that he had worried Sherlock's memories of Eurus might be resurfacing, shaken loose by the psychosis and ill-fitting drugs chosen by that travesty of a psychiatrist. If Sherlock ever remembered fully, or got wind of her existence, he'd seek her out, no doubt about it. And that would cause no end of trouble for all concerned.

Keeping those fires of suspicion dampened means that Mycroft will never tell anyone else about the recording that had been sent to him a few months earlier. The nurse had been easy enough to bribe; ‘what harm is there in that?’ she’d said, when he had asked her to use his device to record what Sherlock was currently playing on his violin. *He plays so beautifully that you'd definitely want to hear some of it.*

Within seconds of pressing play in his soundproofed and swept-for-surveillance study at home, Mycroft had recognised the tune, and it had brought a chill that still distresses: evidence that whatever else the therapy and drugs were doing at Bethlem, they have shaken loose a memory of a very particular tune, the associated lyrics which had been chanted at them all those years ago when everyone was searching for Victor. The emergence of it posed such great risks that Mycroft had been forced to try to purposefully trigger Sherlock to see if there was more. His relief had been intense, when the words *East wind* had elicited no reaction at all. It seems that the notes were the only thing that had emerged, and everything else remained behind sturdy locks in the Mind Palace. Thank heavens for that.

According to the nurse who most often accompanied Sherlock to the music room, once he had begun playing again after the lithium debacle, Eurus' song was no longer in the repertoire. Disaster had been averted – for now. More than ever, Mycroft needs Sherlock home, where he can be monitored, to see if anything else is breaking free from the suppressed memories. As the drugs taper down, Sherlock’s deductive capacity has been improving. He has always been able to deduce when people are lying to him, so Mycroft could never trust the medical staff with the truth, lest Sherlock find out about it. After all, he is bound by the Official Secrets Act, and cannot disclose Eurus' existence even to Sherlock without putting himself in prison.

Sometimes Mycroft dares to wonder whether reminding Sherlock of what had happened all those years ago could open his emotional floodgates and allow him to get close to someone again. It could happen, or it might decimate what is left of him. The risk is immense, and the potential rewards very much unknown. There are simply too many unanswered questions about Sherlock's emotional fortitude to wager any sort of guess as to what would happen.

He is free to indulge in these speculations as often as he wants to, but today he sternly banishes those notions, sweeps them out of the way of celebration: Sherlock will be discharged, the Recovery Plan can commence, and they can continue their lives. His time at Bethlem could be nothing but a side note in the margin of Sherlock's life, if he makes use of the support and aid provided to start over again in the coming months.

Sherlock's extreme reticence at returning to South Eaton Place has not escaped his notice, which is why he has been making some pertinent preparations. The physical evidence of his plans is now being built into this very home.

The level of hammering going on two flights above the ground floor kitchen are reverberating down the stairwell, as builders finish installing a new door upstairs. It will separate a study, the library, the
larger upstairs guest bedroom and a spacious bathroom from the rest of the house. That door has a proper lock, which has two keys. One of them will reside in the safe, and it is only to be used in an emergency. The other key will belong to Sherlock. Rather than housemates, they will be neighbours, since privacy and autonomy is what Sherlock so desires.

His brother will be welcome to make whatever use he wishes of any room in the rest of the house, of course, and the housekeeper will tend to his needs in an equal manner as to Mycroft's – or won't, if that's what Sherlock prefers. Mycroft would prefer it – when left unchecked, any space of Sherlock's tends to turn into chaos. Cleanliness never registers on his priority list, and he gets upset if he doesn't find things exactly where he'd left them – which usually is lying on the floor in some random order that makes sense only to him.

Sherlock's chemistry equipment and everything else related to his chosen field of study have been moved to a study which has been re-fitted with water, plumbing, and heavy-duty electrical sockets. Uncle Rudy's old desk has been moved there, and a lab bench with wall cabinets acquired. There will be plenty of space for experiments. Mycroft makes a mental note to establish some ground rules regarding those. No explosives, for one thing. New fire extinguishers have been purchased, a fire blanket installed in the study-lab, and new smoke alarms and sprinklers have been set into the ceilings. The last thing his brother needs is to endure the trauma of another house fire; God knows what memories might be shaken loose by that.

There is a parallel here to child-proofing a house, but Sherlock would not appreciate the analogy. From Mycroft's perspective, Sherlock can't manage on his own, he never has been able to do so. He barely got by in the structured environment of a boarding school. At university, academic freedom was clearly a bit too much for him. Even if he recovers to reach the best of his abilities, he has never picked up certain life skills required to manage the minutiae of sensible adult life. He hides his bills because his capabilities of setting priorities for dull things are non-existent. He doesn't care about the law, or taxes, or common decency. He gets into fights because his underdeveloped sense of self-preservation won't shut his mouth for him. He's unlikely to be able to hold a job, because that would entail resisting the urge to flambé snail entrails in order to get to work at times that suited an employer rather than his latest whim of curiosity. Authority repels him, and he repels anyone attempting to enforce such a thing on him.

Thank God for Grandmeré's trust fund, and thank the Lord for the fact that the Recovery Plan which Sherlock will have to agree to before release will ensure that Mycroft continues to hold power of financial attorney over him. It had always been an argument with the trustees before now. Before, pointing to his brother's drug use as a reason to ration his access had worked but only barely. Now, at last, he will have a sturdy legal right to manage Sherlock's access to finances instead of the shades-of-grey arrangements of the preceding days. The facts of severe mental illness and past drug use will ensure that.

He isn't looking forward to the discussion about that condition of his release with Sherlock himself. He will have to point out his brother's total incompetence in the area of managing basic life skills, and the conversation will invariably turn into an argument. There will be plenty of them in the coming weeks, he's certain of that. He can only hope that the paranoia will not escalate again.

Sherlock has always been a fascinating mix of a lack of self-preservation and deep suspicion of other people. The origin of this twin-headed predilection appears obvious: Eurus, tirelessly poking at Sherlock's weaknesses, had tricked him into doing things or outright hurt him, and then watched the ensuing emotional reaction with detached curiosity as though such feelings were truly alien to her. By the time she was four, she had mastered the role of the caring little sister trying to keep her brother out of trouble. When seen through the prism of later events, it was sickening. How could Sherlock not have developed a healthy sense of suspicion, when every interaction with Eurus could
lead to fear, shame, pain or being blamed by their parents for things he hadn't even done? Yet, due to his neuropsychiatric makeup, he could not truly protect himself from those seeking to harm him.

Under Eurus’ reign, Sherlock had suffered greatly. Eurus thrived, clearly satisfied with the arrangement. She was an exquisite liar, effortlessly explaining away every ligature trace, every burn mark and every meltdown as Sherlock simply being Sherlock: emotional, weak, different from her. He wore his heart on his sleeve; yet, as an adult sought to deny its very existence. Everyone knew Sherlock was clumsy, that Sherlock didn't have the best grasp of consequences, and that he didn't understand things said between the lines. In contrast, Eurus never cried, never seemed to get upset.

Sherlock always lost, and Eurus always won. She was night to his day.

It had always confused Eurus why weaker, irrational beings – including her brother – were the ones who were loved and whose company was enjoyed by others. She was aware of her superior intellect at a young age, which contributed to the fact that even her family had trouble warming to her. Father was first bemused, then perplexed by the little genius who was so far from the darling daughter he had wanted. Mummy kept trying to explain away the inexplicable behaviour, preferring to focus on the fact that she was a mathematics prodigy among her other abilities. But, even Mummy struggled to connect with her.

By the time she was three and Sherlock four, their differences from ordinary children were too pronounced to ignore any longer. A battery of tests followed, and various labels applied. Genius, but… Eurus had vocally protested to those seeking to evaluate her that there was nothing wrong with her, she was just smarter than everyone else. She had been terribly wrong about the first, but right about the second. The world must have felt so terribly unfair to her.

The rest of humanity began to disappoint Sherlock as well a few years later, when it became abundantly clear that his issues – not created, but in many ways made so much more complex and severe by what Eurus had done – were also going to drive a wedge between him and others. When he’d overheard a conversation detailing what was supposedly wrong with him he had stopped speaking for the second time in his young life. It was as though he’d given up on people. Thank God for his re-discovery of the violin. They’d not given him a new one after the fire, for fear of it triggering memories that were better off buried. He quickly re-learned his skills, never realising that Eurus had once taught him the basics.. Mycroft has wondered if Sherlock's rebound fascination with the string instrument might have something to do with buried memories, but it's hard to tell for certain.

Sherlock’s music stand is now in the Library, where Mycroft hopes he will use it during socially acceptable hours. Serenades at three in the morning might pose a problem with the neighbours, which is why Mycroft is awaiting a quote from a contractor about how to soundproof that room better. Sleep deprivation would impact on his duties; complaints from neighbours would add to the stress, too.

The Home Treatment team will be visiting Sherlock twice daily. It has been agreed upon that due to the nature of Sherlock's now only residual paranoid symptoms, it is imperative that Mycroft not involve himself in any part of his actual psychiatric care. This condition includes dealing with any and all his medications; Sherlock is required to demonstrate his commitment to stay on them by proving that he is taking them to the Treatment team. Mycroft hopes they will require laboratory testing. Sherlock does so excel at shamming in such things – he had tricked the Bethlem staff for an unforgivably long time. Idiots. Mycroft could have told them that such shenanigans were not only possible but highly probable.

The workmen, done for the day, greet him as they leave the house. Glad of the peace and quiet, he
returns to the kitchen and makes himself a cup of tea. He will soon have to finish up some paperwork, but he decides to allow himself a moment more to consider the future.

Even with the sturdiest of outpatient treatment plans, two important questions remain: where do the two of them go from here, and what direction will Sherlock’s life take? In a way, the problem of aimlessness, of not having any other sort of life plan, remains as acute as ever for Sherlock.

Mycroft can't take him under his wing and steer him towards a proper career in British intelligence – his substance abuse issues and his diagnoses make him too much of a wild card to be even considered for the service. Those worried about him following Eurus’s path are terrified at the prospect of bringing him into contact with any information that could be abused.

Mycroft had once used his connections to find Sherlock freelance work with a private intelligence start-up, but since Sherlock's idea of freelance meant disregarding everything that the company's owners wanted or tasked him with, their paths had diverged quickly.

Academia does not interest Sherlock either, for various reasons. Mostly, this is because working within the scientific community inevitably involves having to deal with other people. When his first article had been rejected by an editorial board before it had even been sent for peer review, Sherlock just sniffed; “Idiots. All of them.” Unbeknownst to their parents – as usual – his entry to Cambridge had been originally deferred due to the fact that he'd been coked out of his head when the term was about to start, and Mycroft had arranged for his very first stint in rehab. It had not lasted long enough; he'd signed himself out after four months. Perhaps he'd gotten bored enough to really want to start attending university.

Sherlock began his studies, stayed sober for a while but the university was rife with pharmacological temptations. His drug use did remain somewhat controlled during his studies, since science offered something in which he was actually interested. Mycroft had hopes that he would latch onto that world and remain in it, but he lost the fellowship he had been offered during his final term when he was suspended for misuse of lab facilities. Uncle Rudy's connections had managed to obtain extenuating circumstances and a chance to re-sit his exams, which he did pass with a reasonable 2.1 classification, despite being in the midst of withdrawal at the time. The recommendation letters written earlier by some impressed professors could have earned him a position somewhere else, but it was not to be. Sherlock wouldn't hear of settling down at a university or a research post.

At one point, Mycroft had put him in a flat on Montague Street and told him to do what he bloody well wanted. It was hardly a surprise that after six months, he'd lost the lease due to unpaid rent, nearly burnt down the flat due to a neglected experiment, and after a close call with an overdose, it was time for another rehabilitation unit. Mycroft could have, of course, made sure that his bills went paid, but that was hardly the point. Sherlock was an adult who should have been able to manage. The sobriety after that particular incident had seemed promising, so Mycroft went out on a limb and pulled in a few favours so Sherlock could be appointed to a minor advisory role to an MP whose campaign had focused on the British oil and gas industry – the scientific technicalities of which a graduate chemist could be of use to help understand. It was supposed to be a limited, safe position with flexible office hours and a reasonable pay for a relatively recent university graduate. In hindsight, Mycroft should have realised the obvious: Sherlock's propensity for verbalising his observations, his lack of care for social finesse and his disdain for authority were a recipe for disaster when it came to the world of politics. He would never admit this to Sherlock, but in a small way his next relapse had been a relief, because it offered a convenient excuse for Mycroft to explain away his behaviour. There was no salvaging a scene in which Sherlock had described, to the man's face, his employer as someone who had climbed so high up the ladder of career politics that one could only see their arse. The fact that he had tried to explain that he was merely rephrasing Francis Bacon had
done little to dilute the effect. The MP was a bluff Northerner who had been a trade union official in the gas industry before privatisation. He probably thought Bacon came in a bap with brown sauce.

The incident had been much frowned-upon by those who allowed Sherlock's freedom while Eurus remained incarcerated. With that latest stunt, Sherlock had raised too much attention in too high a circle. Mycroft had been furious, at both him for his indifference to how he'd compromised Mycroft's reputation, and with himself for his optimism. He will readily admit that banishing him to a rehab in the backcountry of Scotland had been partly political. Mycroft used the interval of his absence to do some serious damage control.

When he gets discharged, will Sherlock continue his earlier trajectory? Mycroft can only hope that the past trend won't resume when he floats around, amusing himself with experiments no one will ever hear the results of, reading books he can't share with anyone else than Mycroft, just passing time, idling… until the boredom drags his mood down to the depths again, and his frustrations find the inevitable destructive outlet.

Mycroft had gone as far as to discuss this dilemma with one of Bethlem's social workers. She had told him about a supportive work experience scheme they had running – charity work, mostly: volunteering at the library, assisting a teacher, working at an animal shelter, and gardening were among the options. Mycroft had looked at the leaflet and thought of Sherlock with more than a pang of unexpected desperation. There was no point to explaining that none of those roles could occupy that particularly keen mind for more than a millisecond. He might be socially inept and handicapped by his inability to get along with anyone, but any ordinary occupation was out of the question for a genius like Sherlock. He might be the slow one of the family, but even so, he must be miles above the sort that usually pass through Bethlem. Perhaps that is his brother’s curse. Is this the same frustration that Sherlock had gone through years ago when he'd realised that the usual career paths would never suit him?

No, it needs to be something unique, something very out-of-the-box, if Sherlock is to find something to occupy his time and motivate him in an enduring manner. Preferably, it would be a career, not just a hobby, but it seems too late now, assuming it had ever been possible. Sherlock in his thirties would never adjust to being employed by someone, nor would anyone even want to employ a person who had mostly spent their six years post-university doing hard drugs and failing all attempts at assimilating into society.

Mycroft can’t help but fear a repeat of the past six months. He also fears that the next relapse might be the last time, dreads that the moment will come when Sherlock again sees no way out of his own head, but this time succeeds in putting an end to its vicious cycles. Mycroft has regular nightmares of a phone call in the night, informing him of---- Stop. No use in dwelling on hypotheticals.

He very much wants to imagine both of them as old men, sitting in the garden, enjoying their twilight years after a life well lived, but such a thing is almost impossible to fathom when it comes to Sherlock. Far easier to imagine is the visage of a moth that does not consider the consequences as long as it can fly closer and closer to the flame that will extinguish its life forever.

Yes, Sherlock desperately certainly needs something singularly motivational in his life. Or… someone. It's obvious that the past months have chipped away at their relationship enough for it to be, at times, a potentially detrimental thing to Sherlock. Mycroft knows he has to accept this now, as much as it hurts. Eurus certainly doesn't see him as her saviour and it wounds Mycroft to know that Sherlock hardly rejoices about their fraternity, either. Besides, a sibling bond naturally pales in comparison to a romantic one – not that Mycroft is entirely convinced Sherlock would be capable of such an intense commitment.
Will Sherlock want someone like that in his life? Could he find that someone? Is he even willing to try? Is there an idle saint out there who would be willing to look past the obvious problems and still find a reason to care? Sherlock has practically created a religion out of solitude just as Mycroft has, but for different reasons. Would Sherlock ever risk a repeat of a heartbreak he does not even remember? Has he buried too deep the ways in which he'd forged a friendship with Victor, or the ways in which he'd once been very capable of expressing fondness for others?

In Mycroft's books, Eurus is lost, but he desperately wants to believe that Sherlock still has hope.
Exile Vilify

Chapter Notes

See the end of the chapter for notes

"Antonio: Will you stay no longer? Nor will you not that I go with you?

