Psychological Impact of Medical Gaslighting on Women: A Systematic Review

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Abstract

This systematic review aimed to evaluate the experiences of medical gaslighting in women. Medical gaslighting is used to describe the dismissive, invalidating, and biased experiences of people with the healthcare system that result in frustration, doubt, and feelings of isolation. Women have significantly negative experiences with healthcare providers when seeking diagnosis and/or treatment, which defines how they signify their experiences as medical gaslighting. To conduct the review, Google Scholar, JSTOR, PubMed, ScienceDirect, Semantic Scholar, Psychology of Health, Jacobs Health Institute of Women, and Journal of Thrombosis and Haemostasis were explored with the keywords of medical gaslighting, women's health, and healthcare experiences of women. 10 articles were selected for the systematic review after data extraction based on the inclusion and exclusion criteria. Seven themes emerged from the selected articles: 1) denial and dismissal of symptoms 2) delayed diagnosis 3) negative experiences with healthcare professionals 4) gender bias in healthcare 5) the need for self-advocacy 6) stigmatization of mental health by healthcare professionals 7) anxiety and trauma. The experiences of women with the healthcare system are overwhelmingly negative and encompassed in medical gaslighting, leading to the worsening of health conditions. The healthcare system requires many reforms, starting with decreasing gender biases in hospitals, healthcare providers and research.

Keywords: Healthcare Experiences of Women, Medical Gaslighting, Psychological Impact, Women's Health

Received: 05 December 2023; Revised Received: 06 February 2024; Accepted: 08 February 2024

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Introduction

In recent years, the term gaslighting has gained substantial popularity among scholars and researchers. Gaslighting is an insidious form of abuse and manipulation where the victim is given false information to the extent that they are unable to rely on their memory and distinguish the truth (Carter, 2022). Previously, the phenomenon has frequently been associated with intimate relationships or workplace dynamics, where the idea of gaslighting revolves around a perpetrator. In intimate relationships, gaslighting may involve the perpetrator causing the victim to doubt their feelings, thoughts, and memories. They may call them out for being insensitive or twist the facts in a manner where they are saying one thing while doing the other (Klein et al., 2023; Sweet, 2019). In workplaces, gaslighting methods such as disparaging skills, downplaying efforts, and emotional invalidation can significantly damage an employee's self-esteem (Aurangzeb et al., 2023). However, many have now started to observe the notion of gaslighting in the healthcare system. This has resulted in the term medical gaslighting—one that patients are increasingly resonating with when explaining their experiences in healthcare. It refers to the denial, dismissal, and inadequate care that people have had to

struggle with in medical settings (Sebring, 2021). When viewing medical gaslighting from a psychological lens, healthcare professionals (HCPs) play the role of the abuser, and their patients are the victims. The way patients feel 'psychologically invalidated' at the hands of HCPs is a phenomenon not many have explored deeply. They have also reported being "discounted" or "doubted" by their doctors, making them feel more anxious and vulnerable. (Durbhakula & Fortin, 2023). However, there comes a gender bias, which has led women to be more frequent victims of medical gaslighting.

Previous research has examined women's experiences with the healthcare system, particularly emphasizing the patient-physician interactions that take place. Gaslighting seems to be entrenched within the patriarchal power structure, as the stigma and bias held against women based on their gender, race, and cast only exacerbate in the medical settings (Fraser, 2021). In a review by Lloyd et al. (2020), it was observed that gender stereotypes precede prejudice in physicians when evaluating women's pain. Women were deemed to be emotional and perceived to exaggerate their symptoms of pain, which restricted their access to appropriate medical treatment. This invalidation exists across a spectrum of medical conditions, such as endometriosis, long COVID, chronic fatigue syndrome, and fibromyalgia to name a few, as well as over a cluster of symptoms that may or may not point to a chronic health condition (Wise, 2022).

