

## IT'S ALL IN MY HEAD

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Steph Gilman

I am sitting in my primary-care doctor's office on crinkle-thin paper on an examination table. I do not want to be here on this table, yet I only ever want to be here. I am trying to sit up straight, which is difficult when there is no back support and I do not feel like sitting up straight. I inhale shaky breaths and try to remember to exhale, hoping to expel my nerves. My stomach is intermittently doing the thing that feels like top-to-bottom shivers, which I suppose experts would call *butterflies*. To me, "butterflies" suggests something beautiful, a panoramic flutter of soundless color. I do experience a radiating effect, but it's more like a colony of bats swarming my belly with every anxious sigh. I do not want to be here on this table, yet I only ever want to be here. I've been waiting for some ominous diagnosis and prognosis for as long as I can remember. An examination table—its sole purpose to hold my weight under the watchful eye of someone certified to pathologize—is the appropriate place to be.

As my posture shifts to a slouch under the weight of my dread, a nurse practitioner knocks and opens the door. She offers a warm greeting, her eyes creasing in the corners as she smiles. I size her up, as I do with most medical professionals, deciding whether I will trust or like her. She looks to be in her late twenties or early thirties, around my age. Her straight reddish blond hair and smattering of freckles remind me of my sister-in-law, who is also my close friend. She's new to the practice, and I'm grateful for a fresh face, someone who doesn't know my story. She says she likes my glasses, so I decide to like her.

She sits on her little stool and looks up at me expectantly. "What brings you in today?"

What brings me here? I don't know where to begin and so I stare at the beige wall behind her as if it might offer an accurate, believable synopsis. I wonder why these offices are always beige. Does anyone feel at ease in this sterility? In a pediatrician's office, children are greeted with familiar cartoon grins on nursing scrubs, Band-Aids, TV screens. There are fish tanks and Kool-Aid-colored walls, stickers and suckers at checkout. Do we exhaust the need for warmth as we age? These walls offer nothing except a disproportionately small bucolic tapestry depicting grapes surrounded by leaves. The grapes make me think of wine, which I wouldn't mind a glass of.

The most immediate pain I need to report to the NP is a two-week-old earache. It's an odd

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sensation to experience as an adult. I haven't thought about the inside of my ears since ear infections of childhood, and I can't quite remember how bad or how long they should hurt before I see a doctor. *You should probably wait for it to hurt worse*, my brain tells me. And yet I'm here because waiting for more pain feels counterintuitive to staying alive. I'm afraid she will say nothing is wrong but also that she will say something is wrong.

I decide not to tell her that in the last six months, since I decided to wean myself off the anxiety medication I had been on for sixteen years, almost every part of my body has felt more sensitive, like a faulty smoke detector. Parents check on their newborns in the middle of the night to ensure they're still breathing. I am my own parent, laying a panicky hand on my stomach just to feel it go up and down. How have I become so fragile? My nervous system feels like it's frozen in the middle of the sea, sending distress flares to my brain, warning me that we are taking in water and will sink.

I also won't tell her about the unexplainable week-and-a-half-old sore under my tongue that grows and shrinks, though I cannot predict what will aggravate it. At its largest, it is a couple of centimeters wide and complicates chewing and swallowing. It is allegedly a blocked salivary gland, harmless enough, which my dentist examined in a photo over text and said will probably go away on its own if I don't bother it. I am trying not to bother it, even though it is bothering me.

I won't tell her about my left clavicle, which hurts when I lift my arm above my head, not sharply but sort of in a sluggish, inconsistent way, and I can't tell if it's just from sleeping on three pillows every night or something more serious, some unutterable disease that has spread to my bones. Maybe once you reach your early thirties, you should only sleep with two pillows.

I won't tell her about my stomach, always my stomach. As a kid I dealt with regular stomach pain, which in retrospect I know was anxiety, but recently has shifted to excessive bloating after I eat certain foods. On this exact exam table earlier this year, another doctor in the practice suggested that I try a low FODMAP diet—basically an elimination of any foods that exacerbate symptoms of irritable bowel syndrome (IBS). At the time, I told that doctor I absolutely did not have IBS, and she advised me to try the diet anyway, and, obnoxiously, it helped, which suggested I did have IBS. I won't tell this doctor that the diet is difficult to maintain beyond the recommended twelve weeks, and thus my symptoms persist.

