

APPROPRIATE LOVE

By Greg Egan

'Your husband is going to survive. There's no question about it.'

I closed my eyes for a moment and almost screamed with relief. At some point during the last thirty-nine sleepless hours, the uncertainty had become far worse than the fear, and I'd almost succeeded in convincing myself that when the surgeons had said it was touch and go, they'd meant there was no hope at all.

'However, he is going to need a new body. I don't expect you want to hear another detailed account of his injuries, but there are too many organs damaged, too severely, for individual transplants or repairs to be a viable solution.'

I nodded. I was beginning to like this Mr Allenby, despite the resentment I'd felt when he'd introduced himself: at least he looked me squarely in the eye and made clear, direct statements. Everyone else who'd spoken to me since I'd stepped inside the hospital had hedged their bets; one specialist had handed me a Trauma Analysis Expert System's print-out, with one hundred and thirty-two 'prognostic scenarios' and their respective probabilities.

A new body. That didn't frighten me at all. It sounded so clean, so simple. Individual transplants would have meant cutting Chris open, again and again — each time risking complications, each time subjecting him to a form of assault, however beneficial the intent. For the first few hours, a part of me had clung to the absurd hope that the whole thing had been a mistake; that Chris had walked away from the train wreck, unscratched; that it was someone else in the operating theatre — some thief who had stolen his wallet. After forcing myself to abandon this ludicrous fantasy and accept the truth — that he had been injured, mutilated, almost to the point of death — the prospect of a new body, pristine and whole, seemed an almost equally miraculous reprieve.

Allenby went on, 'Your policy covers that side of things completely; the technicians, the surrogate, the handlers.'

I nodded again, hoping that he wouldn't insist on going into all the details. I knew all the details. They'd grow a clone of Chris, intervening in utero to prevent its brain from developing the capacity to do anything more than sustain life. Once born, the clone would be forced to a premature, but healthy, maturity, by means of a sequence of elaborate biochemical lies, simulating the effects of normal ageing and exercise at a sub-cellular level. Yes, I still had misgivings — about hiring a woman's body, about creating a brain-damaged 'child' — but we'd agonised about these issues when we'd decided to include the expensive technique in our insurance policies. Now was not the time to have second thoughts.

'The new body won't be ready for almost two years. In the mean time, the crucial thing, obviously, is to keep your husband's brain alive. Now, there's no prospect of him regaining consciousness in his present situation, so there's no compelling reason to try to maintain his other organs.'

That jolted me at first — but then I thought: Why not? Why not cut Chris free from the wreck of his body, the way he'd been cut free from the wreck of the train? I'd seen the aftermath of the crash replayed on the waiting room TV: rescue workers slicing away at the metal with their clean blue lasers, surgical and precise. Why not complete the act of liberation? He was his brain — not his crushed limbs, his shattered bones, his bruised and bleeding organs. What better way could there be for him to await the restoration of health, than in a perfect, dreamless sleep, with no risk of pain, unencumbered by the remnants of a body that would ultimately be discarded?

'I should remind you that your policy specifies that the least costly medically sanctioned option will be used for life support while the new body is being grown.'

I almost started to contradict him, but then I remembered: it was the only way that we'd been able to shoehorn the premiums into our budget; the base rate for body replacements was so high that we'd had to compromise on the frills. At the time, Chris had joked, 'I just hope they don't get cryonic storage working in our lifetimes. I don't much fancy you grinning up at me from the freezer, every day for two years.'

'You're saying you want me to keep nothing but his brain alive — because that's the cheapest method?'

Allenby frowned sympathetically. 'I know, it's unpleasant having to think about costs, at a time like this. But I stress that the clause refers to medically sanctioned procedures. We certainly wouldn't insist that you do anything unsafe.'

I nearly said, angrily: You won't insist that I do anything. I didn't, though; I didn't have the energy to make a scene — and it would have been a hollow boast. In theory, the decision would be mine alone. In practice, Global Assurance were paying the bills. They couldn't dictate treatment, directly — but if I couldn't raise the money to bridge the gap, I knew I had no choice but to go along with whatever arrangements they were willing to fund.

