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Journal article

**Fatigue as the unconscious refusal of the demands of late
capitalism**

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Abstract This paper explores the function of fatigue in today's society by drawing on popular culture and interviews conducted as part of a doctoral research study with nine people suffering from chronic fatigue. With a focus on the ideology of late capitalism, it examines how the emergence of fatigue might be one way of unconsciously refusing the demand for constant activity and presence found therein. To this end, the paper relies on Lacanian psychoanalytic theory, turning around the notions of anorexia (as a refusal of a demand and an embodied disappearance), the drive, desire and mourning — showing how the subject's refusal emerges on the intersection between the body and the social.

Keywords: fatigue; capitalism; refusal; anorexia; mourning

Fatigue as an Unconscious Refusal of the Demands of Late Capitalism

Contemporary society — dominated by the ideologies and practices of late capitalism and science — is characterised by a demand for constant flow and for everything to be monitored, known, and visible. We are simultaneously witnessing a rise in different afflictions deviating from these norms, with fatigue being especially prominent, diagnosed as Chronic Fatigue Syndrome (CFS)/Myalgic Encephalomyelitis (ME). How can we understand this trend from a psychoanalytic perspective? A starting point for gaining insight into the subjective factors involved is to examine the ideas related to the imperative for productivity. One of the most prevailing ideas tied to it — stemming from both the discourse of capitalism and science — is that of ‘the body as machine’, as the body is increasingly compared to a machine-like entity. This metaphor has significantly influenced ideas surrounding sleeping/resting¹ and inversely, being active, which I argue affects the body and contributes to the increasing advent of fatigue. Focusing on late capitalism, I will delineate some of the dominant views inherent therein before moving onto an exploration of how fatigue, as elaborated by nine participants diagnosed with CFS/ME in interviews, could be a way of (unconsciously) saying no to them.

Late Capitalism and the Inconvenience of Sleeping

The emergence of capitalism is sometimes mistakenly associated with the boom of consumerism, and/or the decline of socialism, with capitalism acquiring the status of being in opposition to socialism. However, some of the ideas linked to capitalism today

can be traced back to the emergence of modernity in the 17th century. The Enlightenment era drastically changed the idea of the human being, from someone inseparable from society to the isolated, cognising individual. This was promoted mainly by René Descartes with his sentence ‘cogito, ergo sum’, through which he reduced the existence and core of the human being to consciousness and rational thought. Together with other Enlightenment philosophers such as David Hume and John Locke, who also ambitiously pursued knowledge, the modern concepts of rationality, productivity, and utility became prioritised (Crary, 2013: 12). At this stage, sleep began acquiring the status of something irrelevant and unnecessary since it was incompatible with these notions. It came to be viewed as an obstacle to knowledge (Ibid.: 12). Thus, the seed to considering the body a machine was planted. What sprouted this metaphor was of course the development of technology and machinery, which made mass production possible and aided science and medicine and the process of diagnosing therein, to the extent that there grew a belief that the essence of the body/the human could be captured through the images or numbers produced by machines.

Nevertheless, a shift in ideology brought by late capitalism, the governing system in place today, has given the metaphor of ‘the body as machine’ more strength than ever. Late capitalism can be said to have emerged in the 1980s in the UK when mass privatisation took place (Fisher, 2009: 17, 33). What best defines this epoch is arguably the concept of ‘flexibility’, as it has been shaped by the deregulation of capital and labour such as an increase in temporary work and outsourcing (Ibid.: 32-33). Furthermore, its ideology spilled over to all areas of life. That is, the ideology, as a set of ideas, is not confined to the practices of capitalism where it guides the production of goods, but in its widespread reach it now also guides — or rather determines — answers related to questions of what it means to be human. Crary (2013) claims that

while many institutions in the developed world have operated on a 24/7 basis for a while, it is only recently that this idea of an ‘uninterrupted operation’ has impregnated the area of social and personal identity (p. 9). This is along the lines of what critic Mark Fisher (2009) puts forth in his book ‘Capitalist Realism - Is there no Alternative?’, where he claims that late capitalism, or what he terms capitalist realism, constitutes a ‘pervasive *atmosphere*’, ‘acting as a kind of invisible barrier constraining thought and action’ (p. 16). The ideology of late capitalism reflects a non-stop movement of global exchange (Crary, 2013: 5) which we now take as a model for human aspirations: the accumulation of consumable objects, the constant engagement in profitable activities, and immediate satisfaction. Not only are we supposed to engage in work but we are to fill up our time with a number of various activities, being as we are very flexible: work, learn, socialise, enjoy, consume; and preferably all at once. The emphasis on flexibility brought by late capitalism more than ever reinforces the idea that the body *can* be a machine, a constantly producing (producing in a wide sense, inclusive of producing enjoyment), malleable and exchangeable entity able to extend itself to numerous tasks simultaneously. We can say that the new slogan is ‘I do, therefore I am’. In such an environment, sleep as a passive activity becomes the enemy of capitalism.

