

Medical Gaslighting and Phallogocentrism in Rebecca Curtis' "Hansa and Gretyl and Piece of Shit"

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Abstract

In recent times, women have been sharing stories of their experience of medical neglect or dismissal while reaching out to health care. Their experiences of pain have been invalidated and dismissed as being overly expressive or as overthinking. Women have objectively shared instances of medical gaslighting, and the present paper delves into the topic through Rebecca Curtis's story 'Hansa and Gretyl and Piece of Shit'. Through Gretyl's experience of her symptoms being dismissed, the paper aims to highlight the systemic marginalization of women in health care caused by factors like the underrepresentation of women in medical trials and resultant male-centric pain thresholds, etc., which make the medical field highly phallogocentric. There may be anatomical differences among individuals which must be considered while treating patients, moving beyond normative generalizations derived from predominantly male-centric research on specific illnesses. This paper elaborates on the concept of the sexist pain canon in medical care, where pain thresholds are established based on particular benchmarks from trials with a majority male participation. The paper illustrates how Gretyl is repeatedly invalidated regarding her symptoms, not only by her family but also by medical practitioners, all the way until she arrives at the hospital nearly dead.

Keywords: Health care; Medical gaslighting; Medical phallogocentrism; Pain canon; Sexism; Women.

Medical gaslighting is a serious health concern, especially for women. This paper discusses how to detect and address it when necessary and advocates for the inclusive participation of women in health care trials.

'Hansa and Gretyl and Piece of Shit' is a story written by American author Rebecca Curtis, published on November 9, 2020, in *The New Yorker*. The story primarily foregrounds the health concerns of women, focusing on the protagonist, Gretyl, who seeks immediate medical attention for her excruciating abdominal pain, but her efforts are in vain until the situation deteriorates dramatically. It also chronicles this medical neglect as a systemic barrier to women's access to medical care. The disparity in recognizing the severity of pain experienced by women, and the normativity attached to their suffering, serves as the main trope of the story. This illustrates why the protagonist, a young girl, endures her pain without protest, despite the severity of her condition.

The story oscillates between reality and fantasy, where reality corresponds to the external factors and circumstances around Gretyl, the protagonist, while fantasy draws her inward to her own feelings of fear and abandonment amidst dangers, forcing her to face them alone. It momentarily transports her away from the surrounding reality but complements her struggle to survive in adverse circumstances. The fantasy elements in the story replicate the Grimm Brothers' version of Hansel and Gretel (1812) and Finnette Cendron (1697), where Gretyl travels in her delirium to a fantasy land of ogres and foxes in their dens, leaving trails behind her to find her way home through the dark forest, which depicts her journey from death to life.

Set in a small town of North California, the story thoroughly puts forth the social narrative of normalizing the suffering of women. The protagonist in the story Gretyl has a severe pain in abdomen which is born out of her ailing appendicitis yet she remains devoid of any attention from the family and keeps on deferring treatment for the pain to do her household chores stutteringly, limps all the way to school and back on her own with a 'heavy' schoolbag. The intensity of the pain can be judged as 'she hunches while she brushes her teeth', but still finishes household chores before leaving for school. She doesn't take rest to avoid displeasing her mother Grethilda who thinks she makes excuses of pain to escape school. Grethilda keeps on saying this repeatedly that Gretyl pretends illness to escape school. The narrator says

She doesn't ask to stay home. Her mother's warned her that she knows the girl feigns illness because she's unpopular – a loser! – because she's lazy and unlikable. The girl knows better than to whine about a stomach ache. (Curtis, 2020)

The narrator attempts to convey the severity of the pain by noting that, despite having toasted a bread, she cannot eat it and instead stuffs it into her school bag. The 'cold October' marks the temporal cycle of the story and serves as a symbolic reference to the indifference Gretyl experiences from those around her. Although she visibly suffers from pain, she is still too far from receiving any immediate attention. From the very beginning, her pain is dismissed under the pretense that she uses it as an excuse to take a day off from school, which leaves Gretyl obligated to limp to school and perform her routine household chores with a hunched back. Although her classmates and the man with the yellow Chevy, whom she frequently assists, notice her condition, her family and even medical practitioners neglect her as a patient. Even the nurse in the school infirmary, whom she approaches first, tells Gretyl: "Women get pains all times of the month."