I said, 'You'll have to give me some time, to talk to the doctors, to think things over.'

'Yes, of course. Absolutely. I should explain, though, that of all the various options—'

I put up a hand to silence him. 'Please. Do we have to go into this right now? I told you, I need to talk to the doctors. I need to get some sleep. I know: eventually, I'm going to have to come to terms with all the details . . . the different life-support companies, the different services they offer, the different kinds of machines . . . whatever. But it can wait for twelve hours, can't it? Please.'

It wasn't just that I was desperately tired, probably still in shock — and beginning to suspect that I was being railroaded into some off-the-shelf 'package solution' that Allenby had already costed down to the last cent. There was a woman in a white coat standing nearby, glancing our way surreptitiously every few seconds, as if waiting for the conversation to end.

I hadn't seen her before, but that didn't prove that she wasn't part of the team looking after Chris; they'd sent me six different doctors already. If she had news, I wanted to hear it.

Allenby said, 'I'm sorry, but if you could just bear with me for a few more minutes, I really do need to explain something.'

His tone was apologetic, but tenacious. I didn't feel tenacious at all; I felt like I'd been struck all over with a rubber mallet. I didn't trust myself to keep arguing without losing control — and anyway, it seemed like letting him say his piece would be the fastest way to get rid of him. If he snowed me under with details that I wasn't ready to take in, then I'd just switch off, and make him repeat it all later.

I said, 'Go on.'

'Of all the various options, the least costly doesn't involve a life-support machine at all. There's a technique called biological life support that's recently been perfected in Europe. Over a two-year period, it's more economical than other methods by a factor of about twenty. What's more, the risk profile is extremely favourable.'

'Biological life support? I've never even heard of it.'

'Well, yes, it is quite new, but I assure you, it's down to a fine art.'

'Yes, but what is it? What does it actually entail?'

'The brain is kept alive by sharing a second party's blood supply.'

I stared at him. 'What? You mean . . . create some two-headed . . . ?'

After so long without sleep, my sense of reality was already thinly stretched. For a moment, I literally believed that I was dreaming — that I'd fallen asleep on the waiting room couch and dreamed of good news, and now my wish-fulfilling fantasy was decaying into a mocking black farce, to punish me for my ludicrous optimism.

But Allenby didn't whip out a glossy brochure, showing satisfied customers beaming cheek-to-cheek with their hosts. He said, 'No, no, no. Of course not. The brain is removed from the skull completely, and encased in protective membranes, in a fluid-filled sac. And it's sited internally.'

'Internally? Where, internally?'

He hesitated, and stole a glance at the white-coated woman, who was still hovering impatiently nearby. She seemed to take this as some kind of signal, and began to approach us. Allenby, I realised, hadn't meant her to do so, and for a moment he was flustered — but he soon regained his composure, and made the best of the intrusion.

He said, 'Ms Perrini, this is Dr Gail Sumner. Without a doubt, one of this hospital's brightest young gynaecologists.'

Dr Sumner flashed him a gleaming that-will-be-all-thanks smile, then put one hand on my shoulder and started to steer me away.

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I went — electronically — to every bank on the planet, but they all seemed to feed my financial parameters into the same equations, and even at the most punitive interest rates, no one was willing to loan me a tenth of the amount I needed to make up the difference. Biological life support was just so much cheaper than traditional methods.

My younger sister, Debra, said, 'Why not have a total hysterectomy? Slash and burn, yeah! That'd teach the bastards to try colonising your womb!'

Everyone around me was going mad. 'And then what? Chris ends up dead, and I end up mutilated. That's not my idea of victory.'

'You would have made a point.'

'I don't want to make a point.'

'But you don't want to be forced to carry him, do you? Listen: if you hired the right PR people — on a contingency basis — and made the right gestures, you could get seventy, eighty per cent of the public behind you. Organise a boycott. Give this insurance company enough bad publicity, and enough financial pain, and they'll end up paying for whatever you want.'

'No.'

'You can't just think of yourself, Carla. You have to think of all the other women who'll be treated the same way, if you don't put up a fight.'

