

WRITERS' BLOCK: A FAILURE OF THE NEUROLOGICAL NETWORK.

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1. INTRODUCTION

Presenting a paper at an IMP conference can be a daunting experience. Nerves, anxiety, time pressures and the anticipation of difficult questions can defeat an academic's efforts to perform well and do justice to the research project or topic.

Even top ranking tennis players suffer from nerves. They can 'choke' and lose a match whilst on the brink of victory, as demonstrated by Jennifer Capriati's sudden collapse and defeat by Justin Henin at the USA Open championship in 2003. Great artistic performers Laurence Olivier and the international cellist Pablo Cassals suffered severe 'stage fright' before public concerts throughout their lives. A world class athlete at the World Athletics Championships in Paris in 2003 said-

" I stood on the starting line and 'froze' with fear of failure. No wonder I didn't deliver the performance of which I am capable".

The medical cause is an acute adrenaline reaction to fear, associated with abnormal blood flows to the brain. Flight or fight are the two common responses. These particular neuroses, 'choking', 'stage fright' or 'freezing' may be recurrent but are frequently overcome by restoring calm through an act of will-power. When such incidents are prolonged and the individual cannot function adequately, then it is more likely to be a chronic neurological malfunction.

Many authors, academics and musical composers are accustomed to working alone and may not be fearful of facing the public directly. Yet their strivings for creative, imaginative work outputs may still result in the person 'drying up' or suffering from Writers' Block. Their output goes into free fall and can cease altogether sometimes.

Writers' Block is the common term used and is a manifestation of a failure of the neurological network of the brain. Self-doubt may occur and the individual's perfectionist standards add to the pressure to rise to the occasion and to the expectations of others in the wider audience. Its causes are to be found in either an external traumatic event or the progressive onset of psychological stress. Irrespective of its origins, Writers' Block gives rise to frustration and despair. There is a lowering of self-confidence and an increasing feeling of isolation.

The current paper presents anecdotal evidence and research findings concerning the nature of the Writers' Block. Its origins and the vivid experiences of some creative individuals are discussed. The author also presents various psychological and medical treatments for the neuroses which have been the subject of clinical experimentation in European and American treatment centres over the past 100 years. Hope of recovery is offered.

2. SOME EXPERIENCES OF WRITERS' BLOCK.

The three experiences of Writers' Block outlined in the following discussion, illustrate different causes of this condition. First, the trauma of bereavement and its accompanying despair; second,

the pressure of a dead-line for submission of a musical composition and third, the loss of creativity where writing does not stop, but the spark of originality is no longer achieved.

One well-known author clearly remembers the precise time of the onset of Writers' Block and echoed the words in a similar vein to those of Vera Brittain (1933) in her book 'Testament of Youth' in which she recounts her life after the trauma of bereavement as a result of the deaths of a brother and fiancé in the 1914-18 war.

" It occurred suddenly after the one perfect Summer idyll I ever experienced. My last carefree moment before the drought. It is etched with minute precision upon the tablets of my memory. Never again would there be any celebration, any joy, any satisfaction of achievement. Success would be an illusion. Only clouds would darken and obscure the light. No more sunshine to illuminate the outpourings of the mind. The page would remain without words. The torrents of both thoughts and words would dry up. Not a tiny stream would remain. Nothing. Just nothing. Only despair."

So, her thoughts are there but cannot be translated into action. The pen or computer cursor will not transmit thoughts onto paper or onto the screen.

Another cause of Writers' Block; that of the build up of pressure to meet a deadline for delivery, is illustrated by the experience of the Australian musician Malcolm Williamson.

Williamson was a prolific composer and was appointed to the exalted role of Master of the Queen's music in England in 1975. This was at the comparatively early age of 44. This prestigious post had been held previously by Sir Edward Elgar, a world-renowned composer. Unfortunately, Williamson suffered from Writers' Block when trying to deliver a piece of music commissioned for the Queen's Jubilee. When royal displeasure was made known, he found that his career went into 'free fall' or, at least, a downward spiral and his occasional compositions thereafter were very rarely played. Williamson died in 2003 having never fully recovered from his public shame earlier in his career.

Some sufferers from this neurological condition show a marked tendency to indulge in nostalgia and have to rely on the recollection of past achievements to assuage their current failure. They yearn to recapture the vigour and fluency of their earlier years. The neurosis is often accompanied by symptoms of morbid feelings, palpitations and a tendency to write any material in a completely repetitive manner, in the absence of creativity.

