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Every so often there is an upsurge of debate about the place of psychological problems in regards to Chronic Fatigue Syndrome (CFS), Fibromyalgia (FM), and Myalgic Encephalopathy (ME). As a psychiatrist who has been seeing patients with these illnesses since 1986, as well as following the literature closely, I have often been embarrassed by and angry at many of my colleagues who fall in line with self-declared "experts" who see somatization everywhere. Ever since the mid-1980's there have been "researchers", with an uncanny knack at cornering research funds because of their already-formed biases that are in synch with the biases of the funding government organizations, who declare CFS, FM, ME to have a psychological basis or, more recently and insidiously, avoiding specificity about etiology, indicate that Cognitive Behavioral Therapy (CBT) and graded exercise will do the therapeutic job, thus in part implying a major psychological causative factor.

I have noticed the following deficits in their work, their thinking, their word choices—or should I say—choice of terms, and their research methods:

1. They often fail to clearly distinguish between "chronic fatigue" and "chronic fatigue syndrome." The former is a common symptom in medical clinics that does have a high linkage to already-present psychological problems. The latter, as we know, is a fairly specific medical condition with an unfortunate name. Their sloppiness has led to all kinds of trouble and misunderstanding.
2. They fail to distinguish between pre-illness psychological functioning and post-onset occurrence of psychiatric symptoms, which are both organic and understandably reactive in origin. This error would disappear if they did thorough psychiatric evaluations which included a careful review of past history and current functioning, i.e., where they really got to know their patients. Even medical students are taught how to do this. Their failure to do proper in-depth psychiatric evaluations in at least some of their studies is a serious error with drastic implications.

3. Their studies make use of flawed, inappropriate, and superficial tests of psychological state which then lead to flawed, inappropriate, and superficial conclusions. Leonard Jason has discussed this problem in detail. Their use of large numbers of study subjects and sophisticated statistics give the impression that they are really scientific; in my view it is pseudo-science.

4. They often fail to include, or to be unaware of, the mounting medical-neurological-immunological evidence demonstrating the medical nature of CFS/FM/ME.

5. They demonstrate instead a morbid preoccupation with psychiatric morbidity. There are moderate and sometimes severe psychiatric conditions following onset which as physicians and psychiatrists we need to be aware of, but there is no definitive and convincing evidence that I am aware of indicating psychological causation.

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