

# Gaslighting in academic medicine: where anti-Black racism lives

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In the 1938 play *Gaslight*, a man attempts to negatively alter his wife's mental state by frequently changing or moving items in their home without her knowledge; when she questions the changes, he insists that no changes have been made, and that something must therefore be wrong with her mind.<sup>1</sup> The term gaslighting is commonly understood to refer to the intentional manipulation of someone else's account of reality and is considered a form of psychological abuse.<sup>2</sup> How gaslighting can manifest is less commonly described at a group or organizational level, where, when confronted with the idea that a problem exists (e.g., pervasive anti-Black racism), people within the organization distort or dismiss the idea altogether through obfuscation, misdirection, confabulation, dismissive incomprehension (claiming to have no knowledge of the alleged problem)<sup>3</sup> or mockery, even if subtle, of the claimants alleging that there is a problem. This then leads the organization to conclude that there is no problem. Gaslighting furthers anti-Black racism in organizations, including academic and health care organizations. This article explores the individual and organizational damage created by such gaslighting behaviours, and considers ways to address the problem.

## How does gaslighting relate to institutional betrayal of equity-deserving groups?

The anti-racism work being undertaken by many medical schools across Canada may be regarded by many as culture-changing. Organizational culture is defined by Edgar Schein as, "the pattern of basic assumptions which a given group has invented, discovered or developed in learning to cope with its problems of external adaptation and internal integration...".<sup>4</sup> These patterns are implicitly and explicitly taught to incoming group members. However, when behaviours promised by the organization fail to materialize, members, and especially new members, of the organization experience harm. Institutional betrayal is the term used to describe the negative experiences of members of an organization that fails to act according to its values or rules (e.g., values of "intolerance toward racism," or values of "equity, diversity and inclusion").<sup>5</sup> What is exposed by such failure may be the actual (hidden) culture of the organization. Peoples'

### Key points

- Institutional betrayal is a phenomenon in which institutions uphold anti-Black racism by explaining it away as other phenomena, thereby betraying Black members of an organization who bring forth claims of racism in good faith.
- The explaining away of anti-Black racism (for example, by labelling it as interpersonal conflict) can be viewed as a form of gaslighting.
- Gaslighting of individuals, including by organizations to which they belong, can have devastating consequences.
- Health care organizations and medical faculties should seek to understand institutional betrayal as a phenomenon, and to expose its manifestations within the organization.
- Solutions to institutional betrayal include acknowledging its existence, supporting affected members to come forward with claims, acknowledging the pervasive nature of anti-Black racism and supporting bystanders to take action.

sense of betrayal deepens when the mechanisms meant to protect them from harm fail, or worse, act to cause harm against those in need of protection.

Within the realm of institutional betrayal, gaslighting behaviour signals organizational willingness to protect those who hold the balance of power to act on damaging beliefs regarding equity-deserving groups, so as to protect their unearned privilege. In the case of racism, unearned privilege refers to privilege that is the result of colonial and white supremacist design of societal institutions, such as systems of education, justice and wealth, with the resulting privileges conferred to a whole class of people (in the case of racism, people who identify as white) at the expense of others (e.g., Black or Indigenous people).<sup>6</sup> People engaging in gaslighting behaviour may not be aware that they are acting to protect such privilege and power imbalance. As such, gaslighting can be a substantial threat to anti-Black racism work, and, indeed, to anti-racism work in general.<sup>7</sup>

Racialized groups, including Black and Indigenous members of an organization, may be at particular risk of being gaslit, owing to existing power differentials within the organization. Terms such as racelighting or racial gaslighting are used to

describe such events as they target people who are not white.<sup>8,9</sup> A related term, epistemic injustice, “arises when somebody or a social group is wronged in their ‘capacity as a knower’ ... [it includes] testimonial injustice, which occurs when a speaker’s assertions are given less credibility than they deserve because the hearer has prejudices about a social group of which the speaker is a member.”<sup>10,11</sup>

Often, the person hearing the complaint is not aware of the prejudices they hold, and the idea that they are participating in epistemic injustice (or, for example, racial gaslighting) becomes intolerable to them. Their need to explain away the injustice as a misunderstanding or overreaction increases. Their intent, even if not fully conscious, is to undermine the credibility of the claim by undermining the credibility of the claimant. This type of behaviour can be seen as a manifestation of white fragility. White fragility is the term used to describe the stress experienced by people who identify as white when confronted with any discussion of race or racism, and includes steps taken rapidly to remove the stress by discrediting the idea that racism is at play.<sup>12</sup>

## How do gaslighting and institutional betrayal manifest in health care and academic organizations?

It is important to understand that gaslighting in organizations is not merely the result of a single narcissist in a position of organizational power. A 2018 review highlighting the experiences of nurse whistle-blowers described how institutional betrayal and gaslighting may manifest in a health care organization at the level of the institution itself, and posited that the fundamental prerequisite for gaslighting is that the claimant trusts the organization to treat the claim with integrity.<sup>13</sup> The author pointed to whistle-blowers as often being “high-achieving, respected, exceptional, committed members” of their workplace who have no reason to distrust the organization’s stated commitments to social accountability, equity and inclusivity. It is possible to imagine similar circumstances for those reporting anti-Black racism.

