

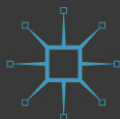
# BURNOUT

# FATIGUE

## EXHAUSTION

**An Interdisciplinary Perspective  
on a Modern Affliction**

**Sighard Neckel,  
Anna Katharina Schaffner,  
Greta Wagner**



## Burnout, Fatigue, Exhaustion

Sighard Neckel • Anna Katharina Schaffner • Greta Wagner  
Editors

# Burnout, Fatigue, Exhaustion

An Interdisciplinary Perspective  
on a Modern Affliction

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# 1

## Introduction

Sighard Neckel, Anna Katharina Schaffner  
and Greta Wagner

Our age, it seems, is the age of exhaustion. The prevalence of exhaustion – both as an individual experience and as a broader socio-cultural phenomenon – is manifest in the epidemic rise of burnout, depression, and chronic fatigue. It is equally present in a growing disenchantment with capitalism in its current neo-liberal form, in concerns about the psycho-social repercussions of ever-faster information and communication technologies, in a general distrust in grand narratives, and in anxieties about ecological sustainability.

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As the precise organic causes of chronic exhaustion are still being debated, exhaustion theories entail by definition assumptions about the relationship between mind and body, and between the environment and society, and are often ideologically charged. Moreover, exhaustion theories frequently function as discursive spaces in which specific cultural discontents are articulated. They therefore present highly instructive case studies for an investigation of the ways in which individual suffering and wider social dynamics are inter-related.

To a certain extent, social problems and wider cultural-historical developments tend to be mirrored by the rise and fall of specific medical symptoms and so-called fashionable diseases. It is thus not an entirely new phenomenon that current exhaustion syndromes provide the occasion for social self-reflection on the pathologies of modern economic and social life. It is nevertheless striking that what many consider a predominantly mental condition has become the symbol of our social condition. While in the past heart attack, circulatory collapse, or the proliferation of malignant cells served as symbols of social crises, currently exhaustion syndromes seem to have few rivals when it comes to the public anamnesis of undesirable economic and social developments. A diagnostic commonality has evolved in public discourse which starts with the ‘exhausted self’ of the self-responsible subject,<sup>1</sup> proceeds to examine symptoms of exhaustion in the status struggle of the middle classes,<sup>2</sup> and finally arrives at the finding that expansionist conceptions of growth have become exhausted,<sup>3</sup> and thus at a critique of the ideological script that demands the continuous expansion of money, labour, and commodities.

The concept of exhaustion, it seems, can serve equally well to describe such diverse phenomena as subjective predicaments and social ills.

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<sup>1</sup> Alain Ehrenberg, *The Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age*, trans. David Homel et al. (Montreal: McGill-Queens's University Press, 2010a).

<sup>2</sup> See Steffen Mau, *Inequality, Marketization and the Majority Class: Why Did the European Middle Classes Accept Neo-Liberalism?* (New York: Palgrave Pivot, 2015).

<sup>3</sup> Meinhard Miegel, Stefanie Wahl, and Martin Schulte with the collaboration of Elias Butzmann, *Altering Attitudes: From a Culture of Consumerism to a Culture of Prosperity* (Bonn: Denkwerk Zukunft – Stiftung kulturelle Erneuerung, 2011).

This concept is thus able to connect individual psychological crises with the fact that broad sectors of society are exposed to tension-laden living conditions, and with the problematic state of an entire economic and social system. Here, the condition of being drained seems to be what connects individuals, social classes, growth-oriented capitalism, and the ecosystem into a crisis-ridden constellation. What appears at the individual level as exhaustion, and at the social level as excessive demands on certain social classes, manifests itself at the economic level as indebtedness and in the ecological domain as wasteful expenditure of finite resources.

Medically speaking, the symptoms of exhaustion feature in various syndromes. They are core features of depression, chronic fatigue syndrome (CFS), and the burnout syndrome. These conditions are being diagnosed with increasing frequency. Above all, depression is on the rise throughout the world; the WHO estimates that in the year 2020, it could be the second most common illness in Western industrialised countries.

The increase in diagnoses of exhaustion is interpreted in very different ways. Is it primarily changing social demands on subjects that are giving rise to new suffering? Is it mechanised and urbanised, accelerated or marketised modernity that impacts well-being and accounts for the increase in exhaustion-related mental illness? Or is it the diagnoses that become fashionable at certain times themselves that point to social changes? If that were the case, the concepts and medical classifications would tell us more about social change than about changes in the kinds of suffering afflicting modern subjects.