I won't tell her about my pelvic floor pain because it's too uncomfortable to mention the affairs of my nethers at an ear appointment, and I already had a colonoscopy a few years ago. I won't tell her about my side pain, which feels like I'm being poked in my right kidney, and sometimes

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in my upper right abdomen. Maybe that, too, is food related. I won't tell her about the upper back pain, which is likely from typing essays like this one hunched over on the couch. I won't tell her about what feels like yet another urinary tract infection—my fourth or fifth this year—for which my gynecologist is actively testing my urine to confirm.

I won't give her my medical dossier that I can readily recount but no single doctor has compiled. To rule out serious illnesses, I've had too many tests for all my suspect symptoms, which I worked myself into believing were real. The colonoscopy, the endoscopy, the stool samples, the genetic testing, the ultrasounds, the CAT scans, the amount of my blood they've sent to Lab-Corps, the swabs, the chest and abdominal palpations by various medical providers to feel for lumps or cysts or, God forbid, tumors. I won't tell her about my sister's diagnosis of cancer in 2012 or about her death in 2014 or about the amount of time I spent on WebMD after she first got sick, and from then on after, fearing my own mortality and feeling shame for that fear when it was my sister who was terminally ill.

I will only tell her about the ear.

*Sympathy pain*, my dad always said. During my mother's pregnancy with me, he and my mom experienced first-trimester morning sickness together. He still describes this with a head shake and an eye roll—"isn't that silly?"—the same response I give to concerned friends who learn I've recently been to another doctor. *Couvade syndrome* is the term for my dad's psychosomatic response and is apparently unacknowledged as a real condition within the medical community, though many people report experiencing this syndrome alongside their pregnant partners.

In an article on the neuroscience of empathy, Christian Keysers of the Netherlands Institute for Neuroscience explains the relationship between watching someone experience pain and experiencing pain vicariously. "When we witness what happens to others, we don't just activate the visual cortex like we thought some decades ago. We also activate our own actions as if we'd act in similar ways [and] our own emotions and sensations as if we felt the same."

I imagine my sister scrolling through Google before going to sleep as she felt the stabbing sensations in her upper abdomen, the indigestion, the uncontrollable body itching. *What is going on?* She might have wondered to herself, her heart rate increasing as she found matching symptoms to particular cancers. Was it sympathy pain when I sat in my office cubicle in 2012 on the phone with my sister, listening to her describe her upcoming diagnostic upper endoscopy? I sat frozen in my chair and noticed a sudden sharp pain in the region where my liver supposedly lives—I've never seen it so I can't be sure. At some point, does sympathy pain mutate into some

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form of narcissistic victimization? *This is about your sister, not you*, I remember thinking while I scrolled between page after page of early symptoms of cancer, my breath shallow. *I cannot feel your pain*, I thought. *But I feel your pain*.

“How would you rate your pain?” Doctors have asked me, referring to the Wong-Baker FACES® Pain Rating Scale, which was invented to help doctors identify severity of pain between one and ten and plan the appropriate course of treatment. I offer them an arbitrary number, highly subjective and based on the smiley or frowny faces correlated with the number, but I don’t tell them about how almost all the time my symptoms fall lower on the scale than the panic and fear that accompany the pain. Does that mean my physiological responses are not real or that my fear can out-hurt what I feel in my body? Maybe I’m misunderstanding the pain scale. Maybe body pain should be strictly dissociated from mental pain. Eula Biss in her essay “The Pain Scale” describes the frustration of pain with nothing to show for it: “There is no evidence of pain on my body. No marks. No swelling. No terrible tumor ... There was nothing to illustrate my pain except a number, which I was told to choose from between zero and ten. My proof.”

On the one hand, I am grateful for this lack of evidence, of course. I am grateful for diligent doctors who search for the phantom pains I speak of. I am grateful that anyone probing me with questions and scopes also takes the time to listen, whether or not they laugh at me after my appointments. I am grateful that I have insurance, which in this country makes it possible for people like me to insist on doctor visits to quiet the real or perceived pain in their bodies. “Pain without cause is pain we can’t trust. We assume it’s been chosen or fabricated,” writes Leslie Jamison in her book *The Empathy Exams*. Pain is supposed to show up in the lab work. When it doesn’t, it must be invented.