What is also extended is life itself, made allegedly possible by the advancement of technology feeding the metaphor of the ‘body as machine’. Since gadgets in the form of a phone, tablet or laptop have become extensions of ourselves, we are never quite ‘off’; even when asleep, our phones accumulate demands for us. This means that late capitalism does not leave space for a pause in our realities (Leader, 2019, *passim*) and consequently, the on/off binary does not exist (Crary, 2013: 13). In other words, the principles of work have attached itself to life itself, turning life into one huge chore as well as a homogenous experience. We are to be constantly present and productive, with there being no need for such an inconvenient activity as sleeping — an attitude

reflected in the statement ‘you can sleep when you’re dead’. Even death is turned into an option in the face of hypothetical scientific methods promising to eliminate it. Therefore, what is not only desirable but demanded is life itself, to ‘wake up!’ and ‘keep going’ (Schuster, 2016: 124), demands perceived to stem from the big Other². In other words, life as a never-ending movement is demanded³. In the individual, semi-structured interviews conducted with people suffering from fatigue as part of my doctoral research project, the encounter with the imperative to ‘keep going’ perceived to stem from the big Other are at the centre of the participants’ experience.

The participants were recruited via an Edinburgh-based ME self-help group. Nine people clinically diagnosed with CFS/ME voluntarily took part in the study: five White females, one South African Asian female, and three White males. Follow-up interviews were conducted with six of them about three months later. The debilitating nature of the condition, with fatigue and pain being the most prominent ailments, varied between the participants. However, most of them were unable to work at the time of the first interviews, with all of them being hindered from engaging in some/many activities. The interviews focused on the onset of their conditions, the multiple inhibitions and losses accompanying it, the presence and experience of symptoms, the largely disappointing encounters with medical professionals, and as mentioned, various demands asking for perpetual productivity and movement. The interview transcripts were analysed by drawing on Lacanian psychoanalytic theory⁴. It is important to note that what follows constitute my interpretations of fatigue, and ones which do not exclude other perspectives such as the involvement of biology (discussed briefly below). Moreover, while the participants’ discourses draw on existing sociocultural discourses, thereby highlighting dominant ones which others

can come to relate to, this perspective of fatigue cannot be generalised to all cases of fatigue/CFS/ME, as it can take on other forms which are not explored in this paper.

Returning to the imperative to 'keep going', it is particularly at the onset of the participants' conditions that we find this. It is experienced as a general one for never-ending movement through working, studying, socialising and generally being 'on the go'. Tom⁵, for instance, a 48 year-old White male, works at a multidisciplinary emergency unit, including in an anaesthetics room where he puts patients to sleep. He mentions at the onset of his condition that he worked extra hours over the weekends, during which his neighbours produced continuous partying noise, arguably disrupting his sleep as he describes both the stressful demands at work and the noise as "continual". Amy, a 42-year old White female, got ill right after having been "forced", as she puts it, to have a vaccination at work in order to protect chemotherapy patients – a vaccination which constitutes an intervention on the body and could be interpreted as a demand to work. For Amy, this does not only include work but being a "working mum", which blurs the boundaries between home life and work. For two of the participants – Gail, a 57-years old South African Asian female, and Lucy, a 44 year-old White female – their conditions were thought to be triggered due to reactions to the anaesthetics given during operations, with Gail conveying "it was like I never came out of the anaesthetics". What appears salient surrounding the operations was the experience of unmet needs/wishes, potentially sending the message that being put to sleep and the recovery process thereafter are no big deal. What is characteristic then of the commandment to 'keep going' is the Other's imposing, universal and indifferent nature. The demand asks for perpetual, productive movement of everyone, and if met by the subject, s/he is reduced to a concrete object of productivity where his/her idiosyncratic needs, wishes and desires are excluded. The reductive aspect of the

demand is echoed in the participants' accounts through the experience of homogeneity, inescapability and suffocation; and that the demand stems from another place is seen through the participants' experience of otherness tied to it. These elements, particularly that of homogeneity and inescapability, further corroborate the fact that it is life itself which is demanded. Lucy suggests this in her reply to my question of what made her condition worse: "Everything made it worse. Living made it worse. Just getting up made it worse".

One then wakes up to a highly strengthened version of alienation. When asked what it was like to be put to sleep by the anaesthetics, Gail replies "waking up", which comprises a realisation that someone else is running the show. One is reduced to nothing, or rather; reduced to nothing but a constantly producing machine-like object – an interchangeable part of a bigger system. And the more something is demanded, the more rebellion there will be against it (Leader, 2019: 3). This I argue could partly be the case for some of those who become fatigued.

The Unconscious Refusal to 'Keep Going'

When the participants describe encountering the commandment to 'keep going', they also convey the onset of bodily tensions which lead to fatigue and less engagement in activities. This pattern suggests that the response to the demand to be reduced to a machine is enacted through the body as a way of saying 'no'. I will focus on the moment of encountering the medical Other's either explicit or implicit pronouncement of 'there's nothing wrong with you' after which the participants' conditions worsen. This statement reinforces the demand to 'keep going' as it is thought that in the face of an absence of a biomedical marker, there is no excuse to stop. The medical discourse thus

amplifies the commandment found in late capitalism. Amy for instance conveys after having seen the doctor about her symptoms:

And so - you do, you go away and you think 'right ok. They've said there's nothing wrong with me. I'll keep going'. But then, I was vomiting after I was eating my tea at night. And I'm like [breathes out], there's something else not... something's not right.