Sebastian: By your patience, no. My stars shine darkly over me; the malignancy of my fate might, perhaps, distemper yours; therefore I shall crave of you your leave that I may bear my evils alone.

– William Shakespeare: Twelfth Night

Even though he's seen all of Sherlock's patient records since those had been delivered to the powers-that-be, there is still information Mycroft needs in order to prepare for the day Sherlock comes home. The most obvious choice for a data source is Sherlock's cognitive psychotherapist, so he goes to visit Bethlem.

"I cannot disclose the precise contents of his therapy sessions," Derek Smathers reminds him after they've taken a seat in the man's office.

Background checks have naturally been done on all Bethlem employees who have regularly interacted with Sherlock. Smathers has worked at Bethlem from his graduation as a psychologist, and he had early on expanded his repertoire into psychotherapy. All in all, his employment record is untarnished but belongs to someone with little academic ambition. 'Very much a clinician' – meaning that patient work is what he enjoys the most – is what a former Bethlem employee had had to say. Mycroft cannot make heads or tails about the therapist – he would have dismissed Smathers as utterly useless, if for some reason Sherlock hadn't actually seen fit to co-operate with the man – perhaps just to spite him.

"While I do have his permission to talk to you about how he's currently doing, the success of therapy hinges on trust, and since that has been a major theme in our discussions, I will have to err on the side of caution," Smathers explains further.

Mycroft is fingering a copy of the Home Care Plan, passed onto him by Doctor Barnes earlier that morning. Their one-on-one meeting had been short and to the point; Mycroft has no respect for the man, an assessment confirmed by the meeting, which revealed no useful information regarding how to proceed with reconnecting with his brother. Sherlock will need to sign the Plan as part of his Recovery Plan before he can be released – while it is not a legal document, it is a practice Bethlem insists on. It is designed to empower patients to adhere to what has been agreed on. Mycroft has already signed one copy as Sherlock's medical proxy.

"I understand that. Today I merely want to know how much, and what, he has divulged of our childhood."

"You could ask him, Mister Holmes. Communication is important, given your agreement to have him at your home again."
"There are reasons why I'm reluctant to approach this subject matter with him, and why others discussing it with him pose much less of a problem. Has he mentioned any recurring dreams? He was plagued by them when he was younger." Mycroft worries that any further direct probing by him might trigger Sherlock to remember. Mentioning the East Wind had already been a risky move. Mycroft needs to know which, if any, memories may have resurfaced on their own. The thought of the recording of the violin piece he’d received still makes him deeply uneasy. Not for the first time, he bitterly regrets not having been able to somehow compel this therapist to make recordings of the therapy sessions. It’s supposed to be a way to help patients remember things between sessions, as well as being a memory aid for therapy notes, and he’s always been able to find a way in the past to get access to such recordings. He worries what may have been shaken loose by that foul combination of drugs with the lithium.

Smathers is unmoved by his need to know. "Sherlock isn't as preoccupied with thinking about his childhood as you may think. He seems to consider it inconsequential to his everyday life now. Cognitive therapy is very much about acquiring coping skills in the here and now – we do address childhood issues when they are relevant, but we're a more practically oriented school of thinking than, say, the psychoanalytical one. In his case, I do see quite a bit of relevance in experiences he had during his formative years such as bullying and the diagnoses he had received, but some of the experiences that have been key to understanding this psychotic episode are more recent."

"Such as?"

Smathers purses his lips. "It was very difficult to get him to discuss those things. I think I will have to stay silent in that regard."

"Are those issues resolved?"

"They are not ongoing events or problems in his life, that much I can say."

"We are speaking of the drug use, are we not?"

"Among other things, yes."

Mycroft frowns. Sherlock has never been that reticent to talk about the drugs – at one time, he had practically seemed to relish throwing it all in Mycroft's face as an act of rebellion.

Even though he has not yet wrenched much out of the therapist, Mycroft finds himself very relieved at his comment about Sherlock not putting much emphasis on their childhood. If he had got wind of a secret, he would go at it like a bloodhound – tireless, relentless. If he isn't digging around for those truths, he must still be unaware that they even exist. Perhaps the tune he had been playing is just an isolated, singular echo that had been shaken loose by the medications instead of a harbinger of wider destructive reminiscence.

He needs to ask different questions to draw off attention from what has interested him the most. "I have discussed his paranoia with Doctor Barnes in regards to ways in which to avoid provoking him. Any further advice you might have?"

"The early days of his therapy were focused on challenging those kinds of thought constructs and to prove to him that his logical reasoning may not have been serving him well back then. Only after he became willing to question his own interpretations could we start looking at why his delusions took the forms they did."

Those forms bear Mycroft's shape. Is this the part where he gets blamed for everything? Has Sherlock managed to turn the therapist to his side of thinking? The notion is nothing short of chilling,
because that is what Eurus does: turns people to her way of thinking.

"And," Mycroft inquires, "what is your conclusion?"

"I think what we're dealing with here has a lot to do with the inherent value a person sees in himself. Sherlock suffers from outstandingly low self-esteem and he feels that he has always been labelled a troublemaker, someone who taxed your parents and frustrates you."

He decides to raise an eyebrow at this revelation. "I thought you were not allowed to share the contents of his therapy."

"I have his permission to disclose things that are relevant concerning his discharge. The nature of those things is left at my discretion. When someone is hospitalised for psychiatric reasons, the entire family is impacted and in need of advice on how to proceed. He understood when I told him that it's a reasonable idea for you to hear some of these things even though he didn't feel he should be the one to take them up."

Mycroft nods, while wondering what had possessed Sherlock to be so charitable. The only reason he can think of is that he hopes for the therapist to somehow serve a purpose here. When has Sherlock ever shied away from verbal confrontation, and what on Earth about all this is so difficult that he couldn't have simply flung it all in Mycroft's lap like he does with everything else? "Have you advised him regarding compliance with the Home Care Plan?"

"Rather than advise, my task is to find out how he feels about it and to help him make constructive decisions regarding his future."

Circumspect. Careful. Suspicious.

"I do not need to be told that he's not happy about the planned living arrangements," Mycroft points out. "I'm very prepared for it to take time for us to settle into a comfortable routine at home. I've been making arrangements to give him more autonomy in the house, his own space."

"Have you discussed the details of those arrangements with him? What you'd want to avoid is making him feel as though he's walking into a hotel – impersonal and designed by and for someone else."

Mycroft is taken aback. "I assure you, Mister Smathers, that most of the general populace would envy his circumstances when it comes to his lodgings."

"Sherlock calls it a gilded cage," Smathers says. His tone isn't accusatory – he must feel as though he's simply relaying a message.

"He has always had a propensity for being melodramatic," Mycroft scoffs. "Your advice has yet to provide anything of value about his state of mind now that we are nearing discharge," he says and glances at the wall clock to emphasise his words. "You have known my brother for approximately five months. I have known him all his life, from the very day he was born."

Smathers drops a ballpoint pen into a mug already filled with them. He seems unaffected by Mycroft's dismissal. Since he has lasted this long in regular contact with Sherlock, his patience and his ability to shrug off abuse must be admirable. "Sometimes the ones who are closest can't see as clearly as an outsider would."

Mycroft has an impulse to walk out and slam the door in his wake, even though he never does such things. He endures. He prevails, waits patiently and then makes a precision strike when he needs to change an outcome.
"A pervasive thread through his childhood and adolescence seems to be that he feels as though nothing he did was ever good enough, that he only received attention when he did something wrong, most of those times not even realising what had gone awry," Smathers explains after taking another moment to contemplate his wording. "Instead of his autism diagnosis enabling him to receive help and support he could have benefited from, he feels that he has constantly been chastised, disapproved of, managed, watched over in a manner that does not empower him to take responsibility over his own life. Most importantly, he feels that he's not allowed to make mistakes and when he does, acceptance and forgiveness are not in the cards."

Mycroft feels sideswiped, and it shakes loose an emotion that he has not felt in a long time. From his perspective, when he was younger, their parents had their hands full with Eurus up to the point that Sherlock got away with everything. After she was taken away, Sherlock's troubles increased, but no one could really blame a little boy for acting out, and his behaviour was left unchecked for years. Their parents spread their hands and at times, they seemed almost intimidated by the small boy who kept the whole household on its toes by not speaking, not eating and having spectacular meltdowns over seemingly nothing. Things changed for the better through the years as Sherlock grew up, but their parents remained clueless as to how best direct his behaviour. Sometimes it seemed as though they were overcompensating for this by placing such heavy demands and expectations on Mycroft, instead. And why not – he was the only one left who could fulfil them.

Yes, Sherlock had been excused for his bad behaviour; their parents might have been disappointed by it, but never really expected anything better from him. It was on Mycroft’s shoulders that the greatest demands were placed not to mess things up, to do well, to be sensible. He was old enough to “cope” with it all. All Sherlock had to do was “recover”. Sherlock had been allowed to choose not to care about how his actions affected others, whereas Mycroft’s whole life has been pushed and pulled to meet the demands of others. Is it any wonder that Sherlock never learned to respect that fact or even acknowledge it? For decades, Mycroft has bent over backwards to help, and all he gets is a lecture from some psychotherapist Sherlock has managed to charm into believing his side of the story?

Anger rises in him. "He has had the best help money can buy. Despite our parents, he had every chance to succeed and he never made use of a single bit of it."

He enjoys the look of disquiet on the therapist's face. What good is this wretched place’s therapy if all it does is justify Sherlock’s actions to himself? Why shouldn't Sherlock be forced to face the consequences of his own actions, for once?

“Have you accepted what has happened to put him here, and have you forgiven him for it? It doesn't matter how he has fared in the past – this is a chance to succeed now, and you need to think he can make it.”

The therapist's words ring naive to Mycroft, and they are the views of someone who knows only whatever surface level Sherlock has deigned to reveal of himself. As much as he tries, he can't entirely ignore his own sense of being the victim of injustice. Why should he have to make amends when Sherlock is the one who has assigned all the roles in this play, casting him as the villain of his paranoia? The fact that he's the main character in his brother's psychosis has hurt him, more than he has let himself realise. He will accept blame for letting things get so bad, but what has he ever done to get categorised so unfavourably? Before, he'd chalked it up to Sherlock's strange psyche that sees angels and demons everywhere instead of real people. To be labelled as such an arch-enemy stings.

Suddenly, it catches up with Mycroft the notion that a part of him feels that Sherlock deserves the
punishment of being here in Bethlem, that it ought to teach him a lesson. As soon as he feels it, though, guilt creeps in — this has been a most difficult experience for all concerned parties. Of course he wouldn’t wish this on Sherlock, not ever, and he would have so hoped to spare him of such an ordeal. It's just that sometimes---

He throttles the emotion down. Anger and frustration can’t be allowed to interfere here. Sherlock isn’t here because Mycroft had decided it must be so. He’s here because he couldn't look after himself, and Mycroft had not managed to do so, either. He should have realised what was going on, should have seen, should have deduced what Sherlock was planning, before it got to the state where the decision-making was wrenched out of both their hands.

As the older brother, the one who isn’t recovering from psychosis, Mycroft knows that he needs to be the one to make peace. Sherlock is too proud to give in even an inch. If Mycroft doesn't take the reins, both of them will have years of icy silence to look forward to. They will never be able to agree on the events of the past or on where the blame for certain things lies, because he can’t tell Sherlock the truth, without breaking the Official Secrets Act. The only chance they have is to try to negotiate the future together where they can agree to disagree and manage to find a co-existence.

Smathers is looking at him somewhat expectantly; perhaps he has let the silence last longer than he should have. "I asked him if he would be willing to return to my residence, and told him nothing would please me more. If that is not acceptance and forgiveness or support, then pray tell me what would qualify?"

"Did you emphasise asking the question, or your preference that he returns?"

_Semantics._ As if Sherlock really even had a choice. The powers that be are content that he can be released, but the conditions were made clear: 'close and constant monitoring'. Thankfully, that idiot Barnes had readily agreed that living with Mycroft was the sensible approach for the Home Care Plan. Mycroft can only worry that somehow Sherlock has wrapped Smathers around his finger and got the therapist to oppose such a move. Any dissonance at this point will only give Sherlock the idea that he has options.

He needs to talk to Sherlock about this again, make him see reason.

“It will be a long road, Mister Holmes,” the therapist tells him, “there are going to be good days and bad days, and what he needs the most is for someone close who’s willing to listen and to try to understand that — to understand his side of things. That has been vital in getting him to engage in therapy – establishing a sense of someone valuing his views, accepting and allowing the way he feels about things, and giving him a chance to explain why he has made certain choices in his life.”

Mycroft squares his shoulders in a subtle dismissal. _Of course_ he values Sherlock's views! His brother is highly intelligent and even entertaining company when he's in a benign mood. "What is the point of analysing his past choices, if they have been abysmal ones? Shouldn't the emphasis not be in counselling him to make better ones in the future, as you have just stated as the ethos of your therapy?"

"That is very much what we have been trying to achieve, yes," Smathers explains, "empowering him to make better choices concerning his well-being."

There is something about the therapist's wording that Mycroft dislikes, but it's hard to pinpoint what exactly without hearing further details about the therapy sessions. Oh, how he wishes he had those recordings at his disposal. It would have made a lot of things much easier or even unnecessary. This conversation, for starters.
As much as he may dislike the man sitting behind the worn desk, the truth is that Smathers has had unprecedented access to Sherlock during a time when he may have been emotionally compromised enough to provide important clues about the state of his psyche. The therapist has information he could use to manage things after discharge, but Mycroft's well-honed skills in evaluating people's motivations and willingness to bend the rules tell him that Smathers will not reveal much more than the limited amount he already has – not even under duress.

All he can now do is to focus on the discharge. "What should I do, then, in your opinion?" Mycroft asks the therapist. "What does he want from me?"

"It's likely that your guess would be as good as mine at this point, Mister Holmes. My advice is to not wait until he is discharged before you try to establish a dialogue. He’s outside, said he wanted some air after our session. My advice is to go talk to him."

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He finds Sherlock in the well-tended kitchen garden behind the main building of the Bethlem Royal. It's used for therapy groups, and during summertime some of its produce is taken to the kitchens and flowers displayed at wards unless a current patient is allergic to them.

Standing on a gravel path and idly picking browned leaves off what looks like sweet peas, Sherlock greets Mycroft with a nod and continues poking about the plants.

Sherlock had once declared the garden dull, since all the plants are edible and harmless. Even the sage is of a seasoning variety, not the rarer, hallucinogenic sort which Sherlock had once told Mycroft about when they had walked here once before.

"I suppose growing psychoactive substances would be a practice frowned upon in a place like this," Mycroft had said and Sherlock's lip had quirked up. It had been one of very few hints of amusement he has seen after Sherlock had ended up here.

After the ECT discussion and the reunion with his violin, Sherlock has been willing to talk to him more. While it is not a big step forward, it very much is one, and Mycroft wants to rejoice even in such a meagre thing. He hopes that it might eventually lead to a willingness to work together on a plan to keep Sherlock out of trouble after he leaves Bethlem behind. He knows his brother well enough to be certain that Sherlock will not adhere to anything forced upon him. Doctor Barnes may have largely dictated the contents of the Home Care Plan and the Recovery Plan, but they are rather general documents. The minutiae of life after Bethlem will have to be designed by Mycroft and Sherlock once they are home again.

He thinks back to what the therapist had said. Should he address any of Sherlock’s misgivings about him at this stage? According to Barnes, overt paranoia has now very much waned or even disappeared, but Mycroft wonders if there is any real level of trust between the two of them yet. He’s hardly going to apologise for what he has had to do during all this, but perhaps it might serve as an olive branch if he acknowledges that Sherlock has had a very difficult time.

How might he do that without sounding pitying or apologetic?

“"You were in no state to seek help yourself,” he finally elects to start, after clearing his throat to gain attention.
Sherlock’s gaze immediately locks onto him, expression shifting as though he hasn’t decided yet how much anger he should unleash. Mycroft is reminded of the early days of the hospital stay, when Sherlock been all fire and brimstone whenever he dared to show his face here and attempt communication. Yet, this anger is contained, focused, purposeful. It could be a good thing, a resource to be channelled into recovery. It simply needs to find a constructive direction.

"I couldn't just watch idly by," Mycroft adds.