It has been observed that HCPs will leave out women advocating for themselves in pursuit of a diagnosis or treatment from their clinical notes due to a mistrust in their ability to explain their symptoms (Silva et al., 2023). Whether it is an acute or chronic health issue, women are seen as unreliable narrators, and their symptoms are persistently dismissed and denied through as they are told it's all "in their head" (Durbhakula & Fortin, 2023). More importantly, these experiences of women are not limited to one race, ethnicity, sexuality, country, or healthcare system; they appear to be ubiquitous and global, with marginalized groups such as black women and women who identify as a sexual minority at an increased risk (Carter, 2022; Wise, 2022). Specifically in the context of Pakistan and other such countries with a patriarchal society, violence and gaslighting of women are found to be more common (Akdeniz, & Cihan, 2023).

Rationale of the Study

To understand women's experiences with the healthcare system all over the world, a systematic review was conducted. Due to the novel nature of this phenomenon, literature on medical gaslighting is emergent. Researchers who have explored this area of study define their focus on a single health condition, which limits the understanding of medical gaslighting across a range of health conditions. Thus, it is important to investigate whether women are invalidated, minimized, and dismissed during the physician-patient interaction regardless of the health condition they present.

The goal of this systematic review is to explore the commonalities of experiences in women across the world with varying medical conditions. This exploration will be in the context of how these experiences are understood and defined as medical gaslighting. Another aim is to identify the implicit stigma and bias in the healthcare system that misdiagnoses women's physical symptoms as psychological or psychosomatic. Lastly, the authors aim to highlight the psychological effects of medical gaslighting on women.

Method

Research Question

The research question for this systematic review is what are women's experiences with medical gaslighting and what are the psychological implications of these experiences?

Search Strategy

The following electronic databases were searched for articles in January 2023:

Google Scholar, JSTOR, PubMed, ScienceDirect, Semantic Scholar, Psychology of Health, Jacobs Health Institute of Women, and Journal of Thrombosis and Haemostasis. The keywords or key phrases used for searching were medical gaslighting, gender bias in healthcare, chronic illness and medical gaslighting, medical gaslighting in women, women's healthcare experiences, dismissal of women's symptoms, and denial of women's medical symptoms.

Inclusion Criteria

The inclusion criteria were:

- Articles that were original research articles both cross-sectional and longitudinal.
- Articles published between 2013 to 2023.
- Articles that consisted of a women-only or women-majority sample.

Exclusion Criteria

The exclusion criteria were:

- Featured articles that didn't discuss medical gaslighting or its themes,
- Were not published in the English Language.
- Were not peer-reviewed journal articles.

Selection Process

Initially, 102 articles were retrieved from the databases. Two independent reviewers evaluated the articles by their titles and abstracts to assess if they fulfilled the inclusion criteria. The full text of selected articles was analyzed to ensure relevance to the systematic review. A total of 10 articles were included in the final systematic review.

Data Extraction

The data extracted from the selected articles included themes of medical gaslighting among women, especially looking at the psychological implications involved. The interactions women had with their HCPs were taken into careful consideration. Two independent researchers collected data from various articles and had discussions to resolve any discrepancies.