The statement of 'there's nothing wrong with you' constitutes a full answer which stops further investigations and speculations, rendering the subject complete and, inversely, not lacking. There is a lack of a lack. In the face of such fullness, the subject could be said to attempt to introduce absence through refusing the demand to 'keep going' tied to it. Amy, through vomiting, rejects the Other's meaning (of being complete and capable of keeping going) and makes a hole in it, marking a void and otherness insofar as she says "there's something else not...". That is, she does not name *what* is wrong, but merely *that* something is wrong, constituting a place of indeterminability. Furthermore, to her consciousness she follows the demand to 'keep going' ("I'll keep going"), while unconsciously the body refuses and does *not* keep going, showcasing the split subject.

We have to, however, be careful here and not assign to the body the hidden meaning of 'saying no', as if the unconscious is the place of the true and actual intention of a person (someone who refuses), but to recognise it stemming from a place of failure. The medical model failed to symbolise the subject's body and surplus tension, with its experience of a range of somatisations. All (psychoneurotic) symptoms start in this manner whereby the subject attempts to find alternative ways of expressing and mentally apprehending an incomprehensible and unbearable

impulse (an affect and accompanying idea), as it comes into contradiction with one's sense of identity and moral strivings. As a result, the conscious ego refuses the impulse (Freud, 1916-1917/1963: 359-360). What creates such a tension in this case is the attempt to meet the demand to 'keep going' while being unable or unwilling to do so — in line with Freudian theory stating that a (psychoneurotic) symptom is formed through two contradictory forces (Freud, *Ibid.*: 360). Born out of this impasse is then a refusal, as a first attempt to symbolise that which was not symbolised. We can gain more insight into such a refusal by turning to Lacanian theory, more precisely to the symbolic act of separation as explained through the notion of anorexia.

'Doing Nothing' as an Anorexic Refusal

Lacan explains that anorexia emerges when the big Other stuffs the subject 'with the smothering baby food it does have' instead of 'what it does not have' (Lacan, 1966/2002: 524); when the mOther lovingly feeds the child with demands. These are formed through her own ideas about the child's needs (*Ibid.*), a situation which presents itself in for fatigue insofar as a lack of biomedical marker leads to the common sociocultural conclusion 'there's nothing wrong with you' — the condition is not 'real' — and to the demand to 'keep going'. Lacan (1966/2002) explains that refusing a demand is an attempt to create a path for one's own desire, and ultimately identity, as separate from the mOther's. Lacan is talking about anorexia on a symbolic level, as a refusal of being suffocated by someone else's demand; the start of separation. More precisely, Lacan emphasises that anorexia is not a negation of an activity — not eating — but instead about 'eating nothing' (SIV: 211), where 'nothing' stands in for a void, *object a*, necessary for desire to emerge. He further states that if one does not

understand this aspect of anorexia, one will not understand anything of other symptoms (Ibid.), indicating that a refusal invoking lack is part and parcel of symptom formation, and thus, of subject formation. We can say that a refusal or saying ‘no’ to a symbolic-imaginary place is the minimal sign of subjectivity, the subject being that which is always elsewhere and can paradoxically only emerge (symbolically) through lack.

In line with ‘eating nothing’, I argue that the fatigued subject is ‘doing nothing’ in order to create a path for one’s own desire as separate from the Other’s desire/demand for constant productivity. Considering there is an increase in tension in conjunction with trying to meet the demand to ‘keep going’ for all of the participants which leads to fatigue — such as vomiting for Amy but also pain and trembling for others — we could argue that the subject (unconsciously) engages in the activity of ‘doing nothing’ in order to carve out a void through the body. The subject in this sense could be said to *hoard* energy, to produce energy for him/herself instead of giving to the Other, in which case the excitation accumulates and turns into an unsymbolised tension; the embodiment of a void (Amy’s “there’s something else not...”). This exclusion from the Other’s pre-determined meaning is not a pure exclusion but, as inferred from the discourses of the participants, constitutes an attempt to be included in the social order, following the anorexic aim to ‘include me out!’ (Leader, 1997: 67). A bodily tension thus signals the aliveness and boundaries of the body as a way of keeping desire alive and creating the possibility of acquiring one’s own identity.

The moment of signalling a presence appears to be better enacted through pain as opposed to fatigue, as observe in Brody’s (a 36-year old White male) discourse: “I feel tired the same way anyone else feels tired *but* with like constant pain in my legs”. It may be that for Brody, fatigue does not sufficiently distinguish himself from others, perhaps following the societal belief that ‘everyone’s tired’. Using the word “but”

indicates a situation of an exception where “constant pain” is capable of singling out his subjective position.