"Why not? You've managed that perfectly for the last six months, since I've been here. You've been practically relishing in the fact that I’ve been indisposed." Sherlock's gaze takes in Mycroft’s form from head to toe. Even in his current, fragile state he's an intimidating sight when riled up. Mycroft wonders why he's in such a confrontational mood, and his thoughts go back to some of the therapist's comments about Sherlock needing to feel in control. There accusations need not mean that he's regressing; they might just be compensation for escalating anxiety concerning his release.

It's hardly a surprise that Sherlock goes for the jugular next: “You so like to think you’re in control of everything, but the recent failures of your diet plan say otherwise.”

This is a classic sidestep, a below-the-belt attempt at changing the subject. It has been designed to make him back off. There is, indeed, something carefully calculated about Sherlock's words – much more strategic than his furious ramblings right after ending up this place. He's being particularly dismissive and mean today without an obvious reason. Mycroft needs to get to the bottom of this, which means that he can't let any of the verbal poison darts being shot get to him. 

Squaring his shoulders, he resists the urge to retaliate, which isn't all that hard since he has had plenty of practice of ignoring Sherlock's barbs. “You'll have all the time in the world to snipe at me over a nice cup of tea at South Eaton Place, once you sign your Care Plan and the release date arrives. Time to focus, Brother Mine.”

He watches Sherlock meander around the geometric grid of the garden, leaning occasionally down to scrutinise the nametags stuck up next to neat rows of sprouting growth. He's wearing his pair of black jeans and a teal green dress shirt with the sleeves rolled up. It doesn't exactly fit him – he had lost a lot of weight on the streets and Bethlem's food is only now beginning to round his cheeks back towards what they used to look like. He does already look much better than he had during the early days of hospitalisation. Save for the patient bracelet on his wrist that's only occasionally visible since he tends to tuck that hand into his pocket when other people are nearby outside, he hardly even looks like a patient of any kind.

If one looks closer, though, there are the dark shadows under his eyes, the propensity to flinch at the slightest unexpected noise, the bitten-down-to-the-cuticle nails and the haunted look hidden carefully under a well-crafted mask of normality. There's a surgical scar on the crook of his elbow and a landscape of old, scarred and thrombosed venous puncture sites dot his left arm like lunar craters. It's a roadmap of addiction which Sherlock usually hides underneath the long sleeves of his dress shirts, but during his time here he has made little effort to do so. He is hardly the only patient carrying such marks.

Nevertheless, he looks like Sherlock again. Some of these barely hidden dark things have been there nearly all his life. Mycroft wonders briefly how his visage might appear, had they enjoyed a very different childhood.

There had been a kitchen garden at Musgrave Hall. When they moved to Essex after the fire there would have been plenty of space and a good soil for a new one, but Mummy never bothered. There were a lot of things Mummy no longer had the energy for after Eurus was taken away.
Mycroft intercepts Sherlock by the neat rows of baby lettuces that have been planted out under cloches. "I refuse to apologise for trying to save your life."

"I would hardly expect you to do so."

"Sometimes we all need a bit of help after making bad choices," Mycroft offers. *I must learn how to forgive you for yours.*

That makes Sherlock look up at him again. "Are you repenting your decision to play God, then? Do I have to remind you that you weren’t even in the country when I ended up at A&E? And, as you have said on numerous occasions, *it wasn’t your decision to lock me up in here.*" The last phrase is spoken in a mockery of Mycroft’s tone, a parody Sherlock has enjoyed performing for years.

If only they could have a civil conversation. If only Sherlock knew how hard he has had to work on those who hold true powers over Sherlock’s life to get him out. *If only.* “I do not blame you for what happened, although I do so wish you’d see that the destructive choices you have made in life have consequences.”

"I have not been allowed to make my own life choices, which means that it’s not actually possible for me to have made many *bad* ones."

Mycroft sighs. He knows that if he continues down this path, he’s going to stoop to what Sherlock will invariably interpret as nagging. That will then only lead to Sherlock getting even stroppier. Mycroft wonders if he should specify that he does not see the depression as being Sherlock’s fault – only the way in which he had evaded help and turned to illegal narcotics as self-medication. Still, talking about the drugs at this particular point will, in all likelihood, make Sherlock promptly end the conversation, so he refrains.

Instead of arguing further, Mycroft walks up to an old sundial surrounded by lush beds of herbs. Moss has grown over the inscription on it. Sherlock joins him, his curiosity now obviously piqued. He picks up a pebble and scratches the growth away.

"’Hora quasi umbra’", Mycroft reads out loud. "’Time is but a---"

"—*shadow*," Sherlock completes the translation. "Although that hardly applies to someone stuck in here." He glances at Mycroft with a frown as though challenging him to continue their altercation.

"Water under the bridge. Whatever transpired before, has obviously been remedied. You’ve recovered sufficiently to no longer require inpatient treatment. There’s no need to dwell in the events of the last six to eight months. That was then, and this is now," Mycroft says amicably. "We need to talk about what happens when you are released."

Sherlock wanders to the overgrown pond in the corner. Its unruly state is in stark contrast to the neatness of the rest of the garden. He peers closer to the water, then returns to the main pathway and kneels to read some labels in one of the herb beds. “I’m sure you, Smathers and Barnes have already decided on every salient detail. It must be nice to be able to outsource your dirty work to the NHS.”

Mycroft stops by the garden gate and pinches the bridge of his nose, battling his frustration and the impulse to walk away.

“Sherlock,” he starts, “you know they won’t release you if you won’t co-operate with your Care Plan.”

“Oh, believe me, I will tell them everything they want to hear. I shall be the very poster boy for co-operation.”
“But who will you tell what you actually want?”

“Someone who’s willing to listen. That sure as hell isn’t you.”

Mycroft closes his eyes momentarily, trying to shove the despair gathering at the horizon of his patience back to where it came from, but it is becoming harder. Sherlock must be aware that, while Mycroft’s opinion could well influence the decision to discharge and the contents of the Care Plan, he has been doing so much better lately that there are hardly grounds to continue involuntary treatment. He has jumped through the hoops and he knows that Mycroft knows it, too.

He has heard enough good things from Dr Barnes lately, and the psychotherapist clearly approves of Sherlock being released. Apparently, he has even stopped battling taking his assigned medications, the doses of which have been significantly tapered down. He’s also actually willing to engage during his therapy sessions and has even been exhibiting relatively normal emotional affect. According to what Smathers had said at the last Care Team meeting, Sherlock finds some things enjoyable again, which is nothing short of a triumph.

It still remains to be seen what good things baby brother might actually take with him from his place. The lessons from addiction rehabilitation have always proven short-lived, and the fact that the current conversation seems to be going nowhere is not a good sign. Whatever restoration their relationship requires, it doesn’t require a trained therapist to realise that brief interactions in these surroundings will not be enough. Mycroft hopes that once they are back at the house, he will be able to coax some truth from Sherlock as to his daily wellbeing, and to hopefully offer a sounding board when he’s having a bad day. He shall offer support in whatever Sherlock decides would be a good use of his time in the future, as long as that option is legal and healthy.

Sherlock digs out a lighter and a cigarette from his pockets, neither which he is supposed to have in his possession. Mycroft refrains from asking where he’d procured them; the boy has always been able to find someone weak enough to manipulate into bending the rules, which truly is one of the more chilling similarities between his two younger siblings. That, and Sherlock is also a skilled pickpocket.

Secretly craving his own dose of calm, Mycroft watches wordlessly while Sherlock indulges.

After taking a long drag and then blowing out the smoke in Mycroft’s direction, Sherlock gives him a look of boredom. “When did you start smoking again?” he asks with one brow raised in conspiratorial mockery.

Mycroft starts to deny it, but then stops. “You are enough to drive anyone to bad habits.”

That raises a grim smile. “Well, get on with it; I don’t have all day.”

“Excuse me?”

“The rest of the lecture. I’ve heard it often enough to know one is coming.” He then proceeds to mimic Mycroft’s own intonation yet again, “You have to behave, now, or I will tell Mummy and Father.”

Mycroft gives him a steely look back. “We stopped doing that years ago, Sherlock. If telling you off or threatening to snitch worked, we wouldn’t be in this position.”

"Here we go," Sherlock says with a vile smirk, "do share how everything is always my fault. Including your eating disorder."

Mycroft’s fingers curl tighter around the handle of his briefcase. He’s still not going to give Sherlock
the satisfaction of showing that he's in any way affected by the conversation. He tries to keep in mind that trying to turn the tables on him is just a defence mechanism. Nevertheless, he hates that he has buttons someone could press like this, and he hates that it has to be the person he is supposed to look after who knows what they are.

Sherlock takes in his expression and snorts. “You always were so worried that I would retaliate by telling them about your secrets. But, that’s old hat now. You don’t really care what they think anymore, do you? Well, I hardly care, either. Tell them about this.” He waves his cigarette at the buildings. “They should know that one of their sons is a nutter. It’ll hardly be news. In their eyes, I’ve always been the defective one, the slow one, always in trouble, forever making mistakes and embarrassing everyone. In fact, I don’t know why I ever really cared; it’s not as if they did, which is why you gladly let them outsource me to you.” The mimic’s voice now catches the exact cadence of their father’s tone: “Look after your brother, Mikey; Mummy isn’t feeling well and needs to be on her own for a while.”

The truth of it cuts Mycroft like a knife, but he’s learned how to mask his emotions well enough that Sherlock won’t be able to deduce the pain. How can Sherlock insinuate that he happily accepted his role? What sort of a person would have found enjoyment in the events of the past ten years?

They don’t talk about the days when their parents were incapable of looking after even themselves. The fact that Sherlock is even mentioning this may have something to do with therapy. This may well mean that the therapist was lying outright about childhood being a major recurring theme in their discussions. Mycroft curses the fact that he has not had a hand in picking the professionals assigned to Sherlock’s case; Barnes’ destructive decisions could have been prevented, and a more harmless therapist assigned to ease Sherlock’s idleness.

At least there is still enough proof that the most destructive memories haven’t surfaced – Mycroft is certain that he would have noticed and that the trigger words would have produced a visible reaction. Not even Eurus’ frightening little song has brought anything significant to the surface, although it is alarming that Sherlock remembers even a part of it.

The status quo still remains. Safeguards are still in place.

To distract both of them, Mycroft reaches for Sherlock’s cigarette. “May I?”

Sherlock evades his grasp. “You’ve got your own in your inside jacket pocket, right side, lighter included.” He takes a backward step to put even more distance between them. “Whether you tell the parents is irrelevant, but you are still not going to contradict my statement to these idiots here that I am happy to comply with whatever arrangements you and they have cooked up.”

Sherlock usually enunciates the word ‘idiot’ in a scathingly hateful manner. It fits the recent positive reports from his care team that this time the anger in it is mostly just habitual. His tone is not the stubbornly petulant one Mycroft is used to, but calm and collected. Determined, frighteningly so.

“Will you actually comply, then?”

After finishing another deep exhalation of smoke, Sherlock scoffs. “Of course not. But if you try to interfere, then I will make sure that your employer knows about your unfortunate weaknesses. I am sure that someone would like to make use of such knowledge to take you down a peg or two. At this delicate time in your career, advancement is just so dependent on making a good impression, on projecting an image of infallibility and sturdy stress-control skills. If nothing else, then it would at least offer your colleagues some fodder for in-office jokes.”

Mycroft takes a moment to consider what the effects of that knowledge would be amongst those who
are envious of his rise through the ranks. He doesn't like what he concludes; it wouldn't hole him
below the waterline, and he could manage to diffuse some of the consequences by pointing out that
Sherlock is hardly a reliable source. Still, his enemies would take advantage, of that he is sure. It's
elementary PR: the way things actually are, is always secondary to how they appear to be.

He can't afford to project any weakness, not in his position.

"Sherlock, why does it always come down to threats of mutual destruction with you? Isn't it time to
be negotiating a nuclear non-proliferation treaty?"

Sherlock's laugh is scornful. "There's no win-win option here, Brother Mine, because this is not a
negotiation. I won't bargain, because you have left me with nothing worth haggling over. I do not
care at all what you think of me."

"That's not true, is it? As a matter of fact, what you think of me seemed to be the very focus on your
disordered thinking."

"You drove me to it."

"I did not drive you to madness, Sherlock." Mycroft had vowed not to use such vocabulary, to stick
to the politically correct and neutral terms used by the staff, but a petulance is rising in him, kicked
into life by the fact that Sherlock never takes the high road.

"There's scientific proof now, in the form of research data, that what they've done to me here made
me exactly the way you wanted – dull and docile – and when they finally lowered the medication
doses the cognitive results must have improved considerably," Sherlock muses. "If only I could get
to see the results."

Mycroft knows that Sherlock is referring to the results of the first round of IQ and cognitive function
tests from the research project he has been taking part in. Mycroft has not been provided those
results, either, and he has been reluctant to obtain them through unofficial channels, lest he risk the
powers-that-be mistaking it for a sign that he's more worried than he has let on. Before the eventual
research articles will be published, all he knows is the alias assigned to Sherlock: Subject Nine.
Neither Sherlock nor Mycroft were supposed to know such a thing, but nosy as he always is,
Sherlock had caught a glimpse of some of his result printouts during the proceedings.

"You have enjoyed everything that happened," Sherlock announces. "Because as punishments go,
this was way better than anything you could have come up with." He glances at Mycroft's feet where
he stands at the end of the vegetable patch. "Cabbages. How apt. Just the sort of thing you do so
enjoy having around to make you feel clever in comparison."

Mycroft grits his teeth to keep his anger in check, curling his fingers around the handle of his
briefcase so hard that his nails dig into his palm. He can't explode at Sherlock right now, no matter
how much he wants to. "If there is a discrepancy between your performance level after being
admitted here and your performance now or long-term, it is because you were ill. Now, you're on the
mend, and that just might be due to the fact that the treatment is finally beginning to work. There's no
point in dwelling on whatever that research data may say. How could you possibly blame the
medications for potentially alarming results, when you were doing your best to avoid taking them at
the time of the first round of tests?"

Sherlock replies nothing. There is no counter-argument, not really, because Mycroft knows his logic
is sound.

He gives Sherlock a warning glance. "You won't be able to avoid continuing the medications when
you are released. They will be doing laboratory tests to evaluate compliance. But, the doses should be manageable, even taper off. Try to stick with it, Sherlock; it’s important.”

“In your world, maybe.” Sherlock begins walking around the main building towards its front side.

Sherlock has always had a way of twisting facts to his liking when it comes to shirking responsibility and evading the truth. To Mycroft it seems obvious that it had been severe mental illness that had distorted those abilities, but he doubts Sherlock would ever accept that notion fully. According to his psychiatrist, he had conceded that some of the more outlandish claims he had made about Mycroft's power over him had been grossly exaggerated, but this had only happened in conversation with the therapist. He will likely never admit this to anyone else, will never give Mycroft what he assumes will be smug satisfaction over being right about anything, ever.

It's alright – he doesn't need that. What Mycroft wants and, yes, needs, is some resemblance of a relationship with his little brother, and a chance to help him stay out of this place forever. They could be united by this goal, but he fears that Sherlock will elect to wrap himself up in bitter vengeance.

He looks heavenward and lets out a frustrated breath. He can't decide whether Sherlock is just venting, just using him as a punching bag, or if there's something else going on. Their interactions have been much more amicable during the recent two weeks. What has changed? Why this sudden onslaught of highly refined nastiness? Is this how it's always going to go, his every attempt at help and support misinterpreted as tyranny and sadism? A less patient person would have thrown in the towel already, but then again, they are not bound to their siblings the way he is. Work, family – merely facets of the same coin. If he doesn't convince Sherlock that coming to stay with him is the only solution, then others who want to see his siblings in adjoining cells might take matters into their own hands.

He understands Sherlock’s anger, at least partly. No one wants to accept that they are mentally ill, psychologically unwell up to the point of requiring saving from themselves. Society’s stigma against mental illness is still deeply unfair. If Sherlock had cancer, he’d get more sympathy. Show any sign of mental instability, and the reaction is very different. Were their roles reversed, Mycroft would have likely railed against his fate at first, too, seeking a judicial opportunity to free himself from the section order. But, he would have eventually relented, seen reason, accepted the help he was offered if it was the only way out. Mycroft knows, that to win one has to play by the rules, or only break them when one knows it will lead to victory or go unnoticed.