Curtis, without being unnecessarily didactic, effectively conveys how flawed the entire social fabric of resistance is regarding attention to women's health issues. Gretyl is not a character who allows her parents' whims and wishes to dominate her conscience. Despite previously displeasing her mother, she assists the man in the bone-coloured coat with the yellow Chevy every time he requests for help. She takes a stand where she feels it is necessary. Moreover, she actively engages in socio-political discussions about the Iraq-Iran war, capitalism, and the Y2K apocalypse, which suggests she is not ignorant of humanitarian rights and is an opinionated young woman. Despite all this, she struggles to assert herself and continues to endure her pain. On the one hand, the story presents a modern setting with these references, alongside the introduction of gadgets like a BlackBerry phone; on the other hand, it reveals a lack of sensitisation, medical negligence, ignorance of health concerns, and procrastination in providing medical aid concerning Gretyl's pain. She is not only ignored but also faces a dismissive attitude toward her suffering from her family and others, prompting her to endure it in silence. On the first day, when she feels pain and her nurse suggests she go home, she refuses to do so because she doesn't want to 'bother her mother,' who continues to complain to her husband about how miserable Gretyl is and that 'She fakes gross illnesses to avoid school!'

This silence is systemic, born out of self-doubt instilled by instances of toxic parenting of her mother, who had always been lamenting her terrible childhood and blaming Gretyl's existence for her failures in life. Grethilda, her mother, even accuses her of her own weight gain, saying, 'Gestating you destroyed my metabolism. Now I can't practice medicine,' and continues sobbing, claiming that she could have been a medical doctor if

it were not for Gretyl, for whom she sacrificed her studies. Mentioning the incident, the narrator wittily adds, 'The daughter feels guilty. She does not mention that the mother bore Gretyl at forty. When the mother slaps her, she does not slap back.'

After school, she manoeuvres her way up, sticking her tongue out. But as soon as she reaches home, her mother, sleeping on the couch, opens one eye only to ask if she has fed the cats. It's after that she indifferently asks why Gretyl is holding her stomach. After knowing about her stomach ache, the mother reacts with exasperation, 'Jesus... It never ends with you.' And then goes back to sleep again.

This attitude of belittling, underestimating, making sweeping generalizations, dismissing, or denying the intensity of someone's pain as merely an exaggeration of the actual extent of suffering is called medical gaslighting. Even medical practitioners acknowledge that, 'Unfortunately, there are still big gender biases in health care and thus this practice of under-treatment or misdiagnosing women patients has been recognized under various names and forms like medical gaslighting, Yetyl syndrome, Oligoanalgesia, etc.'

Gretyl is suffering enormous pain in the story; she cannot eat anything, and despite her sister Hansa's insistence to go to the ER, no one pays attention to her calls. Hansa underwent the same pain two years ago. Her mother scolds her and tells her to stay away from family matters since she is no longer a part of the family. The ironic contrast is evident as Gretyl's father adjusts the picture-in-picture function of the television, which has 'just' malfunctioned, while Gretyl, a full human, cries out for help against her pain, a malfunction that is not even heard properly. At another instance, amid their fourteen-year-old child's excruciating pain and suffering, which prevents her from eating, they choose to luxuriously watch television, eating chocolates and drinking Irish cream while discussing what right Hansa has to make decisions for them from thousands of miles away. In a previous instance, Gretyl's father pulls her plate toward himself to eat without even bothering to ask why she isn't having any food.

Hans, the father, asks Gretyl, after his eldest daughter, Hansa's, call, if she even knows how expensive the ER is. She nods in ignorance, as the repeated concern over the cost of the ER overshadows the immediate need for it. The cost of the ER becoming an obstruction to getting Gretyl's treatment seems ironic, considering a family that can live in an A-frame house adorned with expensive rugs and upholstery atop a mountain, sur-

rounded by meadows and a river and who possess Jaguars and a yacht of their own, where the mother relentlessly spends on jewellery for herself, indulges in exotic meals, and keeps herself occupied planning for a tropical vacation. Thus, not only is the ER suspended, but its necessity is also continually dismissed. This dismissal is unfortunate; Hans asks Gretyl if her stomach aches, and when she affirms it, all he has to suggest is, 'Then take Tylenol', a common analgesic and antipyretic drug.

Gretyl has a hundred and one-degree fever, and pain in her abdomen, but her father dismissively declares it's 'just a flu.' When Gretyl repeats that it might be her appendix, her father sternly announces, 'Listen,' he says. 'Appendicitis is rare. If you need the E.R., we'll take you. But you barely have a fever. Eat a Tylenol.' This continual dismissal of pain perpetuates the neglect of this girl's suffering, even though two of their daughters have already been diagnosed and treated for the same ailment, which Hans calls a rarity. This kind of dismissal from the family leads to the silencing and concealing of how a child feels.

