

## **Chronic Illness and Complex Trauma in Women**

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Many Americans are familiar with post-traumatic stress disorder (PTSD). This disorder typically follows a single traumatic event, such as a car accident or the sudden death of a loved one. Sufferers can experience flashbacks to the traumatic event, and reminders which trigger physical and mental symptoms however unaware of what is Complex PTSD (Cptsd).

Ongoing, repeated trauma results in distinct neuro-psychological effects, and therefore it deserves a unique diagnosis. It has more consuming effects on a person. From the inability to make relationships, to impaired emotional regulation which is deeply ingrained in the brain. One consequence is an impaired stress response, which is when a person constantly lives in a state of fight or flight or freeze. Like a torn muscle that never healed, it does not take much to upset a wounded brain and nervous system. This makes navigating through everyday life extremely difficult, especially if the person is still in the midst of their trauma, or an otherwise unstable environment. Recognizing complex trauma as its own form of PTSD would lead to more appropriate treatment, thus a better quality of life in sufferers (Herman, 2012).

In the world of Medicine, females are treated differently than men. Their medical problems are often under-diagnosed or untreated altogether. They have to advocate very hard for themselves, and even harder when challenges of intersectionality come into play.

Many chronic illnesses, such as lupus, fibromyalgia and autonomic dysfunction, have a predominant audience of women. Many of these women also suffer from psychological conditions. Many of them have also suffered trauma, oftentimes arising in early childhood. Chronic illness in itself can be a traumatic experience, especially for women who experience medical neglect and gaslighting, a form of psychological abuse. Oftentimes, the abuse and traumatic stress spills over into other areas of life, from unstable living environments, to inability

to work, to pure lack of socialization. This wrecks havoc on the nervous system, and raises the debate: What came first, the trauma or the chronic illness?

Unfortunately for women, medical neglect and gaslighting has been going on for centuries. This abuse dates back to as early as the 1800s, when physically sick women were told to just lay down and isolate themselves, being labeled as cases of insanity (Murtha, 2022). While medical science has made great strides since the 1800s, maltreatment of women is still prevalent. This problem is especially relevant when factors of intersectionality such as race intervene. So, why is the term “gaslighting” resonating with so many women?

In the article “Sixty seconds on . . . medical gaslighting” Wise addresses this question (2022), “In the 1944 film *Gaslight*, a man manipulates his wife to such an extent that she doubts her own sanity. Since then, the term gaslighting has been widely used to describe any form of emotional abuse that makes someone question their own grasp of reality”.

So, many are asking; what is medical gaslighting? Here is how Wise (2022) explains it, “It’s a term usually used to describe when a medical professional wrongly blames a patient’s symptoms on psychological factors such as stress or anxiety, or tells them they are not really sick.” When this process occurs for years, even decades on end, the level of chronic stress is drastic. A hyper stressed nervous system can exacerbate the existing undiagnosed illnesses. It can create psychological trauma, and cause the so-called “mental” symptoms which may not have already been there. This is why recognizing complex PTSD is so important in women with chronic illnesses.

Studies show that when compared with men, women wait longer for a cancer or heart disease diagnosis. Dismissal of symptoms is even more likely to occur when women are black, of geriatric age, or if they are members of the LGBT community. In general, these social groups

are more likely to suffer from trauma and PTSD. They are already at risk for neuropsychological stress. Women of color in particular suffer from inaccessibility to healthcare. They also suffer from weathering, which is when racial discrimination over the years wears and tears on a person's system. When you add a chronic illness into the mix, the stress on the nervous system just piles up. All of the years of medical discrimination, all of the obstacles that come with disability; isolation, gaslighting, etc....Cases of complex post-traumatic stress disorder are often inevitable.

According to the “NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research”, it was not until a law passed in 1993 that women and minorities were mandatorily included in medical research (2023). This was funded by the National Institutes of Health, yet there was still much room to improve. It took until 2001 for specific guidelines and rules to be established, which required fair and thorough research conditions. This would, in theory, eliminate any systemic biases in studies. Still, it wasn't enough to ensure equal healthcare for women of all socioeconomic backgrounds.

All over social media, women are telling very similar stories of medical neglect and gaslighting. This started out with a simple hashtag, but revealed complex stories of trauma especially in the home. Often times these women cannot leave their caretakers/family, even if it is an unstable or abusive environment. Due to their conditions, these women cannot support themselves or may need additional help. This adds to their mental and physical regression. In extreme cases, women were kicked out of their homes or faced with the constant threat of that.

