

An open letter to the "Wessely School" psychiatrists

Margaret Williams

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Would psychiatrists of the "Wessely School", in this instance Anthony Cleare, be courteous enough to explain why they continue to assert that ME/CFS is an affective disorder in defiance of the evidence that it not a psychiatric disorder?

These psychiatrists make such a claim in specific terms on their Kings College website (<http://www.kcl.ac.uk/pgp05/groups/78>) which states: "We specialise in mood disorders. These include depression, bipolar disorder and the 'affective spectrum' disorders such as chronic fatigue syndrome / myalgic encephalitis (sic) ME, fibromyalgia, somatisation and anxiety".

Would Dr Cleare be willing to explain why he continues to reject the considerable international evidence that, as documented in a [Co-cure post on 12th October 2004 by Jill McLaughlin](#), what he and his "Wessely School" colleagues insist are "medically unexplained symptoms or syndromes" may in fact be medically ill-described and ill-categorized syndromes?

As Professor Leonard Jason demonstrated in his presentation at the American Association for Chronic Fatigue Syndrome ([AACFS\) Seventh International Conference held in Madison, Wisconsin on 8th-10th October 2004](#), these issues are not semantics about an obscure classification issue but the crux of many problems that are in need of resolution.

As McLaughlin so aptly notes, "the fallacious psychopathological paradigm has been promulgated extensively and leaves patients unable to receive (adequate) testing or differential diagnosis or follow-up. The assumption that mixing 'fatiguing illnesses' will clarify the pathophysiology has not held up".

Indeed it has not held up: could it be that psychiatrists of the "Wessely School" are unaware of the press release of 7th October 2004 by the AACFS (contact person being Professor Charles Lapp, Board Member of AACFS) about the Seventh International Conference that was co-sponsored by the Centres for Disease Control and Prevention (CDC) and the National Centre for Infectious Diseases? That press release is unequivocal: CDC researcher Dr William Reeves, Chief of the (ME)CFS research programme, reported that (ME)CFS patients are more sick and have greater consequent disability than patients with chronic obstructive lung disease, cardiac disease, osteoarthritis and depression, and a CDC collaborative study with Australian researchers found that the strongest predictor of the development of (ME)CFS is the severity of the acute illness at onset and that psychological factors played no role in the development of (ME)CFS following infection.

Would Dr Cleare be kind enough to comment on why psychiatrists of the "Wessely School" refuse to accept the views of anyone whose views differ from their own?

Is he aware that the internationally renowned psychologist Dr Dorothy Rowe is on record as stating: "People who know absolutely that they are right are very dangerous"? (Observer, 14th November 1993).

Perhaps the apparent inability of "Wessely School" psychiatrists to accept evidence that does not accord with their own beliefs has less to do with medical science and patient benefit but more to do with money?

This may not be as far-fetched as it seems: some years ago, Professor Malcolm Hooper (Professor Emeritus of Medicinal Chemistry) attended a pharmaceutical conference and in discussion with the Research Director of the pharmaceutical company concerned said: "We must never forget that we are here to help patients", to which the Research Director replied: "No, we're not". Thinking he must have misheard, Professor Hooper said: "Sorry --- what did you say?" The response he received from the Research Director was emphatic: "We are not here to help patients. We are here to make money". It was at that point that Professor Hooper walked away and turned his back on the pharmaceutical industry, preferring to do what he can to help patients.

Note from Stephen

Following the circulation of this letter via the Internet, Dr Cleare decided to change the wording of the website to take away the direct inference that CFS is an affective mood disorder.

Before the alteration the wording was thus...

"We specialise in mood disorders. These include depression, bipolar disorder and the "affective spectrum" disorders such as chronic fatigue syndrome/myalgic encephalitis [sic] (ME), fibromyalgia, somatisation and anxiety.

We see patients at the National Affective Disorders Unit, at the Bethlem Hospital, Kent, for out-patient and in-patient assessment and treatment of mood disorders and, for assessment and treatment of chronic fatigue syndrome, at the CFS Unit."

After the alteration the wording now reads...

"We specialise in mood disorders, including unipolar depression and bipolar disorder. We also have a research interest in disorders such as chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME), fibromyalgia, somatisation and anxiety.

We see patients at the Natonal Affective Disorders Unit, at the Bethlem Hospital, Kent, for out-patient and in-patient assessment and treatment of mood disorders and, for assessment and treatment of chronic fatigue syndrome, at the CFS Unit."

It should be noted that the nature and aims of this project has not changed in any way and it should be observed that psychiatrists,

psychologists and their support staff are still playing a game of "pinning the tail on the donkey". They are still trying to label Myalgic Encephalomyelitis as a functional mental health disorder.

In one sense the change of wording is a good thing because it does not directly put a mental health label on Chronic Fatigue Syndrome but to these people the wording of their website is just an issue of semantics.

Therefore in another way the new wording is actually worse because it's now more misleading to the "lay" person who may think that this project is a benign project with a worthwhile aim and cause.

In my view this could not be further from the truth but it just goes to show how cunning these shrinks are in the face of a well worded article that highlights what the profession of psychiatry is really up to.

Yours sincerely,

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