Maybe she was right — but I knew I couldn't go through with it. I couldn't turn myself into a cause célèbre and battle it out in the media; I just didn't have that kind of strength, that kind of stamina. And I thought: why should I have to? Why should I have to mount some kind of national PR campaign, just to get a simple contract honoured fairly?

I sought legal advice.

'Of course, they can't force you to do it. There are laws against slavery.'

'Yes — but in practice, what's the alternative? What else can I actually do?'

'Let your husband die. Have them switch off the life-support machine he's on at present. That's not illegal. The hospital can, and will, do just that, with or without your consent, the moment they're no longer being paid.'

I'd already been told this half a dozen times, but I still couldn't quite believe it. 'How can it be legal to murder him? It's not even euthanasia — he has every chance of recovering, every chance of leading a perfectly normal life.'

The solicitor shook her head. 'The technology exists to give just about anyone — however sick, however old, however badly injured — a perfectly normal life. But it all costs money. Resources are limited. Even if doctors and medical technicians were compelled to provide their services, free of charge, to whoever demanded them . . . and like I said, there are laws against slavery . . . well, someone, somehow, would still have to miss out.'

The present government sees the market as the best way of determining who that is.'

'Well, I have no intention of letting him die. All I want to do is to keep him on a life-support machine, for two years—'

'You may want it, but I'm afraid you simply can't afford it. Have you thought of hiring someone else to carry him? You're using a surrogate for his new body, why not use one for his brain? It would be expensive — but not as expensive as mechanical means. You might be able to scrape up the difference.'

'There shouldn't be any fucking difference! Surrogates get paid a fortune! What gives Global Assurance the right to use my body for free?'

'Ah. There's a clause in your policy . . .' She tapped a few keys on her work station, and read from the screen: '. . . while in no way devaluing the contribution of the co-signatory as carer, he or she hereby expressly waives all entitlement to remuneration for any such services rendered; furthermore, in all calculations pursuant to paragraph 97 (b) ...'

'I thought that meant that neither of us could expect to get paid for nursing duties if the other spent a day in bed with the flu.'

'I'm afraid the scope is much broader than that. I repeat, they do not have the right to compel you to do anything — but nor do they have any obligation to pay for a surrogate. When they compute the costs for the cheapest way of keeping your husband alive, this provision entitles them to do so on the basis that you could choose to provide him with life support.'

'So ultimately, it's all a matter of . . . accounting?'

'Exactly.'

For a moment, I could think of nothing more to say. I knew I was being screwed, but I seemed to have run out of ways to articulate the fact.

Then it finally occurred to me to ask the most obvious question of all.

'Suppose it had been the other way around. Suppose I'd been on that train, instead of Chris. Would they have paid for a surrogate then — or would they have expected him to carry my brain inside him for two years?'

The solicitor said, poker-faced, 'I really wouldn't like to hazard a guess on that one.'

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Chris was bandaged in places, but most of his body was covered by a myriad of small machines, clinging to his skin like beneficial parasites; feeding him, oxygenating and purifying his blood, dispensing drugs, perhaps even carrying out repairs on broken bones and damaged tissue, if only for the sake of staving off further deterioration. I could see part of his face, including one eye socket — sewn shut — and patches of bruised skin here and there. His right hand was entirely bare; they'd taken off his wedding ring. Both legs had been amputated just below the thighs.

I couldn't get too near; he was enclosed in a sterile plastic tent, about five metres square, a kind of room within a room. A three-clawed nurse stood in one corner, motionless but vigilant — although I couldn't imagine the circumstances where its intervention would have been of more use than that of the smaller robots already in place.

Visiting him was absurd, of course. He was deep in a coma, not even dreaming; I could give him no comfort. I sat there for hours, though, as if I needed to be constantly reminded that his body was injured beyond repair; that he really did need my help, or he would not survive.

Sometimes my hesitancy struck me as so abhorrent that I couldn't believe that I'd not yet signed the forms and begun the preparatory treatment. His life was at stake! How could I think twice? How could I be that selfish? And yet, this guilt itself made me almost as angry and resentful as everything else: the coercion that wasn't quite coercion, the sexual politics that I couldn't quite bring myself to confront.

