

NIGHT TERRORS

Mark Brandon drifted in and out of consciousness.

The pain wasn't as bad as it had been immediately following the crash. He guessed that the part of his mind that controlled sensation was beginning to shut down, a sure sign he was going into shock.

He wasn't sure how long he had been lying there, either, unable to move.

Or how many more breaths his body would allow him to take.

He did know that he was no longer in the car.

And that the cold was settling in.

It won't be much longer now, he thought. Soon, I'll be at peace, peace from living a nightmare.

And in this realization, Brandon found solace from his private torment.

Soon.

* * *

Those eyes.

Such torment in their depths.

Such fear.

Such desperation.

It's the only thing Lauren Taylor sees of her dream apparition as, arms extended, *he*—her intuition strongly identifies it as being male—blindly searches for a way out of what seems to be impenetrable darkness.

His eyes.

And there's heat, too.

Tremendous heat.

Coming from the stranger?

Or from around him?

Nicole Taylor was awoken from her dream by the insistent bleating of her cell phone. Still, she tried to ignore it, to hold fast to the dream and see it through, something she had been unable to do since she first began experiencing it, two months previous and every night since.

No use, she thought in frustration as the last vestiges of it dissipated.

Groaning, she flipped onto her stomach and fumbled on her nightstand until she found it.

Clarke Memorial Hospital showed up on the small caller ID screen.

"Dr. Taylor . . ."

"Hi Lauren, it's Carmen calling for Martin . . ."

"Martin," known formally as Dr. Martin Wilkes, was Chief of Psychiatric Medicine at Clarke Memorial Hospital; Carmen was his executive assistant.

"Sorry to wake you in the middle of the night, but my roster lists you as the on-call psychiatrist."

"That I am, Carmen, that I am."

"A car wreck victim was brought into the ER around midnight. Some guy who drove head-on into a cement barricade . . . He went through the windshield . . ."

"Ouch!" Lauren exclaimed, as she struggled into a sitting position and ran her fingers through her sleep-matted hair.

"Police report suggests it may have been a botched suicide attempt."

"Is there any evidence to substantiate that?"

"No skid or brake marks at the scene. Apparently, between bouts with unconsciousness, the guy kept ranting about wanting to be left to die."

"Drug and alcohol screens performed?"

"Yes. Both turned up negative."

"What's the patient's condition?"

"Incredibly, his vital signs are stable, but he's sustained some pretty significant head trauma, a fractured wrist, and a compound fracture of the right femur. He's in recovery now. I figured I'd give you enough time to get yourself up and about before seeing him."

"Thanks, Carmen."

"Martin would like you to stop by once you've finished your initial evaluation."

"Of course. What's the patient's name?"

"Brandon. Mark Brandon."

Sighing wearily, Nicole slid from beneath the rumpled bedsheets, unsteadily made her way to the bathroom, and stepped into the shower.

While soothing jet-streams of hot water cascaded over her tall, lithe body, she found her thoughts drifting back to the dream.

Although hard pressed to call it a nightmare, it was far from a calming experience and was not easily forgotten upon waking. In fact, Nicole found herself thinking of the stranger in her dream frequently over the course of the day.

The stranger with those penetrating, steel-blue eyes.

The stranger who is struggling to reach her through the darkness.

The stranger trying to flee from such incredible heat.

And yet she is a helpless observer, incapable of doing anything but watching as he goes through the frantic motions of his own private torment.

To her annoyance, she always awakes before she discovers his fate.

"And I'm certified to treat the mentally and emotionally imbalanced? What a joke!" she said aloud, as she reached for a bar of lavender-scented soap.

But it wasn't a joke—far from it; Nicole Taylor took her profession seriously.

Psychiatry was her lifeblood; she was fascinated by the brain's capacity to alter states of consciousness, intellectual functioning, personality, and behavior.

As with most dedicated clinicians, Nicole wanted to make a difference in the world: to help the mentally and emotionally disturbed.

Possessing a strong, determined mindset, she excelled in her studies, made the Dean's List, and, upon graduating from medical school, began her residency at Clarke Memorial Hospital in her hometown of Hartford, Connecticut.

It was there that she met Martin.

Wilkes had been Nicole's mentor. His patience, kindness, invaluable knowledge, and never failing professionalism were well known and respected throughout the hospital.

Within a year, she was honored with a position on staff.

On staff she was, as well as on display. With her long, shimmering blonde mane, aquamarine colored eyes, and statuesque figure, Nicole Taylor was a striking presence.

Learning from past experience that her beauty could prove to be more a hindrance than an asset in her professional endeavors, she kept potential suitors at bay by exuding an aura of aloofness.

This rigid detachment allowed her to pursue her goals without the risk of emotional burden.

Now, as she turned off the faucet, towed dry, and dressed, her mind became focused on her newest patient.

Mark Brandon.

* * *

Not for the first time upon entering the Intensive Care Unit was Nicole struck with the realization that the beep and hum of electronic monitoring devices had taken the place of human speech. These machines also disguised the fact that many of these patients were more than just asleep, but instead trapped in the darkness of limbo, a darkness from which some failed to awaken.

And yet ICU was, for others, a road to recovery.

She wondered which road Mark Brandon was destined to choose.

As his condition was still considered critical, his hospital bed was positioned directly across from the nurses' station.

The only form of privacy was a sheer curtain that ran along an overhead track and could be pulled across; it was now open, providing her with a full view of her patient's injuries.

Nicole was shocked at what she saw.

Brandon's face was badly bruised and covered with lacerations and abrasions. His eyes were swollen and blood-crusted.

A trail of surgical sutures spanned from his right temple diagonally across an eyebrow, before trailing off into his partially shaven scalp.

"Jesus," she whispered, as her eyes appraised the rest of him.

His right wrist was bandaged. His upper torso was amass with multicolored wire leads connected to a large machine that continuously tracked his vital stats. Intravenous tubes transferred a constant flow of antibiotics, pain killers, and nutrients to his ravaged body.

As he was covered with a sheet, Nicole couldn't see the extent of his injuries below the waist.

Hank, ICU South's male orderly, strode over.