Play by the rules? Not Sherlock. Not ever. Mycroft is forced to consider that, judging by today’s behaviour, his co-operation of recent weeks could well be an elaborate hoax. Mycroft hopes that it is good enough to convince the unseen watchers. He does not doubt that the psychosis has lost its grip and the depression has become a transparent fog instead of a mile-high wall separating Sherlock from the rest of the world. But, if Sherlock refuses to engage with the people closest to him – people best equipped to help him – what chance does he have of staying functional? Is his life going to be a march towards the moment when his recklessness backfires yet again, and he ends up incarcerated for good, or will his self-destructive tendencies claim his life before that happens?

Has Mycroft ever even had a real chance of keeping him out of harm's way?

Sherlock is now heading down a path towards Fitzmary House. He's walking fast, shoulders hunched in anger. Mycroft hesitates slightly, unsure whether there is any point to following him back to the ward.

Unaware of the battle going on in Mycroft’s mind, Sherlock turns on his heel to face him. He's no longer sneering. Instead, he looks sombre and collected. Triumphant.
For a moment, they're both suspended in the expectation of what is about to happen.

Then, Sherlock says it, "Once I am out of the door here, I never want to see you or speak to you again."

It is an unfathomable gut punch, a final blow that startles Mycroft with its power to hurt even after all the venom Sherlock has directed at him today.

This is how it shatters, then; the hope that the bottle of champagne in the fridge might be shared.

The hope that with time, patience and motivation, they might move on, putting behind them everything that has happened during the past six months.

Despite all their differences, all their arguments, all the things that have driven them apart through the years, they're brothers, and that’s been a tether that neither of them has attempted to cut before now.

'I never want to see you again' – a wish Mycroft cannot even grant, because not only is this his brother, this is his career – the one he never chose, but was forced upon him.

There is no reply he could offer, no clever comeback, no way to turn the tide. The cold determination in Sherlock’s gaze tells Mycroft that he is fully aware of the power of explosive he has just detonated – a bullet that will render their relationship unsalvageable.

Mycroft has no choice but to continue his vigil from afar, and every day, it’s going to bring him face to face with his failure. Not a failure to do his job, but a failure to be the sort of brother Sherlock would want in his life.

Maybe alive and happy was never a realistic goal for Sherlock. Maybe alive is all that Mycroft can ever hope for. But, he knows that it won’t really be up to him anymore, if he can't be there to care and protect.

Without a word, he watches Sherlock turn his back and walk away.

Chapter End Notes

Would you like to see the setting for much of this chapter? Here's a photo report of our research trip.

We were over the moon when the lovely and amazing Cecilia G.F was willing to illustrate this pivotal scene for us:
J. Baillier thanks The Moss Stomper for an inspiring conversation regarding the contents of this chapter.

Both authors can be found at tumblr: 7Percent, J. Baillier.
Mycroft looks up when he hears the two sets of footsteps he'd been expecting arrive down the hallway. His new PA, who has chosen her work name as Anthea, appears first, opening the door with her key card and then gesturing their guest to enter.

Mycroft always uses his basement office at Vauxhall Cross for negotiations with potential new intelligence assets. It is swept for surveillance three times daily, and with the help of Anthea, any visits can be kept concealed from even his co-workers at the SIS Thames House across the Thames. He is always willing to exploit inter-service rivalries to keep one or other of them on their toes. This time, there's the added and time-sensitive incentive of him being personally invested in what this particular candidate could offer.

A brown-haired, forty-three year old woman with worn but expensive heels, a conservative blue jacket and a knee-length pencil skirt vacillates in the doorway, eyeing Anthea suspiciously. The PA promptly walks away, leaving the visitor no other choice than to enter the office properly if she is to learn why she has been escorted here. It's a carefully planned power play to make guests feel as though they have little control over the proceedings. It will certainly not have escaped her notice that she is in the centre of British intelligence. Her curiosity will have been piqued since she was first picked up in the government car and driven here from Camberwell. The appointment had been secured as simply 'your expertise and current activity on a multi-patient study has attracted the attention of a government department that wishes to explore with you a similar development'.

It had been testament to the woman’s ambition that the appointment had been arranged within a day of that call being made.

Mycroft constructs a reserved yet welcoming smile, stands up behind his desk and raises his brows inquisitively. "Welcome, Doctor Johnston. Please have a seat."

There's a brief hesitation but the psychiatrist squares her shoulders and walks in with the confidence of someone who has been in the presence of those in power before. She digs out a pair of glasses and puts them on, and Mycroft notices her roving gaze that obviously must be searching for a name plate or some other form of identification.

That will come later. His name is of little consequence at this point. He gestures to a chair and they both sit down.

"Tea?" Mycroft asks. He has none to offer, and he is certain the guest will waive the offer. He's right – the doctor assures him she's fine on the beverages front.

With no preamble, Mycroft launches his full frontal assault. "I would like you to release the raw data of one of your primary psychosis study subjects to us."

Visibly taken aback by this blunt approach, Doctor Johnston is put on the defensive. "It's not a
forensic study – none of the subjects have been convicted or suspected of a crime as far as I know; at least that was not the reason for their admission. The subjects signed confidentiality agreements that protect their anonymity. There are protocols about data protection. I don't know what the intelligence services would want—"

Mycroft raises a hand. He's in charge of the conversation, hence the interruption. Protestations about legalities are of little significance here. In his line of work, when he needs something, he obtains it. In this case, however, he has an ulterior motive. He wants the woman’s co-operation without attracting the attention of his superiors.

"Assuming we can reach a mutually satisfactory agreement about the terms of this disclosure, you will learn the full details of the circumstances – including my identity and why agreeing to my request is the most sensible option open to you."

She is suspicious. "Why just one study subject? Any particular one, or just any at random?" the woman's incredulous tone tells Mycroft that she is gearing up for a fight; that, at the moment, she is sternly of the opinion that she will disclose nothing. He suppresses his impatience. Doctors will always appeal to doctor-patient confidentiality until they are helped to see the bigger picture. Johnston is not the first medical professional Mycroft has made see reason.

"Subject Nine is the one that interests us. Since this is a not a placebo-controlled, double-blind study, identifying the correct results among the data should not be challenging."

She takes a moment to reflect. "Not one of my patients, if I recall correctly. Numbers one to ten were Bethlem’s. In any case, I can't disclose confidential patient records just because some unnamed person asks me to." Doctor Johnston crosses her legs and studies Mycroft, who tries to momentarily ignore the fact of her medical specialty. He does not enjoy being scrutinised by someone skilled in reading things people do not wish to reveal. He gets enough of that from his superiors and Sherlock.

"The legal status of research data is different from that of patient records. Subject Nine is not your patient per se, merely a participant in your research study. We don’t need you to break the person’s anonymity, as we already know who he is and which data set relates to him. Once the record of that patient’s results has served its purpose, it will be sealed and kept under lock and key. Your ethical responsibilities will remain intact," he adds dryly. "I will personally ensure it for the sake of both yourself and the patient in question."

Johnston opens her mouth, obviously to ask what exactly the purpose of the breach of confidentiality would be, but she snaps it shut again after probably remembering Mycroft's earlier words about negotiating the terms first before she is allowed to learn more.

Mycroft leans forward in his seat, enclosing the fingers of his right hand in his left palm and leaning his elbows on the desk. "There are several reasons to agree to this request. Your PhD dealt with the analysis of functional anomalies in the psychopathic brain, utilising the same kind of functional PET-MRI imaging as was employed in this newer study. You are a follower of Professor Kent Kiehl who had just moved from Yale University to a new position at the University of New Mexico, where he has access to large numbers of diagnosed psychopaths. Your ambitions, however, are frustrated by a lack of access to such patients in this country. Despite your glowing credentials and a double consultancy in both forensic psychiatry and its civilian counterpart, you were side lined in the application process for the head of a unit at Broadmoor. You filed a complaint concerning the selection process which you later withdrew. Your former colleagues think you were treated unfairly, and the ensuing embitterment is why you have been working within non-forensic units for the past few years. Your stellar curriculum vitae should have already ensured you a seat at the highest tables of the field, but you have lacked, shall we call it, a friend in those high places.”
He gives her a knowing smile, and then continues: “All those old disappointments could be remedied as a result of this discussion. Conversely, the right pressure could also be put on the right people in a manner that will ensure your name will never come up for a similar post.” There – he’s made it as plain as he can. Of course, nothing is written in stone on these things, and even if she agrees now but fails to deliver to expectations, then she will be cast aside. There must always be an inbuilt way out for the intelligence services, if an asset turns rogue. With professions where there is an intense assumption of inbuilt high ethics, destroying both a career and credibility is child’s play.

Johnston looks both alarmed and a little flattered, just as Mycroft had hoped. This is not his first time doing this. Unnerve them by signalling you know everything about them – the old ‘I know where you live’ adage, only subtler.

"What is more, I can ensure a steady stream of fascinating and unique forensic consultation work for the remainder of your working career. You would be a pioneer with unprecedented access to exceptional patients, although not all the data gathered during such work would be eligible for presentation at conferences. I assume this would not be a problem, since as early as in your medical school application essay you stated that…” He picks up a paper from a pile on the desk. "...fame and fortune is not why I want to be a doctor – I’m interested in the science and why things in the human brain and mind work the way they do." That said, you do seek a way to be taken seriously by those in America who are studying the psychopathy phenomenon. In addition to not having the desired patient access, you currently lack the funding to participate in these conferences and academic gatherings. A certain stipend could be set aside to assist you in your efforts to raise the profile of British research in this field. As you are very aware, it is who you know these days that can be so important. Networking… that you are currently shut out from. This would all change to your benefit."

"Who are you?" Johnston asks after recovering her dropped jaw.

"Mycroft Holmes is the name, and that is all you need to know at this point."

Johnston looks shaken.

Time for the pièce de résistance. "Your first assignment, handsomely remunerated without any tax- or other paper trails, would be an urgent report on the comparison of the test results of two genetically related individuals regarding their cognitive abilities, their imaging results and their psychiatric history. This would also involve an assessment of the risks they pose to the general public. I can assure you that despite spending years working with the most pathologically violent and intelligent offenders in the country, you will never have encountered anyone even remotely resembling the younger subject. The elder is Subject Nine. Your assessment is needed of whether there is any psychopathy at all present in this second subject, and whether there are any similarities between him and the other subject that could cause concern."

"I assume I’ll be interviewing and examining both these subjects?"

"That is not possible. Your assessment must rely solely on written and existing medical records. MRI scans of both subjects are current."

"You must be aware of the limitations of such an estimate, Mister Holmes."

"Oh, I am, but needs must."

"May I ask; is it possible to get identical tests for cognitive performance, including executive function and processing speed?"
Mycroft pinches his lips together. "Existing data is available on all those elements; there is no need for further tests."

Johnston has already been investigated thoroughly with a view to upgrading her security clearance. Her record had turned out to be outstandingly clean for a doctor. "I must remind you that further details require you to say yes to the mutually beneficial contract I am proposing."

She will never have direct face-to-face access to Eurus. If all goes well, she might, at some point, be allowed to converse with her through electronic asynchronous means, but that will only happen if a need for a seventh up-to-date psychiatric assessment of her suddenly becomes necessary. Out of the previous forensic psychiatrists who had attempted this, only two are still in working condition.

Johnston briefly bites her lower lip and looks thoughtful. "Let me see if I have understood correctly, Mister Holmes. In exchange for all this, you only require the research data of one subject in one study I am overseeing; the data of a patient I have not even personally treated, and you wish for me to compare his results to those of a family member? And that is all?"

"That is all, for now," Mycroft assures her. "Whether there will be future engagements entailing other patients is entirely up to your performance on this first assignment and your willingness to continue working with us." He lets his tone betray that the latter decision may not be entirely free of consequences.

“I won’t actually know who these people are, but neither of the subjects will be aware of the fact or have consented to their data being compared in this manner?”

Mycroft had hoped that using professional curiosity as the angle here would prove to be enough. According to some former employees in her projects, Johnston genuinely enjoys the process of research and not just the perks brought on by the end results. She has published an exceptional amount of case studies, so dangling the carrot of forensic patients no one else has access to just might do the trick.

A bit of reassurance is needed. "You naturally should not make this decision lightly. While legislation concerning medical research data does offer some loopholes for national security reasons, I am not insensitive to the somewhat ambiguous ethical nature of my request. The fact that you have had access to this information and shared your assessment shall not leave this room. Your anonymity will be protected stringently."

Mycroft watches the doctor as the cogs in her head turn and she weighs her options. He has now used all the means at his disposal: carefully portioned intimidation, promise of both prestige and potential financial benefit, seasoned with justice for old wrongs and a guarantee of protection.

"Given the location of this meeting, I know that the British intelligence services are involved," Doctor Johnston reiterates. "I will not participate in anything in violation of the Nuremberg code, nor will I have anything to do with interrogation of suspects. You will need to assure me that the assessment I provide will not be used in Anyway in the subjects’ medical care."

"Of course." He allows himself to look suitably shocked at the very suggestion.

“And if I decide after this first test that I don’t want to continue our association, will I be free to do so?”

He raises a brow. “Within the confines of the Official Secrets Act that you will be obliged to sign, yes.” He sniffs, “I am not attempting to bribe or blackmail you into servitude. Any work opportunity offered shall be considered by you on a case-by-case basis. All this unfortunate cloak-and-dagger
routine is necessary simply because you do not possess the required security clearance yet."

There is little more he can do to placate the psychiatrist's worries. It is now a matter of waiting for her to come to the right conclusion. Normally, a potential asset declining would not be a disaster, but time is of the essence here, and out of the few options, Doctor Johnston has the most to gain, and the best available expertise to provide what he needs. There is a short window of opportunity here to gather conclusive proof that even at his worst, Sherlock will not carry the risks that Eurus does, even on his own outside the grid.

Given the bombshell that Sherlock delivered just days ago about not wanting to return to living with Mycroft, he has been trying to grapple with the consequences. Above all else, he does not want his superiors to use this as an excuse to throw him back into a secure ward as soon as he is seen to be in breach of the Recovery Plan. That would be a disaster. More than ever, Mycroft is now convinced that Sherlock poses no threat to anyone but himself. But his views on the matter will be ignored; he’s not a medical professional, and if the powers that be had a choice, he’d be recused entirely from the matter. But, as Eurus’s sole communication channel, Mycroft knows that he has at least one trump card to play. If he can convince his sister’s keepers that Sherlock’s not a problem to anyone but himself, then he might buy his brother the freedom he says he wants.

Whatever he might hope, Mycroft has no real belief that Sherlock will be able to make it on his own, but his failure when it comes should be a private matter, and not one of concern to those protecting the nation’s security. By getting this woman to produce the report he needs, he just might be able to let Sherlock get this one last chance. And if he is able to show them that Sherlock presents no threat, then Mycroft will also be given some freedom—the opportunity to stop being his brother’s keeper.

Last night, when he consumed half the bottle of champagne before re-corking it, he decided that he is just as much in need of a fresh start as is his baby brother. Oddly, as soon as the shock of Sherlock’s honesty outside the walled garden wore off, Mycroft’s initial despair had turned in a different direction. This meeting is his attempt to sort the problem out, once and for all. If this woman can convince others that Sherlock will never be another Eurus, then perhaps tonight he will have a reason to celebrate with the rest of that bottle.

He watches Johnston's vacillation in the subtle shifting of her expression. Then, she looks up, determined but no longer reluctant. "How much time will I have for comparing the data?"

"I will need the results in one week." He opens a drawer and pulls out a thick folder. Subject Nine. Then, he leans down behind his desk, retrieves an archival box and lifts in onto the table. Subject Sigma.

Sherlock will be discharged a week from now. He needs a margin of time between obtaining the report and that day to convince the powers-that-be – individually at first, if necessary – that the results are enough to ensure Sherlock's freedom even if he immediately disappears off the grid. It will take a few days for non-compliance to become evident, and even longer, he hopes, before there are any serious consequences. In the past, Sherlock has not left rehab and headed straight to the nearest drug dealer.

She nods. “Very well. I’ll do it.”

He smiles, the first genuine emotion that he has let out in the meeting. This is the one thing Sherlock has asked from him, the only thing he seems to want from Mycroft, and even though it may not be the easiest or the safest option, Mycroft cannot help wanting to give it to him: freedom to find his own way, or to perish trying. They both deserve it.
“You may be relieved to know that this session will be different from all the others.”

Sherlock does not hide the quirk of a smile. “Ace up your sleeve or one last throw of the dice…?” he teases.

The day has finally come for his exit session with Smathers. He will never again have to endure the man’s probing, the discussions that provoke his anxieties whilst questioning his motives, and the countless uncomfortable silences that he’s had to endure in this room. Presumably this farewell session will entail Smathers trotting out the traditional bits of advice and stern warnings that Sherlock has heard from each of his previous rehab and outpatient therapists.