To refuse, to let him die, was unthinkable. And yet . . . would I have carried the brain of a total stranger? No. Letting a stranger die wasn't unthinkable at all. Would I have done it for a casual acquaintance? No. A close friend? For some, perhaps — but not for others.

So, just how much did I love him? Enough?

Of course!

Why 'of course'?

It was a matter of . . . loyalty? That wasn't the word; it smacked too much of some kind of unwritten contractual obligation, some notion of 'duty', as pernicious and idiotic as patriotism. Well, 'duty' could go fuck itself; that wasn't it at all.

Why, then? Why was he special? What made him different from the closest friend?

I had no answer, no right words — just a rush of emotion-charged images of Chris. So I told myself: now is not the time to analyse it, to dissect it. I don't need an answer; I know what I feel.

I lurched between despising myself, for entertaining — however theoretically — the possibility of letting him die, and despising the fact that I was being bullied into doing something with my body that I did not want to do. The solution, of course, would have been to do neither — but what did I expect? Some rich benefactor to step out from behind a curtain and make the dilemma vanish?

I'd seen a documentary, a week before the crash, showing some of the hundreds of thousands of men and women in central Africa, who spent their whole lives nursing dying relatives, simply because they couldn't afford the AIDS drugs that had virtually wiped out the disease in wealthier countries, twenty years before. If they could have saved the lives of their loved ones by the minuscule 'sacrifice' of carrying an extra kilogram and a half for two years . . .

In the end, I gave up trying to reconcile all the contradictions. I had a right to feel angry and cheated and resentful — but the fact remained that I wanted Chris to live. If I wasn't going to be manipulated, it had to work both ways; reacting blindly against the way I'd been treated would have been no less stupid and dishonest than the most supine cooperation.

It occurred to me — belatedly — that Global Assurance might not have been entirely artless in the way they'd antagonised me. After all, if I let Chris die, they'd be spared not just the meagre cost of biological life support, with the womb thrown in rent-free, but the whole expensive business of the replacement body as well. A little calculated crassness, a little reverse psychology . . .

The only way to keep my sanity was to transcend all this bullshit; to declare Global Assurance and their machinations irrelevant; to carry his brain — not because I'd been coerced; not because I felt guilty, or obliged; not to prove that I couldn't be manipulated — but for the simple, reason that I loved him enough to want to save his life.

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They injected me with a gene-tailed blastocyst, a cluster of cells which implanted in the uterine wall and fooled my body into thinking that I was pregnant.

Fooled? My periods ceased. I suffered morning sickness, anaemia, immune suppression, hunger pangs. The pseudo-embryo grew at a literally dizzying rate, much faster than any child, rapidly forming the protective membranes and amniotic sac, and creating a placental blood supply that would eventually have the capacity to sustain an oxygen-hungry brain.

I'd planned to work on as if nothing special was happening, but I soon discovered that I couldn't; I was just too sick, and too exhausted, to function normally. In five weeks, the thing inside me would grow to the size that a foetus would have taken five months to reach. I swallowed a fistful of dietary supplement capsules with every meal, but I was still too lethargic to do much more than sit around the flat, making desultory attempts to stave off boredom with books and junk TV. I vomited once or twice a day, urinated three or four times a night. All of which was bad enough — but I'm sure I felt far more miserable than these symptoms alone could have made me.

Perhaps half the problem was the lack of any simple way of thinking about what was happening to me. Apart from the actual structure of the 'embryo', I was pregnant- in every biochemical and physiological sense of the word — but I could hardly let myself go along with the deception. Even half pretending that the mass of amorphous tissue in my womb was a child would have been setting myself up for a complete emotional meltdown. But — what was it, then? A tumour? That was closer to the truth, but it wasn't exactly the kind of substitute image I needed.

Of course, intellectually, I knew precisely what was inside me, and precisely what would become of it. I was not pregnant with a child who was destined to be ripped out of my womb to make way for my husband's brain. I did not

have a vampiric tumour that would keep on growing until it drained so much blood from me that I'd be too weak to move. I was carrying a benign growth, a tool designed for a specific task — a task that I'd decided to accept.