Among critical social scientists advocates of both these hypotheses can be found. Medicalisation theorists regard the increase in conditions such as depression as labelling processes in which non-medical facts are reinterpreted in medical terms, so that more and more areas of human life are being assimilated by the medical system. In the course of this development, it is claimed that social problems become pathologised and medical markets are created or expanded.<sup>4</sup> The other interpretation

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<sup>4</sup> See, for example, Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: The Johns Hopkins University Press, 2007).

of the increase in diagnoses of mental illnesses offered by social sciences assumes that social change and certain social dynamics can give rise to psychological suffering, and hence that the increase in the diagnoses of illnesses is not only an indication of expanding medical markets but also of problematic social trends.<sup>5</sup> Finally, the increasing attention being paid to human exhaustion can be interpreted as partaking in discursive processes of self-reflection and can be historicised to form critiques of modernity, and even to form critiques of pre-modern developments that were perceived as problematic.<sup>6</sup>

## Exhaustion as a Sign of the Times?

There is no disputing fact that people have always felt exhausted after exerting themselves. Moreover, hardly anyone would deny that there have been epochs in history in which comparably extreme demands were made on the subjective capacities of certain social classes. Nevertheless, we must ask why so many people regard exhaustion as emblematic of the present. A distinctive feature of analyses of the present is that they try to offer an inclusive interpretation of present-day society. Following Max Weber's remarks on ideal types, one could say that they aim through a 'one-sided *accentuation* of one or more points of view' to get at the heart of what is a characteristic of society as a whole.<sup>7</sup> Their goal is to intervene in public discussions and to reverse problematic developments. Like medical diagnoses, analyses of the present also generally imply specific therapeutic suggestions. In this connection, they are often not only accused of unacceptably reducing complexity by combining overly

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<sup>5</sup> See Axel Honneth, 'Organized Self-Realization: Some Paradoxes of Individualization', *European Journal of Social Theory* 7: 4 (2004), 463–78; Harmut Rosa, 'Wettbewerb als Interaktionsmodus: Kulturelle und sozialstrukturelle Konsequenzen der Konkurrenzgesellschaft', *Leviathan* 34: 1 (2006), 82–104; and *Leistung und Erschöpfung: Burnout in der Wettbewerbsgesellschaft*, ed. Sighard Neckel and Greta Wagner (Berlin: Suhrkamp, 2013).

<sup>6</sup> Anna Katharina Schaffner, *Exhaustion: A History* (New York: Columbia University Press, 2016).

<sup>7</sup> Max Weber, "Objectivity" in Social Science and Social Policy', in *The Methodology of the Social Sciences*, trans. Edward A. Schils and Henry A. Finch (Glencoe, IL: Free Press 1949), pp. 49–112 (p. 90).

contradictory symptoms into a diagnosis of a disease. They are also often suspected of being formulated in the terms of the tradition of Nietzschean cultural criticism, the origins of which lie in late nineteenth-century critiques of modernity and in disappointed expectations regarding the Enlightenment project. Allied with this suspicion is the criticism that analyses of the present involve culturally pessimistic or nostalgic descriptions whose implicit normative points of reference are pre-modern, non-technologised societies.

Even the editors of this volume do not agree over whether contemporary society truly faces an unprecedented epidemic of exhaustion, or whether exhaustion and anxieties about its effects are ubiquitous, trans-historical phenomena. Rather, the contributions assembled here reflect a plural range of interpretations of exhaustion. While some contributions interpret the rise of exhaustion syndromes in sociological terms as an effect of a society marked by unrestrained competition, other contributors adopt a perspective based on the history of culture, medicine, and ideas. In some cases, therefore, exhaustion is the subject of an analysis of the present, while in others the analyses of present manifestations of exhaustion are compared to historical phenomena.

A concern in many ages, the cultural preoccupation with exhaustion usually intensifies in periods in which rapid socio-cultural and technological change occurs. We understand exhaustion as an individual physical and mental state, but also as a broader socio-cultural phenomenon. Physically, exhaustion manifests itself as fatigue, lethargy, and weakness. It can be a temporary state (e.g. as a result of exertion) or a chronic condition. The contributions in this essay collection focus predominantly on pathological forms of exhaustion, and those that are not obviously the result of an underlying and clearly diagnosable medical condition. On a mental level, we can describe the symptoms of exhaustion as weariness, disillusionment, apathy, hopelessness, and lack of motivation. Exhaustion can also be the cause of behaviours such as restlessness and the avoidance of activity, effort, and challenges.

The symptoms of exhaustion have featured in various diagnoses, some of which are now obsolete, and which include melancholia, acedia, hypochondria, nervous weakness, neurasthenia, depression, CFS, and burnout. Over the past centuries, the symptoms of exhaustion have

variously been explained as a product of biochemical imbalance, as a psychological or a somatic ailment, as a viral disease or an immune dysfunction, as a desire to return to a death-like state of repose, or as a broader cultural response to a faster pace of life and transformations in economic and social structures. These theories show how the relation between mind and body, the individual, society, and the cultural and natural environment have been imagined at different historical moments. Some theories privilege holistic models, in which body, mind, and the social environment are accorded equal importance; some focus exclusively on biology, some on the psyche, and some on social structures.

