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Medical Gaslighting: A Pattern of Healthcare Professionals' Communication Inducing Emotional Disorder in Patients Accessing Treatment in Hospitals

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Abstract:

- ***Introduction***

Gaslighting is a dark psychological strategy that has adverse effect on the gaslightee. Unfortunately, medical gaslighting, a subtype of gaslighting is recognizably reported to be in the healthcare system. This study unravel and draws attention to the undetectable phenomenon of medical gaslighting found used among medical healthcare professionals in their interaction and communication with patients accessing treatment.

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➢ ***Aim***

The study described the observed pattern of clinician's communication with patients that characteristically represents medical gaslighting of patients presenting with their perceived persistent symptoms of ill-health in the hospital.

➢ ***Method***

The study used a case study observational research method. It is a naturalistic method of data collection on incidents of medical gaslighting in Federal Medical Centre Makurdi. The information gathered was on clinicians' pattern of communication and patients' narratives of their experience with doctors and nurses.

➢ ***Results***

The findings showed that medical gaslighting is used by healthcare professionals in the healthcare settings. Female patients are more vulnerable to medical gaslighting. Patients who are medically gaslighted are found to experience emotional disorders such as anxiety, and depression leading to their loss of trust and confidence in the healthcare service providers.

➢ ***Conclusion***

Medical gaslighting has long been happening in the Nigerian hospitals and many doctors and nurses are culprits of it during service delivery to patients. This in some cases leaves gaslighted patients, confused, worried, angry, and traumatized and to some extent they began to suffer some kinds of emotional disorders.

Keywords*: Healthcare-Settings, Medical Practitioners, Medical Gaslighting, Patients, Emotional Disorders.*

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I. INTRODUCTION

Gaslighting is defined as a psychological form of mind manipulation that morphs the gaslightee's perception and cognitive lucidity leading to confusion, doubtful and questioning of own feelings, thought, memory, beliefs, judgment and even mental state (Barnes, 2023; Harnage, 2025; Kapaki, & Kotsopoulos, 2024; March et al., 2023; Merriam-Webster, 2022; Roberts, & Dorinda, 2013; Sorrick, 2023). Gaslighting is typically a predominant tendency of abusive people who are in intimate relationship. Behaviourally, gaslighting is a dark psychological scheme for emotional bullying that on one hand has potential detrimental effect to the mental health of the person habitually gaslighted. And on the other hand, gives the gaslighter greater authoritarian power to harass, to frustrate and infringe on the gaslightee's independence and freedom as he or she loses self-trust, and self-confidence leading to increased dependence on the gaslighter (Shapiro, & Hayburn, 2024). Gaslighting tactics include; guilt tripping, lying and gossiping, trivializing, distorting reality, blame game. Others are; accusing, shaming, denial, minimization, rationalization, covert intimidation, censoring freedom, and love bombing etc.

Gaslighting in its original context is predominantly a psychological scheme used by people who are abusive and are in intimate relationship to manipulate a partner's (usually a woman) mind as portrayed in the 1944 movie titled; gaslighting (Abramson, 2024), Gaslighting is a phenomenon that may occur in various situations and settings, such as marriages, (Gass & Nichols, 1988), parent-child relationships (Riggs, & Bartholomaeus 2018), close friendships and personal relationships (Miamo, Bellomare, & Genova, 2021; Graves, & Samp, 2021) social media and professional settings (Durvasular, 2021), workplaces (Aurangzeb et al., 2023), educational institutions (Christensen, & Evan-Murphy, 2021), politics (Ruiz, 2020; Sweet, 2019) or the political sphere (Shane, Willaert, & Tutuers, 2022) as cited in Kapaki,& Kotsopoulos, (2023). But unusually, a subtype of gaslighting has found its way into the healthcare system in the name of medical gaslighting (Tormoen, 2019). Consequently, medical gaslighting of patients by medical healthcare providers has been empirically established in the works of (Davis, 2022; Dhilon, 2025; Durbhakula and Fortin, 2023; Harnage, 2024; Ng, Tham, Singh, Thong, & Teo, 2024; Khan, Tariq, & Majeed, 2022; Moss et al., 2025; Shapiro & Hayburn, 2024; Sorrick, 2023) and many other studies not cited.