“You’re not allowed inside unless there’s blood or fire,” my friends’ parents would say when they shooed us outside to play as children. I remember falling as a kid and hoping for a bruise or a scrape, anything to provide an alibi for what my nerve receptors had signaled. Without questionable bloodwork, doctors look at me curiously with expressions that communicate, *Maybe the pain is in your head*. And then, their brows furrowed with concern for my mental health, they ask or insinuate, “Have you tried a therapist?” To which I reply, “Yes,” while wanting to add, “and she’s great. But in my years of work with her, we haven’t quite worked out how to know whether my body is actually fucked up or just fucking with me.”

At my annual gynecological exam a couple of weeks ago, the doctor asked if there was anything

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else I'd like to discuss before the appointment was over. I told her about the pain when urinating. The pain in my ear. The pain in my pelvis. My voice broke, as it sometimes does at the doctor when I feel nervous, and I was compelled to offer a rationale for my tears, the words spilling out of me. I told her about how, as a kid, my supposed urinary tract infections had often turned out to be bladder spasms related to anxiety. I had heard the term *interstitial cystitis* mentioned before—essentially chronic inflammation of my bladder—which can resemble a UTI on some urine tests. Then I told her about going off my anxiety medication. And finally I mentioned my medical anxiety related to the death of my sister seven years ago.

The shift in her demeanor was imperceptible to the untrained eye. But like with so many doctors before, I sensed a knowingness replacing the concern, the scale of believability tipping out of my favor. In the beginning we had simply been two women around the same age, her with more medical training than I, but me with an ability to self-advocate. Now her voice took on a tone that I likened to the counselor I'd visited as a twelve-year-old. "If you just had a UTI a few months ago, it's possible the bladder issues are psychosomatic," she gently suggested.

I nodded but meekly asked, "I gave a urine sample when I first got here today. Can you test it just to make sure?"

She said she would. Regarding the earache, she stepped closer to me. "I don't have an otoscope but let me take a look." She tugged lightly on my ear and asked if it hurt. I told her no.

Sitting back down, she explained, "If you had an infection, your ear would probably be red and painful when touched. If it gets worse, schedule an appointment with your primary care doctor." She then leaned forward, clasped her hands, and with softness in her voice, asked me why I decided to get off anxiety medication.

"Is this a daily thing, this tearfulness?" She questioned.

I went blank for a moment. *You idiot* my brain mocked me. It's a fair question.

I fumbled with my words, unsure how to explain myself confidently. I had been on medication since I was fifteen, I said. I had been doing a lot of work with my therapist. By the time I went off my meds, I had been on a low dose for years. My husband and I were talking about having kids, and—even though we still don't know for sure that we want them—I wanted to see if I could be stable without medication, well before I ever tried to get pregnant and breastfeed. And, for the most part, I thought I had been doing well. "It's just that I have these moments." I wiped an escaped tear.

She explained that she had many pregnant and nursing patients on antidepressants. I nodded agreeably, somewhat relieved but also aware that I had never heard a consensus among the

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various doctors and gynecologists I had spoken with about medicating while pregnant. And yet, what was the impact of an anxious and unmedicated mother on an infant? There were pros and cons either way.

“Has medication helped with your anxiety in the past?” she asked.

“Yes,” I admitted, which was true. But then I also recalled all the tests run on my body between 2012 and 2020, and how for each diagnostic procedure, I had been taking Lexapro or Cymbalta or Luvox or Prozac or Wellbutrin or Zoloft or some combination of them.

“If you are feeling this anxious regularly, I’d encourage you to consider going back on your meds. I’m happy to prescribe something.”

For years they had been happy to prescribe me something. I didn’t know how to ask my body what it wanted. I told the doctor I’d think about it. I left her office with an unclear urine culture, a reportedly healthy vagina, and a continued skepticism about the wisdom of my body.