There is a significant lack of research dedicated to women with chronic illnesses, and the prolonged process of medical gaslighting and domestic stress. The honest experiences of these women who are speaking up are remarkable and important. Their stories revealed how chronic

illness disrupts multiple aspects of a person's life. The battle goes on for years, even decades. The recognition of this struggle from the world, especially doctors, is crucial, because it brings awareness to the high possibility of Complex PTSD. Chronic stress and prolonged trauma is accompanying these women's lives alongside their illnesses. These women's bodies all tell a story, and understanding complex trauma could be the key to a better recovery (Schubert, Bird, Kozhimmanil & Wood, 2022). Complex PTSD deserves to be documented and treated.

It didn't just start and end in the doctor's office. Lack of a diagnosis created ongoing stress at home and work. The misunderstanding of a chronic illness was followed by various forms of abuse and maltreatment, which trickled down into work and home environments. This placed constant stress onto the woman's nervous system, and her already vulnerable body. When healing was needed within the body, women tragically encountered more forms of abuse and stress.

In the home, gaslighting often appears in the form of minimizing. This is when a patient's physical symptoms are downplayed, or completely dismissed altogether. Oftentimes, women are pushed beyond their physical limits, with expectations in and outside of the house. Even if they are not physically forced into doing strenuous things, they face constant verbal microaggressions when they cannot comply.

“You can do that, it's easy, you just choose not to!”

“It's not an illness, it's laziness. Get off your ass and work.”

POTS, a form of Dysautonomia, is an especially common chronic illness in young women. This complex disorder of the nervous system was featured in a lot of the stories on social media, which exposed the medical gaslighting and chronic stress (Wise, 2013). The Dysautonomia Project is a groundbreaking book written by specialists in their field. These

doctors break down how malfunctions of the autonomic nervous system can make simple tasks overwhelming and uncomfortable.

From circulatory issues to cognitive challenges, they address the symptoms which are invisible to the untrained eye, and apply them to daily life. From shopping to doing household chores, ordinary expectations associated with being a woman become tiresome, or too strenuous on the system (Freeman, Goldstein & Thompson, 2015). When there is a lack of a physical diagnosis, women reported more gaslighting and abuse. This was causing them to regress rather than function within their limits.

There needs to be more research on the medical discrimination of women with chronic illnesses, and the additional sources of prolonged stress. This includes the stress associated with medical gaslighting and failure to be understood in multiple environments. There needs to be exploration on the role of Cptsd in not just the women but the environments around them and how it all connects. By recognizing Cptsd in these women and acknowledging it as “its own entity” as Judith Herman describes, we are more likely to experience physical and mental healing.

Work cited and notes by additional resources:

- Herman, Judith. “CPTSD Is a Distinct Entity: Comment on Resick et Al. (2012).” *Journal of traumatic stress* 25.3 (2012): 256–257. Web.
- **“The toxic power dynamics of gaslighting in medicine”**  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8115954/>
  - While I am writing about gaslighting between medical professionals, I do not wish to monopolize the term for this context. Gaslighting as a term has critical and established use describing abuse toward victims of intimate partner violence and patients. However, the term also deserves a place within the culture of medicine. As a woman who is also a family physician, I have been gaslit multiple times by colleagues in professional settings.
  - Fraser S. (2021). The toxic power dynamics of gaslighting in medicine. *Canadian family physician Medecin de famille canadien*, 67(5), 367–368. <https://doi.org/10.46747/cfp.6705367>
- **“Social Foundations of Health Care Inequality and Treatment Bias”**  
[https://i-share-dom.primo.exlibrisgroup.com/permalink/01CARLI\\_DOM/4v6i5v/cdi\\_gale\\_infotrac\\_459668253](https://i-share-dom.primo.exlibrisgroup.com/permalink/01CARLI_DOM/4v6i5v/cdi_gale_infotrac_459668253)
  - It is widely assumed that the use of medical care will lead to improvements in health, yet questions remain about the medical system's contributions to health disparities. In this review, we examine these issues with a specific focus on how health care systems may actually generate or exacerbate health disparities. We review current knowledge about inequality and bias in the health care system, including the epidemiology of such patterns and their underlying mechanisms. Over the past three decades, we have observed growth in our knowledge about provider cognitive and psychological processing, including the development of precision measuring tools to analyze provider bias, racial and otherwise. In the same timeframe we observe decreased emphasis on social, interactional, organizational, and structural factors that shape variation in medical treatment. We frame our discussion within a modified social ecological model and discuss tools for moving forward and reinvigorating sociological presence in this important research area.
  - Spencer, & Grace, M. (2016). Social Foundations of Health Care Inequality and Treatment Bias. *Annual Review of Sociology*, 42(1), 101–120. <https://doi.org/10.1146/annurev-soc-081715-074226>
- **“Women Are Calling Out ‘Medical Gaslighting’**  
<https://www.nytimes.com/2022/03/28/well/live/gaslighting-doctors-patients-health.html> "Today — thanks in large part to [a law passed in 1993](#) that mandated that women and minorities be included in medical research funded by the National Institutes of Health — women are more systematically included in studies, yet there are still huge knowledge gaps"

