

## CORRIDOR OF UNCERTAINTY

## Diseases of the thesis

Chris Fleming

*An entire psychiatric manual could probably be written out of the tormented experiences of PhD-writers. Here Chris Fleming pulls up a comfy chair beside his couch, and outlines some of the telltale symptoms.*

I want to take some of your reading time to name and discuss some pathologies – mental illnesses – that are suffered by thesis writers, and writers/researchers more generally. I can't claim that this is an exhaustive typology; and even those that do get a mention are not yet recognised by recent incarnations of the DSM. That may have something to do with the fact that these illnesses are not unique to persons; although it might be stretching it to call them 'cultural', it seems fairly evident that they are not merely individual maladies. It is, however, part of a symptomatology common to them all to suggest just this to those afflicted – part of the disease, that is, is to believe that you are alone in having it (and perhaps also beyond cure).

Writing a thesis isn't always smooth sailing; indeed, there is an entirely legitimate place for anxiety, as it can inform us that something is wrong. It may or may not be the case that many geniuses are tortured – but we should be hesitant to, as a logician might, 'affirm the consequent.' That is, we shouldn't be looking to torture ourselves by virtue of some project of self-apotheosis. These aren't, then, Freudian reflections. Despite this, part of the cure here is simply in the naming. So let's go through them.

### 1. Fraud paranoia

This is one of the most common mental conditions in all of academia, especially amongst postgraduates. Most often, it sets in some time after their honours year and becomes increasingly difficult to dislodge. It is characterised by feeling that your intellectual ambitions amount to little more than an elaborate hoax designed to mislead people concerning your competence. In other words, you're a fraud and at any moment your cover will be blown and you'll be discovered.

Questions arise. How did you manage to fool them? How long will it take before someone pulls your mask off? How is it that you became an undercover agent for the ignorant in the corridors of knowledge? Sometimes you might even hope, perversely, that your cover is – or soon will be – blown.

*Suggested Treatment:* Understand that fraud paranoia is an occupational hazard of the academy. Like hypochondria, taking it seriously is not a step towards a cure, but a leap in the direction of madness.

### 2. Reading depression

One of the solutions – or rather, seeming solutions – to Fraud paranoia is the task of endless reading. Several things can happen here. You might be putting yourself into voluntary receivership during a late afternoon visit to Readings or Gleebooks during which you decide that you don't simply need to read a particular book, but the whole series of which the said book is but one part.

Or perhaps a casual visit to the library becomes an obsessive snatch and grab; you leave looking less like someone with reading material than building material – huge slabs from which you can build something (and perhaps you think you can). Reading depression might also be called – putting it in a somewhat more Biblical idiom – the 'Books to Babel Fallacy': a dire attempt to build a tower to heaven using reading materials. Good monotheists know how that story ends.

And you might have discovered by now that acquiring those seventeen books isn't actually an incentive to read them – any of them. You now realise that you thought the problem would be solved at the point of acquisition, predicated perhaps on a belief that mere proximity to books in a room could be absorbed by some mysterious process of osmosis. Who has not, at one time, breathed a sigh of relief after copying a long article, momentarily forgetting that one then has to read it, and feeling let down by the banality and drudgery of it all?

Now, this all seems to be produced by the vague feeling that you 'don't know enough' (indeed, this can grow into an almost zen-like absoluteness of a mantra like 'I don't know anything'). In its extreme stages, even this knowledge of not knowing anything gets swept aside – your Socratic knowledge of your own ignorance, a calm sea in an otherwise raging turbulent ocean,

is itself placed in doubt. Perhaps you conclude that you don't know whether you don't know anything and this too should be researched. But should you find out anything about this, you won't write about it. Your voice has been pre-emptively drowned out by all those books.

Reading depression can be triggered by many things – post-graduate research days, for instance, where someone during a break turns and says innocently 'have you read Jameson on that?', 'you must...' etc. There starts a furious and heated exchange of surnames – surrogates for the arguments they represent. (We witness here patronage under another name.) Reading depression is also brought on by the academic form itself: readings about readings; the mad pursuit of footnote-chasing, and so on. One startling ramification of reading depression is reading something which excites you is no longer a cause for celebration, but a catalyst for concern, even for panic. How could you have missed this? How many other articles like this are there out there? Has someone, in fact, already written your thesis without you noticing? (Ah, but this is quite another illness – to be discussed shortly)

### 3. Never-ending-story delirium

This malady is related to the previous condition – the immobility that reading depression can exert can lead to a state of hallucination. Rather than the kind of hallucination produced by sensory deprivation, however, this one is caused by sensory overload. It most often occurs in the second half of your candidature. One dark evening it will occur to you as some kind of divine revelation that you will never finish your thesis. From this moment of epiphany onwards your dissertation seems to become not so much a project as a life partner. More specifically, it assumes the troubling form of an annoying spouse – someone whom you once freely accepted into your life, but who now seems to engage with you chiefly by taking pot-shots at your self-esteem.

### 4. Motion sickness

Unlike the others, this relates more to motor abilities and is obvious only when sitting down in an attempt to work. To an observer, unaware of your condition, you look like you have sat on a sharp object. You may decide that the pain caused can only be relieved by a cup of tea, whereupon you return only to have your buttocks again meet the sharp object. Tea apparently didn't work. Perhaps cleaning everything in the house – including the dog – will work. Sometimes it does; often it doesn't. But of all researchers at your institution, at least you'll have the tidiest house. Perhaps.

There's a reason, in fact, why cleaning is appealing to thesis-writers, and indeed researchers generally. One of the common side effects of reading depression is placing books and articles

around your workspace/room/house to remind you to look at them. At some point, there is a (perhaps unconscious) recognition that you will never be able to look at them. But still, they sit there. They are now no longer reminders, but three-dimensional chastisements. More than this, they represent vast networks of undiscovered footnotes! Books aren't books, of course (to follow a typical semiotic kind of logic): they're icebergs.

### 5. Been there, done that illness

After a while you realise that you have 'already done' what you're writing about. How? You've been thinking about it interminably, and somehow thinking it through seems to substitute for actually writing it down. You're already finished with this stuff; indeed, you're over it. There's no need to write it down; perhaps this would even be an insult. From this point of (almost) confidence can come a savage dialectical reversal. The feeling that you've gone through it so much means that it's boring, banal, obvious (only to you, perhaps – but that's not how it seems to you). This condition is a natural precursor to...

### 6. Pre-emptive strike syndrome

As you glaze over your writing in the morning, it appears to you like teenage poetry you used to write drunk or stoned. But you weren't drunk or stoned. At this point you decide that you can't or won't share this dross. Why?

'It's not ready yet.'

And when the dreaded text is handed to the relevant party, it's immediately disclaimed. The candidate has taken upon themselves a kind of 'Depressing Master of Ceremonies' function; witness the sick candidate's commentary as work is passed to the supervisor and the progressive stages of the illness:

'This is a draft.'

'This is a rough draft.'

'A very rough draft.'

'A very, very rough draft.'

'This is crap.'

'I didn't write it.'

'I found it. Can you believe that?'

'I thought you might find it interesting.'

'Actually, you won't, I don't think. I didn't. Not sure why I'm showing you, actually.'

At all costs, avoid taking this pre-emptive strike position. Some people – even otherwise sensible supervisors – may start to believe you. But now we're getting into supervisory illnesses. And that will have to wait for another instalment.

*Dr Chris Fleming lecturers in philosophy at the University of Western Sydney. Although no longer writing a thesis, he still suffers from a variety of writing illnesses – and has all but given up the search for a cure.*