All part of the game. He contains the sigh that he’d otherwise let loose. No time for stage fright or last-minute nerves. Even though he has willingly let his guard down with this man before, today needs to go well. This is a command performance that requires the well-rehearsed lines to be said, heard and noted. No need to give fuel to any misgivings that he is not ready for release.

Smathers is looking across the small, round table that sits in the corner of his office. His expression is kindly rather than stern, which Sherlock decides is preferable to the usual sort of disappointment that has characterised the therapists assigned to him in his youth. Smathers takes people at face value, and he’d had no preconceptions about Sherlock before they’d met, because in hindsight it’s obvious that neither Mycroft nor any other family member had gotten to the man before their first meeting. His lack of scepticism towards Sherlock’s abilities to get along with the universe had been a breath of fresh air, even if a bit naive at times.

Sherlock knows that he is not an easy patient; never has been and never will be. Not that he has any intention of ever assuming that role again.

“You’ve been through a discharge before, so I’m not going to repeat the obvious. Or, at least, not go through it all; I want us to concentrate on just a few things. First, discharge isn’t the end of the process; it’s merely the beginning of the next. You have passed the acute phase; that we all agree on, so I hope you can take both comfort and pride in that. But, I need to hear from you where you think you are now and what might happen in the coming weeks.“

Stage direction given, Sherlock finds the lines he knows that he is expected to say. “After acute, comes chronic. I now need to apply what I have learned here to avoid letting things get to me.” Paint by numbers. Jump through the hoops. Then, finally, freedom – whatever that means. Of course he worries how things will turn out and how he’ll be able to cope with it all, but he’s not going to voice these worries. Play it safe to get out.

“It won’t be smooth sailing, Sherlock. You know that. Ups and downs are to be expected, particularly when the environment you will be in is less controlled than it is here. There will be more temptations, and less routine. That can give you less time and incentive to think before you act. That can also undo the realisations that you have come to here. Being an inpatient is stressful because you can't escape the fact of what has happened to you. But being an outpatient is even harder in its own way. Out there, it's easier to pretend none of it ever happened, until the things you've been avoiding come back to haunt you. To prevent that, don't let your guard down. Don't take a holiday from recovery after discharge.”

The little sermon he’s been expecting comes to an end, and he waits for the next thing. Boxes to be ticked. If he could dare be honest, he might have wanted to tell the truth about his plans after discharge, because Smathers might well be the one who could offer something useful regarding that. But honesty is not possible if the boxes need to be ticked.
Smathers gives him an encouraging smile. “We have agreed at these sessions that your attitude has improved while you are here. So, where would you place yourself now, on a scale of one to seven, on how hopeless things are, with one being very negative?” Here Smathers raises an eyebrow, before continuing, “I haven’t had to shake that Pointless Jar at you in a while.”

After his conversation outside the walled garden with Mycroft, Sherlock has been in a much better frame of mind about the future, but he can’t be too jubilant about it or someone will smell a rat. So, he goes for a cautious line. “Five. The jury’s out. I’m not going to say that things won’t improve or that they can’t improve. I’m taking steps to make sure that they are.”

Smathers looks a bit surprised, but pleased. “Good. Glad to hear it. And what about helplessness? Where on the scale would you put yourself now?”

“Seven. I’m fed up with others determining my future. I told Mycroft that.” He leaves out the fact that he’s also told his brother that he won’t be going back to live with him again. That would breach the Recovery Plan, and be a reason to deny his release. It is now up to Mycroft to risk humiliation and scandal, or to respect his wishes for the first time in their lives and to use his considerable influence to make sure Sherlock isn’t dragged back here the minute he fails to adhere to that inane Plan.

Since he is due to walk through the gates late this afternoon, today is the day when Mycroft could make a last-ditch attempt to block his release, so Sherlock is being very, very careful to say all the right things. If he tries to stop him, then Sherlock will simply have the ultimate proof he needs that his brother really isn’t up to being a part of his life after release. There are high stakes here, but he knows he will be the one who comes across as the reasonable one if Mycroft throws a fit at the final moment. He will simply push the Care Team into switching his accommodation after release to one of those wretched half way houses, if he has to.

Smathers gives no indication that Mycroft has been at him. “What about the last of the triad – where would you put yourself if terms of your self-esteem?”

“The same—seven.”

That causes Smathers to raise both his eyebrows. “Why?”

Sherlock stifles a laugh, “Because if I can survive Bedlam, I can survive anything.”

There is something in that reply that first amuses the therapist a bit, but it fades fairly quickly. “Do I take it, then, that you are no longer having any thoughts about not surviving? No suicidal thoughts?”

This time Sherlock lets a little exasperation creep into his reply. “Do I sound like it?”

“No; you don’t. And, I think we're at a point where you might even tell me if you were considering that.”

Sherlock lets that remain rhetorical. He isn't certain if he would. If there was anyone he'd disclose such a thing to, it might just be Smathers, but the whole thing is irrelevant right now. He doesn't feel that way. At the moment.

"But, you know it's my job to ask, and having done that, we can move on.” Smathers reaches over to his desk and picks up a file, which he then slides across the table to Sherlock. “I expect you’ve had one of these before.”

He flips open the manila folder and thumbs quickly through the sheets, nodding. “The usual bumf.”
There is something in his tone of dismissal that clearly pains Smathers. “Been there, done that, have the scars to prove it?” A trace of disappointment is detectable in the tone of his question. “Maybe, if you actually put the tools to work when you leave here, you won’t have to go through this again.”

Sherlock eyes the man. “I am not an idiot. Doctor Barnes has already given me a similarly tedious lecture; I know that ‘seventy five percent of all admissions for an acute depressive episode with psychosis will relapse’; he mimics the psychiatrist’s superior tone of voice perfectly, and is amused to see that Smathers thinks so, too. A bit of bravado and confidence is what these medical professionals want to hear, so he continues, “However, I fully intend being in that twenty five percent who don’t.”

“To help you fulfil that ambition, in the file are my recommendations of therapists in London that I think you would benefit from seeing – not Doctor Barnes’ choices.”

Sherlock is mildly curious to know what the difference between those two groups would be. He’s come to respect Smathers more than he will ever let on, mostly because he clearly gets up the aristocratic nose of his brother; the two have disagreed at Care Team meetings enough to let Sherlock deduce that fact. Mycroft’s fight with Barnes was more evident; he’d disagreed with the lithium and forbidden the ECT, against the doctor’s clear preferences, and even gone through proper channels to push for the psychiatrist to receive an official reprimand. With Smathers, his brother is always more professional, but the disagreement is still evident and Mycroft is obviously frustrated at the man. Sherlock can only suspect that his dislike stems from the facts that Mycroft wants to know details of their sessions and Smathers hasn’t been willing to share. It must annoy him no end that Sherlock is obviously willing to communicate things with the therapist that he refuses to discuss with his brother.

“You know that continuing therapy is a requirement of the Recovery Plan, and a key component of the Home Care Plan. Twenty weeks of follow-up at the minimum, to help you put into practice what you have come to understand while you’ve been here.” Smathers delivers this in a slightly world-weary tone. ”Starting work with a new therapist is exhausting, I know, but I really do think it would do you a world of good. I will be happy to give any of them a call for you if that feels easier.”

Sherlock nods ostentatiously. What Smathers is talking about is part of the post-release parole. Whatever names Smathers has recommended, he knows his brother will have made other plans. Once out of the NHS, he’ll push Sherlock to attend a private therapist who can be counted on to keep him informed of everything. The fact that Smathers has recommended someone means automatic disqualification in Mycroft’s eyes. The Recovery Plan treats him like a prisoner put under house arrest in his brother’s home, required to meet with an outpatient therapist handpicked by Mycroft to be as amenable as possible to reporting everything. Sherlock will be effectively force-fed medications that are prescribed, because they are supposed to reduce the chance of early relapse. No scientific evidence could ever offer conclusive proof on how long he in particular should be on them, so the tapering-off regime will invariably be long. There will be blood tests to enforce compliance.

Of course, once he is out of the door, he has absolutely no intention of complying with any of it. It’s not like he doesn’t know what will happen if he did bother to follow their instructions. On each prior occasion, he’s found the post rehab period to be even worse than being in the clinics, because nothing ever changes. It’s still always him who has to make all the changes and sacrifices – to change his behaviour to match the expectations of others, even acquiesce to doctors trying to change him by fixing his supposed chemical imbalances. Smathers may be right about the need for some medications to contain the psychosis, but he’s never going to let himself fall that far again.

He’s no longer content to be a pawn in other people’s games. It’s the game that has to change; the current rules are wrong. From now on, his future is his responsibility. Not outsourced by his parents to his brother; this time he won’t have a reason to drown his frustration in a sea of cocaine and heroin after having lost the plot and the will to live.
This time he has revealed his poker hand to Mycroft, played the best he could come up with. And he feels exhilarated by the truth he has told. It remains to be seen if Mycroft is willing to play according to his rules, or whether his bluff will be called. If he does try to interfere, then Sherlock will deliver on his threat and then Mycroft will have to deal with the consequential damage to his career.

Smathers’ behaviour says that Mycroft has not yet attempted to stop him; perhaps his paranoia is unjustified. Time will tell.

The game will change, and that's why it's going to be so different this time. He had come to the decision to tell Mycroft the truth because, by saying he won’t be going back to South Eaton Place to live, he is taking control of his own destiny. That is not possible without using anything and everything at his means to force Mycroft to step back. He hated having to threaten Mycroft, but, being looked after, taken care of, forced to perform a structured recovery like some circus animal jumping through hoops — if all that isn’t enough to make him depressed yet again, then he doesn’t know what is.

A thrill of anxiety restarts that muscle twitch in his abdomen. He knows it won’t be easy. But, it has to be better than the alternative written down in his Recovery Plan. Unaware of Sherlock’s thoughts, Smathers continues, “You will also find in there the materials you worked on during the sessions; the mind map, the notebooks, everything that was written. Normally, I’d also include the recordings, but since you refused to give permission for those, I can’t include them. They’re your property now. I recommend that you share them with your next therapist.”

Sherlock extracts the worksheets from the file and pushes them back into the centre of the table. ‘Identifying your irrational rules.’ ‘Breaking the Automatic Thought Cycle’, ‘The SMART Recovery Lifestyle Balance Pie.’ That last once sounds something he could send to Mycroft as a gag Christmas card.

“I don’t need these.”

Smathers inclines his head and gives him a tiny sad smile to hide his dismay. “Why?”

“I have a photographic memory. I’ve read the material in them before, and can recite them chapter and verse.”

“…without ever considering actually doing anything that is on them?”

“That is no longer a matter for you. What happens after my release is not your problem.”

“Fair enough.” Smathers raises his hands in mock surrender. “If I felt you were fully equipped to handle what you are thinking of doing, then I’d shut up now, shake your hand, wish you farewell and good luck, and sign the exit interview sheet before sticking it in the medical record.”

“Sounds like a good idea to me. I’m good to go.”

“Yes, well that’s the problem in a nutshell, isn’t it?”

Sherlock knows that the creases on either side of his eyebrows will have shown his displeasure. He guesses this is when Smathers is finally come out with his dreadfully tedious advice that nearly every medical professional has thrown at him in the past.

“How did you learn to play the violin, Sherlock?”

The non sequitur throws him. “Why?”

“Because no matter how clever you are — and you are that, probably the most intelligent patient I’ve
ever had—you would have had to start as a beginner. Making those horrible screeching noises. Must have really disturbed you, given how sensitive to noises you are.”

It brings back an intense memory. Him, at ten years old having the first lesson with Mummy’s friend in the living room at home. He’d been horrified at how awful it had sounded. Fortunately, he’d managed to learn at what his violin teacher described as a phenomenal rate. After a few months’ practice, he’d found the control to get the violin to produce a tolerable tune. Once he reached that threshold, it was like the brakes were off—he practiced voraciously and demanded more and more lessons. The friend was replaced with a professional teacher qualified at the Guildhall School of Music, and he became obsessed with each new technique until he could master it.

“I managed.”

Smathers shakes his head. “No, you practiced. And you had someone, a teacher who could tell you when you were going wrong, and help you correct things. How many hours have you practiced your violin? Thousands, I am sure. Even here, the music room records show you in there almost every day over the past four months.”

Sherlock shrugs. “So what? Little else to do in this place.”

“The point I am making is that it takes time and effort. Training yourself to cope with the ups and downs is something that needs just as much work as playing the violin, if not more so. None of this,” he gestures to the worksheets, “is something that comes naturally to anyone. Quite possibly, even less so to you.”

“What’s that supposed to mean?” Sherlock is offended that the therapist is somehow implying that his skills at managing himself are even worse than the usual patient. It isn’t like Smathers to say such things, but then again, the man has on occasion caught Sherlock by surprise with his bluntness.

“What do you think it means?”

Smathers is back in his professional role now, using questions to probe Sherlock’s thinking. It is annoying to the extreme that this close to escape, the man is still trying to get him to ad lib. He’s worked hard at learning the scripts to get out of the hospital; he won’t be tempted. He tries to stifle his outrage that somehow his being on the Spectrum is being used to justify treating him as less than everyone else. When Barnes or Mycroft does it, it hurts less because it’s to be expected.

“Have you been listening to my brother? He likes to think of me as dependent, unable to function on my own.”

Smathers shakes his head. “You are clever enough to work your way around most problems, if you can be bothered to do so. It’s the fact that you rarely are so motivated to do so that landed you in here. In our sessions, you’ve said it’s pointless to try, because people expect you to fail, and that it leaves you little reason to be cheerful about the future.” He points back at the file. “In there are ways to break free from that vicious circle, but it won’t happen unless you make a conscious effort. That vicious circle is in your head. It has been reinforced by the words and actions of others, but it won’t be broken until you break it, and doing that requires chipping away at it patiently. Every day. Set aside the same amount of time you practice your violin, and go do some mental practice. You may think the exercises are beneath you—a bit like playing Twinkle, Twinkle, Little Star, or whatever simple tune you started with as a child. But, it is necessary.”

His face must be betraying his doubts about the analogy.

Smathers takes up the challenge. “Sherlock, you trained your mind and body to play the violin; you
have to train your mind and body to keep your mental equilibrium. I’m not saying you will like your new therapist — or even like admitting you may need one — but someone should be on your side the way a violin teacher showed you the way to fix things when your bowing or the position of your arms goes wrong. It’s the same with your mental health.”

Sherlock worries his bottom lip between his teeth, unsure what to say. This isn't offensive enough for him to want to dismiss it, and Smathers is not going through the motions like Barnes had earlier today. Instead, he genuinely seems to want to tell him these things.

"The whole purpose of therapy, all this time, has been to teach you to cope on your own. Dependence on a medical health professional for the rest of your life – or a caretaker – to be able to function has never been on the cards as a goal for you – you would never settle for that."

Sherlock nods. On his terms, or not at all. Isn't that precisely what he had communicated to Mycroft? Smathers has just insisted that he needs a new therapist, isn't he contradicting himself now?

"Not all patients are capable of making use of therapy, which saddens me. You are most certainly not one of them. You've proven your intelligence, your skills at self-reflection and that you can be honest to yourself if need be. Hang onto that honesty, please. Whatever statistics Barnes likes to throw in people's faces, I’ve seen — and so have you — signs of a good prognosis, Sherlock. There will be setbacks, and what I really want you to avoid is taking them as proof of the things you have been led to believe by others about your own abilities through your life. Instead, think back to what you just told me: that you got through this. That is not a small thing at all."

Smathers slides out a seemingly random sheet of paper from the pile he had pushed aside and pushes it in front of him. Sherlock glances at it. It's nothing new, simply a concise list of common depressive thought distortions that Smathers has been going through with him.

Smathers wastes no time in making use of his mild curiosity. "You already know these. Whenever you find something troubling you, something dragging you down, turn those observational and analytical skills of yours to it and tear that obstacle to pieces the way I've taught you."

'All-or-nothing thinking', the sheet says. 'Making overgeneralisations based on a singular negative event resulting in viewing it as a part of an unlucky pattern.' 'A mental filter dismissing positive experiences as coincidences and only negative experiences as meaningful.'

"Turn it over," Smathers says, "I think your favourite is on the opposite side."

'Jumping to conclusions: assuming truth in thought constructs, feelings or beliefs without any concrete evidence to support them, often combined with a diminished sense of proportion.'