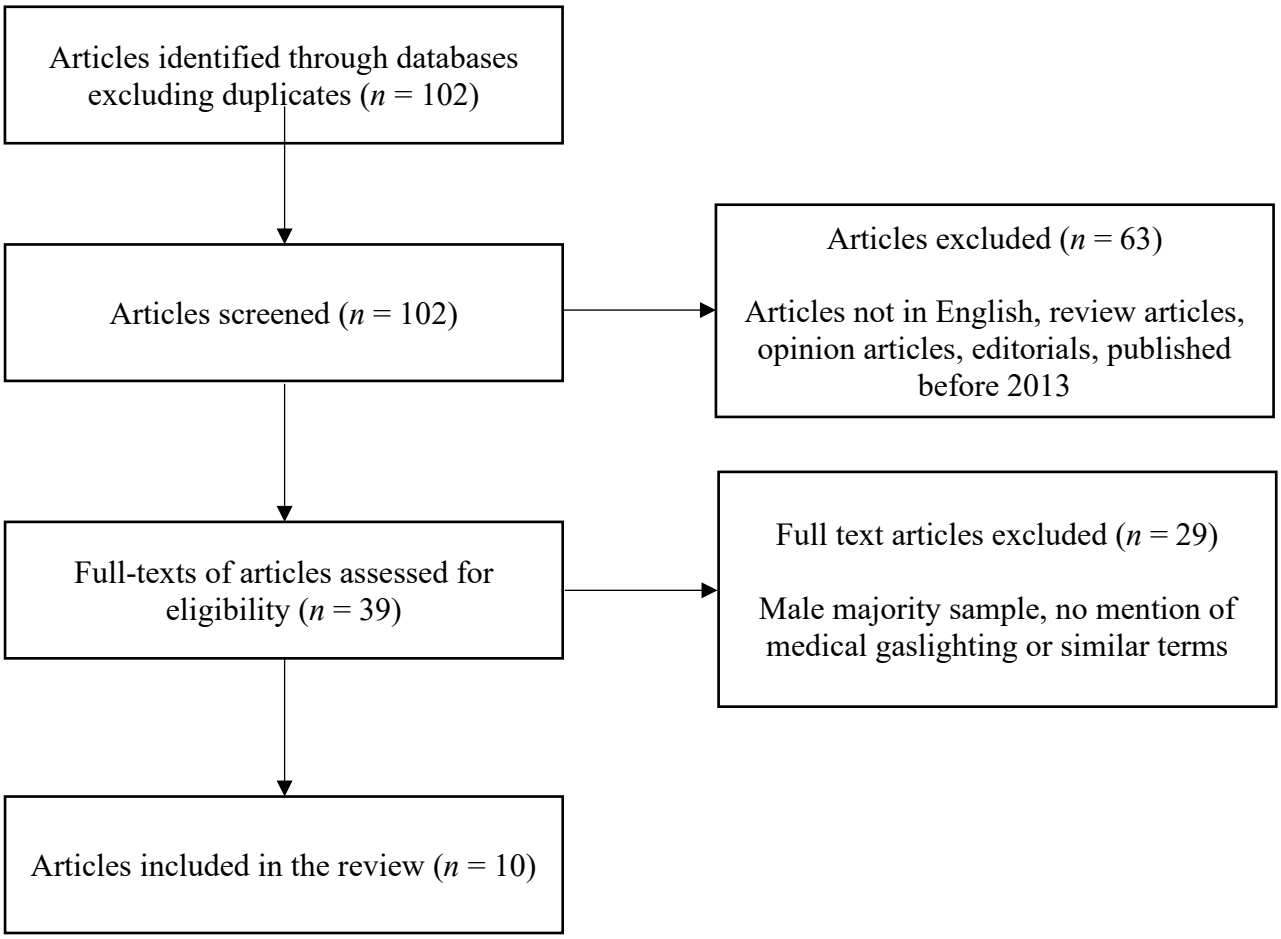
Quality Assessment

The articles selected for inclusion were analyzed by two independent reviewers for their quality, research design, research method(s), inclusion and exclusion criteria, and other factors. Any disagreements between the authors were resolved through discussion.

Data Synthesis

To synthesize the data extracted from the selected articles, a thematic analysis was performed. The findings were classified according to the experiences of medical gaslighting women in healthcare settings and the impacts of it on their psychological well-being.

Figure 1
Flow Diagram of Search Procedure for Systematic Review



Results

Table 1

Matrix of Articles Included in the Systematic Review (N=10)

Author, Year	Purpose	Method	Sample	Variable(s)	Main Findings	Limitations
Arya et al. (2021)	Analyzing the encounters women with inherited bleeding disorders have with HCPs	Cross-sectional	N = 15	Women with inherited bleeding disorders	Lack of awareness and research, dismissal of symptoms, restricted access to treatment, distress and frustration from dismissal and need to self-advocate	The sample is only English-speaking The sample age range is broad (24-70) The sample consists of only Canadian women, hard to generalize
Fielding-Singh & Dmowska (2022)	Examine the experiences of women who've had traumatic childbirths with HCPs and medical gaslighting	Cross-sectional	N = 46	Obstetric gaslighting, denial of mothers' realities	Denying and manipulating reality, dehumanization, delegitimizing judgments, invalidation of feelings, harmful stereotyping	Addresses only one area of healthcare (obstetrics/gynaecology) Experiences of the healthcare system in the United States of America (U.S.A.)