"You're looking at one lucky bastard, Dr. Taylor. PET and MRI scans didn't reveal any severe brain injury. And the rest of him . . . nothing physical therapy and a few metal surgical pins placed here and there can't strengthen."

"What happened to his eyes?"

"Glass slivers from the shattered windshield caused some retinal damage. His eyelids have been sutured to restrict muscle movement and prevent further tissue damage."

"He's not in a coma, is he?"

"Nope, just heavily doped up. How about I page you when he comes to?"

"I'd appreciate that, Hank."

It was then, as she was preparing to leave, that Mark began to mumble.

Nicole leaned close, so close that she felt his warm breath against her cheek.

"Hot . . . so hot! Can't get out!" he whispered in a panicked tone of voice.

Small beads of sweat appeared on his forehead and upper lip.

His uncasted hand began to spasmodically clench and unclench the bedsheets.

"Help me," he whimpered. "Please . . . Help me!"

As suddenly as he began to speak, he quieted.

His tense facial muscles fell slack and he again lapsed into a drug-induced sleep.

He's having a nightmare . . . most probably reliving the car crash, she thought before leaving.

What Nicole didn't know was that the nightmare Brandon was experiencing had nothing to do with his accident.

It had to do with something far more serious.

Something that had plagued his sleeping and waking state for months.

His death.

Or at least, the last moments leading up to it.

And his powerlessness to do anything to prevent it from happening.

* * *

Nicole entered her office and checked her appointment book.

She sighed heavily.

Her first scheduled patient of the morning was a woman named Amelia Bryson.

Amelia had been hospitalized in Clarke Memorial's Psychiatric Wing for the past two weeks as a result of what Nicole believed was a psychotic break with reality caused by the sudden death of her infant daughter from SIDS.

Since her admission, Amelia had run the gamut of emotional realms.

One moment she'd be in her hospital bed cradling an imaginary baby, singing lullabies, and whispering terms of endearment.

The next: she'd surrender to uncontrollable sobbing.

The next: fits of hysteria.

Often she would go into violent rages where danger to not only herself but hospital staff was a significant enough threat for Nicole to prescribe haloperidol, something she only did as a last resort.

In Nicole's opinion, these antipsychotic drugs did nothing more than offer a patient an emotional escape from their pain rather than confronting its cause. In her experience, a dulled mind was more often than not a useless one.

She remembered their first meeting in vivid detail.

"You're not real, you know," Amelia had said, fixing Nicole with such an intense gaze that she had to make a conscious effort to maintain eye contact.

"You're just part of my nightmare," she continued. "All of this is part of my dream state, all warning signs of things to come, unless I can intervene with what fate has planned."

"Fate? Whose fate, Amelia?" Nicole had lightly probed.

"My daughter's."

It was then that her voice had broken and she became highly agitated.

"You see, she's in terrible danger! I must stay awake! Keep watch over her while she sleeps! No one is keeping watch over her!"

The terror in this woman's eyes had been so real, so genuine, that Nicole had found her own reserve beginning to falter.

"You must believe me!" she had pleaded. "I need to get out of here! To be with her! To protect her! Why are they keeping my baby from me?" she had wailed, before acting out so wildly that Nicole had to administer a sedative.

Since then, progress had been extremely slow and painstakingly achieved.

Of this she had spoken at length with Wilkes.

"Amelia Bryson is in denial that anything tragic has yet happened. She adamantly believes that she is still in the warning stages of a nightmare. She's in such a delusional state that she can't distinguish between what is reality and what is mental fabrication. She insists that she can prevent her daughter's death if only she can convince someone, *anyone*, that the danger exists. In her mind, no one is listening, no one wants to help her."

"This is far from an uncommon reaction to a traumatic event," Wilkes had replied. "It's going to take some time for Amelia to accept her daughter's death. Right now, she's dreading events to come, without realizing they've already occurred."

"Yes, that's exactly it."

"Then she's in good hands . . . Yours."

Now glancing at her watch, Nicole quickly entered the nearest stairwell and began the three-floor ascent to the psychiatric ward.

Contrary to the media's often horrific depictions of psychiatric wards, Clarke Memorial's Behavioral Unit was decorated in the same calming pastel hues as the rest of the hospital.

Along with it being clean and orderly, its staff was knowledgeable, highly efficient, and empathetic to each patient's particular needs.

On this sunny spring morning, Nicole found Amelia sitting in a straight-back chair, staring intently at a whitewashed, unadorned wall.

She was a waif of a woman, quite frail in appearance, with disheveled, shaggy black hair, hollow storm-gray eyes, and a sallow complexion.

Over the course of her treatment, Nicole had caught glimpses of her underlying beauty, but it was shadowed by an all-consuming depression.

Tragedy had, indeed, rendered a devastating blow to her spirit.

She appeared to be in an almost catatonic state, but when Nicole addressed her by name, she did respond.

"Hello, Amelia. It's Dr. Taylor. I've come to check in on how you're doing today."

She nodded in a quick, jerky fashion.

"Do you mind if I sit down?"

Again, she responded with a curt shake of her head.

To an untrained professional, these stunted gestures might be perceived as indifference on the patient's part rather than cooperation. Nicole, however, viewed them as encouraging signs that Amelia was interacting, even if only on the minimalist of levels, and that they were getting closer and closer to establishing a strong sense of trust.

She had been around many a mentally traumatized patient whose return to reality was thwarted by emotional obstacles often too debilitating to overcome.

Nicole had no sooner sat down when Amelia turned to her and asked,

"She's dead, isn't she?"

It came out more as a statement than a question, as if she already knew the answer but was compelled to ask it anyway.

For the first time Nicole saw clarity of thought, clarity of emotion in Amelia's eyes.

Thank God, she thought. After denial, comes acceptance, then healing. We can finally begin the coping process.

With the most heartfelt sympathy, Nicole replied,

"Yes, Amelia. I'm sorry."

Nicole saw tears of grief well in her eyes.

"It's my fault, you know."

"No, Amelia. Sudden infant death syndrome occurs from unidentifiable causes."