The tension alluded to here is comparable to the Freudian-Lacanian notion of the drive insofar as the latter is conceptualised as a constant tension residing on the mind-body border. This may explain why the initial moment of resistance manifests itself through a variety of bodily tensions between the participants, as the drive represents desire in embodied form through multiple and different partial objects (Evans, 2006: 38), and has an anti-synthetic function (Chiesa, 2007: 143). Lacan also links the drive to a tension arising in relation to the Other’s demand, as an effect of an articulated demand on an organic need, retaining a link to need but also surpassing it (Neill, 2014: 52; Lacan, 1966/2002: 692). In relation to fatigue, due to the intercession of the sociocultural demand to ‘keep going’ (to be awake and alive), the organic need to sleep — which is temporarily satisfied after one night’s sleep — transforms into an unquenchable drive to sleep in the sense of wanting to “sleep all the time” as Lucy puts it. It becomes an urgent bodily force carving out a void and pointing to a loss of energy. This loss makes possible a subtraction from the idea of ‘the body as machine’ and thus the desire to desire; an act of creation in line with the function of the death drive (McGowan, 2013: 13).

The fact that we notice this pattern for all of the participants — a rise of bodily tensions following the encounter with the commandment to ‘keep going’ — suggests fatigue cannot be reduced to a biological occurrence, that there is a large subjective element involved. This is not to dismiss biology since the two do not exclude each other. The place we give our bodies in our thoughts and lives always exerts an influence, although sometimes limited, on the course of a biological illness (Leader & Corfield, 2008: *passim*). Considering fatigue oftentimes emerges in conjunction with the flu, glandular fever, or Lyme disease for instance, there can be cases where biology

plays a role, where, as Freud wrote, unconscious material attaches itself to a biological occurrence (Freud, 1893-1895/1955: 179-181). However, to say what came first — a biological occurrence or a thought — is akin to answering the impossible riddle of ‘what came first: the chicken or the egg?’. The reality is that the mind and the body cannot be separated. From a Lacanian perspective, the origin of a condition — and of the subject — and the existence of non-symbolic material prior to having entered the symbolic order is an impossible postulation insofar as any hindsight speculation is always done from the standpoint and within the limits of the symbolic. Furthermore, as Leader & Corfield (2008: 321) recognise, a condition will move through different stages with different emphases and influences, where determining factors vary with regard to its predisposition, trigger, and sustainment. Fatigue for some could potentially start with the involvement of biology, with it thereafter turning into something more and something else. The fact that the words and beliefs of others give rise to an increase of bodily tensions, alongside an absence of positive biomedical results for many and/or that medical treatment is ineffective, proposes it goes beyond biology.

It is worth posing the question, however, exactly what kind of life is demanded by the Other and resisted by the subject? We find here no straightforward answers but rather contradictory ones. There is one contradiction in particular brought forth by the participants seemingly contributing to the onset/perpetuation of fatigue.

Contradictory Demands: ‘Keep Going’ Versus ‘Slow Down’

First of all, as we have already examined, there is the commandment to ‘keep going’. On this side, a manic-like state is desirable where sleep is rendered unnecessary and

inconvenient. In contrast to this is the demand to ‘slow down’, attested to by the increase of the popularity of yoga and meditation, and more generally the importance of the idea to take ‘time out’ for yourself. Sleep here is necessary and valued. Nonetheless, unlike the side to ‘keep going’ which commands to excessively indulge in desire and constant activity, the ‘slow down’ side asks to carefully control activity, to control the number of hours asleep and resting. Science here takes on significance with the logic of the average number applies to all: we are trying to find, through research, the perfect, magical and universal number of hours to sleep (Leader, 2019, *passim*) capable of removing states of ‘too much’ and ‘too little’. Thus, on the one hand: do not sleep as no limits are necessary; and on the other hand: sleep just enough according to the perfect limit. The participants encounter these contradictory injunctions, ‘keep going’ versus ‘slow down’, particularly within the medical establishment. The messages are that they should push through even if symptoms appear, with the demand to exercise usually commanded by the physiologist, or they should stop and rest at the emergence of symptoms and know the limits of their bodies, a demand typically made by the psychologist and through the management method called ‘pacing’. Thus noticeable is a mind-body divide where the body represents an automatic state capable of constant movement, while the mind signifies a moment of stopping to process and understand a situation. However, the latter is increasingly absent today since resting time is highly prescriptive: it is constricted to certain activities and time frames. Beth, a 23-year old White female, for instance, explains how at the ME clinic to which patients are referred, she was told she had to lie in silence every day without watching or listening to anything. Overall then, these are opposite commandments and cause confusion and frustration, subsequently worsening the condition for some of the participants. We find a similar contradiction on a wider sociocultural level as governed by politics.

The free market-based society was created by a distribution of power from the government to individuals, from a centralised and top-down approach to a decentralised one, thus seemingly according more power and freedom to people. However, privatisation meant prices were set by competition, and consequently, there arose a need to stand out as an individual and measure who was the most successful. What occurred alongside this so-called freedom was paradoxically an increase in regulation in the form of constant evaluation and surveillance; more bureaucracy than ever (Fisher, 2009: *passim*). We see how this echoes the contradiction surrounding sleeping: infinite freedom/movement versus restricted and regulated freedom/movement, a contradiction found in many different areas in today's society. It is, for instance, depicted in the names given to one of the iPhones as well as the Paco Rabanne perfume, 'XS'. The name plays on the homophony of 'excess', denoting infinite possibility/enjoyment, while XS signifies the smallest size, a sort of containment⁶.