"Don’t make assumptions without the requisite data. You will meet people who will not like you, who will not understand you, nor will they care to even try. But, whatever you do, don't go back to believing those people represent the entirety of humanity. That will quickly and efficiently land you back where you started: feeling very isolated, lonely and misunderstood. Sometimes, the fault is with the other person for not seeing you for who you are and not bothering to find out more."

Smathers’ chair creaks as he leans back. Sherlock would have assumed he’d seem at ease and relieved now that he had delivered this lecture to a reticent patient, but it seems that there's more.

"There's one thing I wanted to mention. I won't argue with you on the downsides and the merits of the drugs—"

"Which ones?" Sherlock cuts in sharply. The ones he had chosen for himself, or the collection
Barnes had tried to chemically lobotomise him with?

"Either. In all honesty, I do think they've had a significant, even vital role in making you more functional and helping banish the psychotic component, and I think if you suddenly stop taking the upkeep regime you're still on, then it will pose significant risks. However, you have managed long periods in your life without medications, and frankly, I'd be surprised if you haven’t planned on dropping your prescriptions into the nearest bin when you walk out those gates."

Sherlock suppresses a ghost of a smile.

"Just---" Smathers sighs and shakes his head before meeting his gaze again. "For God's sake, Sherlock, be careful. You can make good choices and you can make bad choices regarding your mental health, and I guarantee that anything you buy off the streets is going to be a bad one in the long run. Please believe me," he pleads, and behind those almost desperate words that sound as though they have been said countless times before, Sherlock hears more than just professional interest. Perhaps the therapist has watched a similar progression in someone close to him. Then again, whoever that person is, they're not Sherlock.

He can control it if he so chooses. If he wants to. Before landing himself here, he'd had no incentive whatsoever to do so. He can face that now, accept the fact that many of his choices before that unfortunate incident on the Tube had been a slow, resigned march towards a death he was beginning to welcome as the best alternative.

He doesn't, not now. And if the drugs start shoving him in the opposite direction, it's not going to happen. Not this time.

They both glance at the wall clock and chuckle after realising that fact. Smathers plants his palms on his knees as if in preparation to get up.

There will be a handshake, some social niceties. Then, it will be over. After this, all Sherlock needs to do is to grit his teeth through the Care Team discharge meeting, which is just a paper signing exercise.

They stand up, but Smathers doesn't offer his hand just yet. "One final assignment. Whether you do it or not is entirely up to you. I will not ask to see it or to discuss it, because it is for you and you only. Not Barnes, not your brother – just you."

Sherlock tries to look disinterestedly neutral. Smathers has an annoying habit to preface difficult things with such introductory speeches.

"I want you to have something you can turn to, if things get bad. A reminder of what you can achieve if you accept the help you're offered – that there's a way forward."

Sherlock's brows climb slightly.

"Write a letter to the Sherlock who was picked up by EMTs on a cold November night in 2007 and taken to A&E. Put it in your file or just memorise it. Teach that Sherlock what you've learned so that he could do things differently the next time he's tempted to take over your life."
A Confession

“Let me confess that we two must be twain… I may not evermore acknowledge thee, lest my bewailed guilt should do thee shame, nor thou with public kindness honour me unless thou take that honour from thy name.”

– William Shakespeare, Sonnet 36

It's the afternoon before his father’s sixty-fifth birthday, and Mycroft reaches an important decision as he sits in the back of the car en route to Surrey. As is customary, he and Sherlock had been invited to the family home for this event. These so-called “big birthdays” of either parent – the ones ending with a zero or a five – invoke a command performance. This one is special, because it also marks his father’s retirement. It's the end of an era and all that, as Mummy had phrased it.

As has also become customary, Sherlock will not be in attendance. Over the past decade many family occasions have passed with Sherlock absent and even Mycroft as well, when duty not suitable for delegation has called. Excuses have been made, lies spun. Everyone knows how much Sherlock hates these rituals anyway; they are exercises in 'pointless sentiment' and thus to be ignored with his usual disdainful dismissal. Christmas is an assault on the senses, Easter pointless to an unbeliever, birthdays an incomprehensible waste of time. Mycroft can appreciate his brother’s point of view, especially since he's aware that family occasions make it hard for Sherlock to keep his darkness at bay, though he may not be very aware of the reasons why. Some of these celebrations he has managed to endure with the help of small, strategic doses of cocaine. Sherlock has always been an irritable quicksilver spectre when visiting Surrey, so the acute effects of having dosed himself had gone completely unnoticed by the Parental Unit. Mycroft, on the other hand, could easily spot the signs and could chart his brother’s state of mind through countless encounters whilst he was high.

Mummy had told Mycroft that they had 'important news' to share. He had naturally deduced the contents of it months ago. Freed from his corporate management role, his father would finally be forced to succumb to Mummy’s desire to take up one last research post at a prestigious American university. They had spent long periods of time there before, but those had always had an expiration date. Now, Mummy would have two years to produce what she was calling her “legacy”– an all-encompassing mathematical theory of combustion, and then she, too, would retire and they would spend time travelling in the American mid-West. Mycroft can predict that the announcement will be made with some trite introduction, such as 'free at last'.

The contrast with Mycroft’s own situation could not be more painfully drawn, especially since he's just returned last night from seeing Eurus. Due to foul weather, the helicopter back was unavailable, so he had been forced to endure a wet, miserable boat ride back to mainland. One would think that over the past decade he would have learned how to survive the seasickness that such a mode of transport induced but no, he had forgotten to pack any medication. It was an uncharacteristic oversight from him. He knows the reason, because it’s the same as always: Sherlock, or rather the lack thereof. He can’t allow Baby Brother to continue to cloud his judgement and to wreck his concentration any more. That realisation was part of why he had come to the decision to stop concealing the truth.

He doesn’t enjoy his visits to Sherrinford – he always comes back disheartened and exhausted, partly
because all his sister ever wants to talk about is Sherlock. The one that got away, the one who survived her wrath, the one who retained his freedom and his life while she remained locked up. Mycroft had been reluctant to feed her fixation, but the powers that be were telling him that he had to get her to work on what was going on in the financial markets. August the 9th had startled everyone, when BNP Paribas announced that it was ceasing activity in three hedge funds that specialised in US sub-prime mortgage debt. They needed her incredible capacity for prediction to know just how bad the effects would be, and in exchange she always demanded information.

Feeding her obsessions is never a good thing, but then again her personality seems to consist largely of them. For the past decade he has been forced to foster her fascinations in return for the work that serves the interests of the state. She likes the problems he sets her, but demands a high price in return for what she grandiosely describes as the only brain in the world capable of understanding how events are all linked into a web of causality that could be predicted with near total confidence. Her track record is impeccable. There was hardly a single international crisis that she had not failed to identify. Tantalisingly, she would only give the final clues just before. “It makes the game more fun,” she had once said.

Fun. Mycroft detested his life’s work being described in such a belittling term. He’d followed his uncle’s guiding hand that had paved his way through Eton and Oxford and then into the intelligence services, always suspecting that he was being groomed for something, but the details of this particular role had only been revealed after he had the requisite security clearance and influence. “She’s your secret weapon, my boy. She will only deal with family. For the good of the nation, it has to be done.” She toys with government and the world economy just as she had toyed with Sherlock.

Yesterday, as usual, she had played tiresome mind games with Mycroft until he finally got her to focus on the problem at hand and finally agreed to give an estimate of the probable scenario about to unfold.

Her answer had shaken Mycroft badly.

"Economic armageddon. Total disaster. There are tens of trillions of dollars’ worth of dodgy derivatives swilling around, and in a matter of weeks those collateralised debt obligations will be worth a whole lot less,” Eurus had announced, smiling with that superior yet somehow snide expression he had come to loathe. “No one will know how bad it is – which institutions are sitting on a pile of paper that is unsellable. So trust will evaporate.” She used her hands to make a gesture like a magician. “Poof – up in smoke. Banks will collapse, economies will tailspin into recession. There’s at least a decade of disaster ahead – could be more, if the right action isn’t taken.”

“How do I know you are telling the truth?” Mycroft had the temerity to ask her for proof, and that’s when she put a sheaf of pages with hand-written pencil equations into the drawer built into the wall separating them.

“They’re in a code you can’t break. I’ll give it to you once you tell me the truth about Sherlock. I’ll know if you’re lying. You know that by now. Don’t even try. Something’s been going on. I can read it on your face, Brother.”

Mycroft had realised he had no option but to tell Eurus about the six-month stint in Bethlem, and about the discharge and the community care plan that Sherlock had proverbially torn up the minute he’d walked out of the hospital grounds. She would know if he left something concealed. What does it matter if she knows? There’s nothing she can do to anyone, not from here. He has always been as economical as possible in sharing information about Sherlock with her – this fixation is unhealthy but then again, concealing information may work the same with her as it does with Sherlock – merely makes them more curious.
After the final Care Team meeting, they had walked to the main gates, Sherlock carrying his meagre collection of belongings in a cheap canvas bag. He had refused Mycroft’s offer to have more of his own things delivered wherever he wanted. “Nice try,” had been the reply.

“Can I at least offer you a ride?” Mycroft had asked, not bothering to mask the defeat in his tone.

“Unlike you, I’m not too pretentious for public transport.”

And that was the last word out of his brother’s mouth. There was nothing Mycroft could do to stop him; he had stood by the main gates and watched Sherlock stride down Monk’s Orchard Road in the general direction of the Eden Park train station. Then he’d gone home and wandered the empty rooms still smelling of fresh paint and wood chips with a glass of whisky in hand.

After hearing this – apart from that last maudlin memory of the day which Mycroft had not shared – Eurus had clapped her hands in delight. “Told you; he’s too clever to be controlled by you. At least one of us has managed to escape your efforts to imprison us. Caring about him is not an advantage, Mycroft.”

She then predicted that this would not end well, but he hardly needed her to tell him that. Sherlock was clearly willing to risk everything and anything to spite those tasked with keeping him safe and happy. That leaves Mycroft caught between a rock and a hard place. He can save humanity from Eurus. He can, in some ways, save Eurus from herself by keeping her locked up in Sherrinford but still able to perform a useful function. As for Sherlock… well, he has certainly tried to protect him from himself.

Doctor Johnston’s skilfully formulated report had brought Sherlock his freedom from the powers that be—at least for now. The comparison with Eurus had been sharp and decisive—a quantum difference in innate levels of intelligence combined with no chance that Sherlock would turn into the psychopathic direction; immense levels of certain emotional processes such as empathy were much too evident in his profile. His superiors had tried to pick holes in the report; they had too many memories of how Eurus had manipulated tests in the past. Still wary, they accepted the premise, but refused to remove Sherlock from the basic watch list, ‘lest he turns his intellect in criminal directions’. This wasn’t ideal, it wasn’t the best possible outcome, but it was good enough for now.

Doctor Johnston had been utterly staggered by the cognitive test results of Subject Sigma, and as Mycroft had predicted, she wanted to meet this patient. He’d fended that off for now; she’d been so easily manipulated by him that he knew she’d be too soft a target for Eurus’s destructive bent. The most recent psychiatrist attempting merely to evaluate her had hung himself, an irony that hit Mycroft hard when he realised that the murder had happened almost at the very moment that Sherlock had been in the Chelsea & Westminster A&E injecting a lethal dose of fentanyl. Eurus had never shown any suicidal intent – she only brought it out in others.

Johnston’s report also showed the progress made by Sherlock during his recovery and the benefits accrued by the sectioning. The brain scans had shown sufficient differences, but it was the therapeutic evidence that proved decisive, and much of the most favourable material regarding this had come from the psychotherapist, Smathers. After their fruitless meeting, Mycroft had been annoyed enough to find a workaround. His notes had been acquired through a rather complicated exchange of favours to complement the research project data, and the therapist himself remains oblivious to this. In contrast, the Sherrinford medical staff have been instructed never again to attempt any form of therapy. Eurus played with her therapists to see how they could be turned into criminals. One had murdered his own elderly, demented parents, to ‘free them from a life of misery’. The latest had committed suicide over his failure to stop his father abusing a cousin. Eurus has honed her skills at destructive manipulation, all in pursuit of something she cannot understand—the emotional context.
of morality. What Sherlock's assigned therapist had noted about his deep dislike of bullies and his deeply ingrained sense of justice was very far from Eurus' worldview.

Smathers' notes had also provided the clues to a mystery that had been bothering Mycroft: before the sectioning, he had dismissed the possibility that the incident with the police Sherlock had somehow gotten involved with had anything to do with the later events that landed him at Bethlem, but the therapist seemed to put quite a lot of significance to it. He had been left with the feeling that his patient had been economical in revealing the details of the incident, but discussing it more thoroughly had somehow led to a significant change in Sherlock’s attitude towards therapy and other aspects of his hospital stay. It is unlikely Sherlock will ever be willing to discuss the incident with Mycroft, which is a pity. He would have been genuinely interested in how that could have driven Sherlock over the edge of a cliff. Maybe it was just the final step in a long journey. When one's mental reserves have already been stretched to the extreme, it probably does not require much for the rope to snap.

The medications were one thing towards which Sherlock’s attitude did not change, and after the disaster of the lithium, Mycroft cannot fault him much. For Eurus, that pharmacological alternative to talking therapy is not even available, because the powers-that-be want her brain to be at their beck and call, operating at maximum capacity, whenever an emergency arises, so it cannot be dulled by drugs that would take weeks to taper off. Mycroft had pondered that fact on his way home, using it to try to keep the contents of his stomach under his control. He’d failed and ended up on his knees holding a disgusting toilet bowl as his lunch threatened a re-appearance. As he tried to keep the expired motion sickness tablets one of the crewmen had finally managed to find for him down, he thought of how drugs could help her. His brother’s sectioning had shown him the power of using drug therapy to increase his functionality to a level where therapy could start to work to re-build his grasp on reality. For the last five years, Eurus had been denied that option. He had wondered if she would ever agree to such a thing.

As the suburbs of south London give way to the leafy green belt, Mycroft contemplates the coming parental celebration. He will need to deal with their frustration and lack of comprehension at yet another absence of Sherlock. He is like Banquo’s ghost, the spectre at the feast, a pall that hangs over every missed family celebration.

When the Johnston report gave Sherlock the freedom to disappear off the radar, Mycroft had thought that he, too, would be free. No longer required to be his brother’s keeper, he should have just stepped back and relaxed.

It had been a foolish thought. He has never stopped looking for Sherlock. There are occasional glimpses of him on CCTV, police reports that are uncomfortable to read. At first, as weeks passed and he did not end back in a place such as Bethlem, Mycroft had hoped that whatever good that place had done to Sherlock would last. Then police report came in: an arrest due to involvement in solicitation and a drug cartel. Now, when the phone rings late at night and Mycroft fumbles for the blackberry, he wonders if it will not be the latest update from the Far Eastern agent looking into the Indonesian election returns, but rather a hospital or police officer.

As the car turns into the drive of the Surrey farmhouse that has been their home since Sherlock was seven, Mycroft knows that there are no guarantees that Sherlock will survive his most recent disappearance. The news could come in at any time. This may yet turn into a wake. He had worked terribly hard to buy Sherlock even this relative freedom – it had not been easy, even with Doctor Johnston's outstanding report stating the differences between Sherlock and Eurus down to a neurochemical level. Still, the powers-that-be had been wary. If Sherlock continues on the criminal path implied in that police report, Mycroft has no doubt that they'll eventually step in. There appear to be only two forks in this road: imprisonment or death.
This will be a day of revelations. Mycroft has decided that it's best to come clean now before he ends up having to do so while looking at his parents across a casket.

He needs to do this so that there will be more time to prepare for the eventual disaster, but most of all, he needs to do this for himself.

It's time to stop.

It's time to stop the lies and the subterfuge and to let nature run whatever course it has planned for his little brother because he can't take responsibility for this anymore. He can't save someone who puts no value at all to any part of his life or his soul.

-o-o-o-o-o-o-o-o-

After the social niceties of family reunions are observed and Mycroft artfully dodges the inevitable question about his brother's whereabouts, he wanders to Sherlock's old room. In search of what, he doesn't know. He doubts this house has ever really felt like a home to either of them.

He quietly closes the door behind him and checks if the cleverly devised hiding place in the old, oak wood bookshelf is still there. It's empty now – a testament to how long it's been since Sherlock has been home. Once, it had held the white powder that has often been Sherlock's best and only friend. Should he have told Mummy about it all back then, regardless of what secrets of his own Sherlock could have slammed on the table in retaliation? Sometimes he thinks of his relationship with his brother as something akin to the MAD doctrine of military strategy – a deterrence, based on mutually assured destruction.