Eight years ago, two years after my sister had passed away—and while I was medicated, for what it’s worth—I visited a gastroenterologist for recurring acid reflux and stomach pain. I had tried antacids, but the discomfort had gotten worse. When the doctor asked me about my family history, I told her about the long list of intestinal conditions on one side of my family. She asked if I’d ever gotten a colonoscopy to get a baseline reading. I told her no, I was only twenty-eight. She recommended I get an endoscopy for the stomach issues and a colonoscopy to rule anything out, given my risk factors.

A few weeks later, I woke at six on the morning of the procedures, shaky with nerves and hunger from fasting. My husband attempted to calm me on the way to the hospital, explaining over and over that he was not concerned, that it was highly unlikely I was sick, and that once it was over, we could get breakfast. I couldn’t think about breakfast, only that this was potentially our last moment of blissful ignorance. As if any ignorance had ever been blissful for me. “What if I have cancer?” I asked him feebly, like a child begging a parent to assure them ghosts do not exist.

“Then all your fears would have come true,” he said teasingly. Then he shrugged and added calmly, “No, then we’d figure it out.” His response made me smile. He knew I needed someone to take this less seriously than me.

My heart pelted the inside of my chest as I removed my clothes to put on a gown, my body naked in the sterile hospital bathroom. The colonoscopy prep liquid I had consumed the day before had left me empty and weak. Before leaving the bathroom, I sat on the toilet one last time to relieve myself of nothing—the consistency of my bladder and bowels had become indistinguish-

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able, about which my doctor would later pronounce, “Your colon is so clean, great job with the prep!” I nearly made a joke that, to my very core, I’d always been an overachiever.

Staring into the bathroom mirror, I noted the bags under my eyes in the fluorescent lighting, how the gown had so easily created a patient out of me. That familiar voice taunted: *You are twenty-eight. You are probably fine. It’s only going to get worse. If this is your response now, what will happen one day when something is actually wrong with you?*

Ever since my sister died, hospitals have triggered in me a breathlessness and bodily constriction after the nights I’d spent there when she was sick. This included driving past one or walking into one, no matter the purpose of the visit. To be there for anything related to my body, to my unexplored cavernous contours, even for an outpatient, preventative procedure, I was unhinged.

“What you’re describing sounds like terror,” my therapist recently offered as I explained my dissonant fear of and desperation for the doctor. As is typical for me in her office, the tears came easily. “Does the sadness have words?” Her tenderness was an invitation, and I waited a moment for the swelling in my throat to release so that I could respond.

“I wish,” I told her, “That I could just be a grown-up.”

She nodded and waited a moment. “I don’t know if you can be a grown-up until you acknowledge the kid parts of you that are still scared.”

Her response reminded me of a passage I’d read in psychiatrist Bessel van der Kolk’s book *The Body Keeps the Score*: “The only way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going inside ourselves . . . Once you start approaching your body with curiosity rather than with fear, everything shifts.”

Befriend. Be curious. Become aware. These phrases are like foreign bodies in my mind bouncing around. “I hate my body,” I have moaned. “I wish I had her body.” “My body can’t.” “My body won’t.” My body has existed as a separate and unequal part of my being, something to contend with, or not contend with. It slows me down, holds me back, speaks too loudly, speaks too softly, doesn’t speak at all. It has been the petulant and disruptive child that I am not interested in caring for, much less befriending. All I care about is making sure it doesn’t kill me.

After my gastrointestinal procedures, I loopily woke from sedation, desperately searching for the doctor. “Am I okay?”

She smiled and proceeded to explain that my insides looked mostly normal, though my intestines had an interesting texture, which of course made me pause and frantically ask, “What

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does that mean? Am I okay?"

She laughed. "Yes, you're fine." I could feel my body relax as I sank heavily into the hospital bed. She touched my arm and added, "I'm not worried, but—" she raised her eyebrows and glanced at the heart monitor— "we're going to have to keep you here until your heart rate comes down. It's currently at 160." One hundred beats per minute over my resting heart rate. I was fine, but not fine.