The current era, therefore, is not the first to understand itself as being marked by excessive exhaustion. An interesting horizon of comparison is offered by the 1880s, when people also thought they were living in an age of exhaustion. Neurasthenia was rampant in Europe and North America and was regarded as the trendsetting illness par excellence, the signature disease of the time. Its causes were thought to reside in the radical social change taking place at the time, whose salient features were urbanisation, industrialisation, and technological progress. Modern living conditions, advances in communication and transportation, and the associated acceleration seemed to be subjecting the human nervous system to excessive strain. Emil Kraepelin, a German psychiatrist who laid the groundwork for the classification of mental diseases, called neurasthenia the ‘disease of our time’ and distinguished it from other psychopathologies as an acquired syndrome: ‘the growth of large cities and the competitive conditions prevailing in them lead for a large portion of the people to an increase in the demands they have to meet and at the same time to greater fragmentation of activity, restlessness, and irregularity in the conduct of life’.<sup>8</sup> The German neurologist Wilhelm Erb wrote about neurasthenia: ‘Everything proceeds in haste and in a flurry; the night is used for travel, the day for conducting business; even vacation trips become strains on the nervous system.’<sup>9</sup> The living conditions of bourgeois elites had been

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<sup>8</sup> Emil Kraepelin, *Psychiatrie. Ein Lehrbuch für Studierende und Ärzte. Band 1* (Leipzig: Barth Verlag, 1900), p. 196.

<sup>9</sup> Wilhelm Erb, *Über die wachsende Nervosität unserer Zeit* (Heidelberg: Hörning, 1894), p. 20.

transformed in a short time by technical innovations and were thought to be leading to symptoms such as headaches, irritability, hopelessness, insomnia, craving for drugs, and exhaustion.<sup>10</sup> Alain Ehrenberg describes neurasthenia as the first ‘fashionable complaint’. What was specifically new at the end of the nineteenth century was the idea of ‘exogenous suffering’, that is the idea that external conditions were having internal, psychological effects.

Today, just as at the end of the nineteenth century, the perception of the present as an age of exhaustion comes in the wake of a phase of rapid social change. Just as the major changes in the conduct of life triggered by secularisation and industrialisation may have led to the exhaustion crisis of neurasthenia, so, too, the digital revolution and the acceleration of financial market-driven growth capitalism may have contributed to bringing about the exhausted self of the present.

## Exhaustion Discourses

Even though diagnoses of exhaustion are on the increase in most countries throughout the world, there are nevertheless striking variations in national discourses about exhaustion. Even today in China, for example, neurasthenia is still frequently diagnosed because it is considered to have a physical cause and those affected are therefore less stigmatised than, for example, those diagnosed with depression; hence, neurasthenia represents a kind of somatic cover diagnosis for the psychological symptoms of exhaustion.

Given that exhaustion can be manifest as both a predominantly mental experience and a bodily feeling, the relationship between body and mind often becomes the subject of discursive negotiation in the case of the symptoms of exhaustion. The tension between somatic and psychological explanations is a focus of continuing debates. The interpretive conflicts over the relationship between body and mind when exhaustion is diagnosed are especially apparent in the case of CFS.

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<sup>10</sup> See Patrick Kury, ‘Von der Neurasthenie zum Burnout – eine kurze Geschichte von Belastung und Anpassung’, in *Leistung und Erschöpfung*, ed. Sighard Neckel and Greta Wagner (Berlin: Suhrkamp Verlag, 2013), pp. 107–28 (p. 109).

First named and defined in the 1980s, CFS, which is also known as myalgic encephalomyelitis (ME) and post-viral fatigue syndrome, holds a special place among the exhaustion syndromes discussed in this essay collection.<sup>11</sup> Post-exertion malaise, severe mental and physical fatigue, a sense of effort that renders many everyday activities impossible, and difficulties with concentrating, cognitive tasks, and short-term memory are among its cardinal symptoms.<sup>12</sup> The search for empirical diagnostic markers and the biomedical origins of the illness is still ongoing, and future findings may well demonstrate that the illness is predominantly caused by physical rather than social or psychological forces. Yet, at present, ME/CFS remains a controversial diagnosis subjected to widely divergent interpretations, and has in recent decades prompted fierce debate among medical practitioners and patients.<sup>13</sup>

At the centre of the ME/CFS controversy is the question of whether or not psychiatric and psycho-social factors contribute to, or even cause, the development of the condition. Some researchers and the majority of patients suffering from ME/CFS argue strongly for the purely somatic origins of the condition. Most commonly, viral infections, immune dysfunctions, and central nervous system or metabolic disorders are thought to trigger the illness.<sup>14</sup> Other researchers believe that ME/CFS has a microbiological trigger (such as Epstein-Barr virus), but that social,

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<sup>11</sup> Gary Holmes at the Centres for Disease Control and Prevention (CDC) coined the term CFS in 1988.

<sup>12</sup> See the CDC's web information on CFS, online at: <http://www.cdc.gov/cfs/causes/risk-groups.html> (accessed January 2015).

