

CBT in ME/CFS -- More Information

Eileen Marshall Margaret Williams 23rd August 2006

In our document “[ME Exists: True or False?](#)” (see [Co-Cure ACT: 20th August 2006](#)) we drew attention to recognised abnormalities in ME/CFS, one of which being the significant loss of grey matter in the brain with irreversible loss of grey cells, especially in Brodmann’s area 9, and mentioned that this may indicate major trauma to the brain.

If such trauma to the brain exists in ME/CFS, then the chance of cognitive behavioural therapy (CBT) being effective in ME/CFS is probably zero and the MRC PACE trials may be a disaster for the psychiatric lobby.

The ME/CFS community may be interested in an article by Richard A Friedman MD in the New York Times on 27th August 2002 entitled “Behaviour: Like Drugs, Talk Therapy Can Change Brain Chemistry”.

To quote Friedman: “New evidence suggests that the talking cure and psychotropic medication have much more in common than had been thought. In fact, both produce surprisingly similar changes in the brain”.

Friedman refers to three brain imaging studies, one looking at obsessive–compulsive disorder and the other two other at depression, all of which showed that when patients improved, the changes in their brain, as shown on PET scans, looked the same regardless of whether they had received antidepressants or CBT.

Quoting Friedman again: “Does that mean that antidepressants and psychotherapy are really equivalent? In a word, no”.

Significantly Friedman (a psychiatrist who directs the Psychopharmacology Clinic at the New York Weill Cornell Medical Centre) then states: “Psychotherapy alone has been largely ineffective for diseases where there is strong evidence of structural, as well as functional, brain abnormalities. **It seems that if the brain is severely disordered, then talk therapy cannot alter it**”.

As there are structural brain abnormalities documented in the ME/CFS literature since at least 1992 and as the data discussed by Friedman was known about in 2002 (the same year that the UK CMO’s Working Group Report was published), then it must be asked why this knowledge has been disregarded by the psychiatric lobby, and by the MRC who has granted such generous funding to those psychiatrists to allow them to indulge their belief that CBT is the only effective management (not treatment) regime for ME/CFS.

As it is known that CBT cannot help those with a severely disordered brain, other acknowledged concerns about CBT assume even more importance, one being the increasing public concern that psychological therapies could be used for brain-washing (see the MRC Neuroethics Report, April 2005: Session 2 (“Altering the brain”). One of the speakers at the Workshop was Professor Michael Sharpe of Edinburgh, who spoke about the implications of psychotherapies.

The MRC Workshop Report pointed out that a growing understanding of neurotransmission at a molecular level has allowed the design of interventions to alter specific brain functions, one such intervention being CBT: “Psychological therapies such as CBT have now been shown to alter brain function. These developments may alter our view of individuality. What are the risks of changing personality? Is cognitive enhancement acceptable to society?”

The MRC Workshop concluded that further research is needed to determine whether such therapies are reversible, or if there are persistent adverse effects, noting: **“There is already evidence that in certain situations psychotherapy can do harm”**.

Other issues of concern to patients with ME/CFS were discussed at the Workshop: “Psychological treatments also raise a number of issues about consent and coercion. How much information should patients be given about the possible effects of therapy on their brain?”

In relation to ME/CFS, the MRC Neuroethics Workshop Report noted: “The MRC is funding the PACE trial, the largest trial of CFS/ME treatments (*sic*) to date. However, the trial has faced serious antagonism from some, but not all, patients groups, mainly because of concerns about the use of a ‘psychological treatment’ for a condition that is seen by many as a medical disorder”.

Given what is already known about the inherent dangers of CBT for those with ME/CFS (especially the known effects of graded exercise as an inducer of oxidative stress and the effects of compulsory exercise on the cardiovascular problems known from the early part of the twentieth century to be an integral feature of authentic ME/CFS), on what ethical grounds can those already crushed by such a heavy illness burden as that imposed by ME/CFS be subjected --- in some cases by coercion – to a management regime that seems to have no hope of beneficial results?

This raises once again the disturbing question: in whose best interests is medical science undertaken?