"You don't understand. I fell asleep, fell asleep when I was supposed to be watching her. Watching that tiny little chest rise and fall, rise and fall. But I was just so tired, so goddamn tired! It had been days since I'd slept. Days since the nightmare had warned me . . ."

"Tell me about the nightmare, Amelia."

She suddenly stiffened.

"I need to sleep, Dr. Taylor."

Knowing that finally coming to terms with the reality of her daughter's death had drained her strength, both emotionally and physically, Nicole nodded in understanding.

"Of course, Amelia. I will visit with you tomorrow. Maybe then we can talk more about the nightmare."

"Maybe, Dr. Taylor, maybe."

Nicole left the bereaved woman to mourn in private.

* * *

Mark Brandon was again the nightmare's captive as he struggled through its overpowering hold on his emotions.

Again he was trapped in a darkness from which there seemed no escape.

Again he felt as he was suffocating in the terror and heat that was of his own imaginary making.

He wanted to scream, to cry out, to release this pent-up fear, but he was rendered mute.

Wake up! His mind screamed. *Just wake up!*

Suddenly, the dream seemed to lessen in its severity. Although it continued to play out, it was now interspersed with unfocused images, images that didn't belong in this nightmare scenario.

And there was light, light where there was once only darkness. It was extremely dim but he could see it.

And he raced toward it.

Toward salvation.

* * *

Within five minutes of receiving the call from the nurses' station that Brandon was conscious, Nicole entered his hospital room.

As she had anticipated, he was in a highly agitated state.

Mindless to the severity of his injuries, he attempted to sit up; that's when the excruciating pain surged through him. He cried out in agony and collapsed onto the mattress.

"What the hell is going on?" he gasped, as he waited for the worst of the pain to abate.

Nodding to Hank that she'd take over from this point, Nicole pulled up a chair beside the bed.

"It's okay, Mr. Brandon."

"It's not okay! Jesus Christ, what the hell happened to me?"

"You were in an accident . . . an automobile accident. You've been unconscious for a few days."

"An accident?" he gasped.

"Do you remember at all the events leading up to your coming here?"

“Where is here?” he asked in a hoarse whisper.
“Clarke Memorial Hospital.”
He frowned.
“My eyes . . . Why can’t I open my eyes?”
“They’re sutured, Mr. Brandon, to prevent you from straining them. They’ve sustained some retinal damage.”
He inhaled sharply.
“There’s no cause for alarm; none of your injuries are permanent or require long-term recovery.”
“You don’t understand . . . I’m useless without them!”
Realizing she might be going a little too fast for her patient, she said,
“Why don’t we backtrack a little, here? I’m Dr. Taylor.”
“Are you my surgeon?”
She hesitated.
“No.”
Tense silence.
“Then *who* are you?”
Here it comes, she thought.
“I’m a psychiatrist.”
He was quiet for a few moments, letting her words sink in.
Finally he said, “I don’t need a shrink.”
Choosing her words carefully, she said,
“Mr. Brandon, there is some question as to your mental state at the time of the accident.”
“My mental health is not an issue.”
“Are you saying that you were not experiencing any emotional distress prior to your accident?”
“And if I said yes?” he asked, strongly emphasizing the word *if*.
“To harbor thoughts of ending your life is serious enough, but to actually put those thoughts into action . . .”
“Dr. Taylor,” a stern voice sounded behind her.
It was Jason Brokeridge, Brandon’s neurosurgeon.
Turning to face him, Nicole could plainly see the anger smoldering in his dark eyes.
Knowing from past experience that if she looked away he would consider it a sign of weakness, she willed her eyes to remain deadlocked on his.
“Dr. Brokeridge . . .”
“How is it that you were notified of my patient’s condition before me?”
“I apologize . . . I . . .”
He rudely cut her off.
“I’d greatly appreciate your holding off evaluating my patient until I’ve determined when Mr. Brandon is up for twenty questions.”

* * *

Nicole plopped into a leather armchair opposite Wilkes' massive mahogany desk.

Knowing from the expression on her face that she was upset, Wilkes removed his glasses, leaned back in his chair, folded his hands across his stomach, and gave her his total attention.

Not for the first time did Nicole marvel at Wilkes' physical presence and how deceiving it must be to people who didn't know him.

He was a tall, handsome, powerfully-built man with a full head of silver-gray hair, a clean-shaven face, and wrinkle-free complexion. It was his eyes, however, that were his most prominent feature: they were an arresting cobalt blue.

He appeared to be more a man in his early fifties rather than someone who, at seventy years of age, was strongly considering retirement within the next two years.

"I think I stepped on a few toes," she finally said.

"How many?"

"Ten."

"Whose?"

"Brokeridge's."

She filled him in on her confrontation with the surgeon.

"Jason Brokeridge is nothing but a pompous ass! You have as much right to be there as he does. You know as well as I that it's always going to be a power struggle with him. Brokeridge thrives on intimidation. With you he's met his match, and that annoys the hell out of him! In fact, I don't think it's too far a stretch to say that he's extremely threatened by you, Nicole.

"What on earth would make you think that?"

"Because you can stand your ground with him, something very few in this hospital are capable of doing."

"Maybe so, Martin, maybe so."

"As far as Brandon is concerned . . . any first impressions?"

"Quite a few, but to sum them up in one word: overwhelmed. I think he's having a hard enough time coming to grips with what has happened to him, without my adding *shrink* to the mix."

"So he was uncooperative?"

"I wouldn't say that. He was . . . guarded."

"That's a totally understandable reaction. Remember, it's important to take into account the myriad of emotions he is experiencing. He's confused, obviously in pain, and, if he did purposely wish himself harm, he surely doesn't want anyone to know about it! It's going to take some time to break down those defensive barriers. He has to learn to trust you, *sight unseen*, if you will. When are you seeing him again?"

"When Brokeridge learns how to share."

"How are your therapy sessions going with Amelia Bryson?"

That's where frustration over her lack of progress with Brandon was replaced with excitement.

“There’s been a significant breakthrough! Amelia’s finally accepted the fact that her daughter is dead, but I think she’s still trying to think of ways to blame herself for not preventing it.”