According to Berenstain (2018) as cited in (Ruiz 2020), medical gaslighting is described as an interpersonal phenomenon of having a patient's experience of illness marginalized including having his or her self-reported or presenting symptoms downplayed, silenced, or psychologically manipulated by a healthcare professional. Deducing from other scholars' definition, medical gaslighting is an insidious pattern of clinicians communication that is embodied by elements of intimidation, minimization, invalidation, dismissing, ignoring, trivializing, and misdiagnosing of a patient's presenting health concern without any proper laboratory or radiological investigations largely

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because of the physician's personal implicit bias, or display of a sense of authority in medical knowledge and practice (Harris & White, 2022; Ng, et al., 2024; Sebring, 2021; Sorrick 2023). Curiously, from the surface content of the definition of medical gaslighting given by some authors, it is appears that the clinician's manner of communicating is devoid of any intent to manipulate or abuse the patients and perhaps to have control over them as it is in the case of psychological gasligting used by abusive people in relationship.

However, according to medical healthcare practitioners medical gaslighting occurs due largely to a physician's often lack of understanding of the symptoms or approaching them with preconceived notion, lack of comprehensive objective testing or results that may not match expectations also contribute. The physician biases to a particular patient population or gender, narcissistic display of superiority or medical knowledge authoritarianism and decision-making and interpreting of ambiguous symptoms and attributing it often to psychosocial problems, even when those are not the primary drivers of the symptoms (Shapiro, & Hayburn, 2024). Incidentally, these reasons propagated to justify medical gaslighting is indicting the gaslighting clinicians of professional negligence, inadequate knowledge, discrimination and apathy more than being substantive to absolve them of professional wrongdoing.

II. PATTERNS OF MEDICAL GASLIGHTING

There are different patterns through which patients are being medically gaslighted by healthcare providers (physicians and nurses, most especially. Reports of medical gaslighting consistently describe doctors as; hurrying and interrupting and dismissing patients without consideration for proper investigation (Durbhakula & Fortin, 2023). This often makes the patient to become confused and unable to coordinate their thoughts and communicate to express how they are experiencing the problem. Another pattern is the disregard and dismissal of patients' symptoms or their experiences of somatic concerns (Ng et al., 2024; Kapaki, & Kotsopoulos, 2024). The medical doctor's disregard and dismissal is an obvious show of apathy and nonchalant attitude and this usually melts the patient's confidence and trust in the physician. This as a result, leads to the patient's dislike and avoidance of seeing that doctor on their subsequent visits to the hospital. They have also the attitude of minimizing or trivializing, misdiagnosing or diagnosing a patient's genuine concern to be related a psychological disorder (Harnage, 2024; Kapaki, & Kotsopoulos, 2024).

For example, I have a diagnosis of paranasal allergic rhinosinusitis from a consultant Otorhinolaryngologist (ENT). On a particular day I met a doctor and was describing how it is very serious how I often react to almost anything like breathing of an early morning cold air, vapor of a tea I am drinking, soup or stew, mild fragrance cream and soap etc. I further sought to know how nasal irrigation is done and if it is what I can try because I have been using many of antihistamine medications, and other treatment methods consistently but the reaction keeps happening from time to time. Instead of the doctor educating me on the procedure of nasal irrigation, to my surprise, the doctor said I need spiritual deliverance and then extended out the right hand and started praying for me. In the context of the definition of medical gaslighting, the doctor's response to my concern was an attitude of disregard, trivializing, or minimization of my concern. Other signs of medical gaslighting are; miscommunication or even experience of systematic frustrations with the medical system by patients (Sorrick, 2023), blaming and quarrelling a patient, intimidating her with a questions like, "are you or do you want to teach me my job?" It also happens in the form of verbal miscommunication with the patient or documenting misdiagnosis and mistreating that patient. Failing to recommend of proper laboratory or radiological investigations to evaluate the patient's enumerated symptoms for objective and accurate diagnosis.

