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## Understanding Writer's Block: A Therapist's Guide to Diagnosis and Treatment

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**Understanding Writer's Block: A Therapist's Guide to Diagnosis and Treatment**, by Martin Kantor. Westport, CN: Praeger, 1995. 195 pp. \$55.00 cloth. ISBN 0-275-94905-2.

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In September 1996, while this book was being reviewed, an Associated Press news item regarding the prolific writer Iris Murdoch was released:

At 77, after 26 novels, Dame Iris Murdoch has her first case of writer's block. 'I'm in a very, very bad, quiet place,' she said . . . 'I feel as though maybe the whole thing has packed up.' Doctors have been unable to find a medical reason for the block, Dame Iris said. Murdoch began her string of novels in 1954 with *Under the Net*.

Twenty-six published novels, spanning forty-two years, without once experiencing writer's block! Twenty-six published novels, spanning forty-two years, without once experiencing writer's block, until now! Equally remarkable statements, it is the latter that might be of particular interest to Dr. Kantor, a psychiatrist.

In his book, the author uses "writer's block" and "creative block" interchangeably and broadly applied: "Block is a relatively common disorder that affects the genius and the merely talented alike: the composer and the assembly worker, the painter of canvases and the painter of houses" (p. 3). Most examples of "block" cited, however, are drawn from the lives of writers, musicians and artists.

In writing about block, the author posits ten categories of mental and physical disorders of origin: Affective Disorder, Anxiety/Phobic Disorder, Conversion Disorder, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Schizophrenic Disorder, Sexual Disorder/Paraphilia, Personality Disorder, Substance Use Disorder, and Organic Disorder. Separate chapters are devoted to each, within which there is much descriptive material that might interest the casual and clinical reader, alike. Indeed, a strength of the book is in the description of the interrelationship between manifestations of block and disorders of origin.

The author hopes that clinicians, better informed about the concept, dynamics and treatment of block, will prove more sensitive to its presence, thereby reducing the chance of it being missed during assessment or treatment. He states:

Block can be covert/hidden because it is in its early, formative stages (preblock); because it is transient; because it is embedded in the art as distinct from in the artist; because it affects what we consider to be a

nonartistic skilled profession like law or business, or semiskilled profession like plumbing; because of poor insight on the part of the blocked artist, who might deliberately or unconsciously skew the history he or she gives the therapist away from block; because of poor insight on the part of the therapist trying to understand the artist; because it is acted-out interpersonally or professionally, say in derivativeness or plagiarism; and because it is not absolute, but relative (p. 117).

Undiagnosed, the presence of block might serve to prolong unnecessary suffering for the client, hindering or thwarting clinical efforts directed towards changing other aspects of functioning and life. The author notes that, professionally, some individuals who appear to be "misfits" might actually be blocked. Similarly, precipitous job quitting or changing of careers might indicate the presence of block.

At other times, what appears to be block might be otherwise: "Some artists think they are blocked when they are not . . . they are talented, but lazy" (p. 131). Sometimes it is a matter of unrealistically high self-expectations: "Even the most dedicated, talented, and hard-working artists should not expect themselves to work effectively nonstop. Creating is in general a discontinuous process" (p. 132). Hormonal imbalances or side-effects of medication might produce block-like symptoms, too.

The ten chapters on block and disorders of origin are four to eighteen pages in length, or a mean of about nine pages each. Some chapters seem spare. Given this, at least an already good working knowledge of essential psychopathology and its treatment is recommended for the clinical reader, even though the reading material itself is presented in a clear and straightforward style. Additional chapters are included on chronic, missed and false blocks, internal and external causes of block, and positive aspects of block.

With regard to the role of disorders of origin in manifestation of block, the author quotes Cancro (1985, p. 761) on the many block-like symptoms of depression: "Reduced capacity to experience pleasure (anhedonia), reduced interest in the environment (withdrawal), and reduced energy (anergia) . . . a loss of interest or pleasure in . . . [one's] usual activities." With anxiety, however, block might develop consequent to imaginary fears which become associated with the creative process: "Every creative act becomes an occasion for anxiety beyond what the actual circumstances warrant" (p. 45). Such might then progress into phobic-like avoidance. "The artist hesitates or refuses to venture out into the world of art just as the agoraphobic hesitates or refuses to venture out into the world of life" (p. 45). Then, too, block might result from anxiety induced by feelings of guilt originating in "existential conflicts, such as the one between writing something popular for money and something academic for glory" (p. 47).

Block manifested as avoidance might also be associated with a history of

trauma:

In blockage due to Posttraumatic Stress Disorder creativity slows or stops because the *act* of creating or the personal or professional *consequences* of creating are in themselves newly traumatic, or they revive one or more old traumas. Both new and old traumas stop creativity because they are painful; they make the creator feel helpless and afraid (p. 73).

For others, however, past trauma might actually foster creativity:

One artist said, in essence, 'I will create something beautiful to undo the feeling that my life has been one ugly traumatic incident after another, and to leave something behind to deal with the sense of meaninglessness that as a consequence I feel about myself, and my existence (p. 76).

Similarly, some symptoms of schizophrenia might impact positively upon creativity:

Thought content disorder such as paranoid and grandiose delusions can be inherently interesting. The thought process disorders of circumstantiality, tangentiality, and loosening of associations can facilitate the artistic development and elaboration of idea. Sometimes spillage of unconscious material looks like, and probably is, good poetry (p. 20).

Unfortunately, "for most schizophrenics, schizophrenia neither spares nor causes creativity. Instead, in most cases, schizophrenia causes the opposite of creativity: creative block" (p. 17).

Sometimes, a partial block might develop, an emotional or intellectual compromise that permits creative expression, albeit circumscribed. For example:

In the field of psychology, personologists, from whom we would expect the most human of revelations, can often instead do no better than write works notably free of humanity – turgid, cool scientific studies that view the individual not as a person but as a compilation of traits determined by answers to questionnaires (p. 92).

While the descriptive and diagnostic aspects of block were found informative, it seems that relatively less attention was given to its treatment. Basic, general treatment issues are presented, but a more detailed, dynamic presentation would have been appreciated. There is relatively little explication as to how the various types of block might be approached and treated differentially. For instance, in what substantively different way might the author conceptualize and work with a depressed client reporting block, than with a depressed client not reporting block? This reviewer would have welcomed the inclusion of a few, moderately long case studies, in elaborating upon a briefly outlined "new therapeutic approach (towards block)" proposed

by the author.

In outlining his "new therapeutic approach," the author encourages the clinician to adopt a warm, nurturing, sometimes "benign" attitude: "Blocked artists are really demoralized. They need to hear something good about themselves" (p. 167).

It is in the principles "Help the artist change his or her negative environment, when necessary" and "Teach the artist what he or she has to know to survive" that the author especially demonstrates his awareness of the crucial role social forces often play in block:

Learning about why critics and audiences mistreat artists can help the artist cope. No therapist can emphasize enough how jealousy is the real reason audiences and critics put artists down . . . So often critics devalue an artist's works as part of a process in which they are using the work as a stimulus for their own needs and fantasies (p. 172).

Most discussions of creative block emphasize internal over external cause. In particular they let society, its audiences, and critics off the hook as potential sources for creative block. By ignoring society's contribution to blockage, they make things worse for the artist because, by blaming the artist entirely for block, they add the element of external criticism to the already heavy burden of internal guilt (p. 137).

In artist abuse society mistreats its artists emotionally like some spouses mistreat their mates physically. Just as abused mates blame themselves for provoking their own abuse instead of blaming their mates for being abusive, artists, instead of blaming an unfriendly or openly hostile society, block, then blame themselves — citing their laziness or lack of talent (p. 51).

The author proposes a well-recommended corrective: "Though no artist writes entirely without an audience and critics in mind, most should give up their more unrealistic expectations of love and admiration from strangers and settle for inner rewards" (p. 161).

#### REFERENCE

- Cancro, Robert. 1985. "Overview of Affective Disorders." Pp. 760-763 in *Comprehensive Textbook of Psychiatry/IV*, edited by H. Kaplan and B. Sadock. Baltimore: Williams and Wilkins.