“What types of ways?”

“I’m not exactly sure yet. She’s still quite resistant. Non-trusting.”

“Time, Dr. Taylor, time does heal all wounds.”

“I hope so, Martin. Amelia’s just such a lost soul. I can’t imagine the magnitude of what she’s going through. To have someone to cherish so dearly only to lose that someone . . . I don’t think I could be that strong, Martin.”

“We can only hope that we are never faced with such tragedy. Remember, the will to survive is the strongest of emotions.”

“Unless you’ve given up hope.”

* * *

Night had fallen by the time Nicole dragged herself away from the office and returned home.

She was filled with nervous energy and couldn’t relax. The disturbing happenings of the day played over and over in her mind, unsettling her all the more.

It wasn’t until well after midnight that she finally succumbed to exhaustion.

And slept.

But even sleep offered no respite from her tormented thoughts.

Soon she was caught up in the dream.

Her dream.

The stranger was still there.

Struggling in the darkness and the heat.

Searching.

But for what?

As always, the dream did not offer any answers.

When morning arrived, Nicole awoke feeling more confused than ever.

* * *

“The coast is clear, Dr. Taylor; Brokeridge has already paid his daily visit.”

Startled, Nicole stared at Brandon. He was sitting upright, his eyes now covered with thick gauze bandages.

“How did you know it was me?”

“Your perfume. You’re wearing the same perfume as the other day.”

“Oh. How perceptive.”

“It’s amazing how all your remaining senses pick up the slack for the one that’s out of commission, my sense of smell especially.”

“I apologize if we got off to an awkward start the other day.”

He shrugged.

"I guess there really isn't any tactful way to approach the subject of one's mental stability, is there?"

"I should have given you more time to adjust to what's physically happened to you. You've been through an extremely traumatic ordeal."

"*Been through* suggests I've survived it. I don't know if that's a totally accurate assumption."

"Your prognosis for a full recovery is excellent, Mr. Brandon."

"Physically, maybe . . . Mentally . . ."

He fell silent. Not wanting to push him, Nicole asked, "Are you up for answering a few questions?"

"Depends on the questions, Dr. Taylor."

"I promise nothing too mind-boggling. We've confirmed that we have the right Mark Brandon under our care from your driver's license and other ID found in your wallet, but that's about the extent of what we know about you."

"What more do you need?"

"Is there anyone we can contact who may be concerned with your being missing for the past few days?"

"I'm pretty much a lone wolf, Dr. Taylor."

"I see."

She waited a few beats before continuing.

"What do you do for a living, Mr. Brandon?"

"How long do I have to be under your care before you can address me by my first name?" he asked, quite unexpectedly out-of-the-blue.

Nicole smiled.

"I leave that up to my patient to decide."

"I'd like for you to call me Mark."

"Okay . . . Mark . . . What is your occupation?"

"I'm a freelance artist. A painter."

That's why he's more concerned with his eyes being injured than the rest of his body, she thought.

"An artist, huh?"

"Yes, I am of the creative sort," he said in an exaggerated, joking fashion.

It was then that he grinned, a gesture so genuine, so downright contagious, that Nicole began to relax.

She was right in apologizing to him. Over the course of less than twenty-four hours, Brandon seemed calmer, more accepting of what had happened to him than when she had first met him.

It was hard to tell what Brandon looked like under all of the bandages.

His hair was thick, black, and wavy.

He possessed a long aquiline nose, full lips, and a strong, clefted chin. All handsome features, but without the eyes to complete the face, Nicole's imagination was still left to wander.

"What's your medium?" she asked.

"Mostly oils, occasionally water colors . . . acrylics."

“What do you paint?”

“Emotion, Dr. Taylor.”

“Emotion?”

“Facial emotion in all its varied expressions.”

“Portrait painting fascinates me in that there are so many dimensions that make up a piece’s depth, its intensity.”

“Kind of like psychiatry, in a way.”

“How so?”

“Whereas in painting, layers are created, in psychiatry, they’re peeled away.”

“But both promote favorable results.”

“Not in all cases.”

“I don’t understand,” she said, shifting in the chair.

“For instance, once those protective layers are peeled away . . . once those emotional defenses that a person has so carefully built around himself no longer exist . . . What if you don’t like what you end up with?”

“The purpose of psychiatry is to enlighten, not dishearten.”

“But what if what’s revealed is so horrible, that a person wants to build up all those layers in an attempt to again conceal the defects?”

“Mark, truth is in the unveiling. Truth of character is based on dissolving any false facades.”

“But then you’re left naked . . . exposed . . . vulnerable.”

“That’s true, but once a patient is aware of his or her suppressed vulnerabilities, new layers can be formed, supportive layers, not defensive ones. The patient becomes more in touch with personal limitations. It’s all a learning process.”

“Is that what you want to do, Dr. Taylor? Strip away my layers, leaving me totally helpless?”

“No Mark, I want to leave you empowered.”

* * *

“Amelia, the last time we met, you spoke of a nightmare . . .”

“Yes. Tell me, Dr. Taylor, do you dream?”

“Everyone dreams, Amelia.”

“But do you dream of things that are better left unspoken?”

“I think that anything that troubles a person in his or her dream state needs to be brought to the surface of conscious thought and dealt with accordingly.”

“What would you think if I told you that I’ve dreamt, every time I’ve slept since the moment of my daughter’s birth, of her death? And that it would be from lack of oxygen? Asphyxiation?”

“It is not unusual for a new mother to have a strong sense of anxiety over the welfare of her newborn.”

“But to dream about one particular cause of death . . . crib death . . . Do you not see any significance in that?”

“SIDS accounts for about 30 percent of infant deaths annually, Amelia.”

“But I could have prevented Madelyn’s.”

It was the first time she had spoken her daughter’s name.

“How?”

“By paying attention to my dreams. By *not falling asleep!*”

“Amelia . . .”

“You don’t believe me, do you? I knew you wouldn’t. You’re just like the others.”

“The others?”

“People who fear what they cannot explain.”

“And what is it that they cannot explain, Amelia?”