Au et al. (2022)	Navigate the experiences of Americans suffering from long-term COVID-19 with medical gaslighting	Cross-sectional	N = 334 (*F* = 230, *M* = 69, *O* = 9)*	Long COVID, medical gaslighting	Denying the reality of illness, delayed diagnosis and treatment, negative experiences with HCPs	The sample is strictly American The healthcare system in America is drastically different The analysis is not focused on gender variances Long COVID is a recently developed illness
Mattocks et al. (2020)	Examines how veteran women struggle to seek medical help from the U.S. Department of Veterans Affairs	Cross-sectional	N = 80	Gender Bias in the U.S. Department of Veterans Affairs	Gender bias in HCPs, dismissal of symptoms, symptom attribution to hormonal problems, differences in male and female providers, suggestions to erase gender bias in healthcare	The experiences with healthcare are limited to the U.S. Department of Veterans Affairs The healthcare system in America is drastically different Problems in generalizability
Soucie et al. (2020)	Experiences of women suffering from polycystic ovary syndrome (PCOS) with HCPs and what is causing the diagnostic delays	Cross-sectional	N = 62	Women with PCOS	Dismissal of symptoms from an early age, negative experiences with HCPs, doubts about treatment, feelings of uncertainty regarding the future,	Predominantly white sample Experiences from years ago don't represent current healthcare circumstances

					self-advocacy	
Merone et al. (2022)	Examine the experiences of Australian women with chronic health conditions being medically gaslit in the healthcare system.	Cross-sectional	N = 22	Women with chronic conditions	Negative experiences with HCPs, lack of research on chronic illnesses, poor coping	The sample is only Australian Generalizability is difficult at the global level Only English-speaking sample
Thompson et al. (2022)	Identifying themes from women's healthcare experiences based on the theory of communicative disenfranchisement	Cross-sectional	N = 36	Health-related communicative disenfranchisement	Stigmatizing women as "crazy" and "psychiatrically unstable", dehumanization, feelings of shame, grief, self-advocacy	U.S.-centric sample Generalizability is difficult at the global level The healthcare system in America is drastically different
Grogan et al. (2018)	Identifying themes that emerge from women's experiences	Cross-sectional	N = 34	Women's coping with endometriosis	Delayed diagnosis, lack of support from HCPs,	Predominantly White sample Generalizability is difficult at the global level

	of accessing a diagnosis and treatment for endometriosis				lifestyle changes, avoidance of medication, fear of social judgment	
Russell et al. (2022)	Examine the social experiences and interactions of individuals with long covid	Cross-sectional	N = 20 (*F* = 15, *M* = *3*, *NB* = 1)	Long COVID illness experiences, the role of online communities	Confusion about symptoms, lack of knowledge and dismissals by HCPs, support from online forums	Predominantly White sample Gender differences are not explicitly examined Only looks at long-term COVID patients The sample was recruited through online communities
Claréus & Renström (2019)	Study 1: Examine the gender bias that exists in HCPs when diagnosing patients with nonspecific, functional, and somatoform (NFS) syndromes Study 2: Examine the gender differences in patients' healthcare experiences.	Cross-sectional	Study 1: N = 90 Study 2: N = 953 (*F* = 773, *M* = 180)	Physicians' gender bias	Study 1: Women were more often diagnosed with an NFS condition, doubting patients' symptoms Study 2: Men have more positive experiences with HCPs than women, HCPs often attribute back pain in women to NFS syndromes, gender	Sample is Swedish (Western-centric) Addresses only NFS syndromes The primary symptom of discussion is back pain Gender differences are not explicitly discussed

			influences diagnosis and treatment, stereotypes against women

*Note. The sample is female unless specified. F = female, M = male, O = other, NB = nonbinary, *There was some missing/incomplete data in the descriptive statistics.*

Main Findings

After a detailed analysis of ten research articles, seven themes emerged.