- *Statement of the Problem*

At different times in the hospital, medical and mental healthcare professionals (doctors, nurses, psychiatrists, Clinical Psychologists) are often seen interacting with patients during consultation with little or no interest in their health concerns and complaints. In some cases, they are found even blaming and quarrelling with patients and even questioning a patient, are you teaching me my job? In many other incidents, they are quick to assume that the patient is experiencing a psychological related problem or they give and document an inappropriate diagnosis and hand out drug prescription or suggest that patients should be seen by a psychiatrist or psychologist without further investigations. Other patients occasionally alleged that a doctor informed them that their problem has witchcraft implication and they should consult their families for intervention.

This inappropriate doctor/patient communication during consultation habitually leaves the patients feeling confused, doubtful and tremendously worried and traumatized. Many times patients referred to me came appearing moody and with teary eyes complaining that a doctor was shouting and refusing to listen to them and they are wasting their time. In fact, below are examples of three patients' cases exemplified for reference in the study for our understanding.

- *Case Study 1*

Patricia, a 41 year old patient on admission was referred for psychological intervention on account of her experiencing depression. During assessment; she narrated that in one of her many visits to a private hospital for medical care, the doctor on a particular day told her "Patricia, your problem is Psychological". This was dismissive or invalidating. Patricia said she became confused, scared, worried, and felt emotionally shattered. Consequently, she was no longer herself because she was constantly thinking she has an untreatable illness.

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➢ *Case Study 2*

Grace, 45 years old woman and a primary school teacher was frequenting the hospital complaining of symptoms which the doctor regarded as indistinct and nonspecific to any particular medical illness. Consequently, Grace was referred for psychological intervention with a documented diagnostic impression of somatoform disorder. Psychological assessment did not confirm it. Many months later, we met and she informed me that her problem was subsequently found to be a disease of the thyroid gland and she eventually underwent thyroidectomy.

➢ *Case Study 3*

Another female patient was referred from private hospital in Gboko to our facility for expert treatment. Written in the referral letter was a singular symptom of "recurrent hallucination" and upon this, a diagnosis of schizophrenia was made as the doctor's reason for the referral. The question is, does a singular symptom of recurrent hallucination warrant a diagnosis of schizophrenia? No, this is because recurrent hallucination although is a schizophrenia related symptom, many other severe medical and emotional disorders could induce it in a person. in our short interaction with the patient to assist her navigate the process of accessing care; she looked confused, worried, tensed and was reacting irritably, she was obviously already distressed possibly from the understanding and doubting of the diagnosis given to her health concern. According to Durbhakula and Fortin (2023), patients are in many cases being discounted or doubted and gaslighted by their doctors making them feel more anxious and vulnerable. Deducing from the patients' reports and my long observed insouciance of the clinicians and their miscommunication with patients seeking treatment for perceived feeling illness, this study seeks to unravel the ongoing long entrenched habit of medical gaslighting in the Nigeria healthcare system.

III. LITERATURE REVIEW

Countless studies have recognized healthcare provider's medical gaslighting of patients in the hospitals. Western and Asian authors have acknowledged that this particular subtype of gaslighting has flooded the experience of patients accessing the healthcare system and it is perpetuated by physician (Harnage, 2024). Definitely, medical gaslighting techniques are semantically and somehow at variance with gaslighting in its original context found located in intimate relationship. Nevertheless, medical gaslighting strategies absolutely have unequivocal potential detrimental impact of disrupting the gaslightee's mind, leading them to question their perception and cognitive sanity regarding their experience with the gaslighter. Apparently, many health experts and authors on the phenomenon of medical gaslighting have argued that it is not easy to detect that a physician is gaslighting a patient. This because, its characteristics and forms are masked in the belief that the physician's behavior towards the patient is unconscious and he may have no premeditated intention to abuse him or her. Besides, it could be understood as the normal standard practice or norm that has defined the power of the health professionals over the patients in the health system. Thus, he or she is not offending the emotion positions of the patients. However, irrespective of the reasons put forward to rationalize or water down the unethical practice of the physician, the reality is that medical gaslighting is real and it often injures the patient's mental health state as well as causes adverse physical health outcomes (Halverson et al., 20230 as cited in Shapiro, & Hayburn, 2023) much like gaslighting does in intimate or domestic relationships.

