The tactics of denial used by the Wessely School

by Professor Malcolm Hooper, Eileen Marshall and Margaret Williams

(from Corporate Collusion September 2007)

It is not only upon ME/CFS patients that Wessely School psychiatrists seek to impose their preferred but unproven psychotherapy regimes; other related conditions for which these particular psychiatrists promote their own regime include almost any syndrome for which medicine does not yet have a definitive explanation of the exact, confirmed pathoaetiology, for example, fibromyalgia, multiple chemical sensitivity, chronic low-dose organophosphate poisoning, Gulf War syndrome, pre-menstrual tension, irritable bowel syndrome, and atypical chest pain. Psychiatrists of the Wessely School deny the physical reality of all these conditions, asserting that they are all one and the same somatic (ie.psychiatric) syndrome. (In the case of irritable bowel syndrome [IBS], it has now been shown not to be a "psychological" disorder at all: American researchers have demonstrated molecular alterations in serotonin signalling in the gastro-intestinal tract and that IBS is caused by altered gut biochemistry).

Denial of the known and available evidence

Denial of existing evidence is currently popular with those who see themselves as "revisionists", and such people are extremely dangerous, as they seem to believe that they and their like-minded colleagues alone have the prerogative to define reality.

On 29th April 2000 Channel Four transmitted a programme entitled "Denying the Holocaust" which revealed the tactics used by "deniers" of the truth (in that case, the reality of the Holocaust).

Whilst in no way comparing the suffering and atrocities imposed upon Holocaust victims with the suffering imposed upon those with ME/CFS by doctors who do not believe in it, it may nevertheless be salutary to examine the similarities in the tactics and methods used by "deniers" and "revisionists" of whatever discipline.

Referring to David Irving (the subject of a lengthy legal action involving Penguin Books and Professor Deborah Lipstadt, who was also the subject of the programme), the narrator said: *"familiar with (the) evidence, he bends it until it conforms to his ideological leanings and political agenda".*

Such allegations have been made about Wessely in relation to what he has published about ME/CFS.
Tactics used by "deniers" were identified in the programme as including the following:

manipulation, distortion, deliberately portraying things differently from what is known, falsifying facts, invention, misquotation, suppression, illegitimate interpretation, political re-modelling, exploiting public ignorance and intimidation.

Deniers take liberties with facts, and what is omitted is often more significant than what is included.

A falsifier uses many different means but all these techniques have the same effect --- falsification of the truth and denial of reality.

Other tactics include the following:

- deniers aggressively challenge others' views, claiming that others have no proof, and challenge them to validate the established facts and to produce proof to standards specified by the deniers themselves but to which they do not require their own "evidence" to subscribe
- deniers claim that "pressure groups" are active against them and are attacking both them and the truth
- deniers claim that there are "orchestrated campaigns" against them
- deniers agree, prepare and organise as a matter of policy a systematic strategy amongst themselves
- deniers show a readiness to jump to conclusions on every occasion
- deniers endeavour to rationalise their own ideology and for their own ideological reasons they persistently and deliberately misrepresent and manipulate the established evidence
- deniers fly in the face of the available evidence
- deniers engage in "complete deniability" which has nothing to do with genuine scholarly research.

Tactics of denial used in relation to ME/CFS as a physical disorder

Revisionism and denial of established evidence in medicine is nowhere more apparent than in the case of ME/CFS, and the choice of Government medical advisers is a matter of great economic impact.

To policy makers and commissioning officers in a cash-strapped NHS, the advantages of denial must seem attractive. The last thing needed is a chronic disease which affects hundreds of thousands of people, so accepting advice which promotes the view that the condition in question is neither new nor particularly disabling (and that the disorder is largely self-perpetuated) makes instant economic sense, especially if the advice also recommends that granting state benefits to those affected would be not only inappropriate but counter-productive.

In ME/CFS, denial is directed at undermining the experience and expertise of doctors who hold different views from Wessely School psychiatrists.

In medicine, denial ought to be very rare due to the peer-review system but, as noted above, in the case of ME/CFS, many peer-reviewers and editors of journals appear to share the same views as the deniers, so that articles and research papers which show a lack of objectivity, which misrepresent the existing literature and which make unsubstantiated claims abound, with the consequence that readers are deliberately misled.

In the UK ME/CFS literature (mostly as a result of the assiduous activities of psychiatrists of the Wessely School), there is evidence of a systematic attempt to deny the severity of the symptoms, the role of external causes and the nature of the illness. Such is the profusion of articles, reports and research papers produced by this group of psychiatrists that there is now a widespread belief that ME/CFS is not a disorder which requires money to be spent on specialist tests or on expensive virological, immunological, vascular or gene research, let alone on long-term sickness benefits.

It may be informative to compare the tactics of denial listed above as identified in the TV programme with a selection of methods and tactics used by those engaged in denial activity relating to ME/CFS:

- Deniers consistently ignore existing evidence which contradicts their own preferred theories: they disregard evidence, they misconstrue findings, they distort figures and they speculate

- Deniers apply a double standard to the evidence --- they support their own claims with a select choice of studies, with flawed research (ie. with research which has been <u>shown</u> to be flawed in the medical literature), and with a mass of generalisations, whilst insisting that the opposition provides irrefutable proof. These authors down-play and attempt to overlook inconsistencies in their own research. (Indeed, on one spectacular occasion, when challenged, Simon Wessely actually blamed his peer-reviewers for allowing his own indisputable "mistake" to evade rectification)

- Deniers challenge the expertise of those with whom they disagree, implying that their own claims are based on balanced scientific scholarship whilst those of others are based only on myth

- Deniers portray sufferers as <u>victimisers</u>, claiming that it is <u>patients</u> who are guilty of targeting <u>psychiatrists</u>; who then portray themselves as the vulnerable and wronged group. There is reference to "vicious campaigns" organised by "pressure groups" and to unreasoned hostility on the part of the patients

- Deniers minimise or trivialise the distress and suffering of those with ME/CFS, alleging that patients exaggerate their symptoms and suffering

- Deniers promote the view that patients have only themselves to blame, and that the problem is therefore not external but internal

- Deniers often include a totally reasonable and uncontroversial supposition (for instance, that decisions must be based upon the best evidence), which gives the impression that their other arguments must be equally reasonable and valid

- Deniers often suggest or imply that patients are motivated by financial or secondary gain (even though there is not a shred of evidence to support such a claim), and that their claims for state benefits are unjustified

- Any negative characteristics of a minority of patients are typically generalised and ascribed to <u>all</u> ME/CFS patients, without any supportive evidence

- Deniers suggest or imply that patients have formidable powers, for instance that they are able to influence certain institutions; that they get the media on their side and even that they have managed to influence the World Health Organisation. It is also alleged that patients use such tactics to misrepresent the situation to lead others astray

- Deniers even re-write medical history and alter it so that it appears to support their own claims (this is certainly demonstrable in the psychiatric interpretation of the early ME literature)

- Deniers may attempt to rename or reclassify the condition (for example claiming it as a modern form of an old (psychiatric) illness)

- Deniers make inappropriate comparisons between syndromes, suggesting that they are all simply the same (psychiatric) syndrome, ignoring or downplaying any specific and / or unusual features which are present.