Denial and Dismissal of Symptoms

From the 10 articles the authors reviewed, 7 explicitly mentioned that women had interactions with HCPs where they experienced denial or dismissal of their symptoms. Arya et al. (2021) reported the inability of HCPs to acknowledge and understand the symptoms of women's inherited bleeding disorders, which was distressing for them [women] to know. In another study of 46 women and their traumatic childbirth experiences, women shared the denial of their "humanity" (Fielding-Singh & Dmowska, 2022, p.4) through incidences of objectification. Their decisions and judgments were also classified as irrational. Similarly, Au et al. (2022) conducted a study on long COVID patients and reported that their physical symptoms were likely to be dismissed and attributed to a psychological cause, with physicians claiming it's "all in your head" (p. 6).

Two studies mentioned how women's healthcare providers refused to take their symptoms seriously. One study uncovered how physicians attributed women's genuine and severe medical concerns to hormone fluctuations (Mattocks et al., 2020). In the second study, adolescent girls who were trying to seek diagnosis and treatment were refused thorough assessment because physicians claimed their symptoms would be alleviated with age (Soucie et al., 2020). Women not only bear the burden of having to prove their pain but also have to go to lengths to prove it due to the inability of HCPs to take them seriously. They have reported instances where HCPs refused to believe their symptoms were real. Furthermore, those who have had their symptoms invalidated at the hands of HCPs were also given anti-depressants in an attempt to resolve their physiological concerns. Such instances highlight the extent of invalidation that the patients have had to experience.

Delayed Diagnosis

8 studies discussed how women experienced lengthy delays in receiving an accurate diagnosis due to a multitude of reasons. In the study by Merone et al. (2022), women frequently reported being misdiagnosed and re-diagnosed, with a psychological diagnosis often preceding a physical one. HCPs commonly claimed that women were "too young" to be experiencing the chronic symptoms they were seeking a diagnosis for. Similar results were found by Soucie et al. (2022) when examining the experiences of women with PCOS, whose symptoms in adolescence were ignored and deemed unimportant; they would be diagnosed with PCOS later in life. It was reported that physicians were dismissive of symptoms—an occurrence observed in all 10 studies.

In the study by Thomspon et al. (2022), it was reported that physicians blame women for their illnesses. They were criticized for causing or improperly managing their symptoms, e.g., by not watching their weight. Undermining and normalizing pain was common. This resulted in diagnostic delays of years. In another study, it was

found that chronic health conditions in women were attributed to menstrual cycles and hormonal imbalances. This stereotyping led to inappropriate diagnostic testing, which further attenuated women's experiences and delayed diagnosis (Mattocks et al., 2020).

In a study that analyzed the experiences of women with endometriosis, Grogan et al. (2018) found that receiving a diagnosis for endometriosis could take anywhere between 4 months and 25 years. Furthermore, diagnostic delays have been observed in 2 studies of long COVID. These delays in diagnosis have mostly been attributed to a lack of research and the failure of physicians to identify and acknowledge symptoms, especially because of the recent development of illness. Symptoms of long COVID overlap with symptoms of other chronic illnesses, causing difficulties for physicians in deducing a diagnosis. This, alongside the lack of specialists, clinics, and long wait times, has exacerbated the timely acquisition of an accurate diagnosis (Au et al., 2022; Russell et al., 2022).

Another influencing factor in delayed diagnosis in women was the gender bias in the healthcare system. Claréus and Renström's (2019) study on people diagnosed with NFS syndromes uncovered that women's legitimate physical concerns are likely to be attributed to NFS syndromes or medically unexplained symptoms as compared to men, resulting in delayed diagnosis and subsequently symptom management.

Negative Experiences with Healthcare Professionals

A key element in medical gaslighting is the experience patients have with their healthcare providers. From the 10 articles reviewed, 5 have explicitly narrated negative experiences with HCPs. In Merone et al. (2022) study, women reported that healthcare staff treated them disrespectfully, going as far as accusing them of malingering. In 2 studies conducted on people with long-term COVID-19, women identified their negative experiences through the dismissal of symptoms, delayed diagnosis, and lack of treatment (Au et al., 2022). Physicians were unable to answer their questions regarding their worsening condition; this lack of understanding led women to label their experiences as medical gaslighting (Russell et al., 2022).