The parent-child relationship may also be negatively impacted by parental pain dismissal. Since the child may not feel comfortable disclosing their pain experience(s) any further with their parents, this may negatively impact this close relationship. (Zwick)

The constant dismissal by parents at the initial level silences Gretyl from expressing the extent of her pain to her parents. In the story, this dismissal becomes a trope as all three sisters face this systemic dismissal. The two elder sisters undergo venereal tests before being diagnosed with appendicitis, while Gretyl does not receive a timely diagnosis, resulting in multiple organ damage and a loss of her ability to conceive a child.

Hansa, the elder sister and a congresswoman who has experienced the same symptoms, believes, "Gretyl's appendix is infected" and "she could die." She is the first to insist that Gretyl go to the ER immediately. When Hansa experienced these symptoms, she "despite her partner's skepticism" went to seek medical aid, where "The doctor scoffed and tested Hansa for eight venereal diseases," but she was eventually diagnosed with an enlarged appendix. Similarly, the second sister, Piece of Shit, developed the same pain just six months ago but was reluctant to visit a doctor. After constant insistence, especially of her 'kind' boyfriend, she was taken to the hospital, where "after doctors tested her for ten venereal diseases, they scanned her torso and saw an infected appendix." The story throughout echoes a social fabric of abjection surrounding women's pain. In this narrative, women encounter delays in treatment; and the diagnos-

tic accuracy for their disease is not reached before they undergo multiple checks for sexually transmitted diseases.

The subject of examination is the reason for such dismissal: why, despite repeated calls for E.R., are parents not taking a child for a check-up? Why do medical practitioners continually dismiss her symptoms despite her insistence on a check for appendicitis? The reasons for this medical disparity may stem from the under-representation of women in medical trials. This practice results in medical understandings and clinical manuals that are governed by male symptoms, which not only marginalise female experiences but may also lead to the invalidation of their pathological distinctiveness. The under-representation of women in medical trials has often been justified by the argument that hormonal fluctuations in women may cause inaccuracies in results. Women have anatomical differences; thus, symptoms may vary between the sexes for the same disease. Failing to acknowledge these differences raises concerns about this kind of medical phallogocentrism.

'Phallogocentrism' is a term coined by the French theorist Jacques Derrida to describe the construction of language in a manner that prioritises a male-centred perspective, leading to an understanding of meaning from a masculine (phallus) viewpoint (OUP). Thus, the term "medical phallogocentrism" is used here to refer to the medical knowledge of an ailment or disease that is informed by male experiences and remains governed as such. This form of medical phallogocentrism *prima facie* negates the possibility of alternative symptoms experienced by women. Gretyl, in the story, experiences pain in her midsection, which, according to the three medical practitioners she visits, is not a symptom of appendicitis. The school nurse dismisses her symptoms by saying, "With appendicitis it only hurts here. She pokes Gretyl's lower-right gut," and merely checks her blood pressure and tonsils before sending her home. Her second examination is conducted by the physician's assistant due to understaffing at the clinic. He dismisses Gretyl's pain, calling it a "common grossness" caused by worms which "they shouldn't be ashamed of." He doesn't even bother to explain when Gretyl asks, "might it be her appendix?" Instead, he declares, "it's helminths" and prescribes a three-day course of Biltricide.

On her visit to Dr. Blood, the "excellent" doctor, she asks him if her appendix is causing her pain, diarrhoea, vomiting, and loss of appetite. He dismissively replies, "Gretyl's tummy hurts all over, he says; were her appendix infected, her tummy would hurt only in the lower-right quad-

rant.”

Gretyl’s symptoms are overlooked because the clinical presentation of appendicitis is “usually abdominal pain in the right lower quadrant, tenderness, and rebound tenderness in the right iliac fossa” but according to a study:

The location of the abdominal pain can vary if the appendix is in an unusual location. This could happen in patients with situs inversus totalis or midgut malrotation. This atypical presentation can delay diagnosis and management, which might increase the risk of complications. (Yasin)

Despite Gretyl’s constant references to the resemblance of her symptoms to those of her sisters, who were diagnosed with appendicitis, she is not taken seriously, clinically invalidated, and subsequently mistreated. This form of medical paternalism, where a doctor or medical practitioner disregards the patient’s opinion and assumes his/her/their own judgment is the best suited one for the patient, is a by-product of medical gaslighting. Such paternalism stems from a lack of understanding of the female body in comparison to that of the male. This concept is also termed Andronormativity in health care, which “implies that masculinity and male values are regarded as normal in medicine to such an extent that femininity and female values are invisible and need to be highlighted in order to be recognized” (Samulowitz).