Nevertheless, while these two commandments are incompatible, they are only so at the level of content. For example, sitting down and running are opposite activities unable to be met concurrently. Zooming out to the level of structure, or rather including both structure and content, the contradiction dissolves insofar as 'slowing down' is demanded *in order* to increase productivity levels. This is elaborated by Amy who says: "So I had to learn to stop doing things, before I could learn to do them again". The synthesis of the two demands is well portrayed in the popular British expression 'keep calm and carry on'. It is not asking to engage in less activities, but to engage in yet another activity which will bring a peaceful and productive state of mind. This echoes another robotic state: 'don't be (too) affected by life, just do it'. What the two sides further have in common is a demand for control: either get rid of the need to

sleep or contain it within perfect limits, as if we can, like machines, turn on/off our bodies on demand.

Many people are thus inevitably starting to notice, some consciously and some unconsciously, that we live in a highly contradictory and deceitful society: the body eludes our control and the freedom promised is not to be found. This causes frictions as we notice that what is asked is impossible. What is perceptible is that it is truly impossible to stop, slow down and disappear from the face of earth. That it is life itself that is demanded in various forms, resulting in the accumulation of demands. The accumulation of demands alongside their contradictory nature lead to an inability to make sense of them, and ultimately, desire inherent therein, seeing as demands are expressions and interpretations of desire. We cannot orient our identity and existence in the world, and therefore to desire and have a big appetite, which is commanded, becomes incredibly difficult and anxiety-provoking without a guide. Lacan's conceptualisation of anxiety is particularly apt here: you are addressed as an object but are unaware of what kind of object you are (Lacan, 2004/2014: 325). The result is a piling up of inexplicable demands, the structure of which echoes what increasingly occurs today both physically and mentally: demands become heavier and enigmatic, and so do the body and existence.

The Desire to Sleep: Numbing the Body into Nothingness

My thesis is that fatigue can be a response both to the demand for constant productivity/presence via pre-determined and concrete activities; and the contradiction itself, or in other words, language and life itself. More precisely, I argue that the fatigued subject emerges through a desire 'to do nothing' as a defence against

being reduced to a machine-like object and the unknowability and anxiety accompanying it. To 'do nothing' is a desire for that pure impossible absence — a break from the life of demands — desire after all being about wanting the impossible. 'You want life? I'll give you death' seems to be the response on some level. While we saw that fatigue could be a way of installing absence in the face of the Other's proximity in the first moment of refusal, this second moment seems to be about disappearing into that absence, and through this, removing absence and relatedly loss and lack. The desire to 'do nothing' could then be conceptualised as a refusal of the refusal. We could say here that energy is *consumed* or used up, and thus lost, as a way of truly preserving it and ensuring a separation from the big Other. This constitutes another aspect of 'eating nothing' where one gives one's loss and disappearance to the big Other, also in line with Lacan's (1973/1977: 214-215) notion of anorexia. It is here that fatigue comes to the fore as the function we normally attribute to it, as a diminishment of tension, a shutting off.

First, what fatigue shuts off is the movement of language, through what is commonly referred to as the symptom of 'brain fog' in the ME community. Brody explains that he experiences a "dulling of the senses" when having a conversation, "not being able to concentrate on what the point of it is". It numbs cognitive thinking and turns off the interpretative aspect of language, something present in everyone's accounts as they describe being unable to think, find words, form responses, and understand others' speech. That is, it is not a specific meaning which is turned off, but meaning as such, the symbolic Other as such. Not only is the body of language switched off, but the body in its excessive and affective form, as they describe 'cutting out', feeling nothing or that they "can't feel" (Gail): a state of numbness into which them and their feelings disappear. Many describe the condition as being drunk, old and forgetful, and Mark, a 44-year old White male, explains his tiredness as having had a

lobotomy where the core of his personality has been removed. In other words, the participants describe zombie-like states, becoming dead and numb objects where their affects, desires and ultimately responsibilities are eradicated. Rather than seeing this moment as a purely undesirable component of the condition, or as reflecting the encounter with radical lack *qua* incomprehensibility, we can recognise there is also a level of protectiveness here as it appears that ‘nothingness’ and sleep related to it has the function of shutting off — the only reprieve from a painful life. We can consequently compare this moment with Lacan’s notion of the desire to sleep.

In seminar XIX, Lacan mentions a sleep which ‘suspend[s] the ambiguity at work in the relationship of the body to itself, namely the enjoying’: ‘To sleep, is not to be disturbed. Enjoyment, all the same, is disturbing’ (Lacan, 2011 as cited in and translated by Zupančič, 2017: 90). The body can be related to both the body of language and the body in flesh; and ‘the ambiguity’ to the state of discrepancy between the two. The fact that we say we ‘have’ a body means we do not naturally coincide with it — language and the body are ultimately incompatible. We can attest to this when attempting to describe a bodily sensation in words or using images insofar as they never quite match up with our experience of the body. In short, there are always disturbing bodily excesses (‘enjoyment’ as *jouissance*) which cannot be integrated into our sense of self; a difference between our current state and that towards which we aspire. The experience of this in the context of fatigue manifests itself by the incongruence between the body’s painful tensions slowing down one’s movements, and the ideal of a perpetually energetic, flexible, and positive person inherent to the demand to ‘keep going’, which is nothing but a myth. This split marks the divided subject, which can become more obvious and unbearable at certain moments in our lives. Falling asleep protects against the division as it refers to the function of fantasy according to Lacan. The fantasy involves imagining a point in the future where one has

