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PERSONALITY AND SOCIAL ATTITUDES IN CHRONIC FATIGUE SYNDROME

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Abstract—One hundred one chronic fatigue syndrome (CFS) patients attending a specialist CFS clinic were compared with 45 rheumatoid arthritis (RA) patients on a range of standardized questionnaire measures, to investigate whether CFS patients are characterized by particular personality traits or social attitudes. No differences were found between CFS and RA patients in measures of perfectionism, attitudes toward mental illness, defensiveness, social desirability, or sensitivity to punishment (a concept related to neuroticism), on either crude or adjusted analyses. Alexithymia scores were greater in the RA patient group ($p < 0.05$). Social adjustment, based on subjective assessment of overall restriction in activities and relationship difficulties, was substantially poorer in the CFS group ($p < 0.001$). This was highly associated with depressive symptoms, but remained significant even after adjusting for depressive symptomatology. There was no evidence from this study of major differences between the personalities of CFS patients and RA patients. The stereotype of CFS sufferers as perfectionists with negative attitudes toward psychiatry was not supported. © 1999 Elsevier Science Inc.

Keywords: Chronic fatigue syndrome; Depression; Rheumatoid arthritis; Perfectionism; Personality.

INTRODUCTION

Chronic fatigue syndrome (CFS) describes a complex of symptoms characterized by serious and debilitating medically unexplained mental and physical fatigue of at least 6 months duration, accompanied by a number of additional nonspecific symptoms, including muscle pain, sleep disturbance, depression and poor concentration [1, 2].

Considerable attention has been paid to the role of psychiatric illness in CFS. Although psychiatric disorders are clearly important, their precise contribution remains unclear. However, depressive and anxiety states, both current and in the past histories of CFS sufferers, seem to be particularly relevant [3–8].

Less professional attention has been given to the role of personality. Despite this, personality issues play a considerable role in the popular and media conception of CFS. This takes two forms [9]. First, CFS sufferers are often portrayed as hard-working, hard-driving, and energetic people before the onset of CFS [10]. Such characteristics are often said to either predispose individuals to developing the illness or, alternatively, to prevent them from making normal recoveries. Second, CFS sufferers are also usually portrayed as hostile to psychological explanations, mental

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illness, and psychiatry in general [9]. However, both conceptualizations of CFS sufferers may reflect a variety of biases and be associated with personality factors such as social desirability, defensiveness, and sensitivity to criticism.

There is a paucity of systematic evidence on the role of personality factors in CFS. Several studies have assessed personality from a dimensional perspective. Millon et al. studied 24 CFS patients using the Millon Clinical Multiaxial Inventory (MCMI), finding pathological elevations on histrionic (33%), schizoid (29%), and avoidant, narcissistic and aggressive/sadistic (25% each) personality patterns compared with normative data [11]. Blakeley et al. used the Minnesota Multiphasic Personality Inventory (MMPI) to compare 58 CFS, 81 chronic pain, and 104 healthy controls. They found progressively more elevated scores on most scales from controls through chronic pain to CFS patients [12]. The CFS patients showed more deviant personality traits reflecting emotionality or neuroticism, although personality profiles fell into several different groups. Two other studies using the MMPI, one comparing 25 women with epidemic neuromyasthenia to 25 healthy women [13] and another comparing 53 CFS patients to 43 healthy controls [14], reported similar findings. Riccio et al. used the Eysenck Personality Questionnaire to compare nine myalgic encephalomyelitis (ME) sufferers with matched healthy controls and found significantly lower scores on the Extraversion and Psychoticism scales for the ME patients, but no differences on the Neuroticism or Lie scales [15].

Two other studies have used a categorical approach to personality assessment with CFS patients, employing measures to diagnose personality disorder (PD) according to DSM-III-R criteria. Pepper et al. compared patients with CFS, multiple sclerosis (MS) and major depression [16]. The depressed group had more PDs than the CFS and MS groups who did not differ in rates of PD. A variety of PDs were found among CFS patients, the commonest being obsessive-compulsive (16%), histrionic (13%), and dependent (11%). Johnson et al. assessed 35 CFS, 20 MS, and 24 depressed patients and 35 healthy controls and found progressively higher rates of PD and neuroticism scores from healthy controls through CFS and MS (who did not differ) to the depressed group [17]. The most common PDs among the CFS patients were histrionic (23%) and borderline (17%).

Special attention has also been focused on perfectionism and a related highly action- and achievement-oriented lifestyle as premorbid risk factors, but the differing measures employed and conflicting results do not allow any firm conclusions to be drawn [18–21].

One of the main limitations of these studies is that the question of affective comorbidity was not generally accounted for in the assessment of personality. It is likely that current affective state significantly influences the outcome of personality assessments and there is evidence that “personality disorder” may resolve or be reduced following resolution of a depressive disorder [22, 23]. This is of particular importance as depression is common in CFS.

This study aims to investigate attitudes of CFS patients to psychiatric illness and the role of personality factors that may be associated with or underlie such attitudes. A comparison group of patients with rheumatoid arthritis (RA) was chosen to control for effects of chronic illness on cognitive styles or other personality traits. It seems likely that the normal range of personality is represented among patients with early arthritis and that changes reflect years of disabling disease [24], support-

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