# The Guards Who Love You

An Essay on Why the Evidence Doesn't Wake Anyone Up

UNBEKOMING
JUL 06, 2026

> *We accept the reality of the world with which we're presented.*

> Christof, *The Truman Show*

---

# I. The Cocoa Box

*In Peter Weir's 1998 film* The Truman Show, *a man raised on a live-broadcast set from birth discovers his entire life has been staged for a television audience. Late in the film, the following scene occurs.*

Meryl stands at the kitchen counter with her back to her husband. He is coming apart. He has spent the morning trying to name what he cannot name, that people are lying to him, that his marriage feels staged, that the town he was born in has a border he was never allowed to cross. He is looking at her the way you look at a piece of evidence.

She turns from the counter. She smiles at no one standing in the room. She picks up a box of cocoa, holds it toward a camera her husband cannot see, and begins to read the label.

*"Why don't you let me fix you some of this new Mococoa drink? All natural cocoa beans from the upper slopes of Mount Nicaragua. No artificial sweeteners."*

The scene lasts perhaps ten seconds. It is the moment the film gives away its whole architecture. Meryl is a paid actress. She knows she is lying, and has known since day one of her eight-year contract. What the film gives away in this scene is not the lie itself but the recital-quality of the lie, the fact that a person paid to deceive for eight years cannot improvise when the target starts asking questions the schedule does not accommodate. Nothing in the scene is addressed to Truman. The whole performance is aimed past him at something he cannot see. And Truman, for one half-second, sees this.

The paediatric office runs the same scene daily.

The paediatrician stands in front of the mother with a laminated schedule. She recites the interventions due at this appointment. Two months. Four months. Six months. Twelve. The recital is competent and warm, delivered with the eye contact and vocabulary of care. The mother, exhausted, holding a baby who was crying five minutes ago and will cry again in ten, receives the words as care.

The recital is not addressed to the mother.

The recital is addressed to the framework that trained the paediatrician: the guidelines committee, the continuing medical education modules, the package inserts drafted by manufacturers' legal departments, the licensure board that will remove her right to practise if she deviates. She is not lying. She has not memorised a script written by anyone she has ever met. She has been fed the words over a decade of training and a career of professional maintenance. This is Meryl's scene. The cocoa is the schedule. The camera she is reading to sits behind the mother's shoulder, behind the exam-room wall, in a conference room in an office building in a suburb the mother will never visit.

And the mother, if she is present, catches the half-second. It comes and goes in a blink. Something is off. The words are not quite pointed at her. The concern in the paediatrician's voice is real but it is aimed somewhere she cannot see. The mother files the observation under the mind's largest category of small observations, *I am being paranoid; I am tired; I am overthinking this*, and the appointment continues.

The horror of *The Truman Show*[1] was never the dome. The dome was a construction budget. The horror was the speed at which a human being who has been handed evidence of a false reality returns the evidence and rejoins the day. Truman does it in the film's opening minutes. A stage light stamped SIRIUS falls from the sky and lands at his feet. The car radio explains it before he can finish the question forming in his throat. He hands the star back to the studio grip and drives to work.

The paediatric office runs on the same schedule.

The star that falls in the paediatric setting is small. A rash after the two-month appointment. A change in the child's sleep. A cry that sounds different. A regression the mother has no language for. The explanation arrives before the question can finish. *Normal reaction. Developmental phase. Sensitive child. Correlation is not causation. Every child is different. Second dose is due next month.* The mother, who has been prepared for a decade to receive these explanations as care, receives them as care. She hands the star back and drives to work.

This essay is about why the evidence of the false reality does not wake anyone up. It is about a mechanism the film named with more precision than any medical journal has managed. It is about the guards who love the captive, and why their love, real and sincere and meant every syllable, is the most effective wall the paradigm ever built.