<sup>13</sup> For an analysis of the debates concerning the symptoms, epidemiology, and therapeutics of the condition, see Simon Wessely, Matthew Hotopf, and Michael Sharpe, *Chronic Fatigue and Its Symptoms*, rev. ed. (Oxford: Oxford University Press, 1999); and Michael Sharpe, 'Chronic Fatigue Syndrome', *The Psychiatric Clinics of North America*, 19: 3 (1996), 549–73.

<sup>14</sup> See, for example, M. M. Zeineh, J. Kang, S. W. Atlas, M. M. Raman, A. L. Reiss, J. L. Norris, I. Valencia, and J. G. Montoya, 'Right Arcuate Fasciculus Abnormality in Chronic Fatigue Syndrome', *Radiology* 274: 2 (2015), 517–26; A. L. Landay, C. Jessop, E. T. Lennettee, and J. A. Levy, 'Chronic Fatigue Syndrome: Clinical Conditions Associated with Immune Activation', *Lancet* 338 (1991), 707–12; A. M. Lerner, C. Lawrie, and H. S. Dworkin, 'Repetitively Negative Changing T Waves at 24-H Electrocardiographic Monitors in Patients with Chronic Fatigue Syndrome', *Chest* 104 (1993), 1417–21; and R. Freeman and A. L. Komaroff, 'Does the Chronic Fatigue Syndrome Involve the Autonomic Nervous System?', *American Journal of Medicine* 102 (1997), 357–64.



behavioural, and psychological factors may subsequently contribute to perpetuating the illness and also to a patient's inability fully to recover from the viral infection.<sup>15</sup> Yet other researchers completely dismiss the validity of biological explanations, and argue that ME/CFS is primarily a psychosomatic or a behavioural problem, closely related to depression and anxiety, and should therefore be classified as a psychiatric disorder.<sup>16</sup> And a final group of scholars emphasises the social origins of the illness.<sup>17</sup> Generally, ME/CFS is either considered a syndrome with potentially many causes or else with a single cause that has not yet been conclusively established.

The politics of the disease remain complex. Judith A. Richman and Leonard A. Jason, for example, point out gender biases in the construction of and discourse surrounding this illness, which affects more women than men. They argue that 'the failure of Western medicine to demonstrate a viral etiology for CFS led to a paradigmatic shift in research perspectives that subsequently enforced psychiatric and socio-cultural explanations for CFS. As a result, CFS was de-legitimised as a biomedical phenomenon within medical, academic, governmental, and public arenas'.<sup>18</sup> Following sustained criticism of the psycho-social and behavioural ME/CFS illness models, the search for the biological causes of ME/CFS has recently been intensified.<sup>19</sup> Many sufferers feel frustrated about the lack of progress in identifying the underlying organic factors of

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<sup>15</sup> Stephen T. Holgate, Anthony L. Komaroff, Dennis Mangan, and Simon Wessely, 'Chronic Fatigue Syndrome: Understanding a Complex Illness,' *Nature* 12 (2011), 539–44.

<sup>16</sup> See, for example, Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992); Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Media* (New York: Columbia University Press, 1998); and Richard L. Kradin, *Pathologies of the Mind/Body Interface: Exploring the Curious Domain of the Psychosomatic Disorders* (New York: Routledge, 2013).

<sup>17</sup> See, for example, S. E. Abbey and P. E. Garfinkel, 'Neurasthenia and Chronic Fatigue Syndrome: The Role of Culture in the Making of a Diagnosis', *American Journal of Psychotherapy* 148 (1991), 1638–46; and N.C. Ware and A. Kleinman, 'Culture and Somatic Experience: The Social Cause of Illness in Neurasthenia and Chronic Fatigue Syndrome', *Psychosomatic Medicine* 54 (1992), 546–60.

<sup>18</sup> J. A. Richman and L. A. Jason, 'Gender Biases Underlying the Social Construction of Illness States: The Case of Chronic Fatigue Syndrome', *Current Sociology* 49 (2001), 15–29.

<sup>19</sup> For a summary of recent criticism of the PACE trial, see, for example, David Tuller, 'Re-Examining Chronic Fatigue Syndrome: Research and Treatment Policy', online at:

their condition, and blame the government and the medical establishment for failing to direct more funds to ME/CFS research. Scientists and scholars who propose that psychogenic factors may play a role in the illness are often targeted by radical activists, who sometimes even resort to threats to dissuade them from their research. The sufferers accuse these researchers of creating the impression that CFS is merely a figment of the imagination of those who have been diagnosed with it.<sup>20</sup> These activists see the claim that psychological factors may play a role in CFS as a failure to recognise and show respect for their suffering. They regard 'psychological' causes as synonymous with 'self-incurred' or 'not real'.

