MY ANXIETY

Is what's wrong with me what's wrong with everyone else?

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Illustration by Amrita Marino

In her short story “Five Signs of Disturbance,” Lydia Davis writes of a woman who is “frightened”:

She cannot always decide whether what seems to her a sign of disturbance should be counted as such, since it is fairly normal for her, such as talking aloud to herself or eating too much, or whether it should be counted because to someone else it might seem at least somewhat abnormal, and so, after thinking of ten or eleven signs, she wavers between counting five and seven signs as real signs of disturbance and finally settles on five, partly because she cannot accept the idea that there could be as many as seven.

I would have thought it’s normal to be weird about a few things, but being confronted with such a perspective always makes me doubt myself. I, too, wonder constantly if the things I do and experience are normal. But I have many more signs of disturbance than ten or eleven. I think.

I could say I’m sleeping badly, but it’s worse than that—I’m sleeping incorrectly. When I lie down, I don’t actually rest my head on the pillow; instead, I hold it slightly aloft, so that it touches the pillow but, instead of sinking into the soft material, remains hovering above it. To an observer I would seem to be lying down normally. I tell myself to relax—among other issues, I’m worried I’ll develop a thick neck. When I do, I’m shocked at how much I had just moments before been not relaxing. *This is sleep*, I think. *This is what going to sleep actually feels like*. But soon I find my head has risen above the pillow again, and I must admit to myself that I don’t know what going to sleep actually feels like.

From this you’d think I have trouble falling asleep; not so. I’m usually exhausted. But I almost always wake up too soon. Sometimes for no reason; sometimes by a tingling in my ring and pinky fingers, which I experience because I hold my arms tense in sleep, often with my hands in fists so tight that they leave marks from my nails on my palm. I learned the tingling is

caused by the ulnar nerve, from a masseuse who observed my posture; she also intuited that I had been born via C-section and was thus likely dealing with an original sense of having been forcibly removed from a place of safety. The clenching, broadly, leads me to grind my teeth, which I have done for at least ten years, and the grinding, probably, leads to the tinnitus, which is relatively new. One of these things might also be at fault for what's known as exploding head syndrome: at night, I sometimes see flashes of light behind my closed eyes, as if there are fireworks outside my window, and hear mechanical sounds that aren't there. Despite its spectacular name, the condition is "prognostically benign," accompanied by no pain or immediate threat to health. The fear I experience along with these hallucinations inspires a series of logical justifications: it's all in my head, which is, of course, exactly the problem.

Trouble sleeping is certainly normal, but it doesn't help the project of being awake. While socializing, I am cheerful, gossipy, and quite fun until I'm sleepy, but sometimes I catch myself doing artistic things with my hands and posture —fidgeting, wringing, clenching—even as I engage charmingly (I hope) with my interlocutors. Other times, I will look down from a conversation and notice, Oh, the fist again; because I can laugh at myself, I hold it up to show my friend, as if it contains a surprise. I do not pick or bite my nails, but in groups or alone, at home or out, I cannot keep my shoulders down. (Large deltoids—almost as bad as a thick neck.) Twice now, at parties, men have come up behind me and attempted to physically correct my posture, followed by a little lecture. Never mind the cell-phone addiction, the laptop that sits on the table so that I must look down on it, the ambient tension of contemporary life, when I must be on guard against men who randomly correct my posture. The slouch, they say, is the result of my failure to accept myself as a tall woman.

I honestly don't think that's it, but should you really take my word for it? I sometimes feel strange pains in various parts of my body, just fleeting ones, which I then waste a lot of time thinking about. I have occasionally fainted for no reason, and more than once broken out in hives. I get sweaty, feel anxious

about being sweaty—about the sweat becoming visible to others, disgusting them—and get sweatier. After I go in the sun, I experience what I call a sunburn neurosis, my skin burning and tingling, though I remain, owing to anxious sunscreen application, as white as a Victorian ghost; I haven't had a sunburn since I was a teen-ager. Acid reflux can last for weeks. I often find it difficult to eat because I am nauseated due to stress.

