

The Brain Is Wider Than the Sky: John F. McDermott on the Poetry of Emily Dickinson

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*The Brain — is wider than the Sky —
For — put them side by side —
The one the other will contain
With ease — and You — beside —*

—Emily Dickinson (632)

Evidence, speculation, and inspirational posters aplenty indicate that some of the most talented and well-known historical figures of art and science lived and worked with mental illnesses. From Isaac Newton to Virginia Woolf, depression to schizophrenia, history is littered with brilliant minds affected (or rumored to be) by mental disorders. Of course, because these famous individuals, often long dead, are unavailable for comment, scholars and enthusiasts look to what remains—bodies of work, letters, journals, family and local records—anything that might offer clues as to the lives they led and the state of their minds. This specialized work is often the result of cross-disciplinary collaborations or extracurricular undertakings—mental health professionals and art historians or literary theorists working together, dabbling in each other's arenas out of interest and curiosity.

None of this likely comes as a surprise, but what may surprise you is that one of these multidisciplinary dabblers was none other than the late John F. McDermott, Jr., MD. A renowned child and adolescent psychiatrist, Jack was a leader within the field, professor and editor emeritus, mentor, advocate, and friend. He was a longtime supporter and enthusiast for all things Orange and his dedication to the *Journal* and to mentorship contributed in no small part to the creation of an early-career position in his name on the JAACAP editorial board and to the launch of this publication.

The first time I (M.B.) read Jack's writings on Emily Dickinson, I could not help wishing that I had cited his

work in a paper I wrote in college on Dickinson's deeply rooted anxiety about death. Her great worries about eternity and the afterlife—being trapped, conscious, inside a tomb, and the great unknowability of Heaven—are the focus of just some of Jack's professional forays into literary theory. Through analysis of her poetry and letters, Jack studied Dickinson's mental health—her unease about death, her “nervous prostration,” and seasonal changes in her mood—and conducted the first quantitative data-based assessments of her writing.

The impression one receives of Jack through his work on Dickinson is that of a keen observer of the mind, who, expert in his field, has perhaps the best chance of glimpsing the turmoil within Dickinson while also marveling at the mastery of the craft evident in her work. In a paper examining Dickinson's account of her nervous ailment, Jack first traces the history of what was then called “nervous prostration,” from “nervous exhaustion” to “neurasthenia” to what we today recognize as a panic disorder.¹ He cites her evocative descriptions of her symptoms and the Dickinson family's apparent predisposition to anxiety. He also proposes a secondary condition of agoraphobia and speculates that it was perhaps this overpowering need to seek isolation that offered an opportunity for deeper exploration of the self, thereby transforming the illness into a sort of kindling for poetic inspiration. He further explored these ideas in a paper examining the relationship between Dickinson's anxiety and her creative output based on documented periods of emotional distress.² Noting her tendency to write far less in the winter months during the first phase of an 8-year period of productivity and then, following an emotional crisis, far more during a second phase of elevated activity and creativity, he concludes that a “bipolar pattern” is indicated.

The trope of the artist touched by madness is probably almost as old as art itself. But Jack was uniquely qualified to venture beyond this characterization to examine the intricacies of Dickinson's self-described affliction and the larger meaning for her poetry. He could apply his professional analysis of the patient's words, his broad knowledge of related medical literature, and his interest in poetry to delve deeper into the poet's mind, insofar as such a thing is possible a century after her death. The fact that his work on Dickinson was published in both literary and psychiatry publications is a testament not just to the relevance of his work, but to his skill merging the two fields.

"... poetry cannot be taken as autobiography [or] simply be used to project an image of the artist on a screen."

Jack's approach to Dickinson's poetry often injected a quantitative element into a discipline that tends to rely far more on subjective analysis. He employed computerized word content analysis, a technique more common in linguistics, to

explore the identity of the "Master" in the so-called "Master Letters,"³ and sorted poems by approximate date of composition to examine periodicity.² He used computer content analysis to assess the therapeutic value of Dickinson's death poetry, creating a visual representation of her word profile through category and mean percentage frequency. From this and his knowledge of contemporary patient accounts, he concluded that meditating on the topic of death seems to have given Dickinson a feeling of control over an ever-present fact of life.⁴ Jack's quantitative approach to Dickinson's poetry and life shed new light on old controversies and also shoved stalled debate out of its rut. Where before Dickinson scholars might rely on subjective impressions and comparisons of word choice, for example, to identify the Master, Jack approached the debate from an entirely different direction.

Just as Jack wrote, "... poetry cannot be taken as autobiography [or] simply be used to project an image of the artist on a screen," the same must be said for discussions of his work—they cannot encompass or hope to convey all that he was and did. Even so, Jack's Dickinson studies are illuminating, giving us new ways to consider her art and glimpse his extracurricular affinities and occupations. Perhaps that is the greatest lesson we can take away: that there is room in our lives and careers for both professional pursuits and personal hobbies and explorations, and that the work we love—the most passionate and rewarding—is often a blend of both.

Take Home Summary

- Make room in your life and career to pursue the things that interest you and about which you are passionate.
- Psychiatry has broad applications beyond the hospital, lab, and clinic.
- Think broadly about how your area of expertise might enhance understanding of issues in other disciplines.

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Disclosure: Ms. Murphy is a stockholder of Amgen, Celgene Corp, Gilead, AbbVie, and Merck. Ms. Billingsley reports no biomedical financial interests or potential conflicts of interest.



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