

TOMORROW IS MEMORIAL DAY; the office is closing early, and I leave in a state of pleasant anticipation. On the street, it is hot. Madison Avenue is choked with people. The air is palpable and foul. After only a few blocks, I begin to feel peculiar. Not just oppressed by the heat. Scared.

There is nothing to be afraid of, that's the odd part. More than three days without work stretch before me. I've been separated from my husband for a year, but I have a hand-some boyfriend I'm on my way to meet-

that he is morose and elusive and has a tendency to drink too much are facts I am trying to ignore. I'm walking along a familiar street in New York City, where I've lived for almost twenty years. I ought to feel safe.

Endangered is more like it. My heart starts beating very fast, very loud. The thin clothes I am wearing might as well be wool. My mouth is dry. My eyes won't focus. I stumble into a lobby, where at least it is cool, and I lean against the wall.

A man asks if I am all right. I start to say yes, but then I change my mind and let him lead me into an office icy with air-conditioning. He sits me down in a bright red chair and brings me orange juice. My hand is trembling so violently I can't hold the paper

cup and he has to pour the juice into me, gently, as if I were a sick child. He tells me to take a taxi home. He looks at me kindly but skeptically. I wonder if he thinks I have been taking drugs.

I thank him and leave. I would like to follow his advice. But the prospect of entrusting myself to a cab is as frightening as staying on the street. Besides, I am determined not to admit to my scowling, sexy boyfriend that there is anything wrong. Maybe it was only low blood sugar. Maybe I'll be all right now.
I'm not all right. I seem to have forgotten

how to walk. My legs are stiff and clumsy, as if they'd been clapped into metal braces; I have to swing them from the hip in order to take a step. People avert their eyes. Possibly they think I had polio or a bad accident. I lurch my way through the crowds, sweat pouring, praying I'll get the eight blocks to my destination.

At last I do. It is a small, dark Greek restaurant, almost empty. My boyfriend hasn't arrived yet. I have time to recover. I drop into a booth, order coffee, wait. The ordeal is over—or so I think.

I should have known I was wrong. I ought to have recognized the trouble as a warrior recognizes her enemy, because I'd met it be-fore, about a year earlier. I had gone to the movies—alone, the way I liked to—and almost as soon as the film began, I felt queer

and nervous. At first, I thought the decline of poor, crazy Bette Midler in *The Rose*, up there on the screen, was doing me in. Then I wondered if I was sick. I went to the ladies' room, undid my jeans. To my astonishment, I couldn't zip them up again. My arms and hands were locked, unable to move. I had to stagger out of the

There she stands, rooted in the pavement, desperate to make her way through the crowd but clutched in the grip of paralysis. This is the second time she's disgraced herself in public. She'll do anything to see that it never happens again! By Katherine Weissman

> bathroom half-dressed to get help, and I wound up in a hospital emergency room. This incident had none of the pathos of ordinary illness. It was ugly, like showing my insides to strangers. I wanted to forget it. I was being warned, but I didn't want to listen.

I wonder if anyone really listens when the bells start [continued on 118]

AGORAPHOBIA [cont'd fr. 112]

tolling a litany of perilous, clinical words like alcoholism or anorexia or agoraphobia. You shout back, "Not me!" Certainly, I didn't fit the popular perception of an agoraphobe-a housewife literally trapped in domesticity, a thin and suspicious recluse who never lived much in the world anyway. I worked in an office, earned a good living, had a grip on reality, dressed well, spoke clearly, and moved fast. Now, all that had changed. Twice I'd been disgraced and disabled in a public place, and twice was no accident. Those two episodes became the foundation of my phobia, the cornerstone of hard fear that brought an entire prison into being.

The illness didn't come all at once, and it wasn't immediately obvious. In a city like this one, both dangerous and anonymous, a person who stays home might be merely prudent or shy. So if I didn't take the subway anymore, I could rationalize by saying I was tired of the crime and crowding and noise. Not showing up at friends' parties wasn't much noticed either; I had never been the social type. And when my circle of safe territory grew smaller and I stopped riding the train to the suburbs on Sundays to see my mother, she thought I just didn't have the time.

As the summer passed, my boy-friend began to slip away like quick water. The more I needed him, the less he was around, and making plans even a week ahead became too much of a commitment. When, full of guilt, he finally broke up with me, it was as if a long, bad fever had come to an end. But his departure also left me with the unwelcome thought that I had been abandoned by two men in the space of little more than a year. I felt I would always be by myself now, and I began to despair.