So why did I feel perpetually confused, and depressed — and at times, so desperate that I fantasised about suicide and miscarriage, about slashing myself open, or throwing myself down the stairs? I was tired, I was nauseous, I didn't expect to be dancing for joy — but why was I so fucking unhappy that I couldn't stop thinking of death?

I could have recited some kind of explanatory mantra: I'm doing this for Chris. I'm doing this for Chris.

I didn't, though. I already resented him enough; I didn't want to end up hating him.

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Early in the sixth week, an ultrasound scan showed that the amniotic sac had reached the necessary size, and Doppler analysis of the blood flow confirmed that it, too, was on target. I went into hospital for the substitution.

I could have paid Chris one final visit, but I stayed away. I didn't want to dwell upon the mechanics of what lay ahead.

Dr Sumner said, 'There's nothing to worry about. Foetal surgery far more complex than this is routine.'

I said, through gritted teeth, 'This isn't foetal surgery.'

She said, 'Well . . . no.' As if the news were a revelation.

When I woke after the operation, I felt sicker than ever. I rested one hand on my belly; the wound was clean and numb, the stitches hidden. I'd been told that there wouldn't even be a scar.

I thought: He's inside me. They can't hurt him now. I've won that much.

I closed my eyes. I had no trouble imagining Chris, the way he'd been — the way he would be, again. I drifted halfway back to sleep, shamelessly dredging up images of all the happiest times we'd had. I'd never indulged in sentimental reveries before — it wasn't my style, I hated living in the past — but any trick that sustained me was welcome now. I let myself hear his voice, see his face, feel his touch—

His body, of course, was dead now. Irreversibly dead. I opened my eyes and looked down at the bulge in my abdomen, and pictured what it contained: a lump of meat from his corpse. A lump of grey meat, torn from the skull of his corpse.

I'd fasted for surgery, my stomach was empty, I had nothing to throw up. I lay there for hours, wiping sweat off my face with a corner of the sheet, trying to stop shaking.

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In terms of bulk, I was five months pregnant.

In terms of weight, seven months.

For two years.

If Kafka had been a woman . . .

I didn't grow used to it, but I did learn to cope. There were ways to sleep, ways to sit, ways to move that were easier than others. I was tired all day long, but there were times when I had enough energy to feel almost normal again, and I made good use of them. I worked hard, and I didn't fall behind. The Department was launching a new blitz on corporate tax evasion; I threw myself into it with more zeal than I'd ever felt before. My enthusiasm was artificial, but that wasn't the point; I needed the momentum to carry me through.

On good days, I felt optimistic: weary, as always, but triumphantly persistent. On bad days, I thought: You bastards, you think this will make me hate him? It's you I'll resent, you I'll despise. On bad days, I made plans for Global Assurance. I hadn't been ready to fight them before, but when Chris was safe, and my strength had returned, I'd find a way to hurt them.

The reactions of my colleagues were mixed. Some were admiring. Some thought I'd let myself be exploited. Some were simply revolted by the thought of a human brain floating in my womb — and to challenge my own squeamishness, I confronted these people as often as I could.

'Go on, touch it,' I said. 'It won't bite. It won't even kick.'

There was a brain in my womb, pale and convoluted. So what? I had an equally unappealing object in my own skull. In fact, my whole body was full of repulsive-looking offal — a fact which had never bothered me before.

So I conquered my visceral reactions to the organ per se — but thinking about Chris himself remained a difficult balancing act.

I resisted the insidious temptation to delude myself that I might be 'in touch' with him — by 'telepathy', through the bloodstream, by any means at all. Maybe pregnant mothers had some genuine empathy with their unborn children; I'd never been pregnant, it wasn't for me to judge. Certainly, a child in the womb could hear its mother's voice — but a comatose brain, devoid of sense organs, was a different matter entirely. At best — or worst — perhaps certain hormones in my blood crossed the placenta and had some limited effect on his condition.

On his mood?

He was in a coma, he had no mood.

