

Wizards, Masks, and Metagnosis: Is the Pandemic Truly Changing Us?

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How has the pandemic changed us, and what tools might we use to understand these changes?

The mask is a useful figure in following these shifts. In March of 2020 when the first U.S. COVID-19 wave hit New York City, where I live, the streets were silent save the sound of ambulance sirens. Initially, wearing masks was verboten for non-clinicians. Then it became a voluntary act for the civic-minded, and then a mandate. In the present limbo of August 2021, as I write this piece, depending upon the context a mask can signal any number of things, from health status to political stance, to the daily progression of the Delta variant, to the intersection of global, federal, state, and local guidance and regulations—all in constant flux. And while living outside of societal norms has often been symbolized by masking (western gunslingers, superhero vigilantes, bank robbers), such a stance is now more likely struck by *refusing* to mask in the face of policy. How might the mask represent the changes wrought by the pandemic, and the possibilities it offers for further transformation?

Alongside the figure of the mask, these changes can also be understood as an experience of *metagnosis*, a term I coined to describe the experience of learning something new about oneself when the “something” has always been there. It can occur with a medical diagnosis of a long-standing condition either when a condition remained undetected, or because of shifting diagnostic boundaries. Suddenly finding oneself in a different category often prompts abrupt reevaluation of terms like normal, impaired, or disabled. For example, when I learned of my lifelong undetected visual field “defect,” none of the labels such as defect or impairment seemed to fit, as it was my normal; yet at the same time, it was unquestionably real. Or when adults receive diag-

noses of ADHD or autism spectrum disorders—both of which have had considerable diagnostic expansion—they may feel an attenuation of life-long guilt and shame while simultaneously questioning the neurotypical bias of such pathological designations.

Because these experiences often provoke a change in knowledge, “metagnosis” literally means *changed-knowledge*. In *Metagnosis: Revelatory Narratives of Health and Identity* I examine this phenomenon as a fulcrum which generatively illuminates and destabilizes the balance between our bodies, lived experience, the material world, and the social constructions we deploy.¹ Beyond individual diagnoses, it can illuminate experiences such as genetic revelations of biological parentage and geographic origin as well as broader realizations, such as societal reckoning with the longstanding disease of systemic racism. When it comes to the mask and its variable meanings for non-clinicians during the pandemic—it, too, can be understood as metagnosis, as it reveals ideologies, vulnerabilities, and attitudes which may not have been visible but were likely there all along.

What is the significance of the mask for clinicians? What metagnostic moments might it reveal? Beyond their functional purpose, masks often symbolize professional identity. The physician memoir genre, for example, exhibits a persistent pattern of masking/unmasking, hiding and revealing. This theme is made explicit in titles such as *Behind the Mask*, *Life Behind the Mask*, *Man Behind the Mask*, *View from Behind the Mask*, *Voice from Behind the Mask*.² Most of these “Behind the Mask” memoirs are by surgeons (who do wear masks while performing surgery) and all on this list are by men. Here the mask represents the barrier between physician and patient which these accounts tantalizingly promise to pull aside, showing the wizard behind the curtain. As surgeon Paul Ruggieri describes in his 2012 *Confessions of a Surgeon: The Good, the Bad, and the Complicated . . . Life Behind the O.R. Doors*: “I wrote this book to take you right up to the operating room table and give you an up-close view of what I see as a surgeon. I want you to meet the person behind the surgical mask.”³

Physician memoirs display this masking/unmasking trope in their cover imagery as well—explicitly, with a masked physician’s face, or suggestively, by only showing part of the body, masking the rest, or only showing the white coat or symbols such as the stethoscope (fig. 1). While early titles were published with pseudonyms, such as “Dr. X’s” 1965 *Intern* (“the first inside account of modern medical and hospital practice that has ever been”⁴), this prevailing pattern of hiding the physician-author’s face is increasingly curious as the authors are

no longer anonymous; indeed, they are habitually depicted, mask-less, on the back cover or jacket flap. Those who appear unmasked / unfragmented / un-occluded on front covers are typically women and/or BIPOC physicians who are not playing the “guess who’s behind the mask” game.⁵