This is how I despaired: Waking up in the morning, I would be seized with fear. My heart raced. My mind jabbered. I felt as if I'd been plugged in to a current that made me gasp and shake. I would get dressed for work and go out the door, double-lock it, ride down the elevator, and walk the long block to the bus stop. Sometimes I would turn back halfway there. Sometimes I reached the stop but couldn't get on the bus. To climb those steps, to be borne away among strangers into an unknown territory where there was no safety, no home, where my legs might stiffen and refuse to carry me, where my arms might cease to work...that was impossible.

I had a therapist. But up to now I had brought her only minor skids, neurotic little stumbles. When I began the slide into real trouble, it was too fast and steep for her. She was pregnant,

preoccupied, and when her baby came, she vanished. It was difficult for me not to feel abandoned. Again.

For a few weeks more, as fall froze into winter, I went on working. Some days, I phoned in sick. Other times, I got friends to escort me to the office and take me home. But people get impatient when they can't see the disease. They wish you would go back to being the normal woman you used to be, and sometimes they imply that whatever's the matter is all your fault. You aren't trying.

I am in the office. A sudden December dark is falling, and I turn my desk lamp on, feeling scared, needing to go home, even though it is only four and I know my position and reputation are becoming weaker each day. It is humiliating to have to ask my coworker C to go with me in the cab uptown. But it is worse still when she turns to me and says, "I really think you should try to do it by yourself." To have her confront me with my lack of courage, to make a moral issue of my illness—this feeds my worst fear: that I am not sick but merely self-indulgent. Even though I know C believes it is better and braver to be honest with me, I feel she is cruel, and I cry.

It was a peculiarity of my agoraphobia that I could almost always move about without panic when there was someone with me—as if the companion were a portable substitute for home. They say women's psyches crave connection; if so, then my illness was a distorted and exaggerated expression of that need. I could get through society, as a child wades through low waves, only by following the safety ropes, hand over hand. Otherwise, the sea would swallow me up.

Finally, I couldn't make it to the office anymore. My boss promised to protect my job as long as she could; meanwhile, I retreated to my apartment. I was capable of going to a little grocery store on the corner, no farther. Broadway, four lanes wide and alive with cars and crowds, could not be crossed. Once, I tried a trip to the supermarket on the other side of the street. But while I was waiting in the checkout line, I began to tremble and had to leave the frozen food melting in the cart and run home.

I tried to tell a friend how I felt, how the horizon seemed to tip and buildings began to lean in on me and every passing person appeared to be cold and unconcerned. And she asked, "But what are you afraid of?" I couldn't answer. I had this image of myself falling, in slow motion, right there on the sidewalk; there was blood and faintness, and I wanted nothing so much as to wake up safe in a white bed in a warm house.

I am not one of those people who is always checking with her inner child, but at this juncture, the concept certainly applied. I had come to a stop, arrested my development, turned myself back into an infant, wet and furious, swaddled in frustration. The only way I could get anywhere was in somebody else's arms. So it is logical that the crucial person in my recovery was the one individual who wouldn't shrink from the baby in me. Late that December, my mother packed a bag and came to stay.

By then, she seemed to me the only whole thing in a world gone to pieces. She herself had suffered a shattering blow more than twenty years earlier, when my father left her and my brother and me. Everything else flowed from that divorce, including my early marriage, by which I hoped to escape the wreckage and make my own security, my own home, with a man who was sworn by law to stay with me forever.

He did stay, for fifteen years. But when he left, I felt doubly devastated—as if my mother and I were cursed, as if we came from a line of women who drove men away. All the pain and fear of my father's abandonment came back. The two events merged in my mind into one enormous leave-taking. Home seemed gone. And it would have been, if not for my mother.

I had another ally: a new therapist, Dr. D, who had enough muscle, psychiatrically speaking, to carry me. He had seen worse, I think. But he made it clear that my task was, quite literally, to learn to walk again on my own.

The problem was, I didn't want to. On the contrary, I was almost too depressed to get up in the morning to go with my mother to a therapy appointment; I didn't have enough joy in me even for a movie, or enough concentration to read or watch TV, or any spirit for Christmas.

There is no one so self-absorbed and stubborn as a person in the midst of a nervous breakdown. Sometimes I got so scared and sour and tired of struggling to do the simplest things that I had tantrums. I refused to go out. I cried constantly. At night, I would stand by the open window, looking down twelve floors and frightening my mother.

Dr. D said we had to hurry. The longer I languished indoors, he explained, the more alien the idea of going outside would seem. But I had almost no tolerance for being alone in the world. I had to be reconditioned. The doctor prescribed that I perform at least part of some public trip or transaction on my own each day. This exercise made me feel as if I was in a reform school; I was supposed to give

AGORAPHOBIA [continued]

myself marks, one to ten, depending on how frightened I felt while I was going to the supermarket or drugstore or bank—ordinary errands that seemed to me like walking on a high wire.