## II. Sea Haven Is Really Nice

The cage in the film is beautiful. Pastel storefronts. Weather that behaves. Fences painted every spring. Neighbours who wave. A wife who cooks. A best friend who arrives with a six-pack when he is needed. A job that pays. A mother who remembers the anniversary of the father's death. The town is called Sea Haven and it is designed to be missed.

The genius of the design is that Truman is never told no. He decides not to leave. He decides the water is dangerous. He decides Fiji is too far. He decides his wife is enough. He decides the job is fine. Every decision looks, from the inside, like his own. The engineering happens upstream of the decisions, in the fear installed in childhood, in the poster at the travel agent, in the sudden traffic and forest fires and chemical leaks that appear the moment he tries to leave. The town does not restrain him. The town persuades him to restrain himself.

The paediatric paradigm is designed the same way.

The waiting room is warm. There are crayon drawings on the walls. The receptionist knows the child's name. The nurse weighs the child with a gentleness that is genuine. The paediatrician bends to the child's level and asks how she is feeling. The office is clean and lit and calibrated for a mother arriving with a small human she is trying not to break. The office is not a prison. Nothing about it looks like a prison. That is the design.

The people inside the office are not lying. They are the guards, and they love the captive. The paediatrician chose this profession because she wanted to help children. She trained for over a decade. She has read the studies she was assigned to read, attended the required conferences, and completed the ongoing education modules that ensure her licence remains active. She believes the schedule she recites reduces suffering. She has never been shown the studies that would

trouble her belief because the studies she reads are the studies that would not. The information environment that produced her is closed at the top. She does not see the ceiling. She sees only the walls she is inside of, and she believes the walls are the world.

This is the mother's guard. It is the paediatrician the mother chose because a friend recommended her, because the office was close, because the paediatrician answered questions patiently, because she was warm. The mother did not choose a captive. She chose a warm, competent, well-trained doctor. She is correct. The doctor is exactly what the mother chose, and also, without either of them knowing, a captive of the same paradigm.

Behind the paediatrician stands a second guard. The mother's own mother.

The grandmother trusts paediatrics because the grandmother's children, this mother and this mother's siblings, survived their childhoods on the schedule of that generation. The grandmother received the same recital from her own paediatrician thirty years earlier. She followed it. Her children lived. The grandmother experiences the schedule as the thing that kept her children alive, and she experiences her daughter's hesitation as a slight against her own care. When the daughter asks a cautious question, the grandmother's response, often gentle and often expressed as concern for the grandchild, is a defence of her own history of mothering. The grandmother is a guard. She loves the captive. She does not know she is guarding anything.

Behind the grandmother stands a third guard. The mother's friends, arranged in a small tribe around a playgroup or a mothers' group or a school gate. The tribe operates on a shared vocabulary. The vaccines are done. The schedule is followed. The child is protected. The mother who has done all this is a good mother. The mother who has not is a suspicious mother. She has read something. She has been on the internet. She is one of *those* mothers. The tribe does not have to say any

of this out loud. The mother knows the vocabulary because she grew up in it. She hears the pause when she hesitates. She feels the temperature change in the room. She is a guard for the other mothers, and the other mothers are guards for her. None of them are lying. All of them love their children. The whole apparatus runs on love.

Behind the friends stands the school nurse, and the paediatric receptionist, and the health visitor, and the pharmacist who prints the label, and the government campaign that pays for the poster on the wall in the surgery. Each one is warm and competent, and each has been fed the words. None of them, at any point in the chain, is standing in a room where a lie is being spoken. The lie was manufactured somewhere the guards never went: in a boardroom in Kenilworth, New Jersey; in an office at the CDC; in a contract signed in 1986[2] that removed the injection from the ordinary tort system and gave it a Special Master and a compensation fund. The lie was manufactured decades ago and passed down a supply chain of professionals who do not know they are inside one.

This is why the paradigm is unassailable from the outside. The guards work for free, mean every syllable of what they say, love the captive, and are themselves, most of them, captives, trained and credentialed and paid to hold each other in place inside a town whose edges none of them can see.