Another type of Writers' Block takes the form of an inability to build upon an earlier piece of outstanding quality. The Booker Prize-Winning novelist Yann Martel recounts his attempt to repeat his previous success.

" The theme is good, the plot mapped out, the research done to give your story authenticity. The dialogue zips along and the description bursts with colour, contrast and detail. It appears to be going well in terms of quantity. But it all adds up to nothing. In spite of the shining promise, you realise at one moment that the whisper that has been bothering you for some time is speaking the awful truth; it won't work. An element is missing, that spark or originality, or whatever, that brings a story to life. Your story is dead, that is the crux of it. The discovery is soul destroying. It leaves you with an aching hunger. I sat down disheartened. It had been a failure- and so had I".

These instances of the onset and consequences of Writers' Block point to the great complexity of the neurological network of the human brain as it affects an individual's life and career.¹ The mind has not shut down but a spark has disappeared. Networks within the human brain, or in a computer system, or in a social group are imperfect structures and prone to breakdown. The next section develops the discussion of the nature and structure of networks.

3. NETWORKS AND NETWORK FAILURES

A network is a structure where a number of focal points or nodes, are related to each other by specific threads or linkage bonds. When applied to business markets, the term 'market' can be applied to part of a wide network in which the nodes are firms or business organisations and the threads are the relationships and interactions between them. The threads and the nodes have their own particular content which consists of resources, both tangible and intangible. These resources are physical, technical, intellectual and social. The network is the result of complex interactions within and between the nodes in relationships over time. (Eaton (1997)).

The network is also a system and mechanism for transmitting impulses and information between the nodes. As such, it is both the facilitator and constrainer of activities, whereby remote parts of the network are energised through these intricate connecting threads. Interdependence and co-evolution are important characteristics of a network structure. (Ford et.al.(2003)).

The above characteristics, in general, apply to the networks of the human body. In the human brain the nerve cells (or neurons) make network connections through pathways which are created and later used in the brain's structure. Making these pathways is the way in which the human being learns and develops, especially in the early years from birth to adulthood. The human brain's network is the nerve centre of thoughts, memory, reasoning, fears, ideas, motivations and sensory controls. Obviously, the brain's network is not the complete network of the whole body. It is connected to other networks governing the functions of the organs, limbs, muscles and tissues.

However, the analogy between the business network and that of the human brain has some flaws. In the human network there are no economic nor social exchanges between nodes. However, the E-Commerce transactional exchanges in some business networks is a closer analogy, where social exchanges are minimal.

A malfunction of one part of the neurological network of the brain can affect a person's motivation, thought processes and sensory mechanisms. Writers' Block is one of many neurological malfunctions where the reasoning, memory, creativity or mechanical functions of writing or using a computer key board do not operate normally. A single trauma (accident or psychological upset), or a debilitating series of stress-related activities, can upset the neurological network. This results in inactivity and the depressive characteristics of Writers' Block, 'stage fright,' 'freezing' or similar neuroses. Neurological networks continue to function, but only in a partial or abnormal form.

¹ Academics can probably identify with, or recognise, these experiences. A traumatic event or promotion to a prestigious post and the failure to rise to the high expectations (of others or themselves), an ability to meet a deadline for an important publication, or a failure to build upon an earlier, highly acclaimed piece of research. For some, the consequence has been the onset of Writers' Block, whilst others develop coping mechanisms.

Using 'markets-as-networks' terminology, the person, or actor, is unable to gain access to and control their own resources and so no purposeful activity occurs.

4. RESEARCH INSIGHTS

The subject of Writers' Block has been studied by therapists and is now being reported upon on a limited scale in the academic and medical literature (Kantor. (1995)) Much more extensive anecdotal evidence is commonly recorded and relevant research on related neuroses is readily available.

Elliot Jacques, the medical psychologist and management consultant was a founding member of the internationally famous Tavistock Institute of Human Relations. He coined the term 'mid- life crisis' in a paper published in 1965 on the working patterns of creative geniuses. Examining the career of artists and composers, Jacques detected abrupt changes in productivity and styles of working around the age of 35. He suggested that a critical transition begins at this age, not only in creative geniuses, but in some form in almost everyone. He described the process as

" the adult encounter with the conception of life to be lived in the setting of an approachable personal death".

Obviously, this can be seen as an abrupt or progressive psychological or spiritual trauma. This mid-life crisis may be one cause of Writers' Block, but the argument is not wholly convincing.

