LIVING WELL

Pacing Is Not Giving Up

Pacing can look like doing less, but its real purpose is to interrupt the punishing cycle of pushing and crashing.

The bill arrives later

You finish the laundry because it needs finishing. You answer the messages while you still feel capable. Then your symptoms worsen, and the cost of that ordinary effort is suddenly much larger than the task itself. It can feel as though your body has changed the rules without telling you.

For people with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), physical or mental activity can worsen symptoms. This is called post-exertional malaise (PEM), and it is a defining feature of the illness. The exertion may be physical, mental or emotional. Afterward, some people need to remain in bed for an extended time.

That is the problem pacing tries to meet. It is a way of managing activity so that feeling slightly better does not automatically lead to doing too much and becoming worse again. Clinical guidance calls this pattern "push and crash." Pacing asks you to pay attention before the crash, not simply endure it afterward.

From the outside, this can resemble retreat. You may leave a job unfinished, decline an invitation or stop while you still appear able to continue. But appearances are a poor guide to ME/CFS: people may not look ill even when ordinary tasks such as cooking or showering have become difficult. Stopping is not evidence that you lack determination. It may be evidence that you understand the delayed cost.

Rest is not the whole story

ME/CFS goes far beyond ordinary tiredness. It can substantially reduce physical and mental function, and its profound fatigue is not improved by rest. Sleep may be unrefreshing. Thinking, memory and remaining upright can also become difficult. Symptoms can change during a day, from one day to another and across the course of the illness.

That unpredictability makes simple advice about rest inadequate. If symptoms and capacity fluctuate, yesterday's manageable task may not be manageable today. Careful planning and activity management may allow some people with milder illness to continue work, education,

family life or social activity. People with severe illness may be housebound or bedbound, sometimes for months or years.

Pacing therefore is not another word for staying in bed indefinitely. Nor is it a cure: there is no cure or approved treatment for ME/CFS. It is a strategy for living within an illness whose boundaries can move, while trying to avoid the repeated pattern in which a better period becomes the reason for the next deterioration.

The distinction matters emotionally. Giving up means abandoning something because you believe effort has no value. Pacing means deciding that effort has a cost and that the cost deserves a place in the decision. You are not denying that the laundry, conversation or appointment matters. You are refusing to pretend that completing it carries no consequences.

Pacing does not make the choice for you. It asks you to recognise that there is a choice.

Effort is not a character test

ME/CFS is a biological illness, not a psychological disorder. People with it are not malingering. A 2024 meta-analysis of 28 papers found that natural killer cell cytotoxicity-one measure of immune-cell function-was significantly lower in people with ME/CFS than in healthy controls, although results varied substantially between studies and methods.

That finding does not provide an everyday test for the illness, and reported biological changes are not yet sensitive or specific enough for diagnosis. There is still no single test that confirms ME/CFS. A clinician instead has to consider your history, how often symptoms occur, how severe they are, how long they have lasted and how they affect your life, while ruling out other explanations.

This is why the language of willpower fits so badly. If mental or physical exertion can worsen symptoms, pushing harder is not a neutral demonstration of commitment. You may still choose to spend limited capacity on something important. Pacing does not make the choice for you. It asks you to recognise that there is a choice.

Pacing also leaves room for loss. ME/CFS can interfere with work, school, relationships and basic daily tasks. Managing activity does not make those changes fair or easy. Support from family, friends and healthcare professionals can matter because developing a plan and caring for yourself may themselves be difficult when you are ill.

The evidence has limits

It would be reassuring to say that trials have proved pacing prevents crashes or improves

long-term function. The supplied evidence does not establish that. Strategies for managing activity are recommended in clinical guidance, but the research comparing adaptive pacing with other approaches is limited.

A 2024 review included eight randomised controlled trials of exercise therapy, involving 1,518 adults. However, its searches ended in 2014, all studies had a high risk of performance and detection bias, and participants were outpatients able to take part in exercise therapy. The studies also used older diagnostic criteria, so people identified under other criteria may respond differently.

Only one included study directly compared exercise therapy with adaptive pacing. It suggested small advantages for exercise in fatigue and some other outcomes, but the evidence was rated low certainty. Evidence about serious adverse reactions was very uncertain. No study in that comparison reported quality of life or pain. That is too thin a foundation for declaring pacing ineffective-or for promising that exercise is safe or helpful for every person with ME/CFS.

The review found that exercise therapy probably reduced fatigue at the end of treatment compared with usual care or passive approaches. Long-term effects and serious adverse reactions remained uncertain. This does not erase PEM, which is a hallmark of ME/CFS, or turn exertion into a simple prescription. It means the research does not settle the contest people sometimes try to stage between pacing and exercise.

The honest position is less satisfying but more useful: pacing is a management strategy grounded in avoiding push-and-crash cycles, not a proven cure. Decisions about activity should account for your symptoms, function and possible harms. Care for ME/CFS is meant to be collaborative, with you, your family and your healthcare provider deciding which problem most needs attention.

Monday takes a notebook

For the next week, keep a simple fatigue and activity diary. You need a notebook and a pen. Record the parts of the day when you have more energy, the times you feel more tired and the activities around those changes. A fatigue diary can reveal patterns and help you plan activities around them.

Do not turn the diary into another task you must perform perfectly. Its purpose is to make the invisible sequence easier to see: activity, any later worsening and the choices that preceded it. If writing becomes burdensome, keep the entries brief. The useful record is the one you can actually maintain.

Then choose one ordinary task that usually tempts you to press on. Plan a stopping point

before you begin, rather than waiting until the job is complete or symptoms force you to stop. That small decision is pacing in practice: not surrendering the task, but questioning whether finishing it today is worth tomorrow's possible cost.

If fatigue has continued for several weeks, or you do not know what is causing it, contact a healthcare provider. Fatigue has many possible causes, including medical conditions, medicines, sleep disorders and mental health conditions. ME/CFS can also be difficult to identify because other illnesses may cause similar problems. Bring your notebook. It gives you something concrete to discuss when you explain what effort is doing to your life.

Where this comes from

- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/myalgicencephalomyelitischronicfatiguesyndrome.html
- Fatigue

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/fatigue.html
- ME/CFS Basics | ME/CFS | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/me-cfs/about/
- Clinical Overview of ME/CFS | ME/CFS | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/me-cfs/hcp/clinical-overview/index.html
- Meta-analysis of natural killer cell cytotoxicity in myalgic encephalomyelitis/chronic fatigue syndrome.

  Frontiers in immunology, 2024 · https://pubmed.ncbi.nlm.nih.gov/39483457/
- Exercise therapy for chronic fatigue syndrome.

  The Cochrane database of systematic reviews, 2024 · https://pubmed.ncbi.nlm.nih.gov/39697147/