---

## III. The Wound Installed Early

The film's cruellest revelation arrives forty minutes in.

Truman is thirty. He has a wife and a job and a mortgage and a fear of water so total that he cannot cross a bridge without hyperventilating. The fear is presented, throughout his life, as a fact about him. Truman is afraid of water. Everyone in Sea Haven knows this. His wife knows it.

His mother knows it. The travel agent knows it, which is why the poster on the wall of the travel agent's office shows a plane being struck by lightning under the caption *IT COULD HAPPEN TO YOU*.

The film then shows how the fear was installed.

When Truman was seven, the director staged his father's drowning. A small boat. A sudden storm. The father is pulled overboard and vanishes into the water in front of the child. The child screams. The child watches. The child grows up with an installed terror of the substance that is the only route out of town.

The fear is not a fact about Truman. The fear is a decision made about Truman in a control room before he could form sentences, and executed by adults who loved him or who were paid to look as if they did. The genius of the installation is that Truman remembers the trauma. He knows exactly why he is afraid. The memory is real. The father died. The water killed him. The memory obscures the design.

The paediatric parallel is Charles Richet.

Richet was a French physiologist who, around the turn of the twentieth century, sailed with Prince Albert of Monaco and became interested in the toxin secreted by the Portuguese man o' war. Back in his laboratory in Paris, he injected dogs with a solution derived from sea anemones. The dogs tolerated the first injection. Weeks later, he injected the same dogs with a second, much smaller dose. The dogs died within minutes, collapsing in what he described as a violent, systemic reaction, disproportionate to any dose that had been survivable the first time. He named the phenomenon *anaphylaxis*, from the Greek *ana* (against) and *phylaxis* (protection). Injection, in his own coining, created the opposite of protection.

Richet received the Nobel Prize in Physiology or Medicine in 1913 for this work.[3]

The finding is not obscure. It is the founding observation of an entire subfield. It is taught in medical school in the sanitised form of *anaphylactic shock*, the acute allergic emergency that requires an epinephrine injection. What is not taught is Richet's larger claim. The injection route bypasses the routes by which the body ordinarily meets foreign proteins, through the gut and the surfaces of the airway, where those proteins are broken down and introduced gradually before they reach the bloodstream. When a foreign protein arrives directly in the tissues, the body registers it as an insult and stores the record. A second exposure, even smaller than the first, produces a larger response than the first. The mechanism was quickly replicated in other species, and by 1920 it was uncontroversial in the physiological literature.

Then it was buried.

The mechanism was buried because it implicated injection itself. If the introduction of foreign proteins through the skin creates sensitisation, and if sensitisation produces increasingly severe responses to subsequent exposures, the current schedule, which administers more than two dozen doses of injected material in the first two years of a child's life, is a schedule of manufactured sensitisation. The modern schedule is not identical to Richet's experiments. Most childhood injections now contain aluminium adjuvants, added to the formulation precisely because they amplify the body's response to the injected material. What Richet demonstrated with unadjuvanted protein alone has been intensified by design, not softened. The conditions the establishment now gathers under labels of *autoimmune* and *atopic*, from eczema and asthma to coeliac disease, type 1 diabetes, rheumatoid arthritis, and a lengthening list of chronic inflammatory conditions the child now carries for life, are the body doing what Richet's dogs did. The response is not a malfunction. The body is doing what a body does when foreign proteins are repeatedly forced into its tissues. The label

*autoimmune* renames Richet's mechanism as a fault of the child and thereby exonerates the injection.

The wound was installed early. The wound is not a fact about the child. The wound is a decision made about the child in a control room before the child could form sentences, and executed by adults who love the child or who are paid to look as if they do.

Truman remembers his father's drowning. The mother remembers the two-month appointment, the four-month, the six-month, the twelve. The memories are real. The interpretations were provided in the same room where the memories were made. Truman's terror of water was framed to him as an ordinary trauma response to an ordinary catastrophe. The child's eczema is framed to the mother as a curious sensitivity, unfortunate and unrelated. The framing obscures the design.