Yet suffering as a result of exhaustion is not only situated at the interface between body and mind – it also connects individual suffering with the social sphere. This is particularly clear in the case of the burnout syndrome. Burnout is an affliction that has acquired astounding popularity in therapeutic and public discourses in some Western countries over the past decade. In Germany, for example, so many people began to suffer from burnout by the end of the last century that it triggered a veritable flood of stories on the topic in the media. There was scarcely a single magazine that did not have burnout as a lead story, or a TV programme that did not report on it. Clearly, in Germany, a mood of discontent with the pressure to perform in contemporary working life,

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<http://healthaffairs.org/blog/2016/02/04/reexamining-chronic-fatigue-syndrome-research-and-treatment-policy/> (accessed September 2016).

In October 2015, Francis Collins, the director of the National Institutes of Health (NIH), announced a major new funding initiative. See <https://www.nih.gov/news-events/news-releases/nih-takes-action-bolster-research-myalgic-encephalomyelitis/chronic-fatigue-syndrome> (accessed September 2016).

In February 2015, the Institute of Medicine published a comprehensive report on ME/CFS, in which a refinement of the diagnostic criteria of the condition as well as a new name is proposed. Systemic exertion intolerance disease, the committee argues, emphasises more clearly the central characteristic of the disease, namely, 'the fact that exertion of any sort – physical, cognitive, or emotional – can adversely affect patients in many organ systems and in many aspects of their lives'. The report entitled 'Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness', released in February 2015, is available online at: <http://www.nationalacademies.org/hmd/Reports/2015/ME-CFS.aspx> (accessed 16 September 2016).

<sup>20</sup> Robin McKie, 'Chronic Fatigue Syndrome Researchers Face Death Threats from Militants', *The Observer* (August 2011), online at: <http://www.theguardian.com/society/2011/aug/21/chronic-fatigue-syndrome-myalgic-encephalomyelitis> (accessed March 2016).

with the increasing pace of work and communication, with excessive everyday demands and newly perceived forms of alienation, is being articulated with the help of the burnout syndrome. This has concrete consequences: in Germany, the average number of sick days due to burnout has risen 18-fold since 2004, to 43.<sup>21</sup> Diagnoses of burnout are also on the rise in the Scandinavian countries and in the Netherlands.

What is most striking here is the symbolism associated with the concept of burnout. An important factor in its popularity seems to be that the diagnosis of burnout can be worn like a 'badge of honor of the performance-oriented society'.<sup>22</sup> Someone who has burned out must previously have been inflamed by something, which exempts the condition from the stigma of individual failure. Thus, the term burnout contains a reference to prior commitment. Moreover, it is associated with visual imagery which implies a mechanistic, and hence an anti-psychological, picture of the human being. Even though people who are afflicted with burnout experience overwhelming fatigue, they are still exhausted even after waking up from a long sleep. In their case, the switch between exertion and regeneration has been thrown into crisis. In the popular visual imagery of burnout discourse, this depletion is symbolised by the condition of being burned out, which finds its allegorical expression in the burned-out match. No one expects a spent match to catch fire again.

However, among the metaphors associated with burnout is also an image that implies the possibility of starting a new cycle – namely, the drained battery, an image that is strikingly often used in public discourse to describe the cause of collapse due to exhaustion. The empty battery signals the state of exhaustion and its flashing warning light in the symbolic language of technology; it is the final warning before the device switches off. In the image of the human being articulated here, the personal reserves of energy have been depleted by persistent exertion

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<sup>21</sup> See BKK Gesundheitsreport, *Gesundheit fördern – Krankheit versorgen – mit Krankheit leben*, 2012 ([www.bkk.de/fileadmin/user\\_upload/PDF/Arbeitgeber/gesundheitsreport/Gesundheitsreport\\_2012/Gesundheitsreport\\_2012.pdf](http://www.bkk.de/fileadmin/user_upload/PDF/Arbeitgeber/gesundheitsreport/Gesundheitsreport_2012/Gesundheitsreport_2012.pdf)) (accessed January 2013), p. 43.

<sup>22</sup> Wolfgang Schmidbauer, 'Mehr Hofnarr als Hofrat. Über die Krisen der Psychotherapie', in *Kursbuch 170 'Krisen lieben'* (Hamburg: Murmann, 2012), pp. 150–73 (p. 159).

and excessive commitment, and the battery must be recharged through therapy or coaching. Here, ideally, techniques should be learned which preclude a recurrence of exhaustion and optimise the cycle of exertion and regeneration so that a sustainable energy balance results. The image of the drained battery seems to owe its intuitive public appeal to the fact that burnout is described as a condition in which the human energy balance has become skewed.

