

Prologue

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On a Sunday morning in 1995 or 1996, when I was four or five, I decided that I didn't like my bangs anymore. After I put on a white dress for church, I stood in front of my mirrored closet doors, examining the golden hair extending down to my dark blue eyes and the freckles strewn across my cheeks. I raised a pair of red safety scissors to my forehead and got rid of my bangs, lock by lock, cutting as close to my forehead as the scissors allowed. I was satisfied with the result – my bangs were gone, and they were never coming back – but my parents were mortified.

"Should we take her to church like that?"

"I don't know. I don't know what else we would do."

Around this time, I experienced the first symptoms of what I now know as generalized anxiety disorder. I was lying on the left side of my bed, clothed in only my underwear, my stomach full of peanut butter and jelly. A searing pain shot across my chest. "Am I dying?" I wondered, and then began to worry. Maybe I was having a heart attack? I didn't really know what that phrase meant, but I knew that my grandfather died of one several years before my birth.

Some people acquire anxiety disorders later in life. The median age of onset for generalized anxiety disorder, for example, is thirty years old.¹ That's thirty years of life before the illness sets in. Thirty years of being free from six-month-plus spans of uncontrollable worry, thirty years of being free from chronic insomnia, thirty years of being free from dissociative symptoms that can make you feel as if you're real but everyone else is a robot. Thirty years of

¹https://www.med.upenn.edu/ctsa/general_anxiety_symptoms.html#:~:text=While%20the%20median%20age%20of,stressful%20event%20in%20their%20lives.

life spent worrying about normal things, in normal ways, at normal times. My age of onset, however, was much younger: four, five at the latest. I had the illness before my brain was developed enough to understand that hair grows back after you cut it off.

Anxiety shadowed me throughout my childhood like the invisible friend that nobody wants. After learning about heaven and hell in Sunday school, I became terrified of falling asleep. If I fell asleep, I might die, and if I died, I would probably go to heaven. That thought should have been consoling to a Christian child, but the idea of eternity was chilling. I thought about what I would do in heaven – dance and leap through an endless meadow? – and my stomach rolled over onto itself. Waves of electricity pulsed through my chest, shocking my heart and my lungs into action. I don't remember if I ever told my parents about these nights, but if I did, I imagine the conversation went something like this:

"I can't sleep."

"What's wrong, honey?"

"I dunno."

"Okay. Let us know if you need anything."

I never told my parents about my anxiety. This was probably at least in part because I didn't know I had a problem that could be addressed by modern medicine: it would be decades before I learned that certain classes of drugs, like SSRIs (selective serotonin reuptake inhibitors) and benzodiazepines, could alleviate my symptoms. I also suspect I learned at an early age that my problems were liable to be either ignored or taken far more seriously than I intended. When I was five, I came down with a nasty case of strep throat, which my parents ignored until red spots

started to blossom on my stomach. They rushed me to the doctor, who pinned me onto a table while two nurses injected penicillin into my thighs.

Anxiety followed me everywhere. When I swam, I worried about drains sucking me to the bottom of the pool. When my parents drove, I worried about getting into an accident. When I lay in bed at night, I worried that poison was seeping through the air conditioner and into my body. When I was at school, I worried about being too short, too smart, too sensitive. When I was at home, I worried about whether or not my English homework was perfect. Refuge from anxiety was fleeting, if it existed at all.

Yet throughout my childhood, I functioned – more than functioned. I made stellar grades in school. I had friends. I excelled in piano lessons. I looked like a model child. As I grew up, I continued to accumulate accomplishments. In eighth grade, I was the first chair flute player in central Texas. In twelfth grade, I was the tenth chair flute player in the entire state of Texas. I was a darling of my high school's English department and had drafted three novels by the time I graduated. As a college junior, I won a Provost's Award for Research and Creativity for a grammatical description of a Senegalese language. I was admitted to MIT for my doctoral studies in linguistics and landed a tenure-track professorship during my fifth year of graduate school. I married my graduate school boyfriend and we moved together to Manhattan for my job. My life, from the outside, was absolutely charmed.

From the inside, however, life wasn't so charmed. My mental health continued to deteriorate from the time I was a small child until October 2019, when I was in my third year as a professor and it became abundantly clear that I could not manage my mental health on my own any longer. By that point in my life, I had dealt with constant generalized anxiety, recurring

panic attacks, at least one major depressive episode, and a few years of what would likely have been diagnosed as anorexia nervosa – looking back, it is a feat that I lasted until 2019.

Throughout my life I have lived a sort of contradiction: my brain is both what has made me successful and what has, on many occasions, crippled me. The advantages of living inside my head are clear to everyone around me; the disadvantages are clear perhaps only to me and to the people I choose to share my story with. That includes my family, a couple of close friends, the mental health professionals I entrust with my care, and now you.

"You function," said my therapist, during one session in late 2019. "But you struggle." Up until that point, it was the most validating thing that anybody had ever said to me.