

## **Zombie Science in ME/CFS?**

Margaret Williams

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Mental health researchers at The Institute of Psychiatry (London) are currently undertaking a study of “*social cognition*”. The project seeks to find out whether “*the processing of social information*” is affected in people with anorexia nervosa and whether or not people with anorexia can recognise complex emotions in other people.

The anorexia group will be compared with healthy controls and also with people who have “CFS”, the latter being recruited through outpatient services of The South London and Maudsley NHS Foundation Trust.

The project was announced in 2007 just before the publication of the NICE Guideline on “CFS/ME”.

Recruitment for this “research” will run until the end of 2008 and the project will be completed in 2009.

([http://www.b-eat.co.uk/Supportingbeat/MediaResearch/Socialcognitioninanorexianervosa](http://www.beat.co.uk/Supportingbeat/MediaResearch/Socialcognitioninanorexianervosa))

The study literature states: “*The comparison with CFS will allow (researchers) to gauge whether any social cognition deficits are unique to anorexia, or reflect more global symptoms of psychiatric illness with marked physical symptoms*”.

So there we have it in black and white: according to researchers at the IoP (the home of stalwart supporters of CBT and GET for “CFS/ME” Professors Simon Wessely and Trudie Chalder), “CFS” is “*a psychiatric illness with marked physical symptoms*”.

The background to the project states: “*Anorexia nervosa and chronic fatigue syndrome are classical psychosomatic disorders where response to social threat is expressed somatically (e.g. Hatcher & House, 2003; Kato et al 2006; Schmidt et al 1997). Other similarities between these disorders include strong female preponderance and overlapping personality characteristics, such as being introverted and avoidant. Aberrant emotional processing is a strong candidate as a maintaining factor for these disorders (Schmidt & Treasure 2006)*”.

Is it by chance alone that this “research” coincides with the publication of the NICE Guideline and that the only “evidence” upon which the NICE Guideline Development Group relied is that of the Wessely School, whose assumption about the nature of “CFS/ME” is that it is a psychosomatic disorder and whose model and management recommendations are based on “fear avoidance” and “deconditioning”?

It is surely remarkable that the beliefs of the Wessely School about “CFS/ME” (in which they unequivocally include “ME/CFS”) remain uninfluenced by the ever-mounting biomedical evidence which proves their beliefs to be seriously misinformed.

A possible explanation has been put forward by Professor Bruce Charlton, Editor-in-Chief of *Medical Hypotheses*; Emeritus Professor of Public Policy at the University of California and Reader in Evolutionary Psychiatry at the University of Newcastle (UK).

Charlton is well-known for his campaign to breathe new life into academic medicine in order to capture issues that matter to patients and which would make a difference to their lives.

In a compelling Editorial (Zombie science: A sinister consequence of evaluating scientific theories purely on the basis of enlightened self-interest, *Medical Hypotheses*, 26<sup>th</sup> July 2008) Charlton debunks the ideal of impartial and objective science. The following quotations apply with particular resonance to the current ME/CFS situation in the UK:

*“In the real world it looks like most scientists are quite willing to pursue wrong ideas – so long as they are rewarded for doing so with a better chance of achieving more grants, publications and status”.*

*“This is ‘enlightened self-interest’ a powerful factor in scientific evaluation because the primary criterion of the ‘validity’ of a theory is whether or not acting upon it will benefit the career of the scientist; ‘enlightened’ because the canny career scientist will be looking ahead a few years in order to prefer that theory which offers the best prospect of netting the next grant, tenure, promotion or prestigious job opportunity”.*

*“When a new theory is launched, it is unlikely to win converts unless (they) are rewarded with a greater chance of generous research funding, the opportunity to publish in prestigious journals and the hope of increased status exemplified by admiration and respect from other scientists”.*

*“Theories may become popular or even dominant purely because of their association with immediate incentives and despite their scientific weaknesses”.*

*“Even the most conclusive ‘hatchet jobs’ done on phoney theories will fail to kill, or even weaken, them when the phoney theories are backed up with sufficient economic muscle in the form of funding. Scientists will gravitate to where the money is so long as the funding stream is sufficiently deep and sustained”.*

*“Classical theory has it that a bogus hypothesis will be rejected when it fails to predict ‘reality’, but (this) can be deferred almost indefinitely by the elaboration of secondary hypotheses which then require further testing (and generates more work for the bogus believers)”.*

*“That the first theory is phoney, and always was phoney, is regarded as simplistic, crass (and) a sign of lack of sophistication”.*

*“And anyway, there are massive ‘sunk costs’ associated with the phoney theory, including the reputations of numerous scientists who are now successful and powerful on the back of the phoney theory, and who now control the peer-review process (including the allocation of grants, publications and jobs)”.*

*“False theories can therefore prove very long-lived”.*

*“The zombification of science (occurs) when science based on phoney theories is serving a useful but non-scientific purpose (so it is) kept going by continuous transfusions of cash from those whose interests it serves”.*

*“For example, if a branch of pseudo-science based on a phoney theory is valuable for political reasons (e.g. to justify government policies) then real science expires and ‘zombie science’ evolves”.*

*“(This) can be explained away by yet further phoney theoretical elaborations, especially when there is monopolistic control of information”.*

*“In a nutshell, zombie science is supported because it is useful propaganda (and) is deployed in arenas such as political rhetoric, public administration, management, public relations, marketing and the mass media generally. Indeed, zombie science often comes across in the mass media as being more plausible than real science”.*

*“Personal careerist benefits seem easily able to overwhelm the benefits of trying to establish the ‘real world’ of truth”.*

*“In current science, there seems to be a greater possibility that large scale change may be fashion rather than progress, and such change may be serving propagandist goals rather than advancing scientific understanding”.*

*“Modern science may have a lumbering pace, and its vast bulk means that once it has begun to move in a particular direction, trying to deflect its path is like stopping a charging rhinoceros”.*

*“Perhaps funders co-operate, co-ordinate and collude, and therefore should be regarded as a cartel”.*

To halt this raging rhinoceros, Charlton says: *“Individual ambition should ensure a sufficient supply of debunkers to keep the gardens of science weeded of bogus theories, and to banish the zombies of science to the graveyards where they belong”.*

The ME/CFS community can have no doubt that Charlton has hit the nail on the head.

For how much longer must these desperate people be sacrificed on the defiled altar of zombie science?

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**See Also:**

**More Zombification of ME/CFS?**

**Margaret Williams**

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