I don't have any phobias, but I do feel afraid. When I'm particularly stressed, I sense movement out of the corner of my eye and jump, like an animal preparing to fend off attack; there's nothing there. I hold my breath, make little noises, sing little songs, shake. Sometimes I perform feats of what might look from the outside like symptoms of very mild obsessive-compulsive disorder: checking more than twice that the front door is locked; changing the combination on a locker at the gym or a museum multiple times, because I am afraid someone saw me set it. I am hesitant to even mention this one, knowing, because of my years-long Internet addiction—which I would attribute to, among other things, an attempt to escape my anxious, spiralling thoughts, or maybe to externalize them—that if someone claims they "are O.C.D." about facts of life, such as cleaning the kitchen, people get mad: perfectionism, neuroticism, and thoroughness are not O.C.D. In my defense, I never clean the kitchen.

My work suffers, of course. How could it not? I'm sadly not a perfectionist but, rather, an avoider and a regretter. There are periods when I will respond to e-mails at a reasonable pace, and then there's the e-mail about a potentially lucrative project that I ignored for months. I haven't even opened it; I don't know what it says. Since childhood, I've had versions of "the packing dream," in which I am surrounded by clothes strewn chaotically around the room, and I cannot choose what to bring on a trip. I may have enough time to finish packing, or I may already be too late. Whatever the scenario, it's never one of those dreams about physical impediments, in which you try to move but can't; the obstacle is always only my own mind, my own incapability, and that is the torment—that I've done this to myself. (I have never actually missed a flight.)

As for work, I always manage to "get it done," though I don't know how. It's probably a reasonable enough fear of failure—or fear of failing to achieve the impossibly ambitious vision in my mind—that is my obstacle. Even worse is the possibility, floated by sanguine meditators and accepters of things-as-they-are, that I may need the anxiety, and the promise of eventual relief from it, to do anything at all.

What about panic attacks? I've never had the kind of panic attack that people mistake for a medical emergency, but sometimes I become very still, sort of unable to move, for, I don't know, ten to twenty minutes to an hour, and my muscles are sore the next day. There are the usual racing thoughts: love, squandered potential, unlikely vanities, loss of income. Injustices committed against me; chores. Will I get cancer? Knowing that everyone worries they have cancer helps only a little bit. My ultimate anxiety is not that a certain fear will come true. Rather, I experience panic as mostly meta: the horror of being trapped, in this mind-set, for the rest of my life.

Naturally, I am not merely anxious; I am also very sad. The two are, for me, inextricable: I get anxious that I'll get sad and sad that I'm so anxious. It's harder to describe the depression, and the fear of it, because fewer physical symptoms are involved. Weeping, that telltale sign of sadness, is usually cathartic, a response to a specific buildup of identifiable issues, and thus not involved in what I can't help but think of as the true suffering, which recedes and returns, recedes and returns. People often talk about being unable to get out of bed in the morning. What if you can get out of bed—after about an hour and a half of lying awake in it, thinking about how you should get out of bed? What if you can get out of bed but find it beckons you back throughout the day? What if you are, owing to your difficulty sleeping, just tired? Which comes first, exhaustion or depression? Does it matter?

Even knowing that "normal" is a nefarious construct, used to shame and control, there's something about these symptoms that makes me want to know how many people have them; they mean nothing to me alone because

none of them is so unusual as to cause alarm, or even merit comment, and so they might mean anything. Is it really such a big deal? I don't know where to put the emphasis, how to tell it, and this is particularly disturbing because knowing where to put the emphasis is my vocation, which is also bound up with, I'll admit, my "sense of self." "You don't seem anxious," friends will say, surprised at my competent narration. This is not the response I want. How competent could it be if no one believes what I'm telling them?