Some literature suggests that universities are at high risk of perpetrating institutional betrayal, including gaslighting behaviour.<sup>14–16</sup> For example, university anti-harassment and anti-bullying policies often cannot be invoked until there is satisfactory proof that a claim of racism can be substantiated. This can imply that racism is difficult to prove, or that a claim has too many confounders to be taken at face value. Instead, interpersonal and other factors are offered and actively pursued as explanations for the issue at hand.<sup>17</sup> The idea that the investigation of anti-Black racism must be put on hold to find more obvious explanations for an incident necessarily relegates the report of racism to the status of second-tier concern. Gaslighting by those involved tends to further obscure evidence of racism, which means the capacity to prove racism diminishes promptly, and puts the claim at high risk of being dropped or dismissed altogether. Furthermore, the burden is often put on the claimant to prove that racism has existed, with excruciating

detail being required, and with the only adjudicators being people who identify as white. If the only interpretation of the claim rests with adjudicators who may have little or no experience in dismantling anti-Black racism, then the likelihood of the claim being taken seriously further decreases. This all occurs during a time when the claimant may already be feeling depleted from both the presence of racism and the subsequent gaslighting behaviours, and so their resolve for proceeding with the claim weakens.

Other forms of gaslighting that may occur in academic environments are presented in Box 1.

Bystanders are commonly unwilling or unable to come forward to support the claimant because they themselves fear reprisal from the institution. Instead, they may quietly support the claimant, even though speaking up may cost the claimant professionally and personally, and the bystander–supporter takes on little to no risk.

## What is the impact of institutional and organizational gaslighting?

People who have been introduced to organizational policies that suggest that an organization is virtuous, only to experience gaslighting behaviour that seeks to explain their negative experiences away, may commonly doubt their own experience of the situation rather than doubt the organization. As a result, they experience cognitive dissonance (which progresses to self-doubt and loss of confidence about their capacity to understand negative occurrences that might be happening to them), anxiety

### Box 1: Examples of gaslighting in academic environments

- Stating policy reasons for entering into a flawed process or for being unable to intervene at all — for example, “Yes, we have a policy, but your particular circumstance is not what the policy is for. We can’t help you.” Or, “Yes, we have a policy, and so we must stick with the letter of the policy even though doing so may not adequately address your case.”
- Normalizing abuse — “Oh, that person is like that with everyone. Don’t take it personally.”
- Quietly but actively discrediting the person who has made the claim of anti-Black racism — “That person is always difficult.” Or, “She’s just another angry Black woman.”
- Removing transparency from the process of adjudication (i.e., a decision regarding the fate of the claim or claimant being made behind closed doors) while insisting that the process must be trusted and respected. Issues of confidentiality may be cited as dictating that less transparency must be endured.
- Suggesting that the claim is indicative of a poor mental state in the claimant, and making offers of support to the claimant on that front while not addressing the claim itself, sometimes on the grounds that addressing the claim itself would only put the claimant under more stress.
- Specifically in the context of health professions, expressing unsubstantiated concerns related to the claimant’s professionalism, ethics, clinical competence or patient safety.

about both work performance and being in the work environment and features of depression including suicidality. This can lead to devastating personal and professional outcomes.<sup>18</sup> The institution's assertion that the problem is not real, or is borne from oversensitivity on the part of the claimant, coupled with potential behavioural changes in the claimant owing to the mental health impacts noted previously, may lead to overt or covert speculation as to the claimant's motivations and performance, which further diminishes their credibility with the organization.