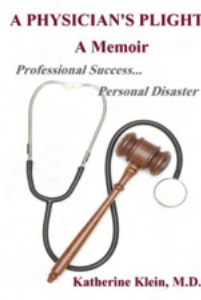
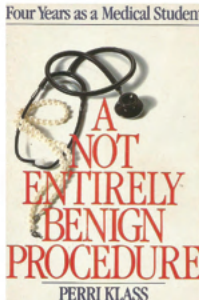
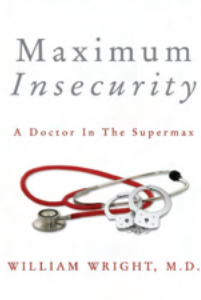
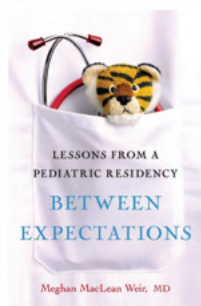
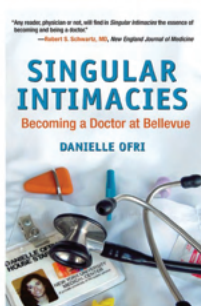
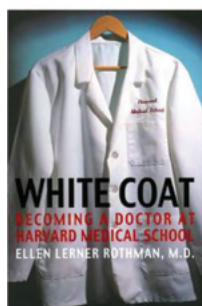
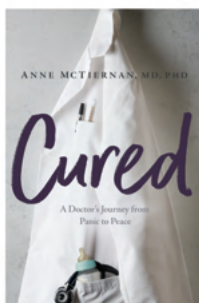
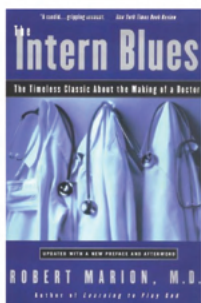
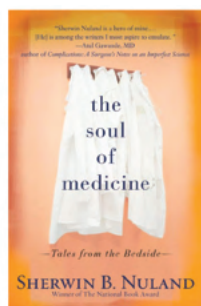
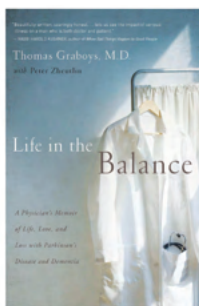
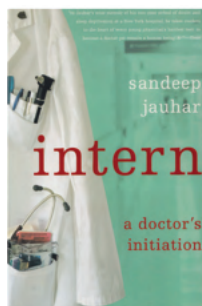




Figure 1. Physician memoir covers exhibiting the masking/occluding theme, from masks to headless bodies; to white coats, scrubs, and stethoscopes; to doctors walking or facing away; to blurry headless ER docs and beyond.

The memoirs' content is as redundant as their covers. Recent decades have witnessed what Donald Pollock describes as a "virtual epidemic" of "training tales."⁶ These accounts typically follow a predictable quest narrative⁷: (1) The protagonist enters health care with idealism and commitment, then (2) experiences a bewildering initiation, characterized by confusion, disorientation, imposter syndrome, humiliation, fatigue, and physical degradation, resulting in a painful loss of idealism and feelings of betrayal, increasing desensitization, and misery, until (3) they are figured as a patient, either directly or by proxy, and undergo a humbling and epiphanic experience about the essential humanity of doctors and patients, which enables them to (4) practice medicine with greater empathy and caring.⁸

