



The Mask

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(Fam Med. 2021;53(6):467.)

doi: 10.22454/FamMed.2021.341773

Sharon is constantly fidgeting with her mask, something my student and I notice before anyone speaks. She appears much older than her 38 years, with makeup thickly applied that doesn't quite hide the dark circles under her eyes. "I went to the ER last night," she says, her voice soft like she is afraid to speak. The chart says we are seeing her for uncontrolled hypertension and chest pain. The ER evaluation showed no cardiac issues. We learn she is a single mother of two who are now home for virtual schooling.

She continues to tug at her mask while we interview and examine her. "It's very hard to breathe with this on," she says. Her blood pressure and pulse are moderately elevated, but the remainder of her examination is normal.

"What are you most worried could be wrong?" I ask, leaning in toward her to show my concern.

"My heart I guess," she replies softly, her gaze downward and askew. Neither my student nor I are convinced. Her uneasy posture and halting speech seem to signal that there is more to say, perhaps a worry not easily put into words. She seems irritated and pulls at the mask like it is suffocating her. I begin to wonder if the mask is reminding her of something difficult she may have experienced. Does she want me to ask, or would it feel like I am trespassing? Am I ready to hear what she might say? Gripped by sudden awareness of a fleeting opportunity, I find my courage.

"Sharon, did something happen to you that makes wearing a mask feel scary or uncomfortable?" In the brief silence that follows, I feel my confidence recede, like I am treading on a newly frozen pond with a crack forming in the ice beneath me.

"I was raped. It was years ago. He reached around and held his hand over my mouth." Her eyes search ours for a response. "I don't usually talk about it."

I imagine she smells her attacker's hand, feels her neck stiffen and her airway constrict every time she dons the mask. The cloth which guards against viral particles that threaten illness are a conduit for Sharon's traumatic memory.

Sharon breathes deeply with relief and goes on, confessing she left her job as a hostess because she cannot tolerate keeping a mask on during work hours. The only time the painful recollections relent are during the hours spent at home with her family, unencumbered by the mask.

The pond ice holds firm as I consider how to respond. If she is brave enough to reveal this, I can at least face my own uncertainty about what to offer.

"I'm grateful that you felt like you could share that story with us," is what comes out. There is stillness as the three of us take stock of what has just happened. I reflect on the mask, the catalyst of her suffering but perhaps also the shield behind which she summons the confidence to tell us of her trauma.

We regroup and talk about next steps. Sharon is not ready to pursue counseling; for now, she is open

to a small dose of an anxiolytic to take when she needs to mask up or leave home for a stretch. Her blood pressure has already eased into the normal range and she agrees to a follow up visit in a few weeks.

My student and I talk about how it was less Sharon's words than what we observed in her voice, posture, and movements that propelled us to arrive at a deeper truth. We speak of being trauma informed, yet how difficult it remains to ask and hear about these devastating experiences. Did we help Sharon? We are hopeful, yet decide it is too soon to know; time and trust in our longitudinal relationship will reveal the full impact of our recognition of her trauma. Our hope is that reframing our inquiry to discover what *happened*, more than just what is *wrong*, then simply offering our presence in her suffering, may at least open a door to healing.

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