

Underlying self-esteem in chronic fatigue syndrome

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Abstract

Objective: It has been suggested that people with chronic fatigue syndrome (CFS) have low self-esteem; however, this is not necessarily apparent when self-esteem is measured overtly. This study is the first to investigate underlying self-esteem using information-processing measures and overtly administered measures of self-esteem with this population. **Methods:** The study comprised 68 participants (24 CFS, 24 healthy volunteers, and 20 chronic illness volunteers). A Self-Statements Questionnaire (SSQ) and an Emotional Stroop Test (EST) using neutral, positive, and negative trait words were administered. **Results:** Participants with CFS reported lower self-esteem than the two comparison groups on overt

measures. Overt responses, however, did not fully account for the full extent of the interference effect from the negative word Stroop compared to the positive word Stroop. **Conclusion:** In contrast to previous studies, participants with CFS reported lower levels of self-esteem on overt measures than two comparison groups. It is suggested, however, that the extent to which participants reported low self-esteem did not fully reflect their underlying low self-esteem and that this may result from the use of rigidly held defence mechanisms. Further use of information-processing measures, in contrast to relying only on self-report measures, is advocated for future research. © 2002 Elsevier Science Inc. All rights reserved.

Introduction

Chronic fatigue syndrome (CFS) is a disorder characterised by a principal complaint of fatigue accompanied by substantial functional impairment [1]. The cognitive behavioural model of CFS described by Sharpe [2], following Surawy et al. [3], suggests that core beliefs reflecting low self-esteem lead to the development of rigidly held beliefs that predispose a person to developing a chronic illness when confronted by a stressful trigger (including physical stressors). However, rather than suggesting that people with CFS hold core beliefs of inadequacy and low self-esteem, studies have tended to report unimpaired self-esteem in this group. Even when people with postinfectious syndromes and CFS fulfil diagnostic criteria for depression they have tended to report few feelings of guilt and preserved levels of self-esteem [4–6]. In their description of common themes that arise when carrying out therapy with people with CFS, Surawy et al. [3] note a relative lack of expressed distress by participants. Similarly, a number of studies report partici-

pants' self-descriptions as 'not the sort of person to become depressed' [3,6–8].

Moss-Morris and Petrie [9] found reduced levels of self-esteem amongst people with CFS who were also depressed. They concluded, however, that on the whole people with CFS have good self-esteem unless they are depressed. Similarly, Johnson et al. [10] reported a nonsignificant tendency for depressed fibromyalgia participants to have lower basic self-esteem, but enhanced earned self-esteem (a sense of self-worth that is earned by competence).

The evidence to date, therefore is inconsistent regarding levels of self-esteem amongst people with CFS who are also depressed. Moss-Morris [11] drew attention to the limitations of research to date, which has restricted itself to the investigation of conscious cognitive processes that are vulnerable to response biases. It might be predicted therefore that the development of rigid defence mechanisms might lead to a tendency for participants with CFS to report intact self-esteem despite having a vulnerable underlying self-concept. This study is the first to describe a comparison between overt and covert measures of self-esteem amongst people with CFS.

Information-processing tasks have been used with other groups of participants to investigate discrepancies between

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self-report and underlying self-esteem (e.g., Refs. [13,14]). One such method is the Emotional Stroop Test (EST), developed from the Stroop Test [15], which requires participants to name the colour of ink that a word is written in. Attentional bias towards particular words or classes of words can be inferred from the degree of interference with the participant's performance, as measured by the speed of colour naming. Williams et al. [15] review the numerous applications of an emotional analogue of the Stroop test in relation to psychopathology and concluded that it can be regarded as a valid measure of individuals' covert concerns that is not dependent on conscious strategies. Furthermore, the test appears to detect differences in accessing constructs relating to the psychopathology rather than reflecting a consequence of the associated affect [16].

Kinderman [12] studied attention to positive and negative trait words using an EST with participants suffering from persecutory delusions and found that, despite them endorsing more positive than negative adjectives with reference to themselves, they showed a marked degree of interference when colour-naming negative words. This method was applied in the present study in order to investigate the hypothesis that people with CFS have underlying low self-esteem, which is not apparent when using overt measures.

Patients with a number of illness features in common with patients with CFS are those who experience chronic pain. The use of modified versions of the Stroop Test have been somewhat inconsistent, however, and appear to suggest that when depression and anxiety are taken in to account, there are no specific effects of chronic pain on attentional bias in relation to affective stimuli [17]. The sensitivity of the methodology used by Pincus et al. [17] may have been reduced by the use of a manual rather than verbal response to the modified Stroop. Furthermore, this study used affective words relating to threat rather than low self-esteem.

In order to evaluate whether any effect found is specific to CFS or a reflection of a response to chronic illness, a comparison group of people with a different chronic illness was included. Patients with insulin-treated diabetes mellitus formed the comparison group given that as well as representing a chronic illness group that affects people of all ages, there are a number of similarities between CFS and diabetes. In particular, diabetes is a 'hidden' condition that is not readily apparent to other people. Furthermore, diabetes is a demanding condition that requires significant regulation of behaviour and imposes restrictions on lifestyle. Although higher than in the general population, the lifetime prevalence of psychiatric disorders amongst people with diabetes is approximately equivalent to other chronic illness groups [18].

The hypotheses of the current study were as follows:

Hypothesis 1: Participants with CFS will report similar levels of self-esteem to a chronic illness comparison group and a healthy comparison group.

Hypothesis 2: Participants with CFS will demonstrate greater interference to negative words on the EST, which is consistent with low underlying self-esteem, compared to the two comparison groups.

Method

Participants

The sample size in the present study was determined by a power analysis based on data obtained by Kinderman [12] using the EST with individuals who experience persecutory delusions. Based on this study, a power of 80% would be achieved from a sample size of 10 participants in each group. Because of the small sample size in this study, and hence high probability of error, this sample size was increased to over 20 people in each group.

CFS participants

Fifty-eight patients from three tertiary referral centres that specialise in the assessment and treatment of CFS were invited to participate in the study. All the patients approached were between the ages of 18 and 30 years. The age range of participants was restricted to between 18 and 30 years as many studies compare CFS participants to older chronic illness comparison groups. Twenty-nine patients responded to the letter (50%). A semistructured interview was conducted to ensure that all participants fulfilled Oxford Diagnostic Criteria for Chronic Fatigue Syndrome. Five participants did not currently fulfil the Oxford Diagnostic Criteria for Chronic Fatigue Syndrome [19] and were excluded, leaving 24 participants.

Chronic illness comparison group

One hundred twenty-five patients who were known to be between the ages of 18 and 30 years were invited to participate in the study via three tertiary referral centres that specialise in the treatment of diabetes. Twenty eligible patients responded to the letter and took part in the study (16%). All patients had been diagnosed with diabetes for at least 6 months.

Healthy comparison group

Twenty-four participants formed a healthy comparison group, recruited primarily via posters and e-mail advertisements within the University of London, attracting students and members of staff. Other participants were recruited via word of mouth. The healthy comparison group reported being in good health at the time of assessment and reported no history of either CFS or diabetes.

All participants spoke English as their first language. They had not received psychological help, although many of the CFS participants were on the waiting list for a course of cognitive-behaviour therapy. Prescribed mood-altering

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