

**Further Quotations from “Chronic Fatigue and Myalgia Syndromes” by
Simon Wessely**

**In: Psychological Disorders in General Medical Settings edited by N Sartorius et al
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So that people may judge for themselves whether or not certain quotations from the above chapter have been taken out of context in previous articles, it may be helpful to focus on one much-discussed quotation.

The title of the book (“Psychological Disorders in General Medical Settings”) is explicit: the disorders being addressed are deemed to be psychological, but ME/CFS (or “CFS/ME”) is not a psychological disorder, yet Wessely specifically includes ME.

Under the section “Non-acceptance of Psychiatric Disorders”, Wessely is clear:

“In 1908 Ballet pointed out that neurasthenic patients ‘spoke abundantly about their headaches and their muscular weakness, but deliberately concealed their emotionalism ... symptoms it would offend their self-esteem to confess.’ There is some evidence that patients actually deny symptoms (Fullerton & Munsat, 1966), but more often doctors fail to inquire about them (Alvarez, 1935: Harvard, 1985). The often intense dislike and distrust of psychiatry is well attested in the now voluminous self help literature. In the professional literature, CFS patients have been described as resentful and hostile toward psychiatrists (Imboden et al., 1959) or even toward all doctors (Jenkins, 1989). Stewart (in press) concludes that these patients view psychological difficulties as weaknesses, and such diagnoses lead to anger and resentment. Clinically, this may result in a marked dissociation between the perception of physical and psychological symptoms in fatigued patients (Kruesi et al., 1989). Psychiatrically ill patients presenting with somatic symptoms are less depressed, but more hostile to mental illness than those presenting with psychological symptoms (Goldberg & Bridges, 1988).

“Just as many CFS patients are hostile toward psychiatry, of equal importance is the hostility of many doctors toward those perceived as being emotionally disturbed. The fraught interaction between CFS patients and doctors is also tellingly detailed in the self-help literature in Britain, the United States and Australia. The absence of abnormal tests leads to the erroneous conclusion that nothing is wrong, or

alternatively to the understandable but misguided tendency to over interpret minor abnormalities or variants. The description given by a leading gastroenterologist at the Mayo Clinic remains accurate: 'The average doctor will see they are neurotic, and he will often be disgusted with them. Often he sends them away with as little ceremony as possible' (Alvarez, 1935). Thus, attitudes toward psychiatric illness affect both patient and doctor with equally adverse effects on prognosis".

The above comprises the full text of the subsection of the chapter; the dots are present in the original text.

Wessely is not saying that nothing is wrong or that CFS (ME) patients are not ill (he thinks they have a mental, not a physical disorder). Previous articles relating to this quotation have never suggested that Wessely himself was disgusted with them; they have simply pointed out that he is stating as fact that "The description given by a leading gastroenterologist at the Mayo Clinic **remains accurate** (emphasis added): **'The average doctor will see they are neurotic and he will often be disgusted with them' "**.

Although he does not himself endorse this position, at no point does Wessely explicitly distance himself from this sentiment.

His ambiguities allow the reader to form the view that this is the status quo, so it would be a courageous doctor who would challenge it, hence patients may have been harmed: certainly many doctors have treated patients with ME/CFS with contempt and disgust.

No-one can deny that such attitudes continue to pervade the medical profession, with the consequence that doctors' dismissive behaviour towards ME/CFS patients still pertains.