Women with PCOS have described their experiences using adjectives like "rude", "cold", "callous", "belittling", "pushy", "abrasive", and "forceful" (Soucie et al., 2020). Moreover, they were blamed for their symptoms, and after the initial struggle to receive a diagnosis, they became clueless about how to manage their condition. They reported feeling like there was a significant lack of empathy in HCPs when they were unable to receive appropriate explanations for their illness and treatment options. Mattocks et al. (2021) narrated the experiences of veteran women seeking treatment from the U.S. Department of Veterans Affairs; they reported feeling a communication gap between them and their healthcare providers upon having their experiences dismissed or denied.

Gender Bias in Healthcare

4 out of 10 studies mentioned women noticing and feeling the impacts of gender biases in the healthcare system. Soucie et al. (2020) reported how women lean toward having a physician or HCPs who identifies as female. However, their preference was conditional, as they required understanding from their HCPs about their health conditions. Women felt that female HCPs were able to listen and understand their symptoms better than male HCPS, while also being able to explain the treatment and avoiding jargon so that they could be well-informed about their condition. In Au et al. (2022) study with long-term COVID patients, it was observed that male HCPs are very likely to dismiss women's symptoms due to the stereotypes they have against them for being unable to accurately report symptoms. Veteran women were also

more likely to prefer female HCPs, too, as they felt more validated by them (Mattocks et al., 2020). In the research on the assessment of NFS syndromes, it was discovered that women's physical symptoms were more likely to be diagnosed with NFS syndrome than men. Moreover, male HCPs considered women's physical symptoms to be less serious and important as compared to those of men (Claréus & Renström, 2019). Due to such gender biases in the system, women are less comfortable sharing their problems and are sceptical when it comes to treatment options as well (Soucie et al., 2020).

The Need for Self-Advocacy

5 articles discussed women's need to advocate for themselves, with 2 articles concentrating on one women-specific illnesses. In the articles by Grogan et al. (2018) and Soucie et al. (2020), which focused on endometriosis and PCOS respectively, women commonly reported the need for HCPs to be more educated on their conditions. They would search the internet for answers that physicians couldn't provide and instead become the experts on their health conditions. They also observed a lack of willingness from the physicians' end to educate themselves more on their conditions. With women-specific conditions such as these, it has been particularly observed that HCPs fail to provide proper explanations about what the diagnosis means. Similar findings are presented by Arya et al. (2021) who discussed the experiences of women with bleeding disorders. They often encountered HCPs who were not educated on bleeding disorders, especially in the emergency room, and the responsibility of providing detailed explanations was laid on them. Only through self-advocacy were they able to acquire the proper treatment and care they required. However, while advocating for themselves became a need, it also prompted feelings of frustration and exasperation.

In the article by Thompson et al. (2022), a notable theme was the reacquisition of voice. As a result of medical gaslighting, many women were silenced and rendered unable to express themselves to their healthcare team. While some women remained silent and stopped seeking a diagnosis and subsequent treatment, many educated themselves and pursued the route of advocating for themselves. This was done in multiple ways: by criticizing the healthcare system, highlighting the bias against women in healthcare and research, becoming experts on their illness, standing up to HCPs—"fighting to be heard" (p. 8)—and advocating for other women. Similarly, women with long COVID were confronted by a lack of research and knowledge from HCPs particularly due to the novel nature of the illness. Their self-advocacy journeys were fueled by diagnostic delays, hence they were "forced" to do their research about the symptoms, diagnostic assessments, and treatment plans, and to stay up to date with the latest research findings (Au et al., 2022)

Stigmatization of Mental Health by Healthcare Professionals

Out of 10 articles, 5 reported that women are frequently confronted with mental health stigma in the pursuit of a diagnosis. Two studies reported the misattribution of legitimate physical symptoms to mental health issues or psychological disorders, with the most prominent diagnosis being anxiety (Au et al., 2022; Merone et al., 2022). Women were stigmatized either through explicit labels or perceptions of being "mad" (Merone et al., 2022), "crazy", "psychiatrically unstable" (Thompson et al., 2022), "mental" (Au et al., 2022), "unreasonable", "hysterical", and "dramatic" (Fielding-Singh & Dmowska, 2022). Two studies contrastingly elaborated on how mental health issues were not taken seriously by doctors. Soucie et al. (2022) noted how doctors ignored women's mental health issues whereas Thompson et al. (2022) noted that women were shamed for the same. Moreover, women were commonly told "it's all in their head" (p.7).