There's a framed poster of the periodic table on the wall, a gift from Father when Sherlock had been accepted into Cambridge to read chemistry. Their father is not a man of science, but in his quiet, unassuming way he has always been supportive of whatever they wanted to do. Perhaps, in Sherlock's case, the turn of phrase would have been what he had pretended to have selected as the path his life would follow.

Curiously enough, Father had been the only one to question why a bright boy such as Mycroft would not want to read law. "Civil service and politics – Mikey, are you sure?" Uncle Rudy had said that he would talk them around, and the man was true to his word. Neither parent ever criticised his choice again, nor did they frown at the personal sacrifices it visibly required of him.

Mummy was, of course, in raptures over Sherlock's scientific pipe dreams. Devising reasons why he hadn't already embarked on a wondrous career in chemistry had been among the hardest lies for Mycroft to create. "He's doing freelance consultant work", "He's acquiring additional training in organic chemistry." "He's travelling." "He's doing some work through my contacts."

What a waste.

Had there only been Eurus, his life would have been so much simpler. At least she stayed in her matchbox. Sherlock was the wild card, the uncontained one, seemingly hell-bent on making sure Mycroft never did get a moment's peace. It wasn't just that constant reassurances and thus surveillance was required to convince others that his little brother was not going down the path taken by his little sister. The part of it all that most hung heavy around his heart was that he was constantly so worried about Sherlock.

It is not fair that their parents have been allowed to spend so many years free of that burden.
He returns to the kitchen. Thankfully, Father is already there, sitting by the Aga with a newspaper in hand. Mummy is making a birthday cake. She is as far from a domestic goddess as can be, but for family celebrations, she goes to whatever lengths she considers necessary to sham a family idyll. Right now, that involves being covered in icing sugar as she tries to make the frosting for the cake.

"Sherlock isn't coming," Mycroft announces.

"I know, dear. He emailed me."

He what?

"Told me work's keeping him busy. I'm glad he keeps finding some." She is now whipping the sugar with butter to get the right consistency. The scraping of the wire balloon against the glass bowl sets Mycroft's teeth on edge.

"Economy's tough," Father says, nodding behind his Times.

Mycroft swallows. "I'm afraid it's more complicated than that."

Mummy looks up, positively conspiratorial. "Is there… someone who's keeping him in London?"

Mycroft wonders if their parents even know Sherlock is gay. That particular secret he's not going to touch right now. That, if anything, is solely Sherlock's business. Were their roles reversed, he doubts Sherlock would practice such restraint. He'd probably announce such a thing even just to perk up a dull mealtime.

"Not as far as I know."

"You look so serious, Mikey," Mummy points out and then goes to rinse sugar from her fingers under the tap. "Has something happened? Sit down for Heaven's sake; you're making me nervous like that."

He doesn't. The impact of what he's about to say will not be diluted by him being seated by a kitchen table.

He shouldn't beat around the bush. In their soon to be very emotionally volatile state, the parents will be able to absorb very little new information. He has to convey the pertinent parts quickly and concisely and try not to think about what this all means in the grander scheme of things.

That he's failed.

That he may have done more harm than good by keeping all this from them.

That, in taking all this on, he's made himself more alone than Sherlock probably ever has been.

That he couldn't save his little br----

To stop that train of thought he blurs out, "Sherlock has been using drugs since the age of sixteen, and instead of working in Singapore this past year, he has spent six months hospitalised due to acute psychosis."

He draws a deep breath and takes the seat he'd been offered earlier.

Mummy has stopped moving, but the tap is still running. There's a slight rustling as Father carefully folds away his newspaper.
"Mycroft Holmes. WHAT in God's name are you talking about?" Mummy practically shrieks.

A shared burden is not a smaller burden. It's only a burden that's yet a little more difficult to control. But, it's out now. Mycroft has no illusions of the responsibility shifting off his shoulders – if anything, the parental unit might now expect him to fix his mistakes by finding Sherlock and dragging him home by his ear. They have a limited grasp of the Mental Health Act of 1983 and an even dimmer understanding of what it is like to try to manage Sherlock. He will not intervene. Sherlock will get exactly what he wants from the three of them, which is nothing at all.

"Where is he?" Mummy demands. "You know where he is, don't you? You always do."

"Alas, no. And this isn’t the first time. There have been many occasions I have not known where he is or what he's doing to support himself. I am not my brother’s keeper, as he continually tells me."

Now that Sherlock is more in his right mind, he has been meticulous in evading even CCTV. The man-hours began stacking up and soon it would have raised the brows of those superiors of his outside the small circle who knew why he kept spending taxpayer money watching over his own flesh and blood. So, a step back had been necessary and logical: surveillance status downgraded.

This could change if the powers-that-be decided that the recent criminal scenario implied by the police report where Sherlock had evaded the watchful eye of British Intelligence is too risky. If they decide on containment, Mycroft cannot interfere.

"Mikey, you do know he's been on medications for a long time? They're prescribed to him, they're not illegal." As usual, Father is miles behind Mummy and wants to believe the best of every person and situation. That naïve optimism that things would magically fix themselves had been disastrous in the wake of the Musgrave blaze.

Something in Mycroft just snaps at this refusal to hear the truth. "He hasn't been taking whatever he was prescribed all those years ago, not since he chose to start self-medicating with cocaine. And heroin. And various other things, depending on what he could get his hands on and what he could afford."

Mummy slams the icing sugar packet onto the old kitchen table, making the cutlery on it rattle. A fork falls on the floor. "I don't know what's going on between the two of you, but this is very childish and you shouldn't try to drag us into it."

"Excuse me?" Mycroft asks. He did expect denial, but it's still irritating.

"You are supposed to be the sensible, truthful one. I would expect him to try to come up with lies about you during a row, but this is new from you, it really is and I'm disappointed."

Father is continuing his reading, obviously having decided that his wife must be right. After all, she's the smart one.

"I am telling the truth and in so doing, I am being sensible, at last. For years, I've been respecting his wishes that the two of you be kept in the dark. I even believed it myself that it was the sensible thing to do. I've given him chance after chance," Mycroft says, trying not to sound as defensive as he feels, “But as they say, you can bring a horse to water—"

Their parents have no idea what the last ten years have been like. What his life is like.

"Mycroft, you know Sherlock – you can’t just order him about. You can’t smooth his path for him or make him see your side of things if he doesn’t want to. He isn’t one of your political pawns to be manoeuvred about. Why on earth didn’t you tell us before now? He’s our son. You had no right…”
Where were you, when he really did need you? Mycroft holds his tongue, lest that anguished question escape. Sherlock had once been close to Mummy, but after Eurus did what she did, that tether was cut. She was so beside herself, so indisposed by her own grief and regret, that she outsourced Sherlock to so-called professionals. It was understandable, of course, on a cerebral level, that a parent who had nearly lost one child in a murder attempt by another would not be capable of caring for a severely traumatised special needs child for some time, but the benign neglect continued, year after year, until Sherlock had become of age. Maybe Mummy didn't understand Sherlock, not really. Perhaps she didn't want to understand that, while her son may have inherited her intelligence, he had also inherited other things, things that make coping with the world with such intelligence a difficult thing. Father looked on, as distant and clueless as ever, well-meaning but passive. He elects to cope by removing himself completely out of the blast zone. Outsiders may think him the strong stoic, but he's just a master of avoidance.

Come to think of it, Sherlock is the perfect blend of the worst of both of his parents.

Mycroft is certain he would have stepped in, even if he had not been tasked with doing so. He had seen the way Sherlock was drifting, lost at the sea of his own head, bereft of memories that could have given him at least some explanation as to why it had all gone to hell. Within the limits others had set, he has always tried to do what he can to help his brother. It is his weakness. When Sherlock had told him that he never wanted to see or speak to him again, Mycroft had realised that duty be damned, he loved Sherlock- it's what made that decision really hurt. Mummy and Father finally need to see what he has done in their stead, to recognise the consequences of their benign neglect. He can't mention Eurus, of course, not ever, but regarding the son who is still alive in their minds, the truth needs to be told. It will lead to nothing good, it will repair nothing, but at least there will finally be honesty. After all, Sherlock himself has always been of the persuasion that the truth is always the best option, up to the point of bashing everyone's heads in with it. Why should their parents escape that truth?

Drawing a deep breath, Mycroft catches his father's eye and holds it. "I've made sure he's been through four different rehabs, none of which have provided lasting results. He has overdosed three times, the last being this past November. He has not worked or studied anything since Cambridge, and he would have been expelled from there, if I hadn't used my connections to stop him from being sent down. I've had to close his access to his trust fund because he was using it to fund his drug habits. In November, after a suicide attempt, he was admitted to an ITU due to sepsis and acute psychosis. Last week he---" Mycroft trails out abruptly, realising there are details that would be cruelty for cruelty's sake. He won't tell them about that latest bit of news – the arrest report for solicitation and obstruction of justice. Sherlock had been released quickly since there had not enough been enough evidence to prosecute, but that's hardly the point.

Father stands up and leaves the room. He doesn't even slam the door because he isn't angry. He simply steps aside, like he always does. He shuts down, waits for others to solve his problems. Bloody typical. He'll brood, then leave it all to his emotionally more skilled wife to deal with. That, or perhaps he has elected not to believe a word of what he's just said. He did that with Eurus, too, at first.

Mummy's shaking a little; she drops the icing-covered palette knife on the table. "Where is he? Where is he, Mycroft?" her tone carries a warning.

"I don't know, not for sure. I haven't known since July."

"How can you just----"

"---march in here and tell you what you should have realised years ago?"
"Why have you not said a word before now?"

"I was respecting his wishes. He's an adult; he's allowed to decide for himself."

"You're not a doctor. Only doctors have to keep their mouths shut if a patient tells them to. You're his brother, for God's sake!"

He hardly needs a reminder of their fraternal relationship – it's the first thing he remembers every morning and the last thing he thinks about before he falls asleep.

He wonders what Sherlock's email had said. It's so much easier to lie in written form. At least Mycroft can congratulate himself at having always had the decency to come down here and lie to their parents face-to-face.

He half expects to be told to go to his room as if he were still a child. It's strange because he can't ever remember being told such a thing. Sherlock, on the other hand…

He looks up from the surface of the table he had been surveying while thinking. Judging by the sight of Mummy, truth has hit home. She is crying now, eyes pinched shut, tears dripping on the table, fingers curled around the edge of the bowl of icing, its sticky contents starting to solidify.

There's something deeply unsettling about seeing a parent cry, but in this house, it was once an all too frequent occurrence. Sometimes, it was the only sound in the house after Eurus had been taken away. Father was off at work, Mummy was beside herself, Sherlock didn't talk, and Mycroft tried to survive the oppressive quiet as best as he could. They'd pulled him out of school for ‘family reasons’ for a time after the fire. Whatever benefit they thought that might bring, Mycroft has never understood. In the end, he'd begged to go back. At school, he had a place, a spot where he belonged, a role he could comprehend. If he had only known that it was all just a rehearsal for a future not of his own choosing…well, it was best not to go there.

“What’s going to happen to him? Will he…” Mummy stops as if finishing the sentence might actually cause a disaster to happen. He dries her eyes on the sleeve of her blouse.

Mycroft shakes his head wearily. “I don’t know, Mummy. I wish I did. It’s up to him. It has become apparent that if he wants to stay clean and make a life for himself, he’s going to have to be the one to do it – to want to do it. No one else can decide for him; he has to want to live, I can’t. I’ve tried, but he doesn’t want my help anymore. Maybe, wherever he is, he will find what he needs to sort himself out.”

Mycroft cannot find it in him to deny her the hope that he no longer carries. Let them fret and worry and fear for a while. He has done enough of that for one lifetime.

“You sound like you’ve given up on him.” Her accusation is clear.

That hurts. The truth often does.
It's a Sunday in late November.

Night frosts have begun, and the few remaining buds of the roses snaking up the trellises lining the courtyard outside the kitchen have begun to look as though they have been piped with a thin layer of icing in the mornings. Sherlock has always insisted they are of the Boursault variety, a nearly extinct type of old garden rose, but Mycroft's gardener had called them Noisette. Either could be mistaken, he decides.

Mycroft has allowed himself the luxury of not setting his alarm for this morning. The week has been unusually slow; not even the Americans had managed do anything interesting abroad due to the McCain-Obama election battle taking up all attention. The financial crisis was being dealt with by others; it was enough that Mycroft kept a close eye on what potential opportunities for regime change it might bring forth within the United Kingdom's interest areas.

He had not had a leisurely Sunday like this in ages. Not since... November of the preceding year?

Communications with his parents have been scarce. Mummy is still reeling from his perceived betrayal, electing to direct her anger towards Mycroft in the absence of the real culprit. She’s in America now in her new job, with Father in tow.

The last Mycroft had seen of Sherlock had been a grainy CCTV image in September. After that, he had delegated all of his remaining Sherlock-related business to Anthea, who had proven her capabilities in handling crises and keeping him well informed. He trusted her as far as any intelligence operative could trust an employee. She would tell him, if there was a significant brotherly development. Mycroft knows that he won’t be the only person such information will be evaluated by; those who worry about Eurus will still worry about Sherlock. Sometimes he wonders if Anthea is sitting on new police reports or NHS records, but to spare himself, he does not ask. 'Death, harm to a third party, departure from the country, incarceration or permanent disability,' he had answered when she had inquired about the parameters of scenarios when he should be alerted.

The banking collapse had brought on more vagrants even to London, but the police have made an admirable effort to keep them out of Belgravia. The occasional ones who approach him at the train stations Mycroft sends on their way with directions to contact social services. He has tried not to imagine where a particular member of London's homeless population might be residing at the moment. Assuming, of course, that's what Sherlock currently is. Without access to funds, and incapable of holding a steady job, how could he have secured housing? There are ways, of course, to obtain sponsorship, but Mycroft has kept himself from delving into the details of such activities even
if that is exactly what that police report had pointed to. Reality, even in its vague and ill-informed state, is quite enough to cause him sleepless nights. This is why he doesn’t want any details from Anthea; no need to fuel any nightmares.

Caring is not an advantage, but not doing so is still proving hard. Perhaps, one day, he will have acquired the habit. The possibility should be consoling, but the notion reeks of betrayal. Still, not his choice.

What is his choice right now is a nice omelette for breakfast. He’s got his weight and his cravings back under control, and he’s stopped smoking. The treadmill exercise is helping. All in all, he’s put these Sherlock-free months to good use, in some respects feeling better than he has for ages. Still, it would be a lie to say that he feels any less burdened.

The doorbell rings just as he is about to flip the tea kettle switch.

He is not expecting anyone, so whoever is at the door will be dealt with swiftly and sent on their way. Thus, it hardly matters what he wears when attending to the visitor. He does tuck the lapels of his Balmain dressing gown tighter around himself to fend off the cold as he walks to the entrance hall.

He opens the front door halfway, frowning at the brisk wind hitting his face. "Yes?" he asks in a carefully curated, disinterested tone.

It is fortunate that he had not chosen a longer greeting, because the last dregs of it would now be dying in his throat as he recognises the visitor.

Sherlock.

He opens his mouth then snaps it shut again, still trying to process what he is seeing.

Sherlock is looking at him with mild alarm now, instead of the positively cheery expression he’d been wearing when he’d opened the door. In that first flash of his face, he’d looked as though ringing this very doorbell was an everyday occurrence – as though they were colleagues or squash partners, or that he’d come to pick Mycroft up for a carpool.

"Morning," Sherlock eventually says. "Not happy to see me?" he offers, and it's only half in jest. He sounds tentative but still slightly sarcastic, and Mycroft half expects him to spread his arms to present himself in a grandiose gesture.

It appears that Sherlock had been anticipating a more welcoming reaction to his sudden arrival.

Mycroft doesn't know what to think. He can't decide on a course of action, until he is offered an explanation as to why this is happening. He was told to disappear from Sherlock's life, never to attempt to meddle in it again. He has adhered to that within the limits of his concealed task to watch over him. He has done his part, so what devilry is this?

Haven’t they done enough damage to one another already? What more does Sherlock want, now?

He does not remove his grip from the door handle, but he does open it a little more to take in the scene better, and quickly checks that that someone else isn't waiting behind the door while Sherlock distracts him.