no tension, where the imaginary (Seminar XXI: X3-4) halts the circularity of signifiers and the piling up of incomprehensible demands, making it possible to forget the confines of the body and society. Fatigue could then partly be a way of falling asleep in the fantasy, a way of disappearing therein and merging with the object of ‘nothing’ in order to obtain what is called in Lacanian language real *jouissance*. Sleep becomes a solution, a way of removing the tension of discrepancy and a place of bliss, comfort, safety; free from pain and responsibilities. One becomes whole and has no needs or desires; one needs nothing and no one. It is further in fantasy that the subject provides an answer to his/her existence. I argue that ‘doing nothing’ is the answer given therein, whereby lack *qua* unknowability is defended against through crystallising it into something concrete (sleeping/’doing nothing’), subsequently annihilating demands⁷.

Fatigue is therefore not just about escaping the limits of language and the body, but society and life itself with its confusing and overwhelming laws, rules and demands. As Mark conveys: “it’s like being exiled from the world”. However, while many of the participants express a positive sense of independence gained through the condition, they also mention social phobia and the pain of isolation tied to this. We should therefore not equate this moment with something fully desirable (or even possible) — it is highly problematic.

To Sleep or Not to Sleep

Perhaps evident by now is that there are some contradictions present within the condition. On the one hand, the body is used to signal the subject’s aliveness for which tension is needed as potentially a way of keeping desire alive. On the other hand, there is a numbing of the body into nothingness where desire and tensions are extinguished.

There is a sense in which this contradiction mimics that of the sociocultural one: desire and excess versus a regulation of desire, the latter of which in this case constitutes an attempt to shut desire off. I argue that this contradiction is the fundamental split of the subject in terms of a split between the drive and desire. The drive is a constant bodily tension which cannot be quenched, where the goal is to keep persisting and desiring through the repetition of a loss. Conversely, desire is about absence, about always being elsewhere than one's current situation as restricted by the big Other. It constitutes a point of imagining pure absence and limitless enjoyment with which death and sleep are associated. More exact, however, it amounts to imagining something positive in the place of loss (Žižek, 2006), thereby removing it and any related tensions. The struggle is thus between life and death, presence and absence, or to paraphrase Hamlet which Lacan (1966/2002) does, 'to be or not to be, to sleep, perchance to dream' (p. 524). This is the question of castration and represents the paradox of desire, of both wanting to sustain it and be fulfilled and extinguish it. Such a split arguably manifest itself in the interviews as pain/tension versus fatigue, where pain better represents the drive marking the existence of the subject, and fatigue better depicts an absence/disappearance. Not only that, but fatigue comes to act as a defence against pain, in line with the Lacanian idea that desire is a defence against the drive, reflected in Gail's discourse: "You're *tired* because the ME always comes on from the pain 'cus you're fighting pain". In accordance with this, Lacan (1973/1977: 235) states that to not desire, with which fatigue as the desire to sleep is linked, is the defensive part of the subject. However, while pain and fatigue as the drive and desire have opposite functions, they cannot ultimately be differentiated due to the fact that fantasy always fails: the subject fails to fall asleep in fantasy since the fantasy is nothing but a fantasy.

The Pain of Fatigue: The Failure of Falling Asleep

The failure of fantasy is noticeable for some in a literal failure to fall asleep, or when conveying that even ‘doing nothing’ brings on pain. Numbing the body into nothingness repeatedly fails: ‘doing nothing’ or shutting off the body (of language) is impossible since there are always going to be tensions or thoughts present, excesses which cannot be accessed. Even when asleep we are dreaming and thus feeling and thinking. Sitting down is the activity of sitting down, and importantly, if fatigue is used as a protest against sociocultural ideals, then one is definitely doing something. There is no escaping our bodies or lives; disappearing is impossible. Shutting off desire is equally impossible, evident in the fact that while one tries to do this, it ironically turns into a *desire* not to desire. This is eloquently described by Marya Hornbacher (1999: 6) in her memoir about the addictive nature of anorexia and bulimia: ‘A wish to prove that you need nothing, that you have no human hungers, which turns on itself and becomes a searing need for the hunger itself’. One becomes a slave of desire and equally the drive as it constitutes an activity towards a passivity. This is also where the contradictory concepts of XS and excess converge without contradiction, something Žižek (2000: 107) points out in relation to the anorexic refusal: a ‘co-dependence between detachability from any determinate content and excessive attachment to a particular object that makes us indifferent to all other objects’. Put differently, an attachment with one’s detachment (Cohen, 2018: 8) — the subject here being the ‘failure not to be’ (Schuster, 2016: 5). As Lacan (1973/1977: 235) claims, the desire to desire and ‘not wanting’ constitute different sides to the same surface as illustrated