Anxiety and Trauma

Grogan et al. (2018) study on women with endometriosis found that since they were not being given the proper care from healthcare providers, they were very anxious about their diagnosis and treatment procedures. Women with PCOS also reported anxiety about their future, particularly regarding their fertility; whether they could give birth, if there was a genetic component to their illness, etc (Soucie et al., 2020). Upon their symptoms being neglected, denied, dismissed, and unexplained, women were likely to feel anxious since their doubts about what could potentially be wrong would continuously increase. They were frustrated and distressed as they felt unheard and disregarded by their doctors (Arya et al., 2021).

Merone et al. (2022) reported that since women were not able to get the help they desired, they were unable to cope well, and felt like they were abandoned as they had to learn to take care of and manage their symptoms themselves. Similarly, people with long COVID had traumatic experiences while dealing with the illness and not getting the help they desired due to the many unexplained and comorbid symptoms resulting from the novelty of the illness. The consequences of medical gaslighting had them feeling alone and extremely anxious; they sought support from online communities rather than consulting their doctors to ameliorate their distress (Au et al., 2022; Russell et al., 2022).

Traumatic experiences were common in women's reports of their interactions with healthcare professionals. Fielding-Singh & Dmowska (2022) studied women who had traumatic childbirth experiences and reported that all women in their study experienced medical gaslighting. Aside from the complications of birth, the negligence of mothers' feelings and healthcare professionals' dismissal of their perinatal experiences, judgments, and reasoning exacerbated their trauma. Furthermore, it was noted that the invalidation of their trauma may even present as "difficulties bonding with their current child as they are unable to let go of the trauma associated while giving birth to that baby" (Fielding-Singh & Dmowska, 2022).

Discussion

There exists a gender bias in the healthcare system where women lie on the other end of the spectrum, resulting in overwhelmingly negative experiences. These experiences are largely influenced by stereotypes, dismissals, and gaslighting. As Sweet (2019) puts it, there are systemic inequalities in the healthcare that influence the phenomena of gaslighting among women. This systematic review uncovered seven recurring themes of medical gaslighting in women, which were denial and dismissal of symptoms, delayed diagnosis, negative experiences with healthcare professionals, gender bias in healthcare, the need for self-advocacy, stigmatization of mental health by healthcare professionals, and anxiety and trauma.

The encounters discussed in the examined literature illustrate how women experience difficulties in finding a healthcare provider who believes and validates their experiences and treats their symptoms or illnesses. HCPs frequently misattribute their physical conditions as psychological ones or gaslight them into believing they're exaggerating or faking their symptoms for attention. This occurs due to several reasons, including ageism (i.e., younger women), lack of awareness, and gender biases (Evans et al., 2023). In a study of chronic pain experiences by Samulowitz et al. (2018), women's experiences were more frequently labelled as sensitive, hysterical, and/or inexplicable compared to men. Their pain symptoms are more likely to be denoted as medically unexplained (Claréus & Renström, 2019). These gender differences are also present in receiving appropriate treatment, such as testing, medication, surgery, and hospitalization.

The biases in HCPs are more pronounced in women belonging to racial and ethnic minorities, having a disability, or having a diagnosed mental health condition (Almeida et al., 2020). As a result of prolonged medical gaslighting, there come diagnostic delays and improper treatment which potentially worsen women's health. Subsequently, women lose trust in the healthcare system and may altogether give up seeking treatment or seek traditional/alternative medicine (Evans et al., 2023).

