Trauma post traumatic stress disorder (PTSD) and the case of Vincent Van Gogh

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Abstract  Most of my patients are trauma survivors. Their symptoms of PTSD and resulting Dissociation are major indications of past events which have handicapped their lives, affected their attitudes, and shattered their personal equilibrium. Through comprehension and recognition of trauma, a better understanding and treatment of patients can be achieved. It is unusual for a patient who died 103 years ago to speak to us so eloquently for himself. However, through letters and paintings, van Gogh illustrates his own case in such an astonishingly vibrant manner that he leads us to a greater insight and knowledge of the damage caused by trauma. Although labelled as a mad and violent, schizophrenic genius, his symptoms were those of Dissociation caused by PTSD, and I would venture that his epilepsy was a direct result of syphilis and addiction to absinthe.

Introduction

Twelve years ago I travelled to Amsterdam to visit an extraordinary exhibition of the works of Vincent van Gogh. As well as liking and knowing his paintings I knew the prevailing opinion that he was schizophrenic, interned and comitted suicide.

Standing in front of a painting entitled ‘The joy of life’ I felt moved but could not explain the emotions overwhelming me. Seeing the open bible, unlit candle and closed book ‘The joy of Life’, I decided that there was more to van Gogh than the story I knew. I bought a collection of books of his life and paintings 3 years ago. Later I found a collection of his letters to his brother Theo.

My hypothesis that van Gogh was not schizophrenic, but traumatized, came to life. My awareness of PTSD was helpful in understanding his inner struggles. I became aware that his epilepsy and malaise were probably connected to syphilis. Though long denied by the family, this has been acknowledged recently.

In the introduction of a book by de Leeuw (1996) I found the following statement: ‘Throughout his life his letters bear witness to a man possessed, frequently agitated, enraged, dejected, but never deranged or emotionally or intellectually unstable’. He also wrote that van Gogh was treated for venereal disease during his stay in hospital in The Hague.

Van Gogh wrote (de Leeuw, 1996) ‘I can’t imagine the painter of the future living in small restaurants, sitting to work with a lot of false teeth and going to (cheap) Zouares brothels as I did’.

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Definition of trauma

Trauma is a nervous shock creating a stress response which leads to the disequilibrium of mind/body reactions. It produces unbalanced psychological responses and physiological symptoms. In other words: it is experienced personally as a life-threatening event.

Reactions can be disturbed sleep and nightmares, exaggerated flashbacks, avoidance of interpersonal relationships, and Dissociation which includes guilt, shame and troubled beliefs. It may also result in impairment of memory and concentration, high-level anxiety, depression, loss of confidence and awareness of Self.

All these symptoms prevent mastery of personal equilibrium. They are the body’s defensive operations to restore some form of balance and, principally, to avoid emotional flooding, and reduce inner disorganization.

Patients in a state of regression may be observed as behaving without adult thinking, of not being in the ‘here and now’. Often in autohypnosis, they frequently suffer from Dissociation. These symptoms can lead to an erroneous diagnosis.

The defensive control mechanisms created by traumatized people prevent them from mobilizing their Adult resources to overcome shock and suffering. It is important for psychiatrists and therapists to be aware of this, and not attempt to change patients’ archaic survival systems too soon.

Dr. Van der Kolk writes, ‘Traumatized people’s choice of defences is influenced by development stage, temperamental and contextual factors’ (Van der Kolk & McFarlen, 1997). He continues, “The memory of trauma is not integrated and accepted as part of a personal past. A person’s defences confirm certain long-feared beliefs rather than a new experience. Each new traumatic experience will kindle old memories.”

Van der Kolk claims that sufferers from PTSD are unable to process information on six critical issues:

1. Memories related to trauma, persisting and interfering with incoming information.
2. PTSD sufferers expose themselves, at times compulsively, to situations reminiscent of the trauma experienced.
3. They produce generalized and numbing responses to avoid trauma-related emotions and experiences.
4. They lose the ability to modulate their physiological responses to stress in general, thus reducing body signals as guides to help themselves.
5. They suffer from attention deficiency, become easily distracted, and lack stimulus awareness.
6. There are alterations in their psychological defence mechanisms, and a lack of personal identity, which are handicaps to the selection of relevant available information.

The intrusion of traumatic memories may be expressed in various ways: flashbacks, emotions of rage and panic, phobic symptoms, psychosomatic syndromes, feeling betrayed, accompanied by anger, as well as a sense of abandonment and helplessness.

Patients may also suffer from hypervigilance bordering on paranoia, startled responses, exaggerated restlessness, and automatic reactions of arousal which can also be sexual. Their world becomes increasingly unsafe in their internal body/mind experience; they are flooded with fear. Often, therapists are confronted with distortions in the processing of information—leading to misinformation. Regression and a longing to be taken care of are also observed.

This is the moment when it is essential for the therapist to explain Dissociation to enable the present Adult to conduct the noisy orchestra of panicking and hurting Parts. If the trauma is
related to abuse, issues of shame and guilt must be dealt with in order to reason with the Adult, rather than allowing the archaic Parts to assume responsibility.

Shame is the emotion related to a belief of being worthless and unloved. No other explanation is available to people suffering the stress of abuse, neglect and the violation of all essentials to human dignity.

And here lies a paradox—to feel shame is incredibly painful; but denial heightens shame and self-disrespect leaving the person vulnerable to further abuse. It can be one of the reasons for drug and alcohol abuse. All are taken to avoid the memories of trauma and feelings of shame.