My mother was anxious and committed and went to the library to read agoraphobia case studies. She read about women who had stayed inside their houses for thirty years. I ignored the books. I didn't feel they accounted for anything or helped; they just suggested to me that the disease I had was common and incurable. Once, I called an agoraphobia self-help group. The woman on the phone said their next meeting was on Long Island and she hoped I would come. "How am I supposed to get there?" I asked. "Well," she replied, "you have to figure that out yourself." I hung up, angry and dubious. Maybe, I thought, I have a worse case than they do.

I was better off in at least one respect: I had a job to go back to. It wouldn't wait forever, though, so late in January I arranged a part-time schedule to start with, and on cold winter mornings my mother and I would get on the downtown bus together. We had a progressive plan. At first, she got off the bus only ten blocks short of midtown, leaving me to complete the trip to the office alone. Then she started to get off closer to home, each day leaving me earlier and earlier. When she would rise from her seat, a look of sorrow and encouragement on her tired face, I would be struck with a sense of awful loss. I'd sit there feeling ugly, fat, misshapen, and as if my disability made me smell a little funny.

Finally, after two months of practice, I could make the trip to work on my own. I still had difficulty getting back home, though, so in the spring-a bleak spring, with a blizzard in early April, on my birthday-I started hiring escorts to pick me up at the office. Not decorative young men but usually Latin American women in their twenties. Although they didn't understand what was wrong with me, they liked me well enough, and the work was easy for them. But it was hard work for me. Every second was a test. The fear was always with me, and I wondered whether it would ever end.

My friend E is telling me of her own agoraphobia. When she was twenty, living in Paris, she was rushed to the American Hospital with convulsions. Even indoors, she says, the panic found her. Only medication helped. At that revelation, we look at each other like bitter old soldiers, because we both know how waking up to a table full of bottles—and gulping two, three, five

pills the instant you come to consciousness—makes a person feel sicker, even if the stuff controls your symptoms.

I would have liked to ignore the drug question here. I would like to have pretended I pulled through without chemical intervention (those pills I hated, and loved), but that wouldn't be the truth, and I'm grateful to E for making me face it.

Dr. D tried various antidepressants. I stayed on them for about a year, then stopped. They stabilized me but made me gain weight and go dry in the mouth and held no real allure. Not so the tranquilizers the doctor prescribed. He gave me very few, for good reason: They made me feel too secure; they acted as a substitute for a warm human presence and represented a trap of their own. When I couldn't get them legitimately, I got them through a wellconnected friend. I took a Valium every day. I was hooked-and lucky that my friend recognized the addiction and after a couple of months refused to get them for me anymore. I mourned those small blue pills I called valentines, which were, indeed, like love tokens to someone as scared and bereft as I. But I never thought they cured me. I knew I was the source of my illness, and my own salvation too.

I am describing to Dr. D the physical horror of being on the street. He says when I have a panic attack, my body and mind react as if I've encountered a fierce and hungry lion. "But there is no lion," he says. After that, I try to think of my terror as a cowardly, flimsy sort of beast I have made up totally out of my own craven imagination and can send right back where it came from.

The fear that keeps agoraphobics imprisoned often does appear to be alien—a force of nature, borne on the wind like a virus or carried in some rogue gene. The panic roars along with all the blind, irrational power of a cancer and seems as deadly.

I know it's fashionable now to find physiological causes for breakdowns like mine. Maybe it is chemistry that makes some brains prone to spin into panic and others as calm as milk. But I believe my disease grew chiefly inside my mind, not my body. And as I got better, I fumbled for the reasons I'd become sick, thinking if I had a theory about the cause, I could get a permanent cure. Otherwise, who knew when I would be ambushed again?

My agoraphobia was about aloneness; I'm pretty sure of that. This is something I didn't wish to confront. Women, especially, don't wish to confront it because we are taught to regard our relationships—our traditional

[continued on 124]

QUICK FACTS ON AGORAPHOBIA

What is it? Literally, from the Greek, "fear of the marketplace." It refers to the fear and avoidance of a place (usually public, often crowded) where the person perceives there would be no help or escape route in the event of a panic attack. The essence of agoraphobia is its potentially crippling effect rather than its immediate trigger: When it takes hold, everything and everyone outside a narrowly circumscribed ring of safety is felt to be perilous.

Who has it? According to the National Institute of Mental Health, an estimated 3 percent of the adult population (five to six million Americans). Three out of four are women. The disorder typically begins in a person's late teens or early twenties.