through the Möbius strip, with which he depicts the split subject. The same goes for pain/tension and fatigue, something biomedicine aims to distinguish through separating them into two distinct diagnoses, CFS/ME and Fibromyalgia. The fact that they are repeatedly mentioned together points to the inextricable relation between the two. Accordingly, the participants describe fatigue as an increasing weight or tension. Amy relates fatigue to “the heaviness of just not feeling... [like you want to get up and move]”. The “heaviness of just not feeling” — if cutting the sentence there due to the pause indicated by the dots — amounts to the heaviness of feeling nothing. This would suggest that the hoped-for diminishment of tensions part of ‘doing nothing’ fails and turns on itself. Rather than experiencing the lightness of being as imagined achievable through sleeping, one is met by the ‘unbearable lightness of being’ to quote Milan Kundera (1985): the experience of when an absence becomes an unbearable presence, the presence of an absence. This experience is of an ambiguous nature since it constitutes a ‘feeling of not feeling’, the place where tension is mixed with (the thought of) an absence of tension. The tension of no tension can be observed in Gail’s discourse when expressing that “you’re feeling that you’re feeling numb”, which she thereafter relates to pain (“you’re feeling pain”). In this way, fatigue becomes a painful tension, the pain of fatigue experienced as ‘too much of not enough’ when the void as a nothingness becomes obvious and unbearable. Pain and fatigue, like the drive and desire, are thus inseparable while being incapable of collapsing into a unity. This perspective obeys the view of both Freud and Lacan’s drive theory where death is present within life and vice versa, where the drive constitutes an activity towards a passivity which we see embodied by the drive/desire to sleep.

Just as desire is inescapable, so is society and a dependency on something other than oneself. We need language, something ultimately foreign and not our own, to express our needs, desires and identities — identities which are shaped before birth

insofar as our parents name us, and that name comes to greatly influence our sense of identity throughout our lives (equivalent to Lacan's notion of symbolic alienation). Of course, the independent individual is something promoted as highly desirable and possible in late capitalist society, so symptoms used as a way of trying of escaping society have arguably fallen into the trap of believing that escaping (alienation) is possible. What was achieved was displacing tensions related to the life of demands onto the body, instead getting lost in the incomprehensibility of bodily tensions since the participants mention how unpredictable, unbearable and inescapable they are.

Another contradiction present for some is that while attempting to escape the Other, there is simultaneously an appeal to this system of knowledge which would grant meaning and recognition of their conditions. This is achieved mainly through a biomedical diagnosis, something the participants and many patients fight for. The impossibility is that some reject the very system which would grant them recognition, and thus observed is a highly ambivalent relation, where consciously an answer for their condition is demanded, while unconsciously such an answer is not tolerated. This is in line with Lacanian subject, someone who wants *some* but not full recognition as the latter would remove the subject — the subject being partly represented through a symbol behind which it disappears. It is precisely what we see being promoted in the campaign for ME entitled “Millions Missing”: patients demand recognition for their very disappearance from society. They want to be included in society as someone excluded, echoing the anorexic act to ‘include me out!’.

The Failure of Separation and Mourning

So far, we have examined some of the sociocultural factors involved in fatigue. However, we can argue that all of us are exposed to a more or less similar societal environment, how come we are not all immensely fatigued? We need to look at other aspects, seeing as the onset of a condition is overdetermined (several influences need to converge simultaneously). Arguably, fatigue can happen to those who ‘dream big’ and those who have not mourned — and we will see how these two are related.

Starting with the former, it is often understood that those who are ambitious and high-achievers become fatigued, those who ‘dream big’ and attempt to materialise their dreams. It implies that, first of all, one has a big appetite, and secondly, one believes this appetite can be satisfied. All of the participants tried to meet the big Other’s demand for movement, and did so successfully before getting ill according to themselves, as they describe having good careers, being engaged in hobbies, socialising and so on. Put briefly: ‘work hard, play hard’. They not only idealise the position of a constantly hard-working person and want to be seen as one, but believe this position, the body as a machine, is a possibility: that one can keep going no matter what. As was argued above, trying to meet a demand — fighting against the impulse to ‘do nothing’ — is crucial for symptom formation. The more one believes in the existence of the object of desire, the more one will be driven to try to achieve it. Desire thus gives force to the drive, resulting in a type of ‘can’t-stop-won’t-stop movement’. The same goes for believing in ‘nothing’ as a possible absence/presence removing tensions, which drives one towards sleeping. One tires oneself out trying to achieve the impossible.

Consequently, when one does not achieve the object of desire, frustration comes to the fore as having been robbed of something that other people have. This is equivalent to Lacan’s notion of imaginary castration, of not having accepted loss and feeling like the only person missing what others are enjoying: success through

machine-like superpowers, since such an ideal is postulated to exist. We observe this in the participants' explanations of how parts of their lives have been stolen, implying they *could* and *should* be capable of operating as machines. Not accepting loss then relates to mourning.