Dissociation is one of the outcomes of trauma. It alters both inner and outside relationships, creating social problems. Through this mechanism traumatized people become rigidly fixated on the past, repeatedly fighting their inner battles. Their Dissociation is also expressed in psychiatric symptoms—phobias, depression, manic-depressive mood swings—among others.

It is not enough to merely uncover memories. Patients need to be understood by their internal Adult; they need to be integrated, expressed and understood as Child mechanisms of helplessness, passivity, resignation, and escape from life. With this understanding, memories can be relegated to the past instead of intruding into the present. When the Adult no longer identifies with Child emotions and past experiences of trauma, he/she recovers from feelings of shame and humiliation.

Traumatized people often show a lack of emotional attachment as well as an inability to separate. One traumatic event may superimpose on another creating a traumatic mountain which hides underlying issues from the therapist.

The question arises: Why are so many people attracted to sects or groups of religious fanatics, which embody collective rage and evil? Through my work with victims of the ‘Sect of the Sun’, I have observed trauma to be at the heart of repeated abuse, leading to further trauma. I have named this phenomenon attachment—to the abuse, or abuser.

Traumas can be classified as individual—such as abuse, an accident or hospitalization; and as collective—such as floods, earthquakes or wars. A later trauma may be superimposed on one suffered earlier, causing the victim to feel shame and disgust at their inability to prevent these experiences. The inner processes of Autoabuse, and identification with abusers, lead to additional expressions of violence due to rage and pain. Violence is often related to fear of abandonment as well as of sexual abuse; these are strong elements causing trauma.

Dissociation as another tool for the recognition of trauma

Dissociation is a normal response to abnormal situations of stress and trauma, as observed specifically in PTSD. It can result from wars, earthquakes, terrorism, hospitalization, death and every kind of abuse. There is a continuum of symptoms, from ‘going away in one’s head’, to extreme cases of Dissociated Identity Disorder (DID). At a given moment an archaic part may control the person’s whole personality. In the course of therapy, the age and origin of each archaic part can be identified. Such detailed identification cannot be made for van Gogh, but I can hypothesize through study of his letters and paintings.

Some authors define Dissociation as an unconscious mechanism in which a group of mental activities split off from mainstream consciousness, and function as separate units. Thus, they miss ‘normal’ developmental stages (Bryant, Kessler). Others define it as a repetition of internal family systems, and their pathological and healthy responses to abuse (Gould & Schwartz). Dissociation reflects a failure to integrate aspects of self-identity, memory and conscious awareness. Each Part appears with its age and history, its trauma and self-image.

To deal with trauma, our ego splits into Parts, defined by some writers as Psychological Personalities or Alters; I prefer the to use the term ‘Parts’. These Parts are interconnected to one another historically, but are out of conscious awareness.
I believe we all dissociate to some degree. It is a common reaction to crisis in anyone’s life, an action of withdrawal and denial that takes place internally and externally in the social world. Humiliation and shame are deep feelings of having been wounded, and Dissociation is the defence against the pain and rage caused by such wounds. It is like dying a smaller death to avoid a greater one. Hence unexpressed emotions are often denied only to reappear as inner repetitions of abuse—traumatizing Parts—creating inner wars, depression and deep feelings of shame. Some Parts are rescuers or advisers; some are persecutors or victims. They can represent outside people or invented people missing from patients’ lives. These imaginary people form internal realities necessary to the maintenance of survival.

Survival demands adaptation and expresses itself through Dissociation by splitting contradictory Parts into unconnected entities. The Adult cannot manage these Parts unless they are brought to conscious awareness. Switches between Parts occur when inner battles rage to avoid pain and shame, guilt and suffering.

Frequently, the inner wars between Parts can cause psychosomatic ailments, which may result in cancer, Crohn’s disease, as well as drug and alcohol addiction (Carl Simenton). Most causes of Dissociation are experienced as life/death issues resulting from traumatic events.

A person’s aim in therapy is to achieve inner peace. This requires awareness of their Dissociation, and the ability to consciously dissociate the past from present history, enabling the Adult self to lead to association and integration of all Parts.

The life of Vincent Van Gogh

Van Gogh’s trauma began on the day he was born, March 30, 1853. It was the first anniversary of the death shortly after birth of his elder baby brother, also named Vincent. Survival guilt haunted the young Vincent all through his life.

Dr. Hanus, psychoanalyst, wrote

A birth following shortly after the death of a child comes at a time when the work of grieving is not yet accomplished. Thus the new child becomes a ‘replacement child’, which sometimes carries the same given name as that of the dead child. This is a very heavy burden for the newborn to carry. He always compares himself with the image of the dead child, and has great difficulty in forming his own identity. These difficulties echo the parental guilt and the impossibility of the parents to escape the past. This situation has a severe influence on the future of the psyche of the ‘replacement child’. This should lead doctors not to encourage a quick second pregnancy, which is often done (Hanus, 1994).

Family history

Pastor van Gogh, the father, was a Protestant clergyman by his nature and profession in the small provincial village of Groot-Zundert. He was portrayed as amicable but without special gifts, helpful, good-tempered and considerate. The family was not well off. Anna-Cornelia, Vincent’s mother, was described as anxious and depressed, rigid, cold, and pious, a meticulous housewife.

How does the mind of a small