The injection is the first wall the child encounters. It arrives before the child can speak or consent, and the guards are gathered around it to help the child mistake it for the world.

---

## IV. Everybody Would Have to Be In On It

Late in the film, Truman and his best friend Marlon are drinking on an unfinished bridge overlooking the sea. Truman is falling apart. He is trying to explain what he has begun to notice: the loops in the traffic, the woman on the bicycle who circles the same block, the rain that follows him and only him. He is asking Marlon whether any of this is real.

Marlon leans in with the tenderness of a lifelong friend. He puts his hand on Truman's shoulder. He looks him in the eye and says:

*"The last thing that I would ever do is lie to you."*

The film then cuts to Christof, the director and maker of the show, speaking that exact sentence into an earpiece hidden in Marlon's ear. Marlon says the words a half-second after Christof feeds them to him. Marlon's face, when the words leave his mouth, is a face wet with real tears. He believes what he is saying. He has always believed it. Marlon is Truman's oldest friend. Marlon loves him. Marlon is on script. All three are true at once.

The sentence Marlon delivers is the most dangerous sentence in the film. The danger of the sentence lies elsewhere than in its truth or falsity. It is the only sentence in Truman's life capable of holding the entire architecture together. If Marlon is telling the truth, if the last thing his oldest friend would do is lie to him, then everything Truman has begun to notice must be explained a different way. His wife's odd recital, the looping cars, the rain that follows him, the elevator opening onto a backstage corridor, all of it has to be explained in a way that does not require Marlon to be lying. Because if Marlon is lying, then everyone Truman has ever loved is lying. The wife. The mother. The travel agent. The neighbour who waves. The teacher who told him there was nothing left to explore. Everyone would have to be in on it.

That sentence, *everybody would have to be in on it*, is the wall.

Evidence is not what the wall is made of. Truman has evidence: the traffic loops, the elevator, the rain. He is a man with a pile of evidence sitting on a bridge with the man he loves most in the world. The wall is made of the cost of accepting what the evidence would mean. And the cost is: everyone in the story has to be either lying or fooled. Truman's brain is being asked to accept a betrayal so total that the mind, any mind, will pay almost any price to avoid it.

Leon Festinger described the mechanism in 1956.[4] He had spent the winter of 1954 embedded with a small Chicago group whose leader had predicted a specific date on which a flood would end the world and a flying saucer would rescue the faithful. The date came. The flood did

not. The saucer did not. Festinger expected the group to disperse in embarrassment. The opposite happened. Most members intensified their belief. They went out into the streets and began recruiting harder than they ever had before the prophecy failed. The disproof was fed into the machine and came out as fuel.

Festinger's explanation was that the group had, by the day of the prophecy, invested too much to leave. They had quit jobs, left spouses, given away possessions, and told everyone they knew what was going to happen. The truth, when it arrived, arrived with a bill. The bill was: everything you have given up was given up for nothing, and everyone you told is now looking at you. The mind chose the smaller, kinder story. A new message arrived through the leader, that the faithful had been so faithful that their light had spread through the earth and God had spared it from destruction. Belief ate the disproof.

The paediatric case runs the same mechanism.

To accept that the injection is what changed her child, the mother must accept a bill she cannot pay. Her paediatrician was either lying or fooled: the one whose name she wrote on the forms, whose office she drove to for years, whose kindness with her child she watched with her own eyes. Her own mother, who counselled her through the appointment schedule, was either lying or fooled. The same must be said of the friend at the playgroup, the health visitor, the school nurse, the government campaign, the paediatric guidelines committee. A chain of women whose warmth was real, whose love for her child was real, whose competence was real, delivered her child into a harm they did not know they were delivering. And she carried her child into the appointment herself. She signed the consent. She held the child down. Whatever happened, happened because she brought the child to the room and permitted the intervention.