At the organizational level, institutional betrayal and gaslighting can deeply undermine efforts to advance equity and inclusion. Even as organizations across Canada embark on anti-Black racism work, they may still commit acts of institutional betrayal and organizational gaslighting without understanding their impact, and in doing so, erode confidence in the very anti-Black racism work they seek to embrace. A 2018 research article described the existence of "hush harbours" in academic settings (safe settings for members experiencing oppression to gather and support each other; e.g., associations of Black faculty members) that both meet a need and show that institutional betrayal is at play. It becomes clear, then, that there can be no effective equity, diversity and inclusion work alongside institutional betrayal.<sup>14</sup>

In health care settings, institutional betrayal may lead to a decrease in psychological safety. Psychological safety refers to the comfort of health care team members to be themselves in the team environment, including speaking up when errors or harms occur.<sup>19</sup> Low psychological safety is correlated with increases in patient harm, as members of the team feel unsafe to report risky situations. A 2021 review<sup>20</sup> of psychological safety in medicine pointed to large power gradients (e.g., as those that may exist between the people who identify as white and the people who do not identify as white members of a team) as being key determinants of psychological safety. The harms experienced by team members are in addition to the harms created for patients when they themselves are targets of gaslighting behaviour, as in some recent highly publicized cases.<sup>21,22</sup>

## What should organizations do to tackle gaslighting and related behaviours?

A 2014 review<sup>23</sup> of psychological research that evaluated the role of institutions in traumatic experiences and psychological distress outlined characteristics that suggest that an organization is at risk of institutional betrayal such as membership of the organization, the institution's reputation and the value placed on the reputation, priorities with respect to harassment and intimidation, and the patterns of response to claims of discrimination. The authors also provided an institutional betrayal questionnaire that allows members of an organization to anonymously identify whether activities suggestive of betrayal (e.g., punishing of whistle-blowers or covering up of key information in a claim) are occurring.

Given that the concepts of institutional betrayal and organizational gaslighting seem less well known in the context of medical education institutions, I suggest that medical faculties can take the following steps to address institutional betrayal and gaslighting. First, make the terms institutional betrayal and organizational

gaslighting known so that they can be easily identified and managed and second, specifically acknowledge the real and devastating consequences of gaslighting. By simply naming and acknowledging institutional betrayal and gaslighting as known organizational phenomena, an institution signals to its members a willingness to recognize their experiences, even negative ones. This, in turn, shows that the organization is open to hearing about negative experiences, including racism, and is open to change, which can positively impact Black members of the organization, as it suggests that their experiences of betrayal will be recognized and believed. This may also reduce the risk that gaslighting will occur, as it signals to the people who are not Black members of the organization that the organization is not only aware of, but on the lookout for, gaslighting behaviours.

Third, faculties can treat complaints or claims of anti-Black racism as windows into the organization's (actual) culture and, therefore, opportunities to improve the integrity of the organization and, fourth, when conducting investigations of claims of anti-Black racism, take joint responsibility with the claimant for showing that racism exists, rather than leaving the claimant to do this work alone.

Health care organizations can action their commitment to eliminate instances of anti-Black racism by viewing reports of racism as opportunities to improve. As such, complaints of anti-Black racism can be seen as opportunities to illuminate the hidden (racist) culture of the organization, so that it can be actively and transparently changed. Similarly, organizations can take a stance to shift the burden of proof of racism away from claimants toward more of that burden being held directly by the organization. To that end, entering into all investigations of anti-Black racism by acknowledging its pervasive and ubiquitous nature may appropriately invite re-evaluation of where and how it is occurring.

Fifth, organizations can arrange supports for those experiencing institutional betrayal to prevent the most harmful trauma responses. Employee health programs should be oriented to the experience of gaslighting and institutional betrayal of at-risk groups, such as Black members of the organization, and should aim to support those members accordingly.

Finally, bystanders should seek to actively interrupt patterns of gaslighting as soon as they occur, including occurrences in a public setting. Bystanders can interrupt gaslighting in several ways, such as in the form of a statement (e.g., "Our colleague is having an experience here that needs to be heard.") or by calling for the organization to enact the policies and procedures suggested previously. To leave the gaslighting witnessed, but unaddressed, may send the signal that the bystander is willing to let anti-Black racism continue, and in the public instance of gaslighting this impression will be left not only with the person who has been targeted by the gaslighting but also with others in the environment.

## Summary

Institutional betrayal behaviours, such as gaslighting of victims of anti-Black racism, have devastating consequences, yet are seldom acknowledged. They play critical roles in extending the

harms from racism and undermine institutions' integrity and reputations even as the institutions attempt to make meaningful gains in equity, diversity and inclusion. Groups that hold unearned privilege may be at risk of perpetrating gaslighting. Groups at high risk of racism, including faculty members who are Black, but also those experiencing other or intersecting forms of oppression, may be at high risk of institutional betrayal. Faculties of medicine should be aware of these behaviours within their own organizations and make every effort to identify, expose and eliminate them.

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