In the tenth grade, the same year I first saw a psychiatrist and was prescribed antidepressants, my English teacher introduced our class to metaphors and similes by way of the Indigo Girls and Vanilla Ice. To this day, I am convinced no teacher has ever more effectively instilled good music and literary devices in me than Mrs. Haney. She picked "Closer to Fine" and "Ice Ice Baby" and asked us to underline hyperbole, metaphor, and similes in the lyrics. I memorized both songs, creating a playlist on a CD and singing them at the top of my lungs while driving around in my rusted-out 1990 Nissan Maxima. I was particularly drawn to the searching angst of "Closer to Fine" and underlined the entirety of verse two, reading it over and over, singing alongside Amy Ray's harmonic vocals: *Darkness has a hunger that's insatiable / And lightness has a call that's hard to hear / I wrap my fear around me like a blanket / I sailed my ship of safety till I sank it.*

How closely these figures of speech mirrored the existential fear I carried. Continue to carry. I'm unsure whether I'm more afraid of illness or of sinking my ship of credibility with every doctor visit. At this point I do not just need my doctors to tell me that my heart and uterus and bladder and liver and ears are working properly. I need them to tell me that my self-awareness is working properly. That my body can be trusted, its signals are reliable, that my overly sensitive nervous system is not communicating on behalf of the rest of my body. I need them to tell me my body is not the enemy. But they can't offer that. No one can.

Most people relate to fear; anxiety disorders are, apparently, not everyone's struggle. I find this hard to believe, given that being alive is terrifying, but according to the National Institutes of Mental Health, only 31 percent of adults in the U.S. experience an anxiety disorder in their lifetime. Maybe anxiety is underreported. Regardless, fear and anxiety are distinct in that fear is a healthy survival response that mobilizes the body to flee from or fight off threats in our environment. Anxiety is an imposter masquerading as a healthy response. It is fear with no outlet, just a loop that plays over and over like a scratched CD. I wish I could turn off the music.

It is difficult for me to tell the two apart because they create similar physiological responses in my body. The same rapid heartbeat, shortness of breath, sweating, trembling. Do I run as far



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away as fast as I can or *just calm down, you're fine*. Fear is intelligence. Anxiety is subterfuge. Van der Kolk talks about the importance of not only community and validation to provide support for sufferers but reciprocity: "Being truly heard and seen by the people around us . . . For our physiology to calm down, heal, and grow we need a visceral feeling of safety. No doctor can write a prescription for friendship and love: These are complex and hard-earned capacities." Only a few trusted people have earned these capacities in my life: my therapist, my partner, and my fellow anxious beloveds who have bonded with me not in spite of my anxiety but because of it.

"I don't get paid enough for my anxiety," one friend once told me. "It's a full-time job. I will lose an entire work week to recover from my last anxiety episode." Her suffering mirrors mine. She feels my pain. Later in *The Empathy Exams*, Jamison references Anne Carson's poem "The Glass Essay" to highlight the importance of exposing the commonality and universality of pain. Shared suffering creates an opportunity for shared humanity. Despite the loneliness of pain, we are never as alone as we feel. "Pain only reaches beyond itself when its damage shifts from private to public, from solipsistic to collective."

*Lightness has a call that's hard to hear.*

And yet, exposing the dark caverns of my mind to lightness is when I've begun to heal. Am I talking about physical pain or mental anguish? Yes. For me, they are frustratingly inextricably linked.

In my last therapy appointment, I mentioned my gynecologist's suggestion to get back on Lexapro, and my therapist suggested we first explore some coping tools. The weaning and withdrawal process to get off antianxiety medication had been awful, and I maintained my original desire for an alternative. "Lexapro is always there," she said. In the meantime, I will try acupuncture. I will try craniosacral therapy. Pelvic-floor therapy. Maybe chiropractic care. I will try a bottle of new and improved Natural Homeopathic Stress Relief drops made of five flower essences from Amazon. I am optimistic about the flowers. Maybe homeopathy will never offer my body homeostasis, and I'll find my way back to some sort of mood-stabilizing selective serotonin reuptake inhibitor (SSRI). Or maybe it will. I can hear the breathy chorus of the Indigo Girls in my head: *There's more than one answer to these questions pointing me in a crooked line. The less I seek my source for some definitive, the closer I am to fine.*

At my PCP's office, sitting with the friendly faced nurse practitioner, I finally explained my issue. "It feels like I have this pressure in my ear. It's not so much an earache but like the right side of

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my face is swollen, like in my throat and neck. Does that sound weird?" I touch below my ear, the sensitive muscle down my neck. She moves closer and gently holds my neck with both hands, feeling my lymph nodes and lightly massaging the muscles. Standing face-to-face with her, feeling the tenderness of her hands, it occurs to me that I am being held. How I am calmed by this odd intimacy. How, though I am in my thirties and well into adulthood, I will never exhaust my need for compassion.