However, one has to look back over 50 years to realise why diagnoses and treatment for these neuroses were so fragmented and progress was retarded.

In 1913, the 17th International Medical Congress met in London. It was the last occasion on which a full plenary session was held, prior to its subsequent fragmentation into medical specialisms. Discussion of disorders affecting the mind and its physical manifestations was starkly divided between the neurologists and the psychiatrists. (17th International Congress of Medicine Proceedings. London. 1913). This split has had repercussions for the diagnosis and treatment of Writers' Block. On the one hand, neurologists treated nervous disorders of the rich and famous in their capacity as physicians and surgeons. They focussed on major physical traumas on the functions of the brain. By contrast, psychiatrists were less well regarded as they concentrated on mental disorders of a psychological nature affecting a wide spectrum of social classes of the population.

This fragmentation of medical specialists led to a delayed congruence of knowledge of the composition and complex functioning of the neurological network of the brain. The sombre experiences of Vera Brittain, Malcolm Williamson and Yann Martel, referred to earlier, relate to widely separated times from 1916 to 1975. They all suffered from Writers' Block but had different causes. Fortunately, medical understanding of such neurological disorders has advanced dramatically, as will be seen in the following section dealing with the evolution of treatments of such conditions.

5. DIAGNOSES AND TREATMENTS OF WRITERS' BLOCK

There are wide variations in the types and severity of neural disorders, of which Writers' Block is just one. Medical specialists and family members find it difficult to diagnose and distinguish between their complex symptoms and behavioural characteristics.

Writers' Block might be conceivably classified as a psychological abnormality, that implies a deviation from the norm of expected behaviour, or from ideal mental health. But it is far more preferable for it to be classified as one of the anxiety disorders, that is stress related.²

For example, Writer's Block can appear as fear and anxiety, panic attacks, hysteria, feelings of incompetence and depression. These psychological and behavioural manifestations may hide a mid-life crisis or an inability to meet a deadline for some work. It may mean that the person is out of his/her depth in performing a task and a failure to cope with the pressure. Writer's Block may occur as a 'run-dry' syndrome.

There are many recorded instances of patients themselves being unable to distinguish between a real mental trauma and an imaginary one. Numerous traumatic events which cause paralysis of mind and body are linked to conflict and wars. Experience of military psychiatry in World Wars (1914-18 and 1939-45) pointed to the existence of shell shock. This occurred to those subjected to prolonged and proximate explosions and also to those who just feared these explosions. Acute battle fatigue is now recognised as a disorder of mind and body requiring medical and psychiatric treatment. This has been followed by severe mental traumas of guilt and horror experienced by U.S. soldiers in the Vietnam wars and the complex illnesses diagnosed after the Iraq war as Gulf War Syndrome. A general category of post-traumatic stress disorder (PTSD) has now come into vogue.

In all cases of resulting mental disorders and breakdown of the neurological network of the brain, the consensus of opinion favours the following basic treatment guidelines:-

1. Promptness of action in treatment.
2. Securing a suitable calm environment, away from stress.
3. Psycho-therapeutic treatment in a specialised hospital, followed by controlled drug therapy.

Almost all neuroses, including Writers' Block, are susceptible to one or more of a vast array of neurological and psychiatric treatments now available. Obviously, this was not so in the past. The split in the medical profession between specialists investigating physical trauma as distinct from mental trauma did not lead to consensus of approach. Likewise, the problems of separating real from contrived illness became acute, especially when dealing with soldiers under military authority and employees under corporate management authority. Getting the individual back to work often overrode the need for extensive treatment and full recuperation.

Over the last 100 years an evolving sequence of treatments for traumatic mental disorders and neuroses can be identified. It is very unlikely but by no means clear, whether all these treatments have been used on sufferers from Writers' Block. Many treatments have been discarded or suspended with the passage of time. Early successes have not been maintained and different medical specialists had variable results. Fashions in medical treatments are by no means rare and scientific medical research has now brought treatments under closed scrutiny in properly authenticated studies. Competition between neurologists and psychiatrists has occurred and competition between treatment centres has often clouded clinical judgements of the professions. The emergence of undesirable side-effects of some treatments over prolonged periods of time has caused some treatments to be dropped after early outstanding results.

² Classification according to 'The Diagnostic and Statistical Manual of Disorders (DSM)'. Interpreted from Gross (2001).

