Book Reviews

The Midnight Disease: The Drive to Write, Writer’s Block, and the Creative Brain.


Writers tend to have an ambivalent relationship with their own psyches. On the one hand, they secretly worship the sources of inspiration, which they believe to lie halfway between the inner child and some cruel repression. On the other hand, they want to know as little about them as possible, for fear that knowledge will trivialize the Muse, and silence her voice. This is a reluctance that came in focus for me years ago, when in the course of a study of creativity I contacted a few hundred eminent individuals and asked to interview them about the way they went about their work. While scientists readily agreed, many artists, and writers in particular, were less eager to discuss their working practices.

Saul Bellow’s secretary, for instance, replied to a request to interview his employer: “Mr. Bellow informed me that he remains creative, at least in part, because he does not allow himself to be the object of other people’s ‘studies.’ In any event, he is gone for the summer.” In a similar vein, Norman Mailer wrote: “I am sorry but I never agree to be interviewed on the process of work,” and he added cryptically: “Heisenberg’s principle of indeterminacy applies.” Such answers, typical of writers, were never given by busy scientists, even those of Nobel Prize stature. Scientists trust their lab equipment rather than a fickle Muse, and therefore are less worried about revealing—first and foremost, to themselves—how they go about their business.

Given this situation, what will writers make of Alice W. Flaherty’s The Mid-
night Disease? I would wager many of them will be drawn to it by fascination mixed with foreboding. What havoc might be wrought to their treasured imaginations by this book from a neurologist teaching at Harvard and Massachusetts General, a book that in its subtitle promises to enlighten the reader about “The Drive to Write, Writer’s Block, and the Creative Brain”? Could too much knowledge be a hindrance in this case? In my opinion this is not a trivial question. Understanding the mechanics of the creative process—especially in domains of creativity that depend so heavily on mental play with symbols, rather than on the manipulation of external reality—could easily demystify it to the point at which the writer may say, why bother?

Novelists and poets often draw their inspiration from events or ideas that are quite trite or mundane. Their genius resides precisely in their ability to distil commonplace human experiences into moving, memorable ones. Robertson Davies spent years writing a three-volume series of novels triggered by a single event he witnessed as a child, when one of his schoolmates packed a snowball around a rock and injured a friend with it. The focused belief that such a tiny seed could germinate into hundreds of captivating pages is difficult to sustain. Who am I trying to kid? Why would anyone want to read about this boring stuff? Even protected by a mystical belief in being called to translate for the Muse, it is difficult not to wilt when confronted with such questions. When a writer’s mind is teetering in doubt, it is not likely that information about the entwined strands of mental disease and creative writing will help the writer to persevere.

So too much information about the mechanics of the brain might have an inhibiting effect on the mind. But science must march on, even if in so doing it helps dry up the wellsprings of imagination. And if knowledge must be dispensed, Flaherty is better at imparting its potential poison than most. She rarely succumbs to the temptation to pathologize creativity, even as she rehearses the list of creative writers who suffered from manic depression or when she describes how the interest in language, the obsession with writing, and the sensitivity to one’s moods can all be traced to parts of the brain that are also active when various mental diseases are blooming.

In passing, Flaherty notes that manic-depression is also mildly correlated with socioeconomic status (prompting the perhaps irrelevant question, would I rather be crazy or poor?). It would have made the book more stimulating if she had pursued this lead and inquired into the ontological status of all these clinical labels. To what extent do they help understand behavior, and when do they give us information that confuses issues instead of clarifying them? Often the neurological analysis is interesting and appropriate—as when the author explores the possible roots of hypergraphia and its opposite, writer’s block, or when discussing the relationship of dyslexia or synesthesia to writing. But while these insights into the biomechanics of literature are intriguing, they do little to illuminate the mental processes—as distinct from those of the brain—that result in pages worth reading.
Despite relying a bit too unquestioningly on a neurological paradigm, Flaherty is a sensitive explorer of the vicissitudes of the writer’s brain in part because she has been there herself—as she often notes, she was devastated by a personal tragedy to the extent of falling into deep clinical depression, which in turn affected her writing in unexpected ways. The pages describing the phenomenology of her struggle are among the most moving and insightful of this rich and carefully crafted book.

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Learning from HIV and AIDS.
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After more than two decades since the initial descriptions of AIDS, there has been great progress in understanding the virology and immune pathogenesis of the disease. The development of effective antiretroviral therapy has outpaced the progress in antiviral therapy for other viral pathogens. HIV infection, however, continues to spread, here in the United States as well as globally. The characteristics of the epidemic are quite different across the world, with the populations at risk changing over time. A few countries have been successful in decreasing transmission, but astonishingly, the reasons for the success of these programs evade us.

One thing is certain: no country or group has conquered the disease or been able to halt the spread of this disease. Even in the United States and Western Europe, where antiretroviral therapy has significantly decreased the morbidity and mortality, the disease continues to spread. The CDC has reported that the incidence of HIV has increased in 29 states, and that over the last several years (1999–2002), the majority of newly diagnosed patients with HIV infection have been African Americans. Despite all the knowledge about the biology of HIV, its natural history, and modes of transmission, we have been unable to develop effective prevention strategies. Although many infectious diseases have been controlled by the development of vaccines, this is a modality that will not be available any time soon, and its promise may actually impede progress toward other preventive measures.

Learning from HIV and AIDS is an outgrowth of a U.K. BioSocial Society symposium held at the Institute of Education in May 2001. This conference was a