How might metagnosis help to fathom the masking/unmasking trope, and what should we glean from these patterns? Do the covers' Frankensteinian images of body parts represent the radical de-corporealization of clinical training, in which the doctor is mind, not body; invulnerable, not vulnerable; "objective," not "subjective"? In which case, are these memoirs attempts to glue the pieces back together again, to become re-embodied? Is the fractured mind/body/spirit of the disenchanting physician—Dr. Frankenstein's monster created by modern medical training and practice, with its hubris, bureaucratization, and dehumanization—re-assembled into the figure of the doctor-creator, reversing the shift of the name "Frankenstein" from creator to creature in the history of the story? Indeed, each time a physician's humanity is re-learned in these memoirs the result is a lone enlightened doctor emerging from what has befallen him in order to become a valiant savior and redeemer, following the arc of many Frankenstein-derived narratives (e.g. X-Men's Logan; Adam in *I, Frankenstein*; K in *Blade Runner 2049*).⁹ For Pollock this repetition of the heroic quest produces a uniquely "morally ennobled figure" which simply re-inscribes the physician-wizard's authority.¹⁰ It is a resistance to true metagnosis, true changed-knowledge.

The doctor-patient role-reversal in stage three of these memoirs symbolizes the removal of the mask only to put it back on again. The metagnostic reveal—the mask drawn back, showing what was there all along—is a fig leaf for the profession, a faint towards understanding, even if the individual physician-writer does not experience it as such.¹¹ Given the generic repetitiveness of these narratives and their covers, the revelation isn't so much of the *individual* "person behind the mask," but that the physician *is* an actual person. Hence the oft-repeated lesson we are instructed to draw from them, that "doctors

are humans too, and illness is a key part of the human experience."¹² These accounts offer successive reenactments of this revelation, as in Michael Akpata's *Life Behind the Mask*, which purportedly "peels back the mask that can separate the doctor from the human being."¹³

This move reverses the classic metagnostic "tomato in the mirror" plot twist in speculative fiction, wherein a character realizes they are not human but in fact an AI, alien, undead, clone, or some other unwelcome ontological shocker.¹⁴ For example, Philip K. Dick's 1969 short story "The Electric Ant" begins with the protagonist waking in a hospital bed only to learn that he is not human but an organic robot. Peeling back the mask, he finds that in his arm "natural skin covered natural flesh, and true blood filled the veins and capillaries. But, beneath that, wires and circuits, miniaturized components, gleamed . . . [L]ooking deep into the wrist he saw surge gates, motors, multi-stage valves."¹⁵ (Then, in a further Kafkaesque development, he lifts his chest wall to find tiny spools of punch tape which turn out to be a "reality-supply construct," demonstrating that not just one's body but one's entire conception of reality can be revealed as a fabrication.¹⁶) In contrast, the repeated revelations in these physician memoirs achieve the converse: behind the robotic algorithmic skin of the mask or white coat, we find an actual human; behind the curtain Dorothy finds not a wizard but a person.¹⁷ Surprise! Ironically, the repetition of this revelation conveys not the individuality of the particular person behind the mask, but instead recapitulates and reinforces the generic anonymity of the masked covers and the masked role.

Perhaps this mask/unmask repetition compulsion comes down to these authors worrying at an apparent paradox or contradiction: The physician cannot be the embodied, suffering human without toppling the edifice of medical certainty. This paradox can be understood through a range of different lenses: That the physician cannot breach writer Susan Sontag's kingdoms of wellness and sickness;¹⁸ sociologist Talcott Parsons's "universalistic, functionally specific, and affectively neutral" doctor role vs. the "helpless" sick role of the patient;¹⁹ medical philosopher Richard Zaner's power asymmetry, "not merely a formality of socially instituted relationships, but an existential reality."²⁰ Cannot breach physician-scholar William Donnelly's apparently incompatible conceptual systems of biomedical and personal points of view.²¹ Cannot be both the bearer of the Foucauldian anatomico-clinical gaze figuring contemporary Western medicine—"the loquacious gaze with which the doctor observes the poisonous heart of things"²²—and that poisonous heart upon which it gazes so loquaciously. *Certainly*