All participants (who were interviewed twice) experienced a loss or a separation from a loved one either some time before or around the onset of their conditions. The loss of a loved one entails losing one's anchoring point in terms of identity, not knowing any longer what one means for the Other, but also not being aware of what one lost. As Freud points out, mourning involves losing the ideas related to that person which were significant to one's identity: 'he knows *whom* he has lost but not *what* he has lost in him' (Freud, 1914-1916/1957: 245). Furthermore, Freud thought there was a strong link between mourning and pain (Freud, 1925-1926/1959: 131). **Lacan's take on mourning is similar but offers more depth as he compares mourning with separation and the constitution of desire/the subject. Specifically, he emphasises that when confronted with a loss, the subject is presented with not an absence — despite common thinking — but an enigmatic presence. That is, one becomes engulfed by lack, by an overwhelming presence in the form of an amplification of the enigmas of the other's desire (Boothby, 2013: 220).**

Based on this we can hypothesise there is a failure to mourn, which arises when experiencing the demand of the Other who asks for one's castration, or in other words, to lose something. Having not processed loss, one is perhaps unable to give it up and instead says 'no' to this. Importantly, there seems to be for some a sense of responsibility toward the loss and the experience of guilt surrounding it — suggesting that guilt has not been processed. In this case, the only solution would be to take guilt upon oneself (Verhaeghe, 2004: 277-278), and partly identify with the lost/dead object. Responsibility consequently becomes too much, particularly when it is

commanded. We could then appreciate the ambivalence and split of the fatigued subject who, on the one hand, tries to signal the aliveness of the body — as if trying to keep the other person alive by stubbornly holding onto a presence which is never enough there — and, on the other hand, attempts to get rid of an unbearable and enigmatic presence, or responsibility, which is too much.

The failure to mourn, however, goes beyond the individual and is also a sociocultural issue, living as we do in a society where loss is considered unnecessary. Žižek (2003: 96) aptly illustrates this by listing the objects of our desires today: coffee without caffeine, cream without fat, coke without sugar etc., implying that there need not be a loss of enjoyment; you can have it all. There is furthermore a lack of space for symbolising loss due to the idea to ‘get on with it’ and the almost exclusive short-cut solutions available such as taking a pill. We could say that society at large is in a state of failed mourning. Trump’s statement ‘Make America great *again*’ feeds on a nostalgia for the past, for that perfect life we allegedly lost. Likewise, responsibility is difficult to symbolise today considering we either attribute all responsibility to ourselves: ‘it’s all our fault’ being an idea late capitalism promotes through a privatisation of stress (Fisher, 2009: 19); or we are absolved from all responsibility: ‘it’s in our genes’ is an idea backed up by a biomedical take on the body. Responsibility fluctuates between too much and too little, with the answer given in black-and-white terms. The popularity of crime shows today corroborates this, arguably used as a means of figuring out where to place responsibility, with the outcomes being either ‘guilty’ or ‘not guilty’.

We discern the participants’ attempts to deflect and externalise responsibility through a biomedical diagnosis, since the participants as well as patients appeal to one in the belief that their conditions are mainly/exclusively biological. The body here signifies an entity separate from oneself to be blamed for all of one’s shortcomings.

Hence we observe connotations with the 'body as machine' where the biological body signifies an organism working automatically without the involvement of the psyche – mimicking the denial of desire/affects part of the defensive moment of fatigue. Fatigue is further described by all of the participants as a broken machine, for instance as a battery run out or on low percentage.

In conclusion therefore, saying 'no' to being reduced to a bodily machine through fatigue fails in that it appears that the subject turned him/herself into a *non*-functioning machine – the other side to the same coin. Rather than accepting and acknowledging that the body cannot coincide with that of a machine and which never really existed in the first place – a process akin to mourning and separation – it is idealised and held onto. One ends up reinforcing what one tried to escape from in the first place.

Notes

1. Sleep and resting can be used interchangeably insofar as they both represent a passive activity where the subject is absent from societal duties, and/or the conscious subject is absent. I will however mainly use the term 'sleep' since it more aptly corresponds to the fatigued subject's drive and desire (to sleep).
2. Briefly, the big Other is the Lacanian term for the socially symbolic order inclusive of speech, images, written and unwritten rules which structure our psychic realities and permits communication and co-existence.
3. There is a considerable amount of scholarly work, movies and other popular culture references which can be drawn on here to strengthen these points. It is beyond the scope of this paper to cover these and I recommend the reader to turn to Rabinbach (1992) for a historical account on how sociocultural practices and ideologies have shaped this metaphor in relation to fatigue.
4. For more information on how the study was conducted, see Diserholt (2020), from which parts of this paper derive.
5. Pseudonyms have been adopted for all of the participants.
6. A question is worth posing here regarding how people from different backgrounds — class, gender, race, ethnicity and ability — relate to this contradiction; or rather, if the

contradiction exists less or more for those who have less opportunity and faced ongoing discrimination. This is a complex topic which I was unable to deal with in my research, thus constituting an important area for future research.

7. This resembles the structure of obsessional neurosis whereby the subject attempts to crush the Other's desire and demand (Lacan, 2013/2019: 306). On the other hand, insofar as such numbing into nothingness presents a disappearance the subject is seeking recognition for, the discourse also echos an element of the structure of hysteria whereby the subject is 'slipping away as its object' (Lacan (1966/2002: 698) in relation to the Other's desire. Something resembling both of these positions can be found in the participants' discourses.

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Dr [Name] is a Lacanian scholar who completed her PhD at Edinburgh Napier University in November 2020. Her doctoral thesis explored the phenomenon of chronic fatigue in modern society through the lens of Lacanian psychoanalytic theory.

Statement about Conflict of Interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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