

The enormous problem of medical gaslighting

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Opinion

Many have heard of gaslighting, in which a predator makes one examine their sanity by causing cognitive dissonance. The receiver of gaslighting may question whether their thoughts, memories, and opinions are valid, leading to confusion and loss of self-esteem. However, medical gaslighting is another critical type of manipulation that is far more insidious.¹ Medical gaslighting is when a healthcare provider dismisses a patient's complaints, causing them to feel unheard and as if they have been minimized.² In this article, I will explain in further detail what medical gaslighting is, what it looks like, and how to end this insidious practice.

What is medical gaslighting?

Medical gaslighting occurs when a medical practitioner wrongly blames a patient's illness or symptoms on psychological problems or denies their patient's illness. Gaslighting in all its forms is a form of emotional abuse. Admittedly, some patients complain of non-specific symptoms making it difficult to pin down their diagnosis. However, in gaslighting, the professional may be too ready to downplay or completely dismiss the valid complaints of their patients.

What does medical gaslighting look like

Instead of looking for a possible cause of the problem and treating it, some physicians brush off certain patients' complaints, which can lead to misdiagnosis or worse. Medical gaslighting often involves patients who are women and people of color. Women are told that their symptoms are due to premenstrual syndrome (PMS) or that a mental health condition causes them, and the severity of their complaints is not taken seriously. People of color frequently experience medical gaslighting with erroneous beliefs rooted in racism and unconscious biases.³ Many medical professionals treat those who have fibromyalgia with disdain, attributing their pain to a psychosomatic disorder where the patient only believes they hurt.

The long-term effects of medical gaslighting

Medical gaslighting occurs when a medical or mental health professional brushes off their patient's symptoms, which can lead to devastating consequences. Medical gaslighting leaves long-lasting negative impacts on people's lives, causing them to feel:

- i. Anxious
- ii. Depressed
- iii. The Symptoms of PTSD
- iv. Full of Self-Doubt
- v. Insecure
- vi. Traumatized

Above are milder impacts of medical gaslighting as some patients who are told they are not sick either verbally or by the way their physician treats them can die from complications because their diagnosis was not recognized or treated.

Recognizing medical gaslighting

Recognizing medical gaslighting in oneself or colleagues is vital to cutting weeks or even years of misdiagnosis and lessening the pain and suffering of patients. Gaslighting isn't always easy to recognize as it can be subtle. Medical professionals need to learn the signs of medical gaslighting to offer better care to their patients.

If a provider continually interrupts their client and doesn't engage with their patient, minimizes, or downplays the patient's symptoms, refuses to discuss their symptoms, refuses to order imaging or lab tests, or blames the patient's complaints on mental illness, gaslighting might be taking place. Yes, some patients seek help for medical problems with a history of mental health conditions, but that certainly does not mean they are not ill. One should always consider their client or patient as ill until proven otherwise.

Defeating gaslighting of patients

The first step to ending medical gaslighting is recognizing when it is happening. Providers must thoroughly and honestly assess how they treat their clients. They may need to ask themselves some critical questions. Do I, as a physician, dismiss the symptoms of any of my patients because they have a mental health condition, are female, or are a person of color? Do you find myself downplaying complaints brought to me by any of my clients? If so, what is the scientific reason for me to do so?

It is also critical that clinicians remember that patients do not have the training, information, or experience they do, and even if they have some knowledge of medicine, they probably are not trying to deceive. Sometimes patients go to their doctor with a list of symptoms. This need not mean they are faking or hypochondriacs; they are attempting to get all their questions and symptoms correct. Also, many overweight patients are often met by physicians who cannot look past their weight and see the person within.⁴ Instead, these professionals gaslight their patients, telling them their symptoms will disappear if they lose weight. This unfortunate diagnosis can lead to further illness or even death.

To defeat gaslighting of patients, clinicians need to practice active listening, listening attentively to what their patient has to say without judgment to their complaints with a compassionate ear. Learning to hear the words patients say instead of judging them on their appearance, sex, or mental health history allows for better and more accurate diagnoses and less angst on the client's part.

Conclusion

It is critical to remember that physicians hold a lot of power over their patients, and there are numerous accounts of clinicians abusing this power. If those in the medical and mental health fields wish to increase their success rate in treating their patients, it is necessary for them first to examine their motives behind what they say and how they treat them. There is no excuse for leaving someone feeling they are making up their symptoms, or worse, as though they were not heard.

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Conflicts of interest

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