cannot be both effective and affective, mind and body.²³ Cannot be divine, or divine-adjacent (per Voltaire, doctors “partake of divinity, since to preserve and renew is almost as noble as to create”²⁴) and simply human; cannot be machine and mortal (hence some creative cyborg angels and insects—electric ants, of a sort—attempting a crude synthesis; see fig. 2). Cannot, moreover, be the masked passive-voiced narrator *and* the unmasked character without prompting a debilitating case of Generalized Metaleptic Anxiety Disorder. After all, the physician narrator, occupying the patient role in stage three of the clinician *bildungsroman* template—even temporarily or symbolically—challenges the subject/object divide so integral to biomedicine. And perhaps we simply don’t *want* this metagnostic revelation; don’t want the wizard revealed as just a muggle.



Figure 2. Florida Hospital “Wing Stent” and “DaVinci” advertisements, 2007.

Is there a path out of this tiresome masking/unmasking cycle, a way of exploding these apparent paradoxes? Might we experience a metagnostic reveal of the person behind the mask without immediately forgetting it again? Might the mask be remade as a chrysalis, from which these cyborg angel-insect creatures can emerge and truly

unmask themselves? In these efforts we could take our inspiration from the female and BIPOC physician authors who are quite aware of their own embodied situatedness, and who have already forged important exceptions to the generic trend.

The pandemic affords us a new opportunity. In those early days, when the eerily quiet streets of New York City were pierced only by the wail of ambulance sirens, I biked past the USNS Comfort hospital ship docking in the Hudson River and a field hospital being erected in Central Park. Local politicians instructed the populace to lock down. And then messages-in-bottles began to arrive on the shore: self-portraits by nurses, patient transporters, doctors, respiratory therapists—people working in the hospitals, caring for the sick. They were posted on social media from Bellevue hospital in Manhattan, from Elmhurst hospital in Queens, and from all around the world. A plea: *Stay home*. (And: *Get us the resources and support we need*.) Remember? They took off their masks and showed their PPE-abraded faces lined with determination, fear, fatigue, and, for many, the trauma they will carry for the rest of their lives. As they worked with such commitment and sacrifice and bore witness to so much suffering and death, they exposed their own naked faces, their own broken skin.²⁵ Humans—not superheroes, not wizards. Humans, caring for other humans.

Pandemic derives from the Greek πάνδημος: of or belonging to all the people. This pandemic may have wrought a newfound metagnostic awareness of our interconnectedness; but we have always been bound to one another. The pandemic is also an apocalypse, in the sense deriving from the Greek verb ἀποκαλύπτειν, to uncover, disclose; but it is an unveiling of suffering and inequity which has always been with us. Sirens have always wailed in the streets. I heard them in those early days only because the city was so hushed. As the Proustian narrator says of his childhood sobs: “In reality their echo has never ceased; and it is only because life is now growing more and more quiet round about me that I hear them anew, like those convent bells which are so effectively drowned during the day by the noises of the street that one would suppose them to have stopped, until they ring out again through the silent evening air.”²⁶

How has the pandemic changed us? It has wrought a global rash of metagnosis, as we became freshly aware of our vulnerability, inequity, and interrelation—conditions which have existed all along. Looking at the unmasked faces of health care professionals, can we—clinicians and non-clinicians alike—truly pull aside our masks and change our knowledge? Might we think anew about such categories

as normalcy, health, ability, and disability, as well as the roles we habitually play? Might we truly deconstruct the binaries that bind us in apparent paradox—be it doctor/patient, mind/body, health/illness, divine/human, skill/emotion, observer/observed, objective/subjective, subject/object? As the noises of the street rise again, must we return to the masking/unmasking repetition played out in physician memoirs—re-inscribed in the *New England Journal of Medicine's* current essay contest, which prompts clinicians to “write about the doctor behind the curtain,” keeping the wizard in his place?²⁷

Let us instead recall that when the curtain was pulled aside, the wizard was just a human—a wise human, even, and one who revealed that Scarecrow always had a brain, Tin Woodman always had a heart, and Cowardly Lion always had courage. Just as the masked and fractured physician represented on the memoir covers always had them, too. As do we all.