What is its connection to panic? Some people—those who are *not* agoraphobic—may experience the terrifying symptoms of panic but not develop a pattern of avoiding any place in which they might have an attack. Others develop full-blown agoraphobia because they are so afraid of the possibility of another attack that they'll do anything to avoid it—even become permanently housebound.

What is the route to recovery? Psychotherapist Jerilyn Ross, who runs her own center for people with anxiety disorders in Washington, D.C., emphasizes that each case must be evaluated individually to determine the best combination of treatments that work for the patient. The mix may include medication and cognitive-behavioral therapy, such as helping the patient to unlearn the anxiety by exposing her to the feared situation or by changing the way she thinks about it. There should be significant progress within six to eight weeks. Hospitalization is rare unless the agoraphobe is also severely depressed.

FOR MORE INFORMATION:

- Call the National Institute of Mental Health at (900) 64-PANIC.
- Contact the Anxiety Disorders Association of America at (900) 737-3400 (\$2 per minute); to order printed material, write to ADAA at 6000 Executive Boulevard, Suite 513, Rockville, MD 20852 (include \$3 for postage and handling)



Get Weight Off and Keep it Off with NordicTrack...

America's most efficient, total-body workout.

Diets Alone Don't Work.

When you eat less, your body automatically reduces its metabolism. You lose some weight, but feel tired, grumpy and hungry. Inevitably you give in, splurge and gain the weight back again.

The Secret To Lasting Weight Loss.

For best results, eat sensible meals and get regular aerobic exercise on a NordicTrack* exerciser. Our highly efficient total-body workout will raise your metabolism, so you can get weight off and keep it off.

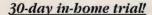
NordicTrack: "The World's Best Aerobic Exerciser ."

Fitness experts agree that cross-country skiing is the world's best aerobic exercise. Our patented flywheel and one-way clutch mechanism simulates the smooth total-body motion of cross-country skiing. You'll work more muscle groups to burn more fat than with a treadmill, stairstepper or exercise bike. You'll even burn

or exercise bike. You'll even bur up to 1,100 calories per hour.

Easy to Use; As little as 20 Minutes a Day.

NordicTrack is as easy as walking. And it's time efficient. As little as 20 minutes a day, three times a week is all it takes.



1993 NordicTrack, Inc., A CML Company • All rights reserved





FREE Video and Brochure

Call 1-800-441-7891 Ext. 16613

or write: NordicTrack, Dept. 166L3 104 Peavey Road, Chaska, MN 55318-2355

AGORAPHOBIA

[continued from 120]

roles of wife and mother—as the ultimate glory. And if these are the only correct roles, then being alone strongly suggests you have failed: You are empty and, as the song goes, have no home in this world anymore. Staying indoors, you can hide the "shame" of being a spinster.

More than sorry for myself, I was angry. I hated the men I had loved—the men who, it seemed to me, had left me flat. Even though I was more of a worldly success than any of them, including my father, I didn't feel I had the strength to stand alone. I needed to lean. So I leaned and I clung, and when they shook me off—who can blame them?—it made me furious. Agoraphobia was my revenge, my sitdown strike, my refusal to move—the most passive of aggressions. But, of course, I was the one who suffered.

It's hard to tell how deep that dependence runs in me now. A lot of it becomes invisible when you are with a man-although one clue is certainly how frightened you are of losing him, what you will put up with to keep him. I think a lot of women see being single as being lost in a moonscape, sterile and airless. They can't turn it into a warm and populated place, even in imagination, and maybe it would be a lie to try. I still despise being alone. I always will. Yet even I can see it has a spaciousness and a spice—an abandon—that vanish in someone else's company. Imagine the elation of not being tied to anything or anybody or anyplace, like a kite or a ship or a pirate.

My story has a happy ending: My mother went back home that summer, and I went back to work full-time. I continued with therapy three days a week; I couldn't get enough of it. I dreamed of Dr. D—the only man not to desert me—and struggled with solitude. Over the next year, I marked my recovery with milestones of a private kind: first subway ride, first movie by myself, first walk through the park, first cab, first train to the suburbs, and first plane to Paris. Small risks that got bigger month by month as I learned to trust myself again.

It is six o'clock, deep rush hour at Times Square Station, with the smell of cheap food and the scream of subway trains and the press of people all around me: grim, resigned, hungry, angry, caring no more for me than for a candy wrapper underfoot. I am packed in the train, holding onto a pole, swaying. I am hot and tired. I am many things, but I am not afraid. I am free. Home isn't uptown and I'm rushing north to meet it; home is with me always, close and precious as a ring on my finger.