"Have you gone swimming recently? Does it feel like there's water in your ear?" she asks.

"No, but it does feel like a similar pressure."

"Is it hard to hear?"

"No."

She looks in my left ear with an otoscope. "Let me check the good ear and then the one that hurts."

"This might sound weird," I add self-consciously, "but I've gotten it in my head that there's something crawling in there. Like a bug or something." I don't mention that I went down a Google rabbit hole where I found a video of a doctor removing a cockroach from a patient's ear after clicking on an article titled; "Your ears are cockroach heaven and that's why they keep crawling in there." I am now convinced that one has found refuge in mine during the night. It is either that or the other thing I Googled: "Is ear cancer a thing?" Apparently, yes, it can be. *Can* is the operative word. I am not interested in percentages or statistical likelihood, only that we are dealing with possibility.

"Let me take a look," the NP says, and I am grateful that she does not outwardly laugh or dismiss. She moves to my right ear. "Does this hurt?" She pulls on it.

"Not really," I say. "It feels deeper in my ear than that."

She pulls down on my lobe and presses the otoscope into the ear canal. After a moment she says, "Hmmm, yep. You've got quite a fluid buildup in there. There's no infection but the fluid surrounding the eardrum is causing it to bow out." She cups her hand sideways. "That's why you feel pressure in there."

"No bug?"

"No, but that persistent buildup could cause your eardrum to rupture, which would then allow bacteria to develop and cause an infection. I'm going to prescribe you an oral steroid that will help reduce swelling and allow the fluid to drain."

"Do you know where it could have come from?" I ask.

"It could be from changes in air pressure, congestion, allergies, water in your ear, lots of

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things. It could be stress, even repeated neck tension.”

I think about the three flights I took recently, a scuba-diving trip. the stress of living in a body. And I wonder if any of this could have contributed to my irritated ear canal. Driving home, my brain translates her words into language that I know I will need for my future anxiety: *You are not crazy. Your body gave you information, and you listened. Your self-awareness is working.*

I drive to the pharmacy to pick up my prescription. When I arrive at home, I get a phone call from the gynecologist’s office. Labs came back, she says. I have a urinary tract infection.

The relief I feel will be short-lived: those second and third chances at life. I still remember where I was sitting when I got the news that my CAT scans were clear, that my ultrasounds showed no abnormalities. These moments of reprieve, the tired voices of nurses at the end of a long day who, whether they realize it or not, hold the power to my peace of mind. It’s like passing a checkpoint on a video game, the extra hundred seconds until I need another assurance that life will continue as normal. But I wonder, sitting in my porch swing after picking up two prescriptions for curable illnesses, what is this *life as normal*? The loop that plays over and over like a scratch on a CD. *I wrap my fear around me like a blanket.* How do I turn off the CD?

“What happens if you do get cancer?” My therapist has asked me. I know this question. It’s the cognitive behavioral therapy question, the one that causes the patient to face the fear head-on. I hate it every time. And I can feel the blood draining from my face and the familiar welling of fear. “It would be so awful. I can’t go through what my sister went through,” I tell her. “I don’t want to go through what she went through. No one could help her.”

My therapist makes the face that looks like a hug, the empathetic eyes that mourn with me. I don’t know how she has so much to give me every session, and then someone after me, and then someone after them. “I know,” she says. “And I’m not going to talk you out of that fear. But I wonder if you can remember that you are not your sister. And what happened to her isn’t happening to you today.”

When I don’t say anything, she asks what I’m thinking. I can’t help myself and reply, “But what if it *does* happen?”

She pauses and then answers, “If it does happen, you won’t be alone.” My husband’s voice echoes in my head: *Then we’d figure it out.* These are not the answers I want. I want her to say that it won’t happen. That I will be fine. And she can’t. But something about her not trying to assure me, her sitting with me in the darkness, makes the room feel lighter. The music on its loop gets quieter. The mind and body reach a temporary truce. Even when this is all in my head, I am held. ♦