## Exhaustion and Self-Fulfilment

A less mechanistic, but in recent years widely discussed, socio-psychological interpretation of the increase in suffering due to exhaustion concerns the task of self-fulfilment – so often perceived by modern individuals as a personal obligation. Alain Ehrenberg has interpreted the exhaustion experienced by modern subjects as exhaustion of being oneself, as a pathological condition of inadequacy. Present-day society is characterised to a lesser extent than earlier societies by rigid norms and prohibitions and, unlike the disciplinary society, no longer rewards conformity. In today's society, the operative ideals of action are autonomy and individual responsibility. Therefore, the dominant form of psychological suffering is no longer neurosis based on feelings of guilt, but instead depression, an illness of accountability. 'Depression', writes Ehrenberg 'whose main feature is a loss of self-esteem, is a pathology of magnitude: the depressed person is not up to the task of becoming a self; instead it wears her down. Old-fashioned bourgeois guilt and the struggle to free oneself from the law of the father have now been replaced by the fear that one might not live up to one's own high ideals, which gives rise to a feeling of inability and inadequacy.'<sup>23</sup>

In his description of the etiology of burnout the founder of burnout research, the New York-based psychoanalyst Herbert J. Freudenberger,

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<sup>23</sup> Alain Ehrenberg, 'Depression: Unbehagen in der Kultur oder neue Formen der Sozialität', in *Kreation und Depression: Freiheit im gegenwärtigen Kapitalismus*, ed. Christoph Menke and Juliane Rebentisch (Berlin: Kadmos, 2010b) pp. 52–62 (p. 54).

also accorded a central role, in addition to sheer overload, to the feeling that one is disappointing high expectations. To burn out means 'to deplete oneself; to exhaust one's physical and mental resources; to wear oneself out by excessively striving to reach some unrealistic expectation imposed by oneself or by the values of society'.<sup>24</sup> Whereas the point of reference for Freudenberger's burnout research in the 1970s was the social professions in which individuals were excessively dedicated to helping clients, pupils, or patients, in the current world of work performance expectations have in many cases become immoderate and unrealistic far beyond the social professions. Employees in all sectors are required to identify completely with their company, as though its success served a higher purpose which can be achieved only through the full commitment of its employees. Modern working life in many sectors is no longer marked by small-scale controls, but instead by a high degree of flexibility and personal responsibility.

A glance at the origins of burnout research thus reveals interesting connections between the genealogy of burnout and that of the modern professional world of the present. The sharp increase in the number of diagnoses of burnout raises the question of whether the idealistic helpers of the 1980s have anything in common with the members of the present-day workforce. It seems as though today, employees across all sectors identify with corporate objectives in exactly the same way as dedicated social workers did with their clients back in the 1980s.

Burnout can thus be regarded as a kind of reactive depression that follows the disappointment of not being rewarded for complete personal dedication. Yet what makes the present-day world of work so disappointing? Has the introduction of new forms of organisation in many companies failed to live up to employees' expectations regarding opportunities for self-fulfilment? Flexible working hours, the abolishment of hierarchies, self-organisation, and opportunities for bringing one's own

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<sup>24</sup> Herbert J. Freudenberger and Geraldine Richelson, *Burnout: The High Cost of High Achievement* (New York: Anchor, 1983), p. 16.

interests into play have become part of the everyday reality of more and more companies. However, this transformation did not only encourage the quest for self-fulfilment but it also increased the scope for corporate action. As Luc Boltanski and Ève Chiapello have shown, 'new capitalism' has endogenised the criticism that was aimed at it already in the 1970s.<sup>25</sup> Thus, the objections against hierarchy, bureaucracy, and alienation, whose spokespeople used to be left-wing activists and the new social movements, presided over the introduction of flexible working conditions in companies.

Today employees are required to be entrepreneurs selling their own labour power, and to optimise it continually. Like the idealistic social worker of the 1970s and 1980s, the present-day entrepreneurial self is compelled to contribute its subjectivity and is concerned to efface once again the boundaries between work and private life. The aim of the self-realisation that was supposed to have been fulfilled in the past by breaking up encrusted structures has now been transformed into a requirement, into 'institutionalized expectations inherent in social reproduction' whose intrinsic purpose has been lost.<sup>26</sup> It is now a long-established practice to understand one's work as an expression of intrinsic interests and to show that one does not work because one has to, but because one wants to. In this way, the concept of alienation acquires a new meaning: to perform alienated work, to be alienated from one's work, is no longer a social condition that is vulnerable to the critique of capitalism, because the expectation to become one with one's own work is one of the impositions of the present. Today individual resistance seems to reside precisely in the act of not identifying too strongly with one's work. In therapy, burnout patients learn to restore precisely that strangeness that should loosen the identification with work and to look for other sources of recognition outside of work.

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<sup>25</sup> Luc Boltanski and Ève Chiapello. *The New Spirit of Capitalism*, trans. Gregory Elliott (New York: Verso, 2005).

<sup>26</sup> See Honneth, 'Organized Self-Realisation', p. 467.

## Interdisciplinary Perspectives

This interdisciplinary essay collection explores the complex connections between psychological, sociological, and biologic theories of exhaustion. Examining the status of exhaustion symptoms in medical, psychological, sociological, historical, and literary accounts, it analyses the interplay between the processes involved in the production of mental health diagnoses, socio-cultural transformations, and subjective illness experiences.