Chloe Bird, a senior sociologist at Pardee RAND Graduate School, similarly asserts in an NY Times article that “Women may be misdiagnosed more often than men, in part, because scientists know far less about the female body than they do about the male body” (Moyer). In the same article, Dr. Jennifer Mieres, a cardiologist with Northwell Health in New York, acknowledges that when “women show up with symptoms that don’t fit into the algorithm we’re taught in medical school,” they get “gaslit and ignored.” The dismissal of pain has been scientifically corroborated by a study analysing the delay in prescribing analgesia to women compared to men; this practice has been termed oligoanalgesia. Esther H. Chen et al. in the study conclude:

Gender bias may be a component of oligoanalgesia in the treatment of acute abdominal pain. Despite having similar pain scores, women are less likely to receive analgesic treatment than men, particularly opiates, and wait longer for their medications. Standardized protocols for analgesic administration may ameliorate

this discrepancy. (Chen et al)

According to a New York Times article by Christina Caron, medical gaslighting can be detected at many points. The first is when “Your provider continually interrupts you, doesn’t allow you to elaborate and doesn’t appear to be an engaged listener.” In the story, the ‘excellent’ doctor, Dr. Blood, who has already gulped seven glasses of Maker’s Mark whiskey, is, of course, far too inattentive while examining her. The second point is minimizing or downplaying the patient’s symptoms, which repeatedly happens with Gretyl; even her father says, “But you barely have a fever.” She is either being tested for tonsillitis by the nurse or prescribed worm medication. Whenever Gretyl tries to mention the possibility of appendicitis, she is downplayed with the remark that it doesn’t hurt there with the appendix. The third point is the refusal to discuss symptoms; here, all the three medical practitioners are unwilling to listen to her and are eager to prescribe medication for their misperceived diseases. Another red flag for medical gaslighting is not to “order key imaging or lab work to rule out or confirm a diagnosis.” None of the medical practitioners, despite Gretyl’s insistence, advises an ER test until the end.

The other two signs of medical gaslighting are when “your provider is being rude, condescending, or belittling” and “Your symptoms are blamed on mental illness, but you are not provided with a mental health referral or screened for such illness.” In a similar vein, Gretyl is mocked by Dr. Blood during her insistence to be checked for appendicitis (as her sisters also had similar symptoms). Gretyl is derided by the doctor, who says, “so young and already a doctor!” He then diagnoses her with Mars Virus and prescribes antibiotics as a cure. Mars Virus is not a recognized term in medicine; he likely implies that it exists only in her mind.

Dr. Marieke Bigg, in her book, calls the concept of medical gaslighting a “kind of communicative disenfranchisement that women feel in a system that doesn’t always take their experience seriously.” This “communicative disenfranchisement” reaches the point where Gretyl, the protagonist, ends up almost dead in the hospital after her appendix ruptured seven days earlier, following a ride with the man in the Yellow Chevy during her parents’ absence. Seven surgeons clean the putrefaction by pulling out all her intestines after tests and cultures.

All their textbooks agree. Peritonitis, septic shock. Massive heart attack, heart failure. They’ve seen corpses, not miracles. Surgeons excise rotted sections of bowel. None of them will forget this child, with her oval face, violet eyes, Roman nose, and neatly plucked

eyebrows, who's alive when she should be dead. (Curtis)

Gretyl has to be in hospital for thirty-three days, surviving on feeding tubes, ventilators, and respirators. Despite all this, Dr. Blood, who misdiagnosed her, is pitied for making an "honest mistake." Gretyl loses her childbearing ability to the "simple case of malpractice." In an opinion article at CNN, O'Leary opines that "Medical gaslighting obstructs women's health care in every area of medicine. It is deadly. It destroys women's quality of life, and it diminishes women's ability to participate in the world" (O'Leary). This statement proves to be correct in Gretyl's case when, despite surgeries to remove her scar tissue from her uterus and abdomen, she will never be able to conceive the child for which she and her partner pray.

The dismissal of pain in women is very common regarding abdominal pain, and they are often invalidated for being dramatic about their discomfort, which is accepted as normal for women. The reason for this pain disparity in medicine, aside from a lack of awareness about female bodies, is the expressiveness of women. Sarah Rosen et al in their paper in the *Journal of Neuroscience Research* contend, "decades of laboratory experimentation have demonstrated that women are more sensitive to pain than are men," and thus, according to Roger Fillingim, director of the Pain Research and Intervention Center of Excellence at the University of Florida, "their pain is often seen as an overreaction rather than a reality." This has been termed hegemonic masculinity, where "pattern of masculine attributes, behaviors, and practices which are constructed as the prevailing and idealized norm and against which both men and women are evaluated." According to the same study, men were described as stoic and in control, whereas women were depicted as more sensitive and expressive in reporting pain.