Let us hold these lessons in our minds, hearts, and courageous spirits. And let us take the opportunity, with the metagnostic reveal of our shared humanity and vulnerability, to truly change these masks, these roles, and health care writ large.

NOTES

1. Spencer, *Metagnosis*.

2. Examples include Gelber, *Behind the Mask*; Akpata, *Life Behind the Mask*; Mallory, *Man Behind the Mask*; German, *Surgeon*; Weeder, *Surgeon*; Lahoud, *Voice*; Treacy, *Behind the Mask*; Lam, *Saving Sight*.

3. Ruggieri, *Confessions of a Surgeon*, Introduction. Physicians are a select subset of clinicians, and focusing on their voices certainly perpetuates their privilege. Alongside this important consideration is the fact that doctors have a particular role as cultural signifiers—from Lady Macbeth's doctor to Flaubert's Charles Bovary and from Dr. Zhivago to Dr. House. It is precisely *because* of this privileged role that it is illuminating to examine the ways doctors are represented and represent themselves, even as we must elevate the voices of the many and varied roles within health care.

4. Doctor X, *Intern*.

5. Examples include Firlik, *Another Day*; DasGupta, *Her Own Medicine*; Jauhar, *Doctored*; and paperback editions of Magliato, *Heart Matters* and Ofri, *Singular Intimacies* (2003).

6. Pollock, “Training Tales,” 399.

7. Cf. Arthur Frank on illness narratives: “Quest stories meet suffering head on; they accept illness and seek to use it. Illness is the occasion of a journey that becomes a quest . . . defined by the ill person's belief that something is to be gained through the experience” (Frank, *Wounded Storyteller*, 115). In these physician training tales the primary antagonist is often not illness per se, but rather the system of health care education and practice.

8. Kathryn Montgomery Hunter notes that there are many such “stories in which the doctor-heroes grow from insensitivity to understanding,” citing examples from Anton Chekhov to Richard Selzer and William Carlos Williams. Montgomery Hunter, “Satiric Image,” 141. See also Spencer, *Metagnosis*, 28–29.

9. See Spencer, *Metagnosis*, 183–84.

10. Pollock, “Training Tales,” 345–46. See also Brown and Garden, “From Silence into Language,” 504.

11. Pollock notes the oddity of so many of these accounts written by relatively inexperienced doctors: “It appears almost as if a broad lay public had ‘authorized’ these physicians to provide precisely these kinds of critical accounts of medicine. . . . [O]ne suspects that within medicine as a whole, such training narratives are approved of as a kind of professional conscience to which novice physicians can give voice, while similar themes from senior physicians would be met with less comfort by the medical profession” (Pollock, *Physician Autobiography*, 123).

12. Wilson, Millard and Sabroe, “Physician Narratives of Illness,” 21.

13. Akpata, *Life Behind the Mask*.

14. See TV Tropes, “Tomato”; Scithers, Schweitzer, and Ford, *On Writing Science Fiction*, 112–13; Spencer, *Metagnosis*, 175–87.

15. Dick, “Electric Ant,” 102.

16. Dick, “Electric Ant,” 104–5.

17. Fleming, *Wizard*.

18. Sontag, *Illness as Metaphor*, 3.

19. Parsons, *Social System*, 292; 296–97.

20. Zaner, “Power and Hope,” 267.

21. Donnelly, “Language of Medical Case Histories,” 1047.

22. Foucault, *Birth of the Clinic*, xi–xii.

23. See Irvine and Spencer, *Dualism and Its Discontents I*, 63–86.

24. Voltaire, *Philosophical Dictionary*, 197–98.

25. See Law, “Health Care Workers”; O’Kane, “Exhausted Doctors and Nurses”; Holohan, “Italian Nurses Share Selfies.”

26. Proust, *Swann’s Way*, 49–50.

27. *New England Journal of Medicine*, “NEJM Contest.” Thanks to Allison Coffelt for suggesting this reference.

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