“The gift of foresight. The ability to see events, tragic events, long before they actually happen whether through dreamscapes, or visions, or intuition. Premonition has many avenues in which it reveals itself; sometimes, it’s just in snippets . . . smaller pieces of an, as yet, undetermined puzzle. But you have to *believe*. For nonbelievers, the gift is feared because it is beyond reason. They don’t see it for its true potential, its true purpose: to enlighten, to protect, to forewarn.”

“Amelia . . . What you’re telling me is that you believe you possess the ability to dream of tragic events before they occur and, in so doing, may be capable of preventing their outcomes?”

“I *know*, Dr. Taylor. I am in possession of this gift and it has served me well. Until now.”

Suddenly, her pager went off.

She glanced at the location and code displayed on its compact screen.

Trouble in ICU.

Brandon.

Mark Brandon.

* * *

Nicole heard the commotion as soon as the elevator doors opened. She hit the corridor running and was immediately caught up in the swirl of chaotic activity transpiring inside Mark Brandon's hospital room.

“Can’t get out!” she heard a voice shouting—Mark’s.

“It’s too hot! It’s burning me up!”

She stared aghast as on the floor, pinned beneath and mostly shielded from her view by Hank’s massive body, Mark wrestled to free himself. It was no use; in his weakened condition he was no match for the burly orderly.

The room was in shambles: IV lines dangled from bedrails, a service cart was overturned, its supply of fresh bandages, tissues and other items now scattered all over the floor.

“What the hell is going on?” she shouted at the duty nurse.

Visibly shaken by how quickly the situation had gotten out of control, the young woman explained,

"The patient was sleeping comfortably when I checked in on him five minutes ago. Then, he just went off! Ripped the IV from his arm and flung himself over the bedrails! He started tearing the room apart! He's not responding to any verbal commands. It's as if he's in some sort of a trance!"

The word "trance" and its significance when an acting-out episode was involved, made Nicole closely scrutinize her patient.

His head wildly whipped from side to side, spittle flew from his open, gaping mouth, and fresh blood began to soak through the eye bandages.

He was in a tremendous sweat and every breath of air he sucked in was expelled as a choking gasp.

There was doubt in her mind that Mark Brandon was putting up one hell of a fight, but it suddenly became obvious to her that Hank wasn't his intended target.

It was something else he was fighting.

Something no one in that hospital room could see.

Something only he could see.

In his mind.

In his dreams.

That's it! she thought. *He's having a night terror!*

As suddenly as the realization came upon her, Brokeridge appeared in all his pompous, condescending glory.

"Out of the way, please, the patient is having a seizure. He requires sedation."

Before she could object, Brokeridge jabbed the tip of a syringe into Brandon's shoulder and depressed the plunger.

Mark's cry of outrage was quickly silenced by the fast-acting sedative.

Within seconds, he was lying subdued on the floor, barely conscious.

Infuriated by Brokeridge's insensitivity to her patient's condition, Nicole roughly pushed past him to help Hank get Mark back into the hospital bed.

It was then that she finally got a glimpse of his eyes.

Eyes that had been sutured and bandaged for the entire time she had known him.

But no longer.

In the struggle, the bandages had been ripped free.

And he was looking at her.

Directly at her.

Sightlessly, of course; Brokeridge had seen to that with whatever drug he had dosed him with.

Her first reaction was to cry out, her second to reach out to whoever was closest to her: Hank.

She was so shocked by what she saw that she felt weak, faint, and scared.

Very scared.

Those eyes.

Those penetrating, ice-blue eyes.

Oh Jesus, she had seen those eyes before.

Many times.

In her dreams.

* * *

Later, bone weary and emotionally strung out, Nicole wanted to find her own emotional escape from the bizarre happenings that had transpired that day.

When she did finally surrender to fatigue, she again dreamt of the stranger reaching out to her.

But this time when she awoke, his identity was no longer a mystery.

This time, her dream apparition had been revealed.

And it was Mark Brandon.

* * *

THE NEXT MORNING

"You look tired, Nicole," commented Wilkes. "Is your caseload becoming too stressful?"

Looking deeply into her mentor's eyes, Nicole so wanted to confide in him of her dreams and the toll they were taking on her emotional and physical well-being.

But she was afraid.

Afraid of his reaction.

Afraid of him not believing her.

Again, she thought of Amelia Bryson and how she had told her that she was just like the others, the nonbelievers.

I'm going crazy, she thought. I must be going totally out of my mind!

"No, Martin," she finally answered, "I've just hit a few potholes."

"Care to elaborate?"

"There's been a setback with the Bryson case. Amelia's under the strong delusional belief that she can foresee tragic events and, in so doing, can prevent disaster. She insists that she has dreamt of her daughter's death ever since her birth, and by not being able to resist succumbing to exhaustion, in other words sleep, she allowed SIDS to claim her life."

"What's your course of treatment?"

"Intense behavior modification."

"And Brandon?"

She took a deep breath before responding.

"He's experiencing night terrors. On two occasions I've overheard him talking of heat, and of being trapped and in need of someone's help."

"Do you think he's reliving the car accident?"

"It would seem to be a most logical reaction. I'm trying to get hold of the police report to see if the car had caught fire." She then recounted how Brokeridge had sedated Brandon before she could bring him out of the nightmare.

"You're certain it was a night terror and not a seizure? You did say he suffered some brain injury."

"I'm sure, Martin."

And she left it at that.

* * *

THE NEXT MORNING

"What happened to me yesterday?" Mark asked.

"You experienced a night terror. It's when a dream is so overwhelming that the person having it begins to physically act it out without being consciously aware he is doing so."

"Like sleepwalking?" he asked.

"Yes. Has this ever happened to you before?"

"No, never."

He paused for a moment before saying,

"It's getting worse."

"Excuse me? What's getting worse, Mark?"

"Tell me, Dr. Taylor, do you dream?"

His question took her totally off-guard.

Hadn't Amelia Bryson asked me the same damned question the previous day?

What the hell kind of a coincidence was that?

She wished that she could see his eyes, to read his intent, but they had been rebandaged.

"Everyone dreams, Mark."

"But what do you believe is the significance of dreaming?"