Over the past 100 years, an approximate chronology of treatments would read as follows:-

- c 1890
 1. Isolation and rest in a calm environment.
 2. Psycho Therapy
 3. Dream Analysis
 4. Hypnosis and Hypnotherapy
 5. Electric convulsive therapy (ECT)
 6. Early drug therapy (Sedatives, barbiturates, truth drugs)
 7. Psycho-surgery (lobotomy)
 8. Group therapy
 9. Personality testing and screening out of suspected neurotics.
 10. The Atmosphere of Cure.
 11. Compassionate Understanding.
 12. Anti-Psychotic drugs (vast array of modern drugs targeted on specific conditions)
- c 2000
 - 13 Cognitive Behaviour Therapy.

Many early treatments continue to be practised and are often combined with later ones. Neuroses are now seen to be very specific to the individual so that generalised (one treatment suits all) treatments are a rarity.

6. TREATMENTS AND NETWORK ANALOGIES.

From the array of treatments for neuroses identified in the previous section, five are reviewed and analogies drawn with general network concepts.

(1) Psychotherapy: Identifying the Origins of Network Failure.

The stressed condition of one patient undergoing psychotherapy is illustrated by his statement:-

" You can understand what you see, but you cannot think. Your head is in awful agony, and you feel as though you are ' boxed in' and want relief for your frustration. The more you struggle, the more you feel depression creeping over you."

(Anonymous patient)

(See Shepherd (2002))

The treatment is based upon developing and using a relationship bond between the medical specialist and the patient. Confidence and trust are pursued and greater openness of information disclosure is sought as a determinant of successful treatment. Some changes in the patient's personality, self-perception and behaviour are the objectives.

Industrial markets and networks involve close interactions between actors. The build up of trust and confidence between parties is an important factor in successful outcomes of relationships. This leads to a greater flow of information within the interaction. Adaptations and behavioural changes also occur among actors. Power is still exercised to achieve results and rewards are administered for compliance.

(2) Dream Analysis and Hypnotherapy: Mapping the Hidden Networks.

Dreams are images and fantasies which occur during sleep and to some extent under hypnosis. When asleep, real fears are intermingled with bizarre occurrences. Eccentric behaviour and

weird relationships figure strongly. Dream analysis owes much to the psycho-analytical methods advocated by Freud (see Jones E. (1953,1957)). He argued that dreams of disordered patients were "compulsions to repeat and relive their traumatic experiences and to constantly wallow in their hurt and self-loathing". He concluded that damaged patients must learn to accept themselves and overcome undue narcissism, lack of sociability and their wounded self-love.

Ernest Simmel, the German physician who practiced Freudian dream analysis in Berlin reported :

" I used dream contents in order to induce hypnotic recollections of traumatic experiences. I asked the patient to interpret his dream symbols himself. I used post-hypnotic suggestions by asking the patient to supplement, by dreaming, certain fragments of memory which had come up in his hypnotic hallucinations".

" The patient was full of guilt. I told him he could be proud and hold himself in high esteem for all that he had done so far. I helped him understand and to conquer intellectually what had happened to him".

In business networks, firms develop their own 'pictures', perceptual maps, and often-distorted images of the competitive world in which they operate. Their behaviour is based upon these images of their competitors and they are challenged to try to learn from their successes and failures in handling relationships. Managers often act out of fear of failure and from their imaginary perceptions of the possible rewards of success. Fantasies usually lead to unrealistic predictions of growth and profitability of the firm.

(3) Electro-convulsive Therapy: Reconfiguring the Network.

This treatment (E.C.T.) consists of an externally induced severe trauma and electric stimulus to certain parts of the brain's neural network. It is intended to re-orientate and shock the brain into a different configuration of nodes and pathways of the network. Learning new pathways of thinking and behaving is intended to follow. The side effects are memory disruption, delirium and an impaired ability to acquire new memories (Gross (2001)).

By contrast, business networks cannot be externally manipulated nor reconfigured to suit the objectives of a single firm. Yet firms attempt to 'manage' their own network positions and influence the structure of that network to their own advantage. There is scope for external regulatory and anti-competition institutions to attempt to restructure a network in the interests of competition.

E.C.T. treatment of nervous disorders is still widely practised after 85 years since its introduction. It has polarised both medical and psychiatric professions and was widely in vogue in France, Germany and the UK. throughout the last century. Its widespread use amongst reluctant and terrified patients, together with dangerous side-effects, brought into disrepute E.C.T treatment in many hospitals. (Roudenbush (1995))

A soldier, Baptiste Deschamps, was admitted to a French hospital after suffering from a traumatic incident. He was mentally and physically damaged. He walked with a severe stoop showing that his nervous condition resulted in a marked deformation of the spine. He was terrified to discover that the doctor proposed to attach electrodes to his body and administer a severe electric shock to the brain.