I can shift the blame. As with anything that matters, the language we use to describe "mental illness" is all wrong. Mental illness is "real," as real as a tumor, but not the same kind of real as a tumor. Its effects are measurable, in blood pressure or hours slept, or noticeable, in weird hand gestures or an erratic mode of speaking, but mental illness has no shape or volume; its size cannot be conveyed through comparisons to fruits and vegetables. It becomes real in the description of its effects, in the naming of everything around it, rather than in attempts to define it, though we have many words and phrases that approach the task. "Disturbance" is funny, and accurate, because it refers both to the internal condition and what it produces: behavior that might unsettle oneself or others. I become "nervous" in small-stakes situations of short or predetermined time frames; "nervousness" no longer describes the anxious disposition, as it did in the past, but the feeling of being anxious about a specific thing that is usually imminent. I'm "neurotic" because I know the basics of psychoanalysis and am a fast-talking big-city professional; I'm "neurasthenic" because I know the word. My mother used to call herself, as well as me, a "worrywart"; to "worry" is to fidget with something in the mind. "Panic" is acute, "attack" is very acute, and a "fit" is a cute version of a "panic attack"; "throwing a fit" is what children do and what adults do when they are "freaking out" while simultaneously making childish demands. Like "freaking out," "going insane" is applicable as a joke in retrospect, though it became too popular on the Internet and lost its edge, particularly because the sort of people who said it were just the sort who ought to be arguing that the usage stigmatizes people with mental illnesses. I still indulge in "crazy," which is classic, and permitted, I think, because I am. "Distressed" is the joke version of

nervous, though someone "in distress" is being euphemized, as is someone "behaving erratically." A "crisis" is both intense and prolonged; a "spiral" is a crisis about one issue, characterized by repetitive and catastrophic thinking, and "spiralling" may feature prominently in crises, but in a slightly funny way. I fear having a true "breakdown," which suggests, to me, among other things, a failure of speech, but I also fantasize about having a true breakdown for the same reason. I am rarely, if ever, "hysterical"; that's sexist. "Mentally ill" is, of course, insufficient, though when I have seen other people "in crisis" I have thought I actually understand the term. The concept of "mental health," did you know, comes from Plato, who said that it could be cultivated through the elimination of passion by reason. Today, good mental health means something like the elimination of both passion and reason.

Unless I'm about to appear onstage, in which case I am "nervous," I describe myself as "anxious" so that people know I'm serious: this is not a passing worry but a constant state, and if I were to seek a medical diagnosis I would get one, handily. The question "Why don't you?" naturally arises. The answer is that I do not feel it would help, and might even create more problems than it solves. In medicine, the problem of language is a problem of classification; I do not seek a diagnosis, probably, because I do not want to be trapped in a single term. (I hate being trapped, you might have noticed.) Like everyone else's, my mind dabbles in an array of mental illnesses to create a bespoke product, and I find all the terms I know either ludicrously broad or ludicrously specific. I learned from Scott Stossel's upsettingly thorough 2014 book, "My Age of Anxiety: Fear, Hope, Dread, and the Search for Peace of Mind," that the term "generalized anxiety disorder" was conceived at a dinner party, in the nineteen-seventies, held among members of a task force working on the *DSM-III*. According to David Sheehan, a psychiatrist who was there, they were all drunk, wondering how to classify a colleague who "didn't suffer from panic attacks but who worried all the time . . . just sort of *generally* anxious." "For the next thirty years," Sheehan continues, "the world collected data" on the group's drunken musing. The point of this anecdote, Stossel establishes, is not to say that generalized anxiety disorder isn't real but to demonstrate how somewhat

arbitrary decisions made by powerful people can shape how we see ourselves. I also don't mean to suggest that the ideas that we have while drunk are bad—more that drunkenness can give us an admirable economy and frankness, and encourage us to just pick something and go with it, something that some of us, sober, really struggle to do.

An essay like this is supposed to have a narrative. Where does my anxiety come from? Famously, it's overdetermined. First, my parents: they passed down bad genes, and then they might not have raised me right. To go further I'd have to discuss the ways that they might not have been raised right, and then discuss the ways that they might not have raised me right. Although, like everyone, I have a list of these in the Notes app on my phone, and I update it every few days when a new injustice committed against my past innocence reveals itself, I am hesitant to go down this path, which narrows to a tunnel, which is eventually pitch-dark. The packing dream, a desire to escape my humble origins; the sunburn neurosis, from my mother's warnings. I am the way I am because my father did this, or my mother didn't do that. Not a very satisfying conclusion.