That is the cost, and it is the bill the mind flinches from before the mind registers the flinch. The mind's response, in the moment the bill arrives,

is not to disagree with the evidence. Its response is to declare the bill impossible, and to conclude, instantly and without articulation, that the evidence must therefore be something else. The smaller, kinder story arrives with the speed of Marlon's tears. *Developmental phase. Sensitive child. Correlation is not causation. Every child is different.* The mother's own oldest friend, sitting on an unfinished bridge with a can of lager, looks her in the eye and says the last thing she would ever do is lie to her. She means it, and so do the paediatrician and the grandmother, which is what makes the cost unpayable and the wall unbreachable.

The paradigm relies on love, administered on script, by people who do not know they are on script.

This is why the evidence does not wake anyone up. The evidence walks into a room already occupied by a marriage, a friendship, a mother-daughter bond, a decade of trust in a doctor, and a self-image organised around being a good mother. It is asked to defeat all of that at once, cannot, and is rarely even given a hearing. The mind flinches at the cost and hands the star back before the question can finish.

---

## V. The Star That Falls

The film opens with a star falling out of the sky.

A stage light stamped SIRIUS drops from the fake heavens and shatters on the pavement in front of Truman's house. He walks over. He picks up a piece. He turns it over in his hand. The label is stamped into the metal. He is holding a component of the sky. Then the car radio comes on and explains, without pause, that an aircraft has been shedding parts in the area. The explanation is thin. The explanation is nonsense. The explanation does not have to be good. It has to arrive before the question can finish forming.

Truman gets in the car and goes to work.

That scene is the whole film. The paradigm does not depend on a shortage of stars. Stars fall constantly. What the paradigm depends on is that the explanation reaches the citizen faster than the question can finish. The morning and the commute are both scheduled. The radio is on. The star is heavy in the hand for perhaps four seconds. Then it is handed back.

The paediatric star falls without a stamp. It falls as a rash after the two-month appointment. As a fever that lasts longer than the pamphlet said it would. As a change in the child's eyes. As a night the mother does not sleep. As a milestone that does not arrive. As a diagnosis handed down years later by a specialist who does not ask what happened in the first two years and would not chart it if asked. In each case, the mother is inside a schedule. The paediatrician answers before the question finishes. Behind her voice, other voices have already begun answering, the grandmother's and the friend at the playgroup's, each response arriving before the previous has finished. The mother, exhausted, does not have four seconds to hold the star. She has to get the child into the car.

The essay ends where every essay in this project ends. There is no argument that beats the guards. There is no evidence that clears the Festinger bill. What there is, and what has always been available, is the half-second.

The half-second is what Truman has in the kitchen with Meryl before she picks up the cocoa. It is what he has on the bridge with Marlon before he lets the sentence pass. It is what he has in the car with his wife before she starts naming the appointments she has scheduled for their weekend. In each of these moments an explanation is arriving faster than the question. Truman has the option of holding the star for one more second before he hands it back. Not to argue, not to escape. Only to hold.

He does not do this until the film's final act. And even then, he does not hold the star because he was argued into holding it. He holds it because the cost of continuing to hand it back has finally exceeded the cost of holding it. His marriage is already gone. His best friend is already on script. His mother is already on script. There is nothing left to preserve. He climbs into a small boat and sails toward a wall that everyone in his life has told him is the horizon.

This is not a strategy anyone can be given.

What can be given is the practice of the half-second. When the paediatrician answers a question before the question is finished, hold the answer in the hand for one more second before setting it down. When the grandmother reassures with a story about her own children thirty years ago, hold the reassurance for one more second before receiving it. When the friend at the playgroup pauses before answering a question about the schedule, notice the pause. When the child's eczema is called a sensitivity and the schedule for the next appointment is placed in the mother's hand at the same moment, notice that two objects arrived in the hand simultaneously and that the one calling itself an explanation had the shape of a distraction. None of these is proof or grounds for a fight. Each is a half-second that was previously unavailable. A half-second is not much. Enough of them accumulated in the same body, and the body begins to notice what the paradigm has always relied on the body not to notice: that most explanations arrive early because most explanations are not answers to the question.