Dreams often represent repressed feelings, good or bad, not readily dealt with while conscious."

"What about recurring dreams?"

"Your subconscious' attempt to bring these suppressed emotions to the surface."

"And nightmares? What are they?"

"Signs of inner turmoil not as easily dealt with on either level of consciousness."

He grimaced.

"Dr. Taylor, how would you compare your dream state to your waking one?"

"I'm not quite sure I understand."

"Do you have difficulty distinguishing what is real from what isn't?"

"We're not talking about me, Mark."

"Yes, I understand that . . . Let me put it another way . . . What if you became so preoccupied with a dream that everyday functioning became impaired? Where it affected your ability to concentrate on anything else?"

“Like operating a car, Mark? Is that what you’re trying to tell me? That preoccupation with a dream is the cause of your accident and not a conscious will to do yourself harm?”

He shrugged.

“Do you trust me enough yet, Mark? Do you trust me enough to tell me about the dream?”

“It’s far from a dream, Dr. Taylor. It has become my living nightmare.”

And then he began.

“Dr. Taylor, I’ve been dreaming about my own death for quite some time now.”

His words did not startle her.

“That is not an atypical experience, Mark. Dreaming about one’s demise is often associated with change. Have you experienced any major life shifts recently? The loss of a job? A loved one either to illness or estrangement? A health issue?”

It was as if he hadn’t heard her.

“In my nightmare, I’m trying to find my way through darkness so thick that I can’t see my hands in front of me let alone anything else. And there’s heat— incredible heat—that rapidly depletes my strength and makes breathing difficult. It stops me from moving too far in any direction. It’s like I’m trapped but without any actual tangible constraints.”

This revelation, however, did startle her.

At first, Nicole couldn’t speak.

What he had just revealed to her couldn’t possibly be true.

It’s a coincidence, she thought, nothing more than a coincidence that both of our dreams are similar in content. Shared dreams are not unusual.

She wasn’t sure how long she remained silent, but it must have been long enough for Brandon to become concerned.

“Dr. Taylor? Are you okay?”

Think of something! her mind shouted. *Don’t just sit there gawking at him!*

She finally found her voice.

“It’s quite possible that the darkness symbolizes your lack of direction in life and the heat, your fear of resolving this problem.”

“It can’t be as simple as that. The dream, the *nightmare*, is way too intense. I’m telling you Dr. Taylor, whatever it is out there in the darkness is so much stronger than I could ever imagine!”

“What do you think it is?”

“Fate, and my inability to change it.”

“Fate is something that cannot be predetermined, Mark.”

“Fate is inevitable, Dr. Taylor. Unless I can get to the presence, fate will claim me in what I fear to be a most horrific way!”

His words chilled her.

“The presence?”

“Yes,” he nodded. “The woman. In my nightmare, she’s standing just beyond my reach. She seems unable to move closer to me, or maybe the heat is holding her

back as well. All she can do is wait for me to come to her. I think that she's my lifeline . . . that if I can get to her, I may be able to survive. She's symbolic of hope, Dr. Taylor.

Can you understand now why I might have been so emotionally strung out and physically exhausted to have unintentionally lost control of the car? Can you?"

Oh, she could understand, all right.

Understand all too well.

At that moment, Nicole was fighting within herself for control.

Self-control.

What Mark had just recounted was an exact mirror image of what she had been dreaming for months.

He was telling her his version of it.

To dream the same dream but from different emotional and mental perspectives was far from a coincidence! she thought.

It wasn't possible to impose one's dream scenario on another without them having any prior familiarity with it!

It defied reason!

Her heartbeat raced wildly out of control, resounding so loudly in her ears that she couldn't hear whatever else he was saying.

Panic was also setting in, urging her to run, run as far away from this man who now seemed to pose a viable threat to her own sanity!

But she couldn't.

That was the maddening part.

Not when she had brought her patient this far. Mark was finally opening up to her. In order to treat him to the best of her ability, she would have to distance herself from her own emotions.

Somehow, through all of her confusion and anxiousness, Nicole managed to hold fast to her reserve.

Out of pure emotional willpower, she blocked out the significance of their parallel dreams with any regard to herself, and concentrated solely on its impact to her patient.

"Mark, again . . . there are many components to your dream. There's heat, which could be interpreted as a stressor, quite possibly emotional in content. There's darkness, which could symbolize misdirection. An unreachable female presence: fear of intimacy. You did say you were a lone wolf . . ."

His head was turned toward the sound of her voice.

She noticed that his bottom lip was quivering, his jaw muscles had become taut, and his body had visibly tensed.

"Mark?" she asked.

"You don't believe me, do you, Dr. Taylor?"

She chose her words carefully even though her own thoughts were saying: *Yes! Yes I do!*

"It's not a matter of believing, Mark, it's a matter of putting things into perspective."

Suddenly her pager sounded. She recognized the incoming number all too well: the psychiatric wing.

She had given her staff strict orders not to disturb her when she was in the middle of a session unless it was an emergency.

Fearing that Amelia had taken a turn for the worse, she quickly rose.

“Mark, we’re going to need to stop for today. We’ll pick up this conversation where we left off tomorrow.”

Mark said nothing.

He just sat there facing her, unmoving.

Nicole had the uneasy feeling that if his eyes hadn’t been bandaged, she would have seen incredible hopelessness mirrored in their depths.

* * *

A nurse, appearing quite flustered, met Nicole as she exited the elevator.

“What’s going on?” Nicole asked, as she strode down the hall with the nurse close behind.

“Amelia woke up screaming and thrashing . . . totally uncontrollable. She kept shouting your name! We had to use restraints . . .”

This stopped Nicole in her tracks. She whirled on the woman. There was no concealing the anger in her eyes, or the disapproval in her tone.

“What type of restraints?”

Now, not only did the nurse look flustered, but also afraid. She hesitated before responding in a voice hardly above a whisper,

“Straitjacket.”

“Jesus!” Nicole cursed as she stormed into Amelia’s hospital room.

She gasped in shock at what she found.