The doctor said "I will cure you, it is nothing" as he advanced menacingly towards the fearful, temporarily deformed patient. Deschamps stood straight up, without a stoop and punched the doctor several times in the face. He was charged with violent assault but was acquitted by a court martial on the grounds of the aggressive and terrifying behaviour of the doctor. Deschamps's condition improved dramatically without electroconvulsive therapy, but the hospital was forced to retreat from their strategy of 'Unrelenting attacks on their patients by electric shocks'. The neurologists in France received adverse publicity for their electric treatment of mental disorders.

(4) Compassionate Understanding: Stability in Networks.

Some neuroses benefit from the recognition that the brain is a delicate and finely tuned network configuration. Sensitivity, compassion and empathy are the attributes sought after by doctors. The creation of an atmosphere of love and calm stability is the method relied upon.

In business relationships, bonds of trust, tolerance, problem-solving ability and confidence-building by good service are pursued by some firms within the network. Co-operation, adaptation to each party's needs and expectations may be employed to create the right atmosphere surrounding the relationship.

Dr T.F. Main (see Shephard (2002)), an outstanding British psychiatrist, argued that the effects of trauma and stress can be reduced significantly by encouraging a sense of being loved in the patient. Promoting self-worth was important. He worked with the British army during the invasion of Europe in 1944 onwards. His methods met considerable scepticism by Army chiefs.

Field Marshall Montgomery summoned Dr. Main to headquarters and Dr. Main was anticipating scathing criticism. Much to his surprise he was told by Montgomery

" You can go now. I just wanted to see what a psychiatrist looked like".

Dr Main's advocacy of stress and battle fatigue as a cause of neuroses among soldiers was never fully supported. General George C. Marshall, the USA. Army Chief of staff was highly alarmed by the wastage of troops where doctors were not recommending soldiers to be quickly returned to service after a neurotic episode or trauma. He said

" Neurotic draftees (i.e.conscripts) will be future hospital patients and a loss to the Army. To the average field officer they will be malingerers who will not adapt to military life".
(Bland (1996))

Compassionate understanding was only condoned in military circles where it was accompanied immediately by drug therapy, and cognitive behaviour therapy or electroconvulsive therapy to achieve as rapid return to active service as possible for the patient.

(5) Drug Therapy - Suppression of Turbulent Network Activity.

Medical drug therapy has evolved step-wise along a trajectory of new discoveries, field trials and regulatory approval. Drugs are used for application to a variety of neurological and psychiatric disorders. The therapy targets specific areas of the brain's network of functions. The objective is to cure or suppress, re-orientate or dampen undesirable thought processes and behavioural disorders. Their application for treatment for Writers' Block is widely accepted.

In business networks it is not feasible to manipulate or externally control any aggressive or undesirable behaviour by some firms in the network. Harmonious, cooperative behaviour may be an ideal, but it is unrealistic and unattainable. Such an ideal is incompatible with the uneven distribution of power and resources between firms. The aggressive, disruptive behaviour of a firm has side-effects because of the repercussions in other parts of the network and the likely counter measures by competitors.

In drug therapy for neuroses, the progression from barbituric acid (1864), barbiturates (1903), phenobarbitone (1913), to Pentothal truth drugs (1935), anti-psychotic drugs (1950) and anti-depressants (Prozac 1980) represent significant milestones in the search for cures or improved life-styles.

These drugs have been prescribed for mental disorders, hysteria, Writers' Block, mute behaviour and severe mental abnormalities. Originally, the objective was to 'Knock-out' the patient to produce calm behaviour. Then the purpose was to induce an hypnotic effect, whereby the sub-conscious could be explored. Truth drugs were aimed at revealing the patient's personality and open up different 'portals of the mind'. No single drug has proved to be 'the royal road to the unconscious' and each patient requires individually tailored therapy. (Shepherd 2002).

7. HITTING ROCK BOTTOM - But There is Hope of Recovery!

Whilst a period of suffering from Writers' block may feel like a personal catastrophe, it is more usually a temporary blip in a lifetime's career. The sufferer's low self-esteem and sense of shame and isolation can be the launch pad for recovery and future achievements.

Vera Brittain (1933), the authoress who experienced Writers' Block, following her trauma of the deaths of both her fiancé and brother in the 1914-1918 war, eventually recovered. She wrote an outstandingly successful autobiography 'Testament of Experience' (1979) and 29 books in all.

The lives of many talented academics, composers and business managers, who encountered a time of the 'drying-up' of their creative work, bear the stamp of the intermingling of failure and success. Thomas Watson, the founder of IBM wrote:-

" If you want to increase your success rate, then double your failure rate. If you want to make it to the top, you have to fall flat on your face".

" Hope of recovery is no idle dream. Nothing gets a person noticed quite like a humiliating experience".

Clearly, from the discussion of the causes and sufferings associated with Writers' Block, this neurological malfunction is not a failure- but at the time it seems so and feels like it to those affected.

" Our culture admires a risk-taker who fails, more than a coward who never succeeds" says Justin Sewell, the co-founder of Despair.com, a spoof web site that champions corporate failure. Helen Kirwan Taylor (2003), in her review of failures and successess of internationally famous celebrities, argues that

" Failure either paralyses or it motivates". " Risk-taking brings failures and successes, frequently in the same person".

Post script.

Academics who undertake research and rise to the challenge of writing papers for a conference or learned journal are risk-takers. They don't settle for mediocrity and a safe environment. They risk their reputation and skills and have to be prepared to receive criticism and rejection from reviewers and their own peer group. Their creativity and professionalism drive them to pursue research and then to publish it. Small wonder that some suffer from 'stage fright' and a sense of failure if their nerve fails and their ideas and output dry up. Writers' Block can be a badge of courage and success, not the stigma of permanent failure.

The neurological network of the brain may have temporarily failed and be damaged. Evidence offers hope that the damage can be repaired by treatments advocated earlier. New linkage bonds and pathways between the neurons of the brain can be established. Thoughts can once more be translated into actions.

Sufferers from Writers' block may feel to have hit rock bottom, but there should be hope of recovery and future success.

REFLECTIONS FOR IMP RESEARCHERS.

1. The medical opinion that some sufferers of neuroses, such as Writers' block, show signs of living in the past and indulging in nostalgia (see section 2), as they reflect upon previous success, applies to several apparently healthy older members of the IMP Group.
2. Arising from the split in 1917 between the prestigious neurologists and the less well regarded psychiatrists (see Section 4), it is clear that senior professors should consult neurologists, if they have Writers' Block. The impoverished doctoral researchers will have to be content with treatment by psychiatrists.
3. It has been pointed out that some creative writers, when going through the effects of Writers' Block, tend to produce dull repetitive output. (see Section 2). However, there is clear evidence that healthy academics also turn up at conferences with papers that are equally dull and repetitions of former papers.
4. The description of a 'miracle worker' doctor treating a traumatised patient by using electrodes for electro convulsive treatment (ECT) (see Section 6.3) is vivid. This conjures up the image of David Ford advancing upon some student, who is suffering from Writers' Block. David is carrying a copy of his latest edition of 'Understanding Business Markets' saying "I have the cure, read my book".
5. On the topic of the conflict between self-image and reality (see Section 6.2), the author of this paper has been advised by his IMP colleagues that this applies to him. He should recognise that his self-image as an influential researcher and congenial companion is totally unrelated to reality. He has been advised that he is only tolerated because of his mental and physical frailty and his eccentric behaviour at conferences.
6. IMP conferences provide an ideal venue and occasion for dream analysis. (see Section 6.2). This is particularly true of those after-lunch track sessions when delegates lapse

into a comatose state. However, when dream analysis was tried on Peter Turnbull, the results were found to be unpublishable.

7. Truth Drugs (see Section 6.5) have never been popular amongst IMP researchers. They might reveal that some data presented in conference papers are figments of the researcher's imagination.
8. The section of the paper reporting on the treatment entitled 'Compassionate Understanding' (see Section 6.4) should be read by research supervisors in dealing with their research assistants and doctoral students experiencing difficulties when writing up their theses.
9. Judging by the variable quality of papers at conferences, year by year, which many of us produce, it is easy to identify with the concept of failure and success being within each individual. (see Section 7).
10. Mental and physical paralysis is a characteristic feature of severe cases of neuroses, such as Writers' Block. (see Section 2) It was strange to see how a large group of IMP researchers were also affected by a 'paralytic state' of mind and body as they tried to return to their hotel after the Annual Conference Dinner in Lugano. The cause of this has not been established!

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