What about society? *That's* what's fucked up. In the early two-thousands, a group of academics in Chicago formed a collective called the Feel Tank—an alternative to the think tank, though of course they also opposed "the facile splitting of thinking and feeling." According to their manifesto, they sought "to understand the economic and the nervous system of contemporary life" by being "interested in the potential for 'bad feelings' like hopelessness, apathy, anxiety, fear, numbness, despair and ambivalence to constitute and be constituted as forms of resistance." One of their early slogans was "Depressed? . . . It might be political."

Here the concept of normality truly collapses: what is normal—financial precarity, an inability to plan for the future, war—is not good at all. Feel Tank Chicago was established as part of the "affective turn" in the academic humanities, which began in the nineties; this approach to understanding

emotions as shaped by power structures has become wildly influential, though it's not new. For example: the concept of Americanitis, popularized by William James at the end of the nineteenth century, described "the high-strung, nervous, active temperament of the American people," according to an 1898 issue of the *Journal of the American Medical Association*. The causes—advances in technology and accompanying pressures of capitalism—were much the same as they are today. Wherever the contemporary occurs, anxiety and depression are seen as natural reactions to it, and performances of profound mental discord in response to the news will be familiar to anyone on social media.

If conventional understandings of mental illness tend to make it about you—the chemicals in your brain or the particular contours of your childhood—this conception wonders if you can harness its power to make things better for everyone. Nice. But there's something a little simplistic about the way one can attribute all feelings of negativity, disconnection, or anxiety to what amounts to a higher power, as anyone who's read those social-media laments will know. Doesn't this encourage more bad feelings: solipsism, nihilism, futility? Looking for something to blame may feel better than beating oneself up, but it doesn't feel *good*. In her 2012 book, "Depression: A Public Feeling," Ann Cvetkovich describes the Public Feelings Project—Feel Tank Chicago described themselves as a "cell" of this larger group—as an attempt to "depathologize negative feelings so that they can be seen as a possible resource for political action," but without suggesting "that depression is thereby converted into a positive experience."

Indeed, the encouragement to understand our suffering as determined by external conditions does not seem to ease it. The comfort of believing you are normal is that you have company in misery and that your condition seems less likely to become worse. But if "normal" is, by definition, something that is getting worse all the time, then your condition is a form of solidarity—not necessarily a source of solace. (And if you derive solace from the solidarity, do you really want to sacrifice the quality that grants you access to it?) For my

purposes—which are, I suppose, to understand whether and how I am abnormal without annoying the reader—stories that foreground their protagonists' participation in public feeling tend to be unsatisfying. If my suffering has nothing do with me, if it's the expression of social and political conditions, why should the reader, or well-meaning friend, care? This is why narratives that compete directly with the idea of collective feeling and collective resistance, conservative tales of bootstrapping and hard work, are so compelling: they make a lot more sense.

Until the revolution that would be our relief comes, we must "do the work" to get better ourselves. "Have you tried talking to someone?" people ask, when I mention my various issues. Are you that somebody? No: they mean that, in addition to the natural sleep aids, the regular exercise, the healthy diet, the cultivation of hobbies, the having of friends, the practicing of meditation, and the occasional massage, I should go to therapy.

I have tried talking to someone; it's fine. The responses I get when I utter the magic words "my therapist" are more thought-provoking than any of the personal revelations I've uncovered with him so far, though the idea is that you need to do it for years for the benefits to accrue. "I'm proud of you," friends say. As if it is so difficult to think seriously about myself for hours a day—as if that weren't what I was doing with my anxiety anyway. These friends will talk about my problems with me endlessly, as long as I am "in therapy." If I am not, or if I express my doubts about the possibility of transcending the workings of my own mind by paying someone to guide me through the process, the response is unanimous: I must find a new therapist, someone who is "right" for me. They wonder, gently, gently: Is it possible that I, so high-achieving, am unconsciously telling the therapist what I think he wants to hear—deceiving him by being adequately emotional, apparently reflective, in order to give true self-knowledge the slip? Should I not find someone meaner, nicer, female, more intellectual, less intellectual, someone who will not fall for my tricks?