Truman's exit is not the moment he climbs into the boat. Truman's exit is the moment he begins to hold the star longer than the schedule allowed.

The paediatric office is a kitchen with a paediatrician reading from a cocoa box. The mother has, if she is present, a half-second before the recital ends and the schedule for the next appointment is placed in her

hand. She does not need to leave, and she does not need to know what she thinks. She needs to hold the star.

The star has a part number stamped on it.

She turns it over. She does not hand it back. She carries the child out of the office with the star still in her hand.

---

## Author's Note

The reading of *The Truman Show* that runs through this essay, the cocoa box scene as the film's whole architecture, Marlon on the bridge as the guard who loves the captive and is fed his lines in real time, the falling star with SIRIUS stamped on it, the Festinger cost as the mechanism the film named, is drawn from Chase Hughes's video *It's Worse for You*, published on his YouTube channel in June 2026. The medical application is my own. Hughes's video is not about medicine. It is about the older and larger structure the film inherits from Plato, the Gnostics, and *The Matrix*. His work does the diagnostic. This essay applies it to the paediatric setting where the diagnostic bites hardest. Anyone who has not seen the video should watch it. It is the fuller reading of the film this essay draws from, and stands on its own.

## Truth Be Told: I've Accepted an Invitation to Speak on The Unvaccinated

On September 17th, I'll be giving a one-hour presentation titled *The Unvaccinated* as part of a six-hour livestream called *Truth Be Told*. This is the first time I have accepted an invitation to an

event, and I have been honoured with the opening act. The livestream begins at 12pm EST.

Vaccination is the subject closest to my heart, and this is another opportunity to spread the word. The format will preserve the pen name.

Jamie Andrews (*Decentralized Science Projects*) and Agent131711 (*Dinosaurs*) will also be presenting. Jamie's Virology Control Studies work led to an interview here last year. Agent's research shaped my essays on vitamin D and dinosaurs. Tickets are here. The code UNBEKOMING is $5 off and applies automatically at that link. Replay available afterwards. Hope you can make it.

---

## Notes

1. *The Truman Show*, directed by Peter Weir, screenplay by Andrew Niccol, Paramount Pictures, 1998.

2. National Childhood Vaccine Injury Act of 1986, Public Law 99-660, codified at 42 U.S.C. §§ 300aa-1 to 300aa-34. Signed into law by President Ronald Reagan on 14 November 1986. Established the National Vaccine Injury Compensation Program and removed most direct product-liability suits against vaccine manufacturers from the ordinary tort system, routing them instead through a Special Master in the U.S. Court of Federal Claims. The Act's preemption of design-defect claims against manufacturers was affirmed by the Supreme Court in *Bruesewitz v. Wyeth*, 562 U.S. 223 (2011). The consequence is that all federally recommended childhood vaccines are effectively insulated from the ordinary product-liability discovery process. The litigation record that exists for every other product class, internal safety communications, adverse-event data, marketing decisions made in light of both, does not exist for this one. Absence of the record is not evidence of the product's safety. It is evidence that the ordinary mechanism for producing that record has been legislatively removed.
3. Richet, Charles. *Anaphylaxis.* Nobel Lecture delivered 11 December 1913. The Nobel Prize in Physiology or Medicine 1913 was awarded to Richet “in recognition of his work on anaphylaxis.” The lecture text is preserved in the Nobel Foundation archive.
4. Festinger, Leon; Riecken, Henry W.; Schachter, Stanley. *When Prophecy Fails: A Social and Psychological Study of a Modern Group that Predicted the Destruction of the World.* University of Minnesota Press, 1956.