The volume is divided into five themed sections. It opens with a section on historical models of exhaustion. Adopting a cultural-historical perspective, Anna Katharina Schaffner argues that exhaustion is not at all a modern preoccupation, nor the specific bane of our age of technocapitalism, as many critics argue, but that anxieties about exhaustion and its psychological, physical, and social effects have always been with us. She shows that theories of exhaustion and its corrosive effects can be found in many historical periods, including Greek antiquity and the Middle Ages. The symptoms of mental and physical exhaustion were considered to be among the core symptoms of melancholia, theorised in the broader framework of humoral theory by the physician Galen. An alternative model of exhaustion emerged in Late Antiquity and blossomed in the Middle Ages: the notion of sloth, or *acedia*. Just like melancholia, *acedia* included various symptoms of mental and physical exhaustion among its core indicators, such as weariness, torpor, apathy, lethargy, sleepiness, irritability, cognitive impairment, and hopelessness. Yet, unlike melancholia, which was treated and defined by physicians, sloth fell under the remit of theologians such as St Thomas Aquinas. It was understood not as an organic disease, but rather as a spiritual and moral failing.

The Swiss historian Patrick Kury analyses the emergence of nineteenth-century neurasthenia and ‘managerial disease’, a pre-cursor of burnout associated with stressful jobs, as well as cardiovascular and psychosomatic lifestyle diseases, and which was frequently diagnosed in the 1950s and 1960s in Germany. Investigating the cultural-historical factors that led to the rapid spread of these ‘diseases of civilisation’, Kury pays close attention to the knowledge transfers between the United States and Germany that characterise these fatigue and stress discourses.

Manager disease was driven by the anxiety that there was a worryingly high mortality rate among Germany's overtaxed (and mainly male) elites, who were physically and mentally exhausted by the enormous task of rebuilding the country's economy after the Second World War, and often paid the price for driving forward the German 'economic miracle' with their own lives. It was only in the 1970s that the concept of psycho-social stress took hold in German public and medical debates. Kury argues that the neurasthenia and managerial disease diagnoses, just like stress and burnout, 'are often regarded positively, and appear in phases of rapid social and economic change'.

The second section of this collection is dedicated to the role of exhaustion symptoms in specific contemporary syndromes, in particular burnout, CFS, and depression. Contributions in this section are written by clinical experts, including psychiatrists and psychologists. Johanna Doerr und Urs Nater investigate the different ways in which medically unexplained fatigue-like symptoms have been treated, focussing on difficulties in differentiating between different conditions. They begin by relating the development and variations of the neurasthenia diagnosis, investigating the overlap of this diagnosis with depression diagnoses. Following this, a comparison is made with East Asian diagnostic practices regarding medically unexplained fatigue, and the changes that have occurred in this context. The focus of the essay then switches to the second half of the twentieth century, to the developments of diagnoses of CFS and of ME. Diagnostic criteria for the various conditions are examined and found seriously to overlap, with arguments made as to why one diagnosis may be given rather than another. At this point the previously discussed conditions, and depression, are all considered in the light of criteria commonly given for burnout. The conclusion is reached that differential diagnoses for similarly presenting fatigue conditions is at best an inexact science, and may lack medically stable grounds.

The Dutch work and organisational psychologist Wilmar Schaufeli explores the historical roots of burnout as well as the specific socio-cultural factors that led to its emergence. Addressing the question of whether the major symptoms of burnout are ubiquitous or context-specific, he analyses how they relate to similar syndromes, such as neurasthenia and depression. Have burnout-like phenomena been



observed in the past as well, and is it a typically Western phenomenon? Schaufeli's chapter concludes with a discussion of differences in the ways the diagnosis is used and understood in North America and Europe.

The following essay explores this idea further. Torsten and Linda Heinemann investigate German and American academic and popular media sources in order to analyse different conceptions of burnout in these cultures. Tracing a development that begins with Freudenberger's introduction of the term and that ends with the present day, they show that a surge in media interest, especially in the last decade, is noticeable in Germany. In the United States, by contrast, the term remains confined to specific professions, and is not generally considered a culturally all-embracing condition. Torsten and Linda Heinemann also explore the specific nature of public discussions of burnout, and draw attention to the comparatively individualistic conception of the disease in the United States, which contrasts with what the German media present as predominantly a *social* crisis.

Section three of this essay collection explores the link between exhaustion and self-realisation, primarily with recourse to sociological and cultural-theoretical models and theories. The French sociologist Alain Ehrenberg, author of *The Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age* (1998), reflects on the anthropology of adversity in individualist societies in his contribution. He argues that in societies in which autonomy is the supreme value, mental health 'functions as a discursive space in which many of the core tensions and conflicts of neo-liberal subjectivity are negotiated'. Mental health, he writes, 'is the name individualistic society has given to our style of dealing with passions, the social and moral equivalent of magical rites for the modern autonomous individual'. Conditions such as depression and burnout may thus be seen as a reaction against adversity and contingency, and constitute forms of psycho-social suffering that are caused by the idea of inadequacy. Ehrenberg concludes that 'we have seen a change in the social status of psychic suffering, and an extension of its uses, particularly in the political sphere'.