Medical gaslighting comes hand in hand with many psychological consequences that women face. Firstly, the stigmatization of mental health by HCPs is not only perceived in the form of labels, but also in how they misdiagnose and treat women who don't and do have a psychological disorder in the presence of physiological symptoms (Sebring et al., 2023). Secondly, because HCPs refuse to believe and legitimize women's illness experiences, women perceive these interactions as traumatic (Evans et al., 2023). Additionally, women are not aware that the dismissals from HCPs are not simple refutations, but rather, consequences of the physician-patient power imbalance resulting in medical gaslighting (Joseph-Williams et al., 2014). It often takes women a long time to recognize their experiences as medical gaslighting, and for many, the impacts may be irreversible. As explained by Thompson et al. (2022), the long periods spent seeking a diagnosis and subsequent treatment bring about a sense of loss and immense grief. As a result, the anxiety and trauma that results from medical gaslighting seeps insidiously. While medical gaslighting entails substantial distress, it has led to some positive outcomes, with one being how women have embraced self-advocacy to be seen, heard, and acknowledged by HCPs. They fight to be seen as individuals with subjective experiences and expressions of their illness. This has led them to regain a sense of control over their illness(es) and bodies. In a study of women with metastatic cancer, it was observed that women who advocated for their needs had a better quality of life and experienced fewer symptoms or symptoms with less intensity (Hagan et al., 2022).

Granted, this systematic review has several limitations as well. The sample of all studies was predominantly White women, which limits the generalizability of this review to other racial and ethnic groups. Additionally, many of the included studies were based in the U.S.A., which presents systemic variations in the healthcare structure across the world. Thirdly, all the included studies except one were qualitative with small samples. Including quantitative studies would yield results better suited for generalizability. Lastly, the majority of the studies assessed medical gaslighting in the context of chronic conditions. Understanding women's experiences with the healthcare system for acute health conditions as well may evoke different findings.

Conclusion

This systematic review highlights how the psychological consequences of medical gaslighting can be detrimental to women. Their symptoms being denied, dismissed, or misdiagnosed is a common occurrence for women all over the world. The adverse experiences with their healthcare providers and the biases and stigma that exist in various healthcare systems depict the reality of medical gaslighting. The stress, anxiety, and trauma that these women consequently face leave them alone in the face of adversity, where they have to learn to advocate for themselves. Women suffer the culmination of both physical and psychological distress at the hands of their doctors, who remain unaware of the psychological consequences of their gaslighting. It is also more likely that women's symptoms are taken less seriously at the hands of a male healthcare professional than a female one, illustrating that gender biases are stronger in male HCPs. Further research on what causes these biases to exist in the healthcare

system and how men and women vary in their experiences with medical gaslighting should be carried out.

Implications

This systematic review covers the phenomenon of medical gaslighting which is a topic garnering the interest of many researchers across the world. The findings of this review are relevant to medical personnel like nurses and doctors as well as to psychologists who want to understand how medical gaslighting impacts women's psychological well-being. For instance, HCPs can recognize their personal biases to prevent medical gaslighting. This will ensure healthy communication between both the patient and their healthcare service provider, resulting in better health outcomes for patients. With regards to psychologists, specifically health psychologists, they can work in collaboration with HCPs to educate them about medical gaslighting and help them identify the gender biases in healthcare that largely affect women. They can help improve and promote healthy relationships between the doctor and the patient to make sure the best possible treatment is provided. Health psychologists can also directly work with patients so that women who have been gaslighted in healthcare settings can recognize their experience as medical gaslighting and take the necessary steps to advocate for themselves and receive appropriate ttreatment, including counselling and therapy to cater to any psychological implications they may have faced. Lastly, this review opens the door for researchers to explore new avenues such as comparing the prevalence and effects of medical gaslighting between men and women. They can identify patterns of medical gaslighting that exist among victims and uncover the biases and stigmas that are part of broader healthcare systems.

Contribution of Authors

Kianaat Khan: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft

Noor ul Saba Tariq: Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft

Saima Majeed: Methodology, Writing - Reviewing & Editing, Supervision

Conflict of Interest

There is no conflict of interest declared by the authors.

Source of Funding

The authors declared no source of funding.

Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [K.K.] upon the reasonable request.

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