His brother's hair is slightly longer than he has worn it before, and it looks as though it's been cut by an enthusiastic amateur. Judging by the parts that have not been snipped properly and where the job has been botched the worst, the deduction is clear: he has done it himself. He’s cleanly shaven, and
the ground-in level of grime that Mycroft has come to associate with the homeless is absent. He's wearing a much-battered, dark brown leather coat that is at least one size too big, and its wide belt sits unfastened. Underneath he can spot a green sports jacket and a decent pair of faded jeans with worn but clean leather shoes. The ensemble looks like it belongs to a 1970s university student, and the big picture confirms that he does, indeed, look too properly groomed to be living on the streets.

"It all depends on the circumstances," Mycroft offers.

"Speaking of which," Sherlock quips, and produces from his coat pocket a rolled-up pile of papers which he passes to Mycroft.

He leafs through them, having to grip them tightly as the wind threatens to wrest them away. They are six laboratory printouts from the pathology unit of St Bartholomew's Hospital, taken a week apart from one another. They are narcotics screening tests, all of the results clean. Mycroft can’t help but wonder why a pathology unit? Doesn't that involve a mortuary, dealing only with the dead when conducting drug screens? Surely some other facility handles the samples and results taken from living patients?

Still, this is mildly encouraging, Mycroft concludes at first glance. There is, however, a loophole. "I see they haven't tested for ketamine," he points out.

Sherlock gives him a glare. Something about the gesture, that boyish petulance framed by a head of black curls no brush can entirely tame, tightens a vice around Mycroft's heart.

Sherlock is alive, and he has missed the sight. His survival shouldn't surprise Mycroft, but seeing the proof himself is not the same as operating on the fact that no news must be good news.

Sherlock is coherent. And, apparently, clean. How?

"I never did ketamine, unless it was used to cut something and the seller neglected to mention that little fact," Sherlock reminds him. He makes it sound so normal, as though they are discussing something as mundane as the weather or rugby scores.

The two of them would never discuss rugby scores. If there's one thing they had ever agreed on, it was that team sports were an invention of the devil.

Sherlock has done ketamine, although Mycroft may be the only one with intact memories of the event. He doubts it had been inadvertent. Sherlock always was too curious for his own good, especially when it came to pharmacology.

"And what am I to do with these?" Mycroft raises his hand, still holding the papers. It seems likely that these samples have been taken for some other purpose than to provide him with such data. No, showing them to him is nothing but a nice bonus. What a perfect thing to throw in his face, to prove that his efforts had been useless. That something else or someone else had managed to achieve what he had failed in – turning Sherlock's life around. Is this a final flip of a finger? Would Sherlock be cruel enough to perform such theatrics? Had his crushing statement in the hospital yard not been the killing blow, after all?

Sherlock accepts his precious papers back and sticks them, along with his hands, in his coat pockets. He seems confused by Mycroft's lack of enthusiasm. "I---" he practically stammers.

"What was it then, the incentive which I could never provide? I assume this is why you're here, what you have come to gloat about?" Mycroft asks bitterly. He wants to go back inside, have his tea and try to reason his way out of getting upset over this.
"What?" Sherlock asks, and looks as though he's been slapped.

"It's clear that all my attempts at helping you failed, so pray tell what or who it was that made you succeed, albeit most likely temporarily, to lay off the sauce?" Mycroft rarely uses such colloquialisms with anyone else. They're a language Sherlock understands perfectly and never hesitates to use against his brother to signal his opinion that he thinks Mycroft is a pretentious idiot.

"How is this suddenly about you?" Sherlock asks, his blinking betraying his confusion as though it were Morse code. He no longer sounds imperious.

"That's just it, Sherlock; it has never been about anyone other than you and your drama, so perhaps it's high time we changed that notion. Even though you may not have noticed or cared, your path of destruction has left collateral damage. I spent years protecting Mummy and Father. When you took to the streets straight from Bethlem, I told them everything. Finally, I might add."

For a moment, Sherlock says nothing. It is just as well. He'd told Mycroft that he hardly cared anymore if they knew, so he hardly has grounds to lodge a complaint.

"I never assumed you would keep all that from them forever," Sherlock answers, retreating a single step downwards. Something in him has shifted. Gone is the enthusiasm, the expectant lines in his shoulders. He looks defeated and in retreat.

This conversation can't end like this, Mycroft decides. This is not closure. He steps onto the small terrace separating the front door and the steps, unlocking the door and closing it to ensure the wind doesn't slam it against him or the wall. He leans slightly against the door frame. He's cold, but that's unimportant. He does tuck his hands inside his sleeves like a monk. "Mummy has been worried sick. I lied, saying that I couldn't locate you. I could have. Probably with little effort, even. I thought you'd made your choice."

"It sounds as though the act of telling them everything contained at least an ounce of self-flagellation on your part," Sherlock points out.

Mycroft's lips tighten, and he offers no reply. As always, Sherlock does not shy away from voicing his most insulting observations.

"Anyway, I thought you might want to know how things turned out," Sherlock says in a defeated tone and turns to leave, raising his chin slightly but his shoulders remain slumped down. The posture together with his expression make him look younger than his years.

Every inch that the distance between them grows larger, Mycroft feels as though he's being wrenched apart. He is confounded as to why, until realisation hits: this is the killing blow, but he's the one dealing it.

Sherlock does care. In his anger and disappointment, Mycroft had come to believe he did no such thing. Yet here he is, seeking approval. It is now Mycroft's choice whether these are the last words they will exchange.

He runs down the five steps after his little brother, stopping on the pavement. "I do. Always," he calls out loudly at Sherlock's receding back, not caring if a neighbour happens to hear.

He stops, but does not turn.

"Caring has never been an advantage, but I do not regret doing so," Mycroft pleads with him in a tone he makes no habit of using with anyone else. Ever.
"You contradict yourself," Sherlock says, and turns. "You just told me you gave up," he remarks, but it's a question and judging by his expression, he's genuinely afraid of the answer.

"Sherlock," Mycroft scolds in a tone he had used countless times before. It's a ritual, this laying down the law, and he desperately needs it right now lest he completely lose control over his emotions.

"Goodbye," Sherlock says quietly, but he doesn't turn away and start walking. Instead, he seems to be suspended in expectation. His expression is sceptical – is he expecting more criticism? Is that what he assumes is all Mycroft ever wants to say to him?

"Where did you get those clothes?" Mycroft asks.

"Social services."

Mycroft lets out an incredulous laugh. "You would voluntarily seek aid from Adult Social Care?"

"A DI I met at a crime scene arranged everything. I'm getting a bedsit on Montague Street next week. The DI talked to the landlord. There was a double homicide there a few months back and they've had real trouble finding a new tenant."

Mycroft is not rejoicing over the thought of his brother living in some murder house, but refrains from judgment. "Where are you staying, now?"

Sherlock shrugs. "A halfway house."

"Is that safe?" Mycroft lets the concern he has tried to keep at bay bleed back into his tone. It feels like coming home, letting what he has felt all these terrifying months settle back into place. He worries constantly, because he's the one who is supposed to look after Sherlock. He may have allowed himself an indulgent respite from it all, but this is what he does.

The thought occurs that he's practically jealous that someone else is trying to take his place. Maybe, sometimes, he likes doing things for Sherlock. Who wouldn't enjoy helping someone and seeing positive results, no matter how scarce those have been? Who is this person suddenly micromanaging his brother's life? A policeman?

"Compared to a four-bedroom flat in Belgravia with gilded taps and a panic room, I'm sure it isn't," Sherlock snaps back, but there is no venom in his voice.

"Hold on, you said you met a detective inspector? Of the Scotland Yard variety? Who then arranged all this? That sounds highly irregular. You're not in a ---- relationship, are you?" Mycroft asks. He has to. Someone has to.

Sherlock scoffs. "No, I am not his bloody rent-boy, if that's what your dirty mind has just conjured up. He merely thinks I could make a career out of solving crimes. He'll hire me once I'm clean, he says. Well not hire, but there might be freelance work out of the Met budget. That's why I needed the test results."

Mycroft feels like his head is spinning. "You're not a police officer. Nor are you even eligible to become one. Too extensive a criminal record," he points out.

"Like I said, it's freelance work. And there might be other cases, too, once I establish myself. I'll need an advertisement somewhere, perhaps a website."

"Establish yourself as what? A private eye?"

Mycroth rubs the side of his nose before he catches himself. He furrows his brow at the drizzle that is starting. He'll ruin his leather slippers. "You want to stay clean so you can solve crimes with a detective inspector of the Scotland Yard," he repeats, shaking his head. Out of all possible ideas, he would not have anticipated this. On the other hand, coming from such a strange creature as Sherlock, peculiar ideas are hardly a surprising thing.

He gestures towards the door. "Come in for tea. You can tell me all about this new career of yours." He chuckles a little, feeling positively light-headed with relief that Sherlock hasn't disappeared from his sight. He's still here. He's fine.

Sherlock follows him into the house. Inside, he acts as though he's a visitor, no sign of having lived there for a significant time period. Whatever has happened to him during the past months, Mycroft gets the sense that he isn't the same. Has he hit rock bottom in some other way than the last time, prompting him to choose between life and death? Or, could it be that this apparently motivating career prospect had caught his attention before he managed to get himself killed on the streets or succumbed to psychosis again?

"While I am not generally very impressed by the performance level of the Metropolitan Police Service, surely a Detective Inspector would have little use for an amateur." He glances at Sherlock to make sure this statement hasn't disappointed too much. He feels duty-bound to be the voice of reason, since Sherlock always barges head-first into things that catch his interest without considering all the variables.

His worries are needless. If anything, Sherlock looks mischievous. "Well, he wouldn't be a DI without me. Not that this is about owing me anything. Maybe I simply found something I am good at."

As Mycroft rummages around the neatly ordered kitchen cabinets for whatever food will suit a brunch to supplement that omelette, he makes a mental note to make inquiries as to the identity of this mysterious detective inspector of the Scotland yard, and his interest in Sherlock, who had admitted to receiving significant assistance from the man and vice versa. If nothing else, then at least a thank-you and the passing on of Mycroft's contact details are in order.

"What exactly would this work entail?" Mycroft asks, placing a cup of Prince of Wales tea in front of Sherlock. He hates the bergamot in Earl Grey, preferring unflavoured back tea. Luckily Prince of Wales is what Mycroft prefers in the mornings, as long as the quality is good.

Sherlock unbuttons his dark green corduroy jacket. He's wearing a black dress shirt underneath, the tailoring quality of which is clearly abhorrent. "I visit crime scenes, point out what I can deduce, and help out with the forensics. The post mortems of most Met cases are handled by Barts. Lestrade negotiated me a pass card, so I can use the laboratory facilities. Called in a favour with someone at the medical faculty who co-leases the equipment, since the hospital refused to give me access…"

Mycroth sips his own tea. "Well, if you're starting a new career, we can't have you walking around in hand-me-downs. Once we're finished with breakfast, we'll head to town. I'll call Nick; even though it's a Sunday, I'm sure he could accommodate us."

Sherlock gives him a disapproving look, and Mycroft wonders if he has overstepped a boundary. His need to define the desired limits of Mycroft's assistance has hardly disappeared. Maybe Sherlock wants nothing from his, except for attention, and Mycroft is willing to agree to that.

He's willing to agree to almost anything, as long as it guarantees this is not the last time he sees
Sherlock.

That doesn’t appear to be the plan here, but now that Mycroft has admitted to himself how hellish the months and weeks and days of not knowing, of staying back have been, he desperately wants to avoid making any mistake that would push Sherlock away again.

"I can look after myself," Sherlock says.

Instead of arguing, Mycroft offers a nod. “I’m not suggesting you can’t. But your credibility as a consultant requires a professional appearance.” He may need to learn how to support that notion of Sherlock’s independence, no matter how illusory, if he is to retain a relationship to Sherlock. That much was made clear to him that day when Sherlock told him that their paths were never to cross again. "You could think of it as an early Christmas gift."

Being respectful of boundaries right now doesn't mean that he won’t interfere if things get… bad again. He’s still responsible for Sherlock in many ways, but he's more determined than ever to protect his brother from knowing the full truth of the matter. Eurus has been terribly testy lately, since Mycroft has had very few bargaining chips in the form of information about Sherlock available to ensure her co-operation.

But, if he must choose between losing his connection to Sherlock and angering Eurus, he will gladly let her fume as much as she likes. If this is what Sherlock asks of him as a condition to continued association, this is what he's going to get: Mycroft's willingness to let him try to make it on his own.

He smiles as he takes in the sight of Sherlock taking a bite of toast in his terrifyingly ill-fitting shirt and worn jacket. He does look very different from the early days at Bethlem. Still skinny, still full of that nervous energy that fuels his misadventures, but there’s a slight, healthy tan on his face and he is exhibiting no signs of withdrawal or mental illness. He seems… content in a way Mycroft does not remember observing when he was still living here. The realisation stings but he sidesteps wallowing in such sentiment. That was then, and this is now.

He nods towards the brown leather coat bundled up on the kitchen counter. "The temperature forecast for next week is well below zero. That… thing will not suffice during wintertime. At least let me take you to Mayfair tomorrow to buy you a decent coat, a scarf and gloves. I might even treat myself to a proper umbrella; never quite got used to those ghastly collapsible models."

— 1.4 years later —

— High Security Class IV Facility n:o 8, codename: 'Sherrinford', [precise location and time redacted] —


MH: Afternoon.

E: I can see from here where you’re sitting. This video conference arrangement is ever so ridiculous.
MH: Yet necessary. Your latest stunt has forced us to take these precautions. Really, how you were able to interfere with the Bank of England’s quantitative easing programme through a computer virus has led to a change of heart amongst the powers that be. That’s why you’re in solitary confinement with no physical contact and your computer privileges taken away.

E: Afraid of the Wicked Witch of the East, Brother?

MH: As I have explained numerous times before, this manner of communication is a security precaution, not an evasion. You have proven, yet again, your capabilities in verbal persuasion, and until we can be certain of who you can or can't influence, this system will remain in use.

E: If it's not fear, then look at me. Look at me. Look at me, Mycroft.

MH: Happy now?

E: Not in the slightest, but I can see you are. What’s the cause? A new cabinet minister you can wrap around your finger? A nice little coup that will earn you a special bonus?

[feigned, loud, melodramatic sigh performed by E]

E: Or, could there be romance in the air?

MH: Contrary to what you think, people may find delight in other things than carnal knowledge.

E: Of course it's none of those things; I'm just yanking your chain, tit for tat. It's about him, isn't it? It's plain as day, really, when I look at your face. Something's going on.

MH: I have to remind you that the order still stands: it's fruitless for you to preoccupy yourself with Sherlock, since there will never be any contact between the two of you.

E: I'm perfectly aware I have to make do with you. Now, tell me everything.

MH: I am checking to ensure the data on how to avoid Greece defaulting that I asked for has been received. Without that, you get nothing.

[Video connection terminated by MH]

[MH re-joins the conversation 5 minutes later]

MH: Excellent. Thank you. Now: your payment. You know that he came by the house fourteen months ago, like I told you. I can report that he has since stayed clean and is somewhat self-employed. That's all you get to know.

E: But alone, clearly.

MH: I couldn't tell.

E: Yes, you can. Oh. Oh! So there is someone. Who?

MH: Sherlock has made it very clear that his business is his own. And, the jury is very much out whether this individual will be beneficial to Sherlock's wellbeing in the long run.

E: Is it a very pathetic thing to watch? Are you envious?

MH: He appears quite... enamoured. Judging by his history, I doubt it'll last unless there’s reciprocation, but I am not privy to details. He has made it quite clear my meddling in such matters is
unwelcome.

E: That has never stopped you before. Surely my work is worth more than such a pathetic little morsel? You're being very dismissive.

MH: Towards you or him?

E: Both. Did he hurt you? Can he still do that?

MH: Of course he can.

E: Can he hurt you like that, just by ignoring you?

MH: He's better at hurting me than anyone, including you.

E: Good.

[Video connection terminated by MH]

--- THE END ---

Chapter End Notes

Here ends – and begins – our story. But, this is not quite the end of the series. While the main parts of it are now done, we will be posting three short stories detailing certain key moments in the future, with the aim of answering some of the questions readers are still bound to have. You can expect them approximately once a month.

We have greatly enjoyed the wonderful discussions at the comments section. Thank you, you lovely people. We hope to be reunited with this extraordinary readership for the remaining parts – and for our upcoming solo works, of which there are several in the making.

PS. Readers familiar with "The Breaking Wheel" may have had a sense of déjà vu during this chapter. Sherlock's version of this reunion can be found in TBW chapter nine.

Please drop by the archive and comment to let the author know if you enjoyed their work!