Or: I must try a different therapeutic approach. A bit of research quickly

reveals an expanse of options: somatic-experiencing therapy, cognitive behavioral therapy, dialectical behavioral therapy, integrative therapy, gestalt therapy, humanistic therapy, psychodynamic therapy, exposure therapy, shock therapy, biofeedback, counselling, coaching, one of the innumerable schools of psychoanalysis. At a wedding, I was strongly recommended E.M.D.R., or "eye-movement desensitization and reprocessing" therapy, in which eye movement is stimulated in an attempt to retrain the brain to respond to trauma. Some of these styles of therapy are more or less the same thing, just with different names, but, given the nature of the enterprise, you have to assume that the selection of one name or another, or a combination of names, indicates subtle differences in method that surely multiply to create different outcomes. Whether you're supposed to think about outcomes is a key differentiating factor in therapeutic approaches.

A psychiatrist might prescribe medication, a fraught topic. It's hard to write about medication without having taken it oneself, which I have so far resisted. I've tried a couple of popular pharmaceuticals recreationally and find I am more afraid of them than I am of illegal club drugs; they really work. While I have no idea what it's like to be on psychiatric medication long term, no one else can say what it's like, either; the medications famously interact with each person differently, so there is no way to understand them as an experience except through trial and error. The possible side effects are sometimes just as bad as the symptoms they're supposed to alleviate. The process of stopping these medications, which many patients want to do, is criminally under-studied and requires a painful period of weaning that comes with prohibitively bad side effects, too. (To start antidepressants is to sign up for some future moment when you won't want to take them anymore, and to have to decide whether you want to experience "brain zaps" in order to stop.)

At the same time, they often help. Criticize what you believe to be the craven overprescription of psychiatric medication in the United States and someone on the Internet will take personal offense: *Wellbutrin saved my life!* At the end of Sheila Heti's 2018 novel, "Motherhood," the narrator begins taking

antidepressants, and all her problems—primarily her vacillation about the question of whether to have a child, which constitutes the entire novel, along with a debilitating, weeping sadness around her period—are suddenly solved, with what the critic Willa Paskin called a "lexapro-ex-machina." The abruptness of the ironic conclusion is itself a comment on the role that psychiatric medication plays in North American life, but this plot point, one of the book's very few, also demonstrates the way philosophical searching ceases when the anguish that propels it is no longer there. Medication allows Heti's narrator to ignore the upsetting reality that she could go on trying to decide, or regretting, forever. There is no arc, nor character development, nor point, without anticlimactic intervention.

I once attended a session of what I called jaw yoga, hoping to "manage" my bruxism. It was conducted by a Greek woman named Angela who described herself as a dancer, choreographer, and yoga coach; she was also, incredibly, an actual dentist. At the union of these disparate interests was a passionate belief that the jaw had been neglected in the world of dance and that the rest of the body had been neglected in the world of dentistry. "Once you are grinding and pressing the teeth, your cranium and shoulders, hips, knees and feet are reacting to this pressure," her course description read, beneath a photo of her lying on her stomach, cupping her jaw in her hands. "Once the skeleton is affected, also the organs are reacting. A chain reaction of organs and emotions is put in motion." She told us how to identify the various parts of the jaw and ended the class by singing along to a recording of "All You Need Is Love." As we left, she passed out business cards that read "You are the point."

It didn't work, though maybe I should have attended more sessions. A resistance to helping oneself is often a simple denial of reality: I don't want it to be true that I need help, not because I would like to imagine myself as strong and never in need—a common explanation—but because I do not want to have these problems that are notoriously difficult to solve, about which there is no professional agreement. I do not want to embark on a years-long project dedicated to my own mind. I have other things to think about.

A final worry: Am I being confessional? The great trick of declaring outsized anguish, of being publicly and clinically wrecked by one's feelings, is that once you do it your feelings set the limits, and no one wants to hurt them. The confession is a simple form of writing. It does not contextualize, illuminate, or complicate. Its main purpose is not the creation of aesthetic beauty out of the materials at hand (life, pain) but selfishness: relieving the confessor's desire to confess. The form travels in one direction, from me to you, offering no path to analysis, critique, or, God forbid, argument. If the feelings are unique, the confession is justified; if they're normal, it is, too. One yearns for the breakthrough, the epiphany, the point, that will make sense of it all, and thus cure it. But catharsis for me is boring for you. ♦

This is drawn from "No Judgment."