Amelia was propped up in bed with the white, coat-like device binding her arms tightly to her body. Large, foam-filled pads had been wedged between her and the guardrails to further restrict movement. Her legs were strapped to the bed mid-thigh and about the ankles with thick elastic bands.

Her head was lolling side to side, eyes downcast. She kept mumbling unintelligible words. Nicole hadn’t seen her this borderline despondent since she was first admitted.

“Amelia!” Nicole spoke in a loud, commanding voice.

Amelia’s head snapped upward; she fixed Nicole with eyes so full of inner torment that her outrage at the barbaric means of restraint was instantly replaced with concern.

She rushed to the bed and began to release the clasps on the straightjacket.

“Look what they’ve done to me, Dr. Taylor . . .” she bemoaned. “They wouldn’t listen to me . . . thought I was having some kind of crazy fit!”

“Shhh . . . It’s okay, Amelia,” she replied, as she eased her fragile form back onto the mattress, stroked her matted hair, and wiped her tear-stained cheeks with a tissue.

“No. You must listen to me.”

“I am listening to you, Amelia.”

“He’s in danger, you know. Terrible danger.”

Instantly, Nicole felt the small hairs at the nape of her neck and on her arms rise to anxious attention. A shiver coursed up and then skittered down her spine.

“Who’s in danger, Amelia?”

“The man in your dream.”

Nicole recoiled as if she had been physically struck.

Tiny beads of perspiration broke out on her skin at the hairline and slid down either sides of her face.

Her hands began to shake so badly that she didn’t dare raise them to wipe away the moisture for fear the rest of the hospital staff would notice.

Her visual perception narrowed so that all she could fixate on were Amelia’s eyes.

They were not the eyes of a madwoman; they were the eyes of a woman in desperate need of understanding.

In that moment, when Amelia’s emotions were so rawly exposed, Nicole found her own fears uncontrollably rising to the surface.

All of her inner defenses tried to mask what she was feeling, but it was no use. Amelia was staring right through her, right through to her soul.

And she could see how greatly her words had affected her.

Look away! Nicole’s mind screamed. *Just look away!*

But she couldn’t.

“You’re afraid for him. I can see it in your eyes,” Amelia stated. “As well you should be. It’s going to happen very soon.”

Somehow, through all of the fear and emotional upheaval, Nicole found her voice.

“What is going to happen?”

“Tragedy.”

A look of incredulity clouded her eyes.

“Amelia . . .”

“This man in your dream . . . he so desperately needs your help. Are you not listening to him either?”

That’s what did it, that’s what sent Nicole reeling backwards with a horrified expression on her face.

But still Amelia was relentless.

Her body jackknifed forward.

Her arms gripped the handrails so tightly that the knuckles on her fingers shone white.

Her neck was stretched so taut that her veins began to bulge and pulse.

It was her eyes, though, those mesmerizing, hypnotic eyes and the fear she saw captured within them, that consumed Nicole with their intensity.

“All of this time you’ve felt powerless to help him because you have not accepted the gift!” she shouted, as spittle flew from her mouth.

At that moment, rational thought as well as behavior disintegrated.
In a blind panic, Nicole raced out of the hospital room, leaving a stunned staff behind.

* * *

Once inside her office, once her safe refuge had been established, Nicole's fear was immediately replaced with anger. Anger at herself.

Never in her professional career had she ever lost control of her emotions in front of a patient.

Never.

As a psychiatrist, her responsibility was to remain in control of a situation. If she felt her frustration was nearing its tolerance point, she was to tactfully remove herself, not run away like she'd just seen a ghost!

God, she thought. How could I have let myself be that vulnerable!

Nicole felt as if all of her efforts at keeping herself emotionally distanced from people, at exuding an unwavering air of detachment, were steadily being dashed by these two patients, and she felt powerless to do nothing more than try to ward off the most damaging of blows.

Bottom line: Nicole Taylor no longer felt in control of her life.

And that's what terrified her the most: anything beyond her control, thus with a propensity to change not only her entire way of thinking but also her life course.

Okay, so I panicked, she thought to herself. It was bound to happen, what with all of the emotional duress I've been under from my dream and trying to treat two patients who've been tormented by their own.

This could merely be transference, a shared psychosis, a false belief gone out of control. The power of suggestion can be incredibly strong, especially when one is in a vulnerable frame of mind.

There has to be a rational explanation how three people, three strangers' lives, could become so inexplicably intertwined.

She locked her office door, cancelled the rest of her appointments for the day, and lay on the couch.

Just take a stress break, she thought. After awhile you'll see things in a totally different perspective.

A rational one.

She hadn't intended to fall asleep, but sleep she did.

* * *

Mark was roughly awoken from sleep by strong hands grabbing him by the shoulders and pulling him into a sitting position.

He groaned in pain.

"There's been an accident, Mr. Brandon," a voice said in an urgent tone.

Hank's voice.

"We need to move all patients to the lobby! Now!"

Mark heard the snip of scissors as the orderly quickly cut away the bandages from his eyes.

“If I can get you to a stairwell, can you make your way down by yourself, Mr. Brandon?”

Mark didn’t have a chance to respond before Hank flung his uncasted arm around his neck, shifted his shoulder under Mark’s armpit to offset the weight, and began to half-drag, half-carry him to the nearest stairwell, explaining as he went,

“There are people in this ward who are bedridden, some in comatose states who need to be carried. Anyone who can move on their own is urged to do so. And quickly.”

Mark heard the squeak of the stairwell door opening.

A burst of hot air wafted over him.

The next thing he knew he was propped up against a wall—it too was hot; he could feel the heat pulsing through his shoulder—and his hand was being pushed downward onto something warm to the touch.

A handrail.

And then he was left alone to fend for himself.

Mark wasn’t sure how long he stood, unmoving, disoriented, in the stairwell before the smell broke through his confusion and got him moving.

The pungent, oppressive smell of smoke.

Something was burning.

Mark felt the first flutter of panic worm its way into his consciousness, but he quickly squelched it.

Trying to open his eyes was painful, not only because the sutures hadn’t fully dissolved, but the bright overhead emergency light was flashing in second intervals within the cramped stairwell, distorting the darkness and not allowing his eyes a chance to adjust.