In fact, it was easiest, and safest, not to think of him as even being located inside me, let alone experiencing anything there. I was carrying a part of him; the surrogate mother of his clone was carrying another. Only

when the two were united would he truly exist again; for now, he was in limbo, neither dead nor alive.

This pragmatic approach worked, most of the time. Of course, there were moments when I suffered a kind of panic at the renewed realization of the bizarre nature of what I'd done. Sometimes I'd wake from nightmares, believing — for a second or two — that Chris was dead and his spirit had possessed me; or that his brain had sent forth nerves into my body and taken control of my limbs; or that he was fully conscious, and going insane from loneliness and sensory deprivation. But I wasn't possessed, my limbs still obeyed me, and every month a PET scan and a 'uterine EEC proved that he was still comatose — undamaged, but mentally inert.

In fact, the dreams I hated the most were those in which I was carrying a child. I'd wake from these with one hand on my belly, rapturously contemplating the miracle of the new life growing inside me — until I came to my senses and dragged myself angrily out of bed. I'd start the morning in the foulest of moods, grinding my teeth as I pissed, banging plates at the breakfast table, screaming insults at no one in particular while I dressed. Lucky I was living alone.

I couldn't really blame my poor besieged body for trying, though. My oversized, marathon pregnancy dragged on and on; no wonder it tried to compensate me for the inconvenience with some stiff medicinal doses of maternal love. How ungrateful my rejection must have seemed; how baffling to find its images and sentiments rejected as inappropriate.

So ... I trampled on Death, and I trampled on Motherhood. Well, hallelujah. If sacrifices had to be made, what better victims could there have been than those two emotional slave-drivers? And it was easy, really; logic was on my side, with a vengeance. Chris was not dead; I had no reason to mourn him, whatever had become of the body I'd known. And the thing in my womb was not a child; permitting a disembodied brain to be the object of motherly love would have been simply farcical.

We think of our lives as circumscribed by cultural and biological taboos, but if people really want to break them, they always seem to find a way. Human beings are capable of anything: torture, genocide, cannibalism, rape. After which — or so I'd heard — most can still be kind to children and animals, be moved to tears by music, and generally behave as if all their emotional faculties are intact.

So, what reason did I have to fear that my own minor — and utterly selfless — transgressions could do me any harm at all?

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I never met the new body's surrogate mother, I never saw the clone as a child. I did wonder, though — once I knew that the thing had been born — whether or not she'd found her 'normal' pregnancy as distressing as I'd found mine. Which is easier, I wondered: carrying a brain-damaged child-shaped object, with no potential for human thought, grown from a stranger's DNA — or carrying the sleeping brain of your lover? Which is the harder to keep from loving in inappropriate ways?

At the start, I'd hoped to be able to blur all the details in my mind — I'd wanted to be able to wake one morning and pretend that Chris had merely been sick, and was now recovered. Over the months, though, I'd come to realise that it was never going to work that way.

When they took out the brain, I should have felt — at the very least — relieved, but I just felt numb, and vaguely disbelieving. The ordeal had gone on for so long; it couldn't be over with so little fuss: no trauma, no ceremony. I'd had surreal dreams of laboriously, but triumphantly, giving birth to a healthy pink brain — but even if I'd wanted that (and no doubt the process could have been induced), the organ was too delicate to pass safely through the vagina. This 'Caesarean' removal was just one more blow to my biological expectations; a good thing, of course, in the long run, since my biological expectations could never be fulfilled . . . but I still couldn't help feeling slightly cheated.

So I waited, in a daze, for the proof that it had all been worthwhile.

The brain couldn't simply be transplanted into the clone, like a heart or a kidney. The peripheral nervous system of the new body wasn't identical to that of the old one; identical genes weren't sufficient to ensure that. Also — despite drugs to limit the effect — parts of Chris's brain had atrophied slightly from disuse. So, rather than splicing nerves directly between the imperfectly matched brain and body — which probably would have left him paralysed, deaf, dumb and blind — the impulses would be routed through a computerised 'interface', which would try to sort out the discrepancies. Chris would still have to be rehabilitated, but the computer would speed up the process enormously, constantly striving to bridge the gap between thought and action, between reality and perception.