The Swedish sociologists Elin Thunmann and Marcus Persson contribute a narrative analysis, interpreting interviews with exhausted Swedish workers. These public service workers were found to share

common characteristics, initially all working in environments presenting an inexhaustible number of tasks. Workplace change served only to exacerbate these, and the subjects were found to respond with both pride at their sterling efforts, and shame at their inability to achieve the impossible. Various self-justification tactics by the interviewees are examined, which leads to a discussion of internal as opposed to external factors among the exhausted. The demands of the work sphere are found to lead to societal expectations to present an 'authentic' self, which can partly be held responsible for the pathologies outlined in the interviews.

Frankfurt sociologist Greta Wagner explores the self-medication with amphetamines by students in Germany and the United States. In both countries, there has been an alarmist media debate in recent years about the increasing use of stimulants as 'study drugs'. Based on interviews with users of attention-deficit hyperactivity disorder prescription drugs, she shows that it is not primarily the cognition-enhancing effect that makes students take them, but rather the increase in wakefulness, alertness, and motivation. A closer look at the history of amphetamines reveals that since their discovery in 1887, they have been prescribed to 'treat' exhaustion syndromes and 'misused' to fight feelings of exhaustion.

Section four, dedicated to discourse and metaphor analysis, as well as to literary representations of exhaustion, features contributions from sociologists and literary scholars. Ulrich Bröckling from the University of Freiburg studies burnout with a view to treating it 'as a symptom in its own right'; as a discourse which holds a mirror to its society, rather than as a thing in itself. Bröckling specifically analyses the verbal imagery associated with burnout, seizing on basic images of catching light, of being on fire, before moving on to depleted batteries, robotic imagery, and the salmon and the hamster, which are used to describe different aspects of the social role of the burnout diagnosis. These various objectifications and animisms create a confused picture of modernity; faced with competing explanations from biology and culture, self-help and social entrapment, the burnout diagnosis is itself seen as only the beginning of a complex of recommendations and demands.

The English literary scholar Michael Greaney explores a range of late nineteenth-century and early twentieth-century literary texts that directly engage with exhaustion. Aesthetic representations of states of exhaustion,

he writes, have the power to ‘provide us with vicarious access to the first-person experience of what it feels like to be exhausted, an experience that cannot be measured or quantified, but that can be conjured up in words and transmitted and shared in literary texts’. Moreover, attention to literary images of exhaustion ‘can enable us to shift our focus from exhaustion as an impersonal object of scientific scrutiny to exhaustion as a subjective experience, the affective content of which has an internal history that is inaccessible to blood tests and brain scans’. However, Greaney also argues that the texts he discusses are not only written *about* exhaustion but also performatively *enact* exhaustion at the level of style and language. ‘In the formal strategies of many modernist texts’, he writes, ‘we can observe an ambivalent sense of exhaustion as both a physical ordeal and an aesthetic opportunity for the writer’. There is, then, a positive and productive side to exhaustion, which in various texts functions as aesthetic resource and impetus for stylistic renewal.

The final section is dedicated to the link between social suffering, growth, and exhaustion. The sociologist Iain Wilkinson’s contribution explores the precise role of ‘the social’ in the construction of fatigue syndromes, and the ways in which embodied experiences of social life may become manifest both in physical symptoms and in theoretical discourses. He argues that although there is now a renewed recognition of the social determination of our bodily and emotional health, there is still a lack of consensus on how we should practically manage and respond to illnesses shaped by social experience. Moreover, the social component of human health has become ‘ever more *politically* contentious’, as is particularly evident in the cases of neurasthenia and CFS. ‘The agony of “the social”’, Wilkinson writes, ‘is not only encountered in the morbid effervescence that emanates from the poor quality of peoples’ moral-social lives, it also encompasses the social as a vexed matter for debate in connection with the conditions that are most conducive to the promotion of human health’.

Sighard Neckel and Greta Wagner characterise burnout as a form of social suffering generated by the current regime of economic growth. In our competitive society individuals are compelled permanently to monitor and optimise their own performance. At the same time, they exert themselves more and more in an attempt to achieve professional and

personal fulfilment, a process which often results into self-exploitation. Yet, in recent years, the critique of the abuse of subjectivity in contemporary capitalism has become so strong that the discourse of exhaustion might trigger the emergence of a new order of justification which promises to use subjective resources more sparingly. Following Weber and his claim that capitalism has always used external orders of justification, Neckel and Wagner argue that we may be witnessing the emergence of a Buddhist spirit of capitalism. Buddhist practices such as mindfulness, that are increasingly being implemented in large corporations, are highly individualised strategies for preventing exhaustion.

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