He decided to feel his way through the dark.

Using his uninjured leg to sweep the area in front of him, Mark searched for the stair’s lip. Poised on its edge and gritting his teeth against the pain, he carefully descended, making sure his foot was firmly planted on the next step before following with the casted one.

And then he descended again.

And again.

And again.

In his weakened state, it took no time at all for him to tire and become short of breath.

And he was sweating.

Sweating profusely.

It seemed that the farther he progressed, the hotter the stairwell became. He felt as if the heat was all around him, coming through the firewalls, bearing down on him from the ceiling, rising up from the floor tiles.

Try as he might to stave off panic, the ever intensifying heat and thickening smoke greatly distorted his sense of perception. So much so that, before long, he had no idea how many steps he had gone or how many landings he had passed.

He knew that he had come across only one door; it had been locked.

It was becoming harder and harder to inhale deeply of untainted air.

Harder and harder to hold precious oxygen in his lungs without succumbing to the incredible urge to cough.

As every second passed, he bravely fought against it.

Don't! his mind screamed. *Don't cough!*

But eventually he couldn't help it.

What was left of his air supply was expelled from his lungs in one violent gasp.

Panicked, he tried to suck as much air back into his lungs as he could, but the noxious fumes seared his throat passages, constricted breathing, and he began to choke.

He tried to shout for help but nothing came out.

In what could only be described as a "death dance," Mark's body began to jerk spasmodically from lack of oxygen.

His equilibrium was the next to betray him.

The stairwell shifted and he found himself falling, falling through the blackness for what seemed an interminably long time before crashing headfirst onto the grated, metal floor.

The last thought Mark Brandon had before losing consciousness was that his worst nightmare had become reality.

* * *

Nicole was dreaming.

Dreaming the dream.

As before, her tormented stranger had taken on Mark Brandon's physical characteristics and the same obstacles—heat and darkness—were wearing him down, fueling his distress.

But that's where the similarities abruptly ceased.

This time as the dream scenario played out, Nicole saw herself more as an active participant rather than an observer, something quite different from being the "outsider looking in" of dreams past.

This time she is running, running as fast as she can, yet despite every muscle in her body working in unison, she's not making any progress.

Something is holding her back.

She is also uncertain whether she is fleeing from danger or intending to meet it head-on.

It's as if the danger she so strongly senses in regards to Brandon's safety has suddenly been transferred to her.

Now it is the oppressive heat and dense fog that distorts her perception of distance and makes her eyes tear and burn.

And there is also something else.
A significant difference to this newest version.
In all others, there is silence; in this one, there is noise.
Lots of noise.
Ear-splitting, bone-jarring noise.

* * *

Nicole awoke to the whoop, whoop, whooping sound of the overhead security system signaling an emergency.

At first she was too stunned to react, until she heard the commotion outside her office door as hospital staff responded to the alert.

She bolted up from the couch and lunged at the door.

Soon, she too became caught up in the undercurrent of barely controlled panic.

As more med students, out-patients, and hospital staff made their way to the ground floor of the Physicians' Office Building, word spread that a fire had erupted in the ICU wing of the main hospital.

Something about a faulty regulator on one of the oxygen cylinders in OR 9 rupturing.

Despite fire and rescue personnel arriving on the scene and containing the rapidly spreading fire within forty-five minutes of the 911 call, there had been reports of loss of life.

Those three letters spoken aloud were what got Nicole moving, and moving fast.

I C U.

Mark Brandon was in ICU.

All rational thought escaped her. Gut instinct and surging adrenaline became her driving forces.

Instead of descending two floors to the main level, she ascended to the fourth floor.

From there, she raced down a long stretch of hallway.

Twice she stumbled and fell.

Twice she picked herself up and forged on.

Oh God . . . Oh God . . . Oh God . . . she thought, *please don't let me be too late!*

As she began to cross the glass-enclosed bridge that separated the medical offices from the hospital ward, she saw the smoke.

It surged toward her like a tidal wave.

She covered her mouth with her hand and kept going.

The entrance to ICU was not thirty yards away.

Suddenly, as she was attempting to open one of the double doors, a fireman grabbed her about the waist and pulled her back into an adjoining corridor.

"What the hell?" he exclaimed. "Are you nuts, Lady? You can't go in there!"

"Let me go! He's in danger! I have to get to him!"

No matter how hard Nicole fought against the firefighter's firm hold, she was no match for him.

He held fast until, exhausted, she crumpled against him and began to cry.

* * *

Later, when they brought the bodies out for identification, Nicole found him.

He was lying atop a stretcher.

When she removed the sheet from his face, she screamed.

His face was a death mask: his mouth was agape in a silent cry for help. And those eyes, those penetrating, ice-blue eyes were staring wildly, still tormented even in death.

Mark Brandon was forever caught in the throes of a nightmare that had been destined from the start to come true.

And it was Nicole who had not heeded its warning signs.

Nicole who would have to live with that realization for the rest of her life.

* * *

Martin Wilkes got the call in the middle of the night.

"She's asking for you, Dr.," his assistant, Carmen, said.

"I'll be right there."

* * *

Wilkes entered Clarke Memorial's psychiatric wing within a half-hour of the phone call and moved quickly toward the room at the end of the hall.

It has been two weeks since the fire.

Two weeks since she had experienced the break.

The psychotic break with reality.

And still there seemed to be no improvement.

Still, she remained huddled in the corner of the padded cell, staring with sightless eyes and a haunted look.

She had become a mere shell of the vibrant woman she had once been.

Except for when she was with him.

He seemed to be the only one she would communicate with.

As always, his heart went out to her.

As soon as he entered the room, she tried to rise up from the floor, but the straightjacket was so cumbersome she couldn't keep her balance.

Sitting back on her haunches with a deep, frustrated sigh, she fixed him with an intense, unwavering stare.

Wilkes knew what she was going to ask before she voiced it; it was the same question she's asked since the fire.

Since her hospitalization.

“Do you dream, Dr. Wilkes?”

His reply never changed.

“Everyone dreams, *Nicole*. Everyone.”