- **“To Address Women's Health Inequity, It Must First Be Measured”**  
<https://pubmed.ncbi.nlm.nih.gov/36636120/>
  - Research and data collection related to what is historically known as "women's health" is consistently underfunded and marginalizes the health risks and experiences of women of color and transgender people. In the wake of the pandemic, the United States has an opportunity to redesign and reimagine a modern public health data infrastructure that centers equity and elevates the health and well-being of under-represented communities, including the full spectrum of gender identities. This piece offers a blueprint for transformational change in how the United States collects, interprets, and shares critical data to deliver greater health justice for all.
  - Schubert, K. G., Bird, C. E., Kozhimmanil, K., & Wood, S. F. (2022). To Address Women's Health Inequity, It Must First Be Measured. *Health equity*, 6(1), 881–886. <https://doi.org/10.1089/heq.2022.0107>
- **“Medical gaslighting: to say that invoking psychological symptoms is equivalent to dismissal is reductionist”**  
[https://i-share-dom.primo.exlibrisgroup.com/permalink/01CARLI\\_DOM/19bmb0j/cdi\\_proquest\\_miscellaneous\\_2715438492](https://i-share-dom.primo.exlibrisgroup.com/permalink/01CARLI_DOM/19bmb0j/cdi_proquest_miscellaneous_2715438492)
  - The news article on medical gaslighting raises the important point that doctors should always accept patient concerns about symptoms and never dismiss them as imaginary.<sup>1</sup> But it also risks making the error of conflating considering a role for psychological factors in the aetiology of symptoms with dismissing them, and the ordering of biomedical investigation as a key indicator of acceptance.
  - Sharpe. (2022). Medical gaslighting: to say that invoking psychological symptoms is equivalent to dismissal is reductionist. *BMJ (Online)*, 378, o2236–o2236. <https://doi.org/10.1136/bmj.o2236>
- **How Women Suffer Medical Gaslighting”**  
<https://www.psychologytoday.com/us/blog/the-stories-we-tell/202204/how-women-suffer-medical-gaslighting>
  - Women are often ignored, minimized, or dismissed by the health care system.
- **“NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research”**  
<https://grants.nih.gov/policy/inclusion/women-and-minorities/guidelines.htm#:~:text=The%20NIH%20Revitalization%20Act%20of,and%20minorities%20in%20clinical%20research.&text=The%20statute%20includes%20a%20specific,and%2C%20in%20particular%20clinical%20trials.>
  - This details the law that passed in the 90's. You could use it as a footnote mark when you reference how the law change indicates how relatively recent this change is in our society.
  - U.S. Department of Health and Human Services. (n.d.). *NIH policy and guidelines on the inclusion of women and minorities as subjects in clinical research*. National Institutes of Health. Retrieved February 28, 2023, from



<https://grants.nih.gov/policy/inclusion/women-and-minorities/guidelines.htm#:~:text=The%20NIH%20Revitalization%20Act%20of,and%20minorities%20in%20clinical%20research.&text=The%20statute%20includes%20a%20specific,and%2C%20in%20particular%20clinical%20trials>.

- **“How ‘hysteria’ cast a long shadow on women’s healthcare that still resonates”**  
<https://www.mdlinx.com/article/how-hysteria-cast-a-long-shadow-on-women-s-health-care-that-still-resonates/68eFUPwRK62VCn8abgUS8L>
  - At a time when most doctors were male, a diagnosis of hysteria was a way to dismiss women’s health issues, which experts say still occurs today in the form of medical gaslighting. To counter modern-day medical gaslighting, doctors need to take into account all aspects of their female patients’ health—their lifestyle, nutrition, medical history, and symptoms.
- **“The Doctor Doesn’t Listen to Her. But the Media Is Starting To”**  
<https://www.theatlantic.com/family/archive/2018/08/womens-health-care-gaslighting/567149/>
  - Physicians have long dismissed or downplayed women's sexual- and reproductive-health concerns—but in 2018, stories about "health-care gaslighting" are consistently breaking through to the mainstream.

Freeman, K., Goldstein, D. S., & Thompson, C. R. (2015). *The dysautonomia project: Understanding autonomic nervous system disorders for physicians and patients*. Bardolf & Company.

Wise. (2022). Sixty seconds on . . . medical gaslighting. *BMJ (Online)*, 378, o1974–o1974. <https://doi.org/10.1136/bmj.o1974>