The first time they let me see him, I didn't recognise him at all. His face was slack, his eyes unfocused; he looked like a large, neurologically impaired child — which, of course, he was. I felt a mild twinge of revulsion. The man I'd seen after the train wreck, swarming with medical robots, had looked far more human, far more whole.

I said, 'Hello. It's me.'

He stared into space.

The technician said, 'It's early days.'

She was right. In the weeks that followed, his progress (or the computer's) was astounding. His posture and expression soon lost their disconcerting neutrality, and the first helpless twitches rapidly gave way to coordinated movement; weak and clumsy, but encouraging. He couldn't talk, but he could meet my eyes, he could squeeze my hand.

He was in there, he was back, there was no doubt about that.

I worried about his silence — but I discovered later that he'd deliberately spared me his early, faltering attempts at speech.

One evening in the fifth week of his new life, when I came into the room and sat down beside the bed, he turned to me and said clearly, 'They told

me what you did. Oh God, Carla, I love you!’

His eyes filled with tears. I bent over and embraced him; it seemed like the right thing to do. And I cried, too — but even as I did so, I couldn’t help thinking: None of this can really touch me. It’s just one more trick of the body, and I’m immune to all that now.

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We made love on the third night he spent at home. I’d expected it to be difficult, a massive psychological hurdle for both of us, but that wasn’t the case at all. And after everything we’d come through, why should it have been? I don’t know what I’d feared; some poor misguided avatar of the Incest Taboo, crashing through the bedroom window at the critical moment, spurred on by the ghost of a discredited nineteenth-century misogynist?

I suffered no delusion at any level — from the merely subconscious, right down to the endocrine — that Chris was my son. Whatever effects two years of placental hormones might have had on me, whatever behavioural programs they ‘ought’ to have triggered, I’d apparently gained the strength and the insight to undermine completely.

True, his skin was soft and unweathered, and devoid of the scars of a decade of hacking off facial hair. He might have passed for a sixteen-year-old, but I felt no qualms about that — any middle-aged man who was rich enough and vain enough could have looked the same.

And when he put his tongue to my breasts, I did not lactate.

We soon started visiting friends; they were tactful, and Chris was glad of that — although personally, I’d have happily discussed any aspect of the procedure. Six months later, he was working again; his old job had been taken, but a new firm was recruiting (and they wanted a youthful image).

Piece by piece, our lives were reassembled.

Nobody, looking at us now, would think that anything had changed.

But they’d be wrong.

To love a brain as if it were a child would be ludicrous. Geese might be stupid enough to treat the first animal they see upon hatching as their mother, but there are limits to what a sane human being will swallow. So, reason triumphed over instinct, and I conquered my inappropriate love; under the circumstances, there was never really any contest.

Having deconstructed one form of enslavement, though, I find it all too easy to repeat the process, to recognise the very same chains in another guise.

Everything special I once felt for Chris is transparent to me now. I still feel genuine friendship for him, I still feel desire, but there used to be something more. If there hadn’t been, I doubt he’d be alive today.

Oh, the signals keep coming through; some part of my brain still pumps out cues for appropriate feelings of tenderness, but these messages are as

laughable, and as ineffectual, now, as the contrivances of some tenth-rate tear-jerking movie. I just can't suspend my disbelief any more.

I have no trouble going through the motions; inertia makes it easy. And as long as things are working — as long as his company is pleasant and the sex is good — I see no reason to rock the boat. We may stay together for years, or I may walk out tomorrow. I really don't know.

Of course I'm still glad that he survived — and to some degree, I can even admire the courage and selflessness of the woman who saved him. I know that I could never do the same.

Sometimes when we're together, and I see in his eyes the very same helpless passion that I've lost, I'm tempted to pity myself. I think: I was brutalised, no wonder I'm a cripple, no wonder I'm so fucked up.

And in a sense, that's a perfectly valid point of view — but I never seem to be able to subscribe to it for long. The new truth has its own cool passion, its own powers of manipulation; it assails me with words like 'freedom' and 'insight', and speaks of the end of all deception. It grows inside me, day by day, and it's far too strong to let me have regrets.