As the nurse in this story also tells Gretyl that "Women get pains all times of the month," pain in women is conventionally linked to a normative obligation of pain tolerance. According to some studies, women, compared to men, are largely 'used to internal pain, because of menstruation and child birth,' and thus "pain without an external cause is a natural characteristic of women's bodies" (Samulowitz). This pain gap creates a limiting experience for women during medical consultations and fosters medical hesitancy, preventing them from seeking timely health care. The persistent medical dismissal leads to psychological repression in women towards unyielding medical help for the symptoms they experience. Consequently, this deters them from pursuing treatment. This negation is

not only medically significant but also psychologically impactful, leaving them feeling belittled in their experiences of pain. An air force veteran in an article published in the Washington Post confesses that the trauma of pain dismissal by doctors has stayed with her for years and asserts, "You start to doubt yourself after so many medical experts tell you there's nothing wrong with you."

Anushay Hossain, in her book *The Pain Gap: How Sexism and Racism in Healthcare Kill Women*, declares: "There's a pain gap, but there's also a credibility gap. Women are not believed about their bodies – period" (Hossain). This disbelief, rather than focusing on women's experiences and expressions of pain, should instead be redirected to the diagnoses that consistently fail women. This medical gaslighting and invalidation of women's pain experiences result from a lack of awareness regarding the significant differences in symptoms between men and women. Women have largely been excluded from medical trials, leaving them invalidated within a system of medical hegemonic masculinity. It wasn't until 1993 that the NIH Revitalization Act allowed women to participate in medical trials.

This act reversed the 1977 ban by the Food and Drug Administration (FDA) on women's inclusion in clinical studies to avoid harming their childbearing capacity, yet they remained neglected despite this specificity (NIH). Gretyl in the story could have been diagnosed if her experience of pain had been believed. She was consistently overlooked, leading her to stop insisting on an ER visit after her repetitive consultations with medical practitioners. Resultantly, she ended up nearly dead in the hospital, permanently deformed in multiple functions for rest of her life. A gentle awareness of women's anatomical differences is necessary in the medical curriculum to prevent such grave situations.

Despite being a fictional story, 'Hansa and Gretyl and Piece of Shit' is a real-time depiction of the experiences of the majority of women seeking medical care. Many women have begun sharing their stories of medical gaslighting, when they felt invalidated and were forced to believe that it was all in their heads. Multiple social media hashtags related to medical gaslighting have provided objective affirmation of the experience of medical neglect when approaching healthcare. It is high time that medical curricula and medical trials get inclusive of gender-specific symptom markers in medicine to facilitate better and more immediate diagnoses of the ailments suffered by patients. Medical practitioners should lend a serious ear to individual experience of pain and should not generalize symptoms,

which negates any possibility of deviation introduced by the patient. A detailed examination should be prescribed based on the symptoms narrated by the patient to rule out any potential health hazards.

On a personal level, every individual should be able to recognize this type of gaslighting concerning the points mentioned above and should always feel free to change his/her caregiver until he/she is listened to, recorded, and answered satisfactorily. A support person can also accompany the patient to affirm and validate his/her experience if the caregiver dismisses or belittles the patient's suffering. In Gretyl's case, if Hansa, who had been consistently urging her to get an ER visit, had been by Gretyl's side, the situation wouldn't have escalated to such an extreme level.

Thus, at all these levels of medical gaslighting, Rebecca Curtis serves as a testament not only to the practice of belittling and invalidating a woman's pain and suffering in medical sciences called medical gaslighting, but also to gaslighting on various levels. Gretyl is gaslighted for constantly having pains to avoid school and is blamed for spoiling her mother's body during and after her pregnancy, which robbed her mother of the opportunity to become a doctor. The girl remains subjected to all these allegations, despite the absence of any factual basis in the narratives put forth by her mother. Gretyl is repeatedly gaslighted about the high cost of an ER visit, which prevents her from urging her parents to pursue it further. Even Gretyl's grandmother expresses her inability to interfere with her parents, as they get angry when she 'meddles'. Thus, no one except the yellow man with the Chevy, described in a Christ-like manner, comes to her rescue when her parents are absent, taking her to hospital that ultimately keeps her alive at the end of the story.

The story, brimming with wit, humour, and fantasy, serves as a poignant commentary on the lightness of medical negligence juxtaposed with the gravity of death. It exposes the harsh reality of the medical marginalisation of women in healthcare through a retelling of Brother Grimm's Hansa and Gretyl. This narrative is undeniably significant in the realm of medical humanities, underscoring the need to reform medical knowledge in a more sensitised and inclusive way.

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