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A Comparative Content Analysis of Emily Dickinson's Letters

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Abstract

To investigate the relationship between creativity and mental illness, a computer content analysis of a random sampling of Emily Dickinson's (ED) letters and a selected sample of ED's "anxiety" letters were compared with speech samples from female subjects with panic disorder (n = 4) and speech samples from a female control group (n = 8). Although this can only be considered a pilot study, the findings suggest that ED's word profiles are more similar to the panic disorder group than to the control group. Limitations of this study (i.e., small sample sizes) and suggestions for future research are discussed.

Questions regarding the coexistence of creative genius and mental illness frequently arise in studies of individual artists, and rarely are these inquires more relevant than in the examination of the poet Emily Dickinson (ED). Now considered one of the greatest American poets, she wrote prolifically and is survived by 1,775 poems and three volumes of letters; yet, she was largely unpublished and unrecognized during her own lifetime (1).

The mental health of extremely talented, creative and intelligent people has long been a subject of interest and debate. It has been suggested that gifted individuals must often pay a correspondingly high emotional price for their talents. This view is supported by Andreasen's study that found a high rate of affective disorders in writers (2). Rothenberg, however, questioned the validity of Andreasen's study and emphasized the essential healthiness of creativity. He states: "Although creative people may be psychotic at various periods of their lives . . . they cannot be psychotic at the time they are engaged in a creative process, or it will not be successful" (3).

A contemporary view of mental health and creativity has been offered by Becker who discussed the intimate relationship between art and psychosis: "The road to creativity passes so close to the madhouse and often detours or ends there" (4). He goes on to offer insights that shed light on perhaps why ED's writing may not have been appreciated by the people of her time by proposing that artists are heroes who have the courage to offer a "peculiarly personal gift . . . which means that it is always aimed at least partly over the heads of . . . fellow men" (4).

ED was born in 1830 and spent her life in Amherst, Massachusetts, having an unremarkable childhood and adolescence for a girl in mid-19th-century New England

(1). By mid-adulthood, however, ED had begun to establish what would become a lifelong pattern of intense social withdrawal, prolific writing, and eccentricity (5). ED spent the last twenty years of her life essentially housebound, accepting few visitors, and rarely appearing in public (1). Rothenberg has stated that during ED's lifetime many of the people of Amherst assumed that she was psychotic or at least bordering on psychosis (3).

These ideas present an interesting framework for questions regarding the relationship between ED's mental health and her writing. Did ED have some sort of mental illness that contributed to heightened creativity? Did ED's abundant writing serve some sort of therapeutic self-treatment? ED remains an enigma today, shrouded now as she was then, in isolation and eccentricity, yet her enduring popularity as a psychobiographical subject is evidenced by the number of recent articles and books devoted to examining aspects of her personality, her artistic contributions, and her life (5,6,7).

Early interpretations of Dickinson's life and work were dominated by psychoanalytic thinking and are typified by John Cody's *After Great Pain* (8). Cody concluded that ED suffered from maternal deprivation and as a result, experienced at least one psychotic episode during her life. Cody also emphasized the role of the mysterious "Master" to whom ED wrote at least three letters and whose identity remains unknown today. Cody suggested that disappointment in love with "Master" probably triggered Dickinson's psychosis as well as her burst of creative energy between 1858 and 1863.

Many alternative explanations have been aimed at understanding ED's unusual behavior. Authors writing from a feminist point of view tend to minimize the importance of "Master" and also tend to deny pathological etiologies for ED's seclusion. For example, Bennet has emphasized the homoerotic and autoerotic qualities of ED's poetry and has suggested that ED's social withdrawal was a deliberate choice that represented her rebellion against a 19th-century male-dominated society (9). Similarly, Wolff has described ED's conflict as a lifelong struggle to pursue artistic endeavors within the evolving religious beliefs of Victorian New England (1).

Although it seems possible that ED chose her reclusive lifestyle for the sake of art, rebellion, or some other purpose, Kavalier-Adler has suggested less healthy motives: "When we look at the life of Emily Dickinson, we can see a withdrawal that goes far beyond that of the average artist. She created a total captivity in her own seclusion" (5). Other explanations for ED's social withdrawal have been offered by Shands who believed that she was narcissistic (10), and Hirschorn, who proposed that she was an incest victim (11).