Professionally, every clinician's interaction with a patient irrespective of his or her social economic, sex/gender, cultural background, which fall short of compassion and empathy, unconditional positive regard, being nonjudgmental, objective assessment and accurate diagnostic communication is a culprit of medical gaslighting. Available studies have proven that certain categories of patients are frequently exposed to medical gaslighting based on their sex, gender, sociocultural background (Obermeyer et al., 2019). Gender-wise, studies have found that that women are greatly exposed to the experience of medical gaslighting from clinicians (Carter, 2022; Davis, 2022; Harnage, 2024; Khan et al., 2024; Ng et al., 2024; Moss et al., 2025; Sorrick, 2023; Wise, 2022) and many others not mentioned. The primary factor is driven by the personal prejudice of the health professional against that gaslightee. In Nigeria, the prejudice is designed along ethnicity, religion, sex, economic status, political status, and occupational background.

➢ *Adverse Effect of Medical Gaslighting on Patients*

Medical gaslighting has tremendous adverse effects on the physical and mental health Medical gaslighting disrupts patient's emotional stability and it persists uncontrollably. A large quantity of literature have reported that when medical gaslighting is experienced, the victim ends up emotionally disrupted and injured which leads to; experiencing of self-Doubt anxiety, depression, symptoms of PTSD, insecure, and traumatized (Davis, 2022) Emotional manipulation and abuse diminishes the victim's self-esteem and ability to be assertive. This by extension impairs the physical and social functioning of the patient. The negative sequelae of medical gaslighting go beyond its harmful psychological impact by way of; diagnostic delay and disease progression leading to adverse outcomes which compromise the health of the patient. Symptom invalidation or misdiagnosis often leads to under-treatment of the patient's problem. Medical gaslighting nullifies patient's trust and loss of confidence in the healthcare provider's service delivery as well as the entire health system (Halverson et al., 2023) cited in (Shapiro & Hayburn, 2023).

The study aimed to expose the observed phenomenon of medical gaslighting of patients accessing treatment for perceived persistent symptoms by Nigerian physicians. Objectives are to:

- Establish that medical gaslighting is happening in the Nigerian healthcare system.

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- Describe the ways patients are being medically gaslighted by physicians in Nigerian hospitals.
- Reveal which gender has being experiencing medical gaslighting most in the hospitals.

IV. METHODS

➢ *Research Design*

This study used a case study observational research method. It is a naturalistic method used to gather data on the existing phenomenon of medical gaslighting in the Nigerian healthcare settings. The study was conducted in Federal Medical Centre Makurdi, Benue State, Nigeria. The observation was focused on a long term witnessing of doctors and nurses manner of communication with patients accessing treatment in the hospital.

➢ *Research Participants*

The participants observed for the purpose of information gathering for the study were medical doctors, nurses and patients seeking treatment for their various perceived ill-health at the Federal Medical Centre Makurdi, Benue State, Nigeria.

➢ *Data Collection*

The data collection was through observation with primary focus on appraising medical doctors and nurses' pattern of communication with patients during consultation or services delivery, documented patient's diagnosis as well as patients' narratives of their perception, thoughts and feelings regarding their experience with the clinicians during psychological assessment to answer or establish the purpose of the reason for the patient's referral for psychological intervention.

V. DISCUSSING OF FINDINGS

This study aimed to unravel the undetected long entrenched prevalent physicians' behavior of medical gaslighiting of patients in Nigerians hospitals. Three female patients' cases were used as evidence for reference in the discussion of the findings. Thus, deducing from the analysis of the experiences of these patients and characteristics of their cases illustrated and others not mentioned, the findings showed that patients are frequently medically gaslighted by clinicians in Nigerians hospitals. This has rightly confirmed evidence form studies that clinicians are often gaslighting patients in the healthcare system (Davis, 2022; Dhillon, 2025; Durbhakula & Fortin, 2023; Moss et al., 2025; Ng et al., 2024; Khan et al., 2024; Shapiro & Hayburn, 2023; Sorrick, 2023). Invariably, the incidents of medical gasligting of patients normally occurred from the interaction with the medical doctors during clinical consultation. Frequently, patients are heard complaining and expressing their annoyance and disappointment with the manner a particular physician had talked to them during consultation. This was confirmed from the experience of Patricia, a civil servant 41-years-old patient on admission referred for psychological intervention on account of a diagnostic impression of experiencing depression disorder. Patricia was medically gaslighted by being told by a medical doctor during one of her visit to the hospital that her problem is a "psychological".

This method and type of diagnostic communication to Patricia validly corresponded with the definition of medical gaslighting as the use of insensible professional attitude of intimidating, invalidating, dismissing, ignore, trivialize, minimizing or misdiagnosing a patient's genuine health presenting concern (Harris & White, 2022; Ng, et al., 2024; Sebring, 2021; Sorrick 2023). The doctor informing Patricia that her problem is psychological implied a dismissal and labelling of Patricia as having a mental related disorder and not a medical disease. The physician's diagnostic communication to Patricia left her feeling confused, and she became constantly disturbed, and worried to the extent of losing her sense of self that resulted to experience of anxiety and depression, which psychological assessment actually established and the cause traced to the doctor's communication that was obviously a medical gaslighting. The persistent anxiety and depression impaired Patricia's ability to go work and she no longer engaged in the social activities she enjoyed being a part of. She became frequently hospitalized on the same health concerns that were not really established from laboratory and radiological investigations.

Apparently, the emotional distress Patricia was experiencing induced by the physician's diagnosing of her health concern as psychological corresponded also with multiple empirical findings that medical gaslighting leaves patients suffering negative psychological, physical, and emotional or mental health damages due to self-doubt, anxiety, depression, PTSD, insecure, and traumatization (Davis, 2022; (Dmowska, 2022; Grogan, 2018; Merone, 2022) as cited in (Khan et al., 2024). The negative sequelae of medical gaslighting go beyond its harmful psychological impact by way of; diagnostic delay and disease progression leading to adverse outcomes which compromise the health of the patient. Symptom invalidation or misdiagnosis often leads to under-treatment of the patient problem. Medical gaslighting nullifies patient's trust and induces loss of confidence in the healthcare provider's service delivery as well as the entire health system (Harverson et al., 2023). Emotional manipulation and abuse has also the potential to diminish the victim's self-esteem, and assertiveness. This by extension impairs the physical and social functioning of the patient like it did to Patricia and Grace.

Regarding gender, the findings revealed that female patients are the most exposed to medical gaslighting by clinicians in the hospitals. This has been established from the three cases (Patricia, Grace, and Florence) reported. Although male patient too are occasionally victims of medical gaslighting (example, was my personal experience of it as captured in the literature). However, comparatively, female

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patients are significantly exposed to medical gaslighting than males. This finding has validly supported the numerous previous studies' evidence that females are the most predominant gender/sex group experiencing medical gasligting from clinicians (Carter, 2022; Davis, 2022; Harnage, 2024; Khan et al., 2024; Ng et al., 2024; Moss et al., 2025; Sorrick, 2023; Wise, 2022) Patients, particularly women, who experience medical gaslighting are more likely to suffer from anxiety, depression, and post-traumatic stress disorder (Dhillon, 2025). Evidently, Patricia and Grace were found from that psychological assessment to have anxiety and depression.

VI. CONCLUSION

Medical gaslighting is a phenomenon that has been long entrenched in the Nigerian healthcare system by the healthcare service providers. Thus, recognizing that medical gaslighting is an unethical phenomenon underscores the critical need to address in order that the Nigerian healthcare system is uplifted to gain the patients trust and confidence in the healthcare professionals. It is hoped that the unraveling of the entrenched and undetected phenomenon of medical gaslighting in the Nigerian healthcare system in this paper will engender a meaningful change, since it has drawn the attention to see medical gaslighting as an abnormality to be addressed. Failing to address this unethical professional trend permits medical gaslighting to persist. This consequently creates a healthcare environment where patients will continue to experience and suffer from emotional disorders leading to increase in the statistics of mental health problems caused by the clinicians' negative pattern of communication during clinical consultations.

RECOMMENDATIONS

Clinicians should uphold to the practice of active listening to patients presenting concerns with empathic approach to their care. 2) Diagnostic communication should not be based on preconceived notions and bias to particular patients' gender or population. 3) Physicians should recognize, accept, and interact with patients unconditionally irrespective of their sex or gender. 4) A valid health history should be always obtained and proper investigations made to determine an accurate diagnosis and treatment. 5) The stress and strain of clinical consultation with an overload in the volume of patients on doctors and nurses should be reduced with the governments recruitment of a larger number of healthcare professionals. 6) Prevention of brain drain tagged as "Japa" by providing a conducive working environment and satisfactory job incentives should also be prioritized.

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Labe, RM conceptualization, and writing original draft, Inunduh, PS, Otene, AS, and Terwase, JM review and editing,

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- *Conflict of Interest*

The authors unanimously declared no conflict of interest

REFERENCES

[1]. Abramson, K. (2014). Turning up the Lights on Gaslighting. *Philosophical Perspectives*, vol. 28, pp. 1–30. JSTOR, https://www.jstor.org/stable/26614542
[2]. Aurangzeb, D. W., Abbasi, M. N. S., & Kashan, D. S. (2023). Unveiling the Impact of Gaslighting on Female Academic Leadership: A Qualitative Phenomenological Study. *Contemporary Issues in Social Sciences and Management Practices (CISSMP)*, 2(3), 1–15. https://www.cissmp.com/index.php /CISSMP/article/view/41/51
[3]. Barnes, E. (2023). Trust, distrust, and medical gaslightting. he Philosophical Quarterly Vol. 0, No. 0. 023. https://doi.org/10.1111/phpe.12046
[4]. Carter, C. R. (2022). Gaslighting: ALS, anti-Blackness, and medicine. Feminist Anthropology, 3(2), 235- 245. https://doi.org/10.1002/fea2.12107
[5]. Christensen, M., & Evan-Murphy, A. (2021), Gaslighting in nursing academia: A new or established covert form of bullying? *Nurs Forum*, 56(3):640−647 doi:10.1111/nuf.12588
[6]. Davis, S.J. (2022). The enormous problem of medical gaslighting. *MOJ Addict Med Ther. 7(1):4 5*. DOI.10,15406/mojamt.2022.07.00151
[7]. Dhilon, J.K. (2025). Psychological effect of medical gaslighting on female patients: A Systematic review. *International Journal of Innovative Science and Research Technology*, Volume 10, Issue 6, https://doi.org/10.38124/ijisrt/25jun646
[8]. Durbhakula, S., & Fortin, A. H. (2023). Turning down the flame on medical gaslighting. *Journal of General Internal Medicine*, 38(15), 3426–3427. https://doi.org/10.1007/s11606-023-08302-4
[9]. Durvasula, R, (2021). Turn off the Gaslight. *Aeon*, https://aeon.co/essays/what-gaslighting-does-in-exploiting-trust-therapy-can-repair
[10]. Gass, G.Z., & Nichols W.C. (1988). Gaslighting: A Marital Syndrome. Contemporary Family Therapy 10(1):3–16. https://doi.org/10.10007/BF009722429
[11]. Graves, C., & Samp, J.A. (2021). The power of gaslighting. Journal of social and personal Relationship, Vol. 38, Issue 11 https://doi.org/10. 1177/02654211026975
[12]. Harnage, N. (2024). A Call to study the bidirectional relationship between healthcare accessibility issues and medical gaslighting for marginalized groups with chronic pain. https://digitalcommons.murraystate.edu/honorstheses/245

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov915

[13]. Harris, A., & White, A. (2022). Medical gaslighting and diagnostic overshadowing in women's health: A critical review. *Health Sociology Review*, 31(2), 113–127. https://doi.org/10.1080/14461242.2022.2040985
[14]. Kapaki, V., & Kotsopoulos, N.(2024). Shining the light on medical gaslighting and its impact on patient safety. *Athens Medical Society*, www.mednet.gr/archives
[15]. Khan, K., Tariq, N. ul, & Majeed, S. (2024). Psychological impact of medical gaslighting on women: A systematic review. *Journal of Professional & Applied Psychology*, 5(1), 110–125. https://doi.org/10.52053/jpap.v5i1.249
[16]. March, E., Kay, C. S., Dinić, B. M., Wagstaff, D., Grabovac, B., & Jonason, P. K. (2023). "It's all in your head": Personality traits and gaslighting tactics in intimate relationships. *Journal of Family Violence*. https://doi.org/10.1007/s10896-023-00582-y
[17]. Merriam-Webster. (2022). *Word of the Year 2022. Merriam-Webster*. https://www.merriam-webster.com/wordplay/word-of-the-year-2022
[18]. Miamo, P., Bellomare, M., & Genova, V.G. (2021). Personality correlates of gaslighting behaviours in young adults. *J Sex Aggress*, 27:285–298
[19]. Moss, C.F., Chinna-Meyyappan, A,, Skovronsky, G., Holloway, J., Lorenzini, S., Muhammad, N., Kopits, I., Perelmuter, S., Mitchell, L., Rief, M., Krapf, J., Pukall, C., Goldstein, A., (2025). Experiences of care and gaslighting in patients with vulvovaginal disorders. *JAMA Network Open*, 8(5):e259486. doi:10.1001/jamanetworkopen.2025.9486
[20]. Ng, I. K., Tham, S. Z., Singh, G. D., Thong, C., & Teo, D. B. (2024). Medical gaslighting: A new colloquialism. *The American Journal of Medicine.* https://doi.org/10.1016/j.amjmed.2024.06.022
[21]. Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. Science, 366(6464), 447–453. https://doi.org/10.1126/science.aax2342
[22]. Roberts, T., & Dorinda, J. C. A. (2013). A critical eace analysis of the gaslighting against African American teachers. Contesting the Myth of a "Post Racial Era": *The Continued Significance of Race in US Education*. 69(94). https://doi.org/10.13 140/2 .1.4893.1200
[23]. Riggs, D. W., & Bartholomaeus, C. (2018). Gaslighting in the context of clinical interactions with parents of transgender children. Sexual and Relationship Therapy, 33(2), 382–394. https://doi.org/10.1080/14681994.2018.1444274
[24]. Ruìz, E. (2020) 'Cultural Gaslighting', *Hypatia*, 35 (4) 687–713. https://phipapers
[25]. Shane, T. Willaert, T. & Tutuers, M. (2022). The rise of gaslighting: Debates about disinformation on Twitter and 4chan, and the possibility of a "good echo chamber". *Popular Communication*, 20:178−192 https://doi.org//10.1080/15405702.2022.2024042
[26]. Shapiro, D. & Hayburn, A. (2024). Medical gaslighting as a mechanism for medical trauma: case studies and analysis. *Current Psychology*) 43:34747–34760 https://doi.org/10.1007/s12144-024-06935-0
[27]. Sebring, J. C. H. (2021) 'Towards a Sociological Understanding of Medical Gaslighting in Western. Healthcare'. *Sociology of Health & Illness*, 43: 687–713.
[28]. Sorrick, G.M. (2023), A Systemic account of medical gaslighting and its moral implications. http://doi.org/1o.46569/6w924k461
[29]. Sweet[a], P. L. (2019). The Sociology of Gaslighting. *American Sociological Review*, 84(5), 851–875. https://doi.org/10.1177/0003122419874843
[30]. Tormoen, M. (2019). Gaslighting: How Pathological Labels Can Harm Psychotherapy Clients. *Journal of Humanistic Psychology*. https://doi.org/10.1177/0022167819864258
[31]. Wise, J. (2022). Sixty seconds on…medical gaslighting. *British Medical Journal*, 378, o1974. https://doi.org/10.1136/bmj.o197