

Are Psychological Factors Important in ME/CFS?

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Because I'm a psychotherapist trained in psychology people often assume that I believe that psychological factors are important in predisposing people to ME/CFS or in impeding recovery from it. My answer is: "My experience in diagnosing and treating emotional disorders makes me sure that these factors are NOT important."

I saw my first ME/CFS case in 1990. At that time I'd never heard of ME. I did know the name CFS but didn't know what it was. My client had come to me because of anxiety, which derived ultimately from childhood abuse. But she told me about the CFS too. So I thought, "Well, that's just something from the anxiety. It will go away when we get rid of the anxiety." This still seems a logical thought. After all, if someone has nightmares, flashbacks, sleeps poorly and briefly, feels frightened a lot -- they might well feel weak and tired too.

This was an excellent client. She worked hard at therapy. We cured the anxiety almost completely, one of the best results I've ever seen. The CFS symptoms, however, did not change at all.

That is the pattern I've seen repeatedly. If we fix the mental health problem the ME/CFS is still there. My favorite case of this kind was a severely depressed young woman who had an extremely conflicted relationship with her cold, distant father who was a lawyer. This woman worked as a paralegal for a cold, distant middle-aged lawyer. Her boyfriend was quite a bit older than her. He was nice enough at times but under stress he too would become cold and distant. Well of course she was depressed! She worked very hard, changed her life around entirely, and became absolutely free of depressive symptoms. "Except," she said, "I still get so tired I still have to spend one day out of three in bed." Whoops! Her ME/CFS had been entirely hidden within her depression. So then we worked on managing that. She had a fairly mild case and was able to do pretty well.

What I've also found is that I can't cure ME/CFS with psychological treatment. I tried that a few times before I learned to recognize the illness. I thought I was treating "masked" or "atypical" depression but I got nowhere at all.

Most people with ME/CFS do not need mental health treatment. They cope realistically with their afflictions, maintain positive attitudes, and are as active as they can be without provoking increased symptoms. But psychological treatment can help some people with ME/CFS do better. Thinking negatively does make everything worse, and counseling can change that. And some people don't

manage their activity as they should. They persist in overdoing on days when they feel good, producing crashes with extended recovery. Doing this can make the illness worse in the long run. Those with this pattern can be helped with information and counseling about what their behavior is doing to their bodies, and also with psychological counseling aimed at helping them with such problems as guilt for needing help, feelings of inadequacy because they can do so little, frustration over failing to meet goals, and so forth.

In sum, my experience is that psychological factors have little or nothing to do with acquiring ME/CFS, or in preventing recovery from it, but they can be important in keeping people from managing their illness in an optimal way.

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