Hirschorn has developed the incest hypothesis by suggesting that ED had sexual contact with her father and/or brother (11). He reaches this tentative but believable conclusion by comparing the Dickinson family profile with the modern incest family profile and also through interpretation of various poems and letters. Furthermore, he attributes her withdrawal from society to panic disorder with agoraphobia, which he suggests can be a sequela to sexual abuse.

The idea that ED had panic disorder with agoraphobia has also been suggested

by other psychiatrists (Sheehan, personal communication), and has been developed quite plausibly by Garbowsky, a recent Dickinson biographer (7). Garbowsky has examined the probable progress of the disorder, beginning with a letter written in approximately 1854 in which ED describes what may have been her first panic attack. This episode, which ED describes as "... My life was made a victim. I walked-I ran-I turned precarious corners ... I sought to hide ... I was scared so" (12), resembles typical symptoms described by patients diagnosed with panic disorder (13). Garbowsky's presentation of ED as demonstrating panic disorder and agoraphobia is exhaustively researched and intuitively convincing.

Although many studies have offered insight into ED's personality, most conclusions have been based on inferences about her poetry and letters, a process that often renders unreliable results due to the subjective nature of interpretation. To date, few empirically oriented studies about ED have been published. In an effort to produce objective and quantitative data, which would test Garbowsky's hypothesis that ED suffered from panic disorder and agoraphobia, the goal of the present study was to utilize a technique that is being used to lend validity to psychobiographical inquiries: computerized content analysis of language as a behavior of the subject. Two underlying elements of this method are that a person's latent characteristics can be inferred from the speech samples he or she produces and that the repetition or frequency of word themes provide a good index of the intensity of a characteristic or attitude (14,15,16).

Content Analysis

The idea that an individual's linguistic pattern constitutes a behavior that can provide diagnostic insight is relatively new (17). Weintraub has discussed how psychotherapists intuitively use verbal material from their patients to make inferences about dimensions of their personality; however, systematic investigations by clinicians have only begun to emerge over the last 60 years (17).

Numerous empirical studies have demonstrated a relationship between word choice and personality. For example, computerized dictionary systems designed for content analysis have been found to reliably differentiate schizophrenics from other psychotic and personality-disordered inpatients (18), somatizers from the depressed or medically ill (19), and paranoid from other psychiatric patients (20). Raskin and Shaw have used content analysis to demonstrate significant linguistic differences between subjects with high and low narcissism scores (21).

Though systematic studies utilizing content analysis have begun to accumulate, methodological limitations, such as varying categorical systems and differences in terminology among investigators, have made progress within the field slow (17). Furthermore, many studies rely on *DSM-III-R* diagnoses as inclusion criteria for group samples. Weintraub has noted a potential weakness in this approach because "certain diagnostic labels, like schizophrenia are so broad that they are applied to individuals of widely differing styles of thought and action" (17), therefore making group comparison and generalizability difficult.

Although it is not possible to apply a clinical diagnosis to ED since she is not

available for interviews and assessment, and "attempts to diagnose the dust are doomed" (6), the guiding hypothesis of this study was that she suffered from a cluster of symptoms that today are considered suggestive of the diagnosis of panic disorder with agoraphobia. To test this, a selection of ED's letters were compared to speech samples from female patients with panic disorder, as well as speech samples from a control group of female subjects with no previous psychiatric history.

Given the previous discussion and the lack of systematic studies that analyze the speech of panic disorder patients, we were hesitant to hypothesize that particular categories and themes would be distinctive for this group. Rather, an exploratory approach was adopted for this pilot study to examine the verbal behavior of panic disorder patients in comparison with ED's letters. Furthermore, it was hoped that by comparing the speech of panic disorder patients with ED's letters we might gain additional insight into the mystery of ED's seclusion and her personality.

METHOD

Subjects

Twelve females ranging in age from 24–57 were recruited to participate in this study. The first sample consisted of a group of four females diagnosed with panic disorder (mean age = 40, SD = 8.4 years, range 32–51) who were involved in therapy at an outpatient clinic. A control group ($n = 8$) with no previous psychiatric history was recruited through co-workers of the interviewers/authors (mean age = 36.6, SD = 11.4 years, range 23–57).

Procedure

After an explanation of the procedure was given to subjects, informed consent was obtained and the subjects were individually interviewed in a private office setting with only one interviewer. Subjects were asked to speak on any topic they chose for five minutes while being tape recorded, in order to obtain the recommended six hundred word speech sample. Subjects were also informed that the interviewer would not verbally interact with them. This procedure has been described previously by Oxman et al (22). The tapes were then transcribed and subjected to a computer content analysis program.

A random sampling of ED's letters (Letters #11, 22, 78, 199, 292, 334, 463, 519, 565, 731, 856, 920, 979) and a group of ED's letters that express "anxiety content" were also subjected to computer content analysis (Letters #154, 200, 202, 261, 264, 281) (12). In order to obtain the recommended number of words, ED's letters that contained fewer than 600 words were combined to produce a sample size that would be as close to 600 words as possible. This method produced a sample size of $n = 8$ for the random letters and $n = 5$ for the anxiety letters.

Content analysis was performed using the Hawaii Adaptation of Stone et al's General Inquirer Computer Content Analysis Program in conjunction with the Harvard-III Psychosociological Dictionary (16). The General Inquirer/Harvard III

arranges the words of a text sample into alphabetical order and removes suffixes from each word, which then allows the words to be classified into categories. The program groups approximately 5000 words (most of the words used in everyday speech) into 86 categories that cover themes such as psychological and behavioral processes, actions, persons, roles, and feelings. The main output of the General Inquirer/Harvard III program is listed as the proportion of words in each of the 86 thematic categories relative to the total number of classified words for the text sample.

This method of content analysis, which relies on redundancy and frequency of word themes, has been shown to be reliable because the computer will classify words exactly the same each time (23). For example, the word "queen" would be classified into 3 categories: female role, political, and higher status regardless of the context in which the word was used. Unclassifiable words that are not listed in the dictionary are also counted.

RESULTS

The randomly selected sample of ED letters ($n = 8$) contained an average of 563 words, $SD = 152$. Ninety-three percent of the words were classifiable by the General Inquirer/Harvard III. The Anxiety letters ($n = 5$) contained an average of 532 words, $SD = 143$, classifiable words = 91%. The speech samples of subjects with panic disorder ($n = 4$) had an average of 692 words, $SD = 200$, classifiable words = 95%. The control group's speech samples ($n = 8$) averaged 655 words, $SD = 160$, classifiable words = 96%.

Mean scores for each of the 86 Harvard III categories were calculated for all four groups. The 40 most commonly used categories (categories with a mean percentage frequency of 1.0 or greater) for each group were extracted and used to compare group differences and similarities in the following discussion. The results showed that 26 of the 40 most commonly used categories were utilized by all four groups (see Table 1).

Also, certain categories were utilized only by particular groups. In looking at categories specific to just one group, we see the random sample of ED letters contained only one distinctive category: bodypart (see Table 2). Themes appearing only in the anxiety letters were danger, fear, and sensory. Four categories that were utilized only by the control group were recreational, medical, action, and cause. The panic disorder group did not show any distinctive themes.

Comparing overlapping categories between groups (see Table 2) shows that the anxiety letters shared only one exclusive category with the panic disorder group: peer status. The random sampling of letters exclusively shared 3 categories with the panic disorder group: distress, sex, and urge. In looking at both groups of ED letters compared to the panic disorder group, we see that male role and affection categories occurred in all three of these groups but not in the control group.

In comparing both groups of ED letters to the control group, we see that all three groups commonly shared the pleasure and message categories while the panic disorder group was void of these themes. In summary, both groups of ED letters

TABLE 1.**Commonly Shared Categories Among All Four Groups**

Categories	
Self	Female
Time	Quantity
Other	Overstate
Accept	Ascend
Understate	Not
Space	If
Weak	Approach
Think	Strong
Family	Sense
Move	Communicate
Social Place	Reject
Academic	Selves
Ideal	Get

TABLE 2.**Comparison of Categories Among All Four Groups**

Categories	Random Letters	Anxiety Letters	Panic Disorder	Control Group
Male Role	2.62	3.44	1.8	0
Affection	2.88	1.82	1.17	0
Pleasure	1.25	1.16	0	1.11
Message	1.67	1.42	0	1.16
Religious	2.28	1.22	0	0
Authority	2.05	2.28	0	0
Ought	2.02	2.16	0	0
Higher Status	1.46	2.64	0	0
Death	1.16	1.62	0	0
Distress	1.11	0	1.2	0
Sex	2.15	0	1.17	0
Urge	1.36	0	1.75	0
Bodypart	1.2	0	0	0
Danger	0	1.86	0	0
Fear	1.4	0	0	0
Sensory	0	1.18	0	0
Peer Status	0	2.24	1.1	0
Medical	0	0	4	1.37
Action	0	0	0	1.22
Cause	0	0	0	1.17
Recreational	0	0	0	1.52

Note: Numbers reported in mean percentage frequencies.

shared a total of 6 exclusive categories with the panic disorder group and 2 exclusive categories with the control group. Finally, in looking at both ED groups compared to the panic and control groups we see 5 themes distinctive only to the ED letters: religious, authority, ought, higher status and death.

DISCUSSION

The results showed that there are categories in which Dickinson differed from controls but not from panic disorder patients. These are peer status, sex, urge, distress, affection, and male role. These themes may be specific to females with panic disorder and could reflect issues that are important to this population. A future study with a larger number of panic disorder subjects would be necessary to explain this finding and draw conclusions.

Some of the themes distinctive only to ED's letters (fear, danger, sensory and bodypart) suggest issues that may be important for some persons with panic disorder; however, they were not confirmed by our panic disorder patient sample. Nevertheless, these themes are in accordance with other hypotheses in the literature about ED. For example, Hirschorn, in discussing ED's poetry and letters, suggested that the "themes and images of sexual violation, brutality, shame, guilt, rage, rebellion against a seducing and rapist God, mental and physical disintegration—are all *consistent* with what a person who has suffered incest might express . . ." (11). At present, it would be difficult to test this hypothesis empirically, due to the sensitive ethical issues involved in recruiting incest victims as subjects.

The distinctive categories for the control group (recreational, action, and cause) seem logical in that they are action-oriented themes that could indicate normative functioning. Also, the medical category, which appeared only in the control group, seems logical since these subjects were recruited from people who work in a hospital setting. Many references to hospitals, patients, and doctors were made in the control group speech samples. For future studies, perhaps a group of female writers or poets with no previous psychiatric history would serve as a more appropriate control group.

The results indicate that while commonly used categories (i.e., self, time, quantity) seem to remain consistent over generations, there is a possibility that certain categories are specific to time and culture. Categories specific only to ED's letters—religious, authority, ought, higher status, and death—seem to reflect common facets of ED's everyday life in mid-19th-century Amherst, Massachusetts.

Wolff's biography of ED provides an excellent contextual description of the pervasiveness of sickness and death, the role of females and authority figures, as well as the religious climate during ED's era (1). Given the historical context during ED's lifetime, it is not difficult to understand why these themes are prominent in her letters but not in the panic disorder and control group subjects. Perhaps comparing writings from other 19th-century artists with present day subjects might further clarify the effect of these potentially confounding variables.

Additionally, the occurrence of the death category in ED's letters is consistent with previous studies that have addressed the persistent theme of death in her

writing. Grolnick noted that ED "... used the word 'grave' or a version of it 66 times in her poetry, 'death' 141 times and 'die' 94 times" (6). McDermott and Porter, in discussing the therapeutic efficacy of ED's "death poetry," suggest that ED was able to transform the concept of death into a real person, thus permitting readers to experience a coherent and often therapeutic encounter with the concept of death (24). The current findings lend further quantitative support to the idea that death was a pervasive theme in ED's writing.

LIMITATIONS AND CONCLUSION

Due to the small sample sizes, this study can only be considered a pilot study. More subjects with a diagnosis of panic disorder, more adequate control subjects, and a larger sample of ED's letters would be needed to perform psychometric analyses and draw conclusions. Furthermore, the validity of comparing written samples from one subject with speech samples of others must be tested.

Nonetheless, pursuing a future study on the relationship between panic disorder with agoraphobia and/or incest and creativity is important. Perhaps the turning inward on one's self to process anxiety or trauma is what led ED to write prolifically and also to have such an impact on readers. The value of using content analysis to assist in assessment of living individuals is an exciting, viable alternative for the future. If patterns of speech can be determined for specific groups (i.e., depression, panic disorder), then reliable diagnoses and thus, treatment, will be more likely. It is no more difficult to justify examination of the lives of historical figures, for their work is a legacy to be used for the benefit of succeeding generations. If it can be shown with any degree of certainty that ED was agoraphobic, then her poetry becomes potentially a very powerful tool. Indeed, the housebound victim of panic disorder might experience a shock of recognition and a decreased sense of personal isolation after reading the following stanzas:

652

A Prison gets to be a friend-
Between its Ponderous face
And Ours-a Kinsmanship express-
And in its narrow Eyes-

We come to look with gratitude
For the appointed Beam
It deal us-stated as our food-
And hungered for-the same

We learn to know the Planks-
That answer to Our feet-
So miserable a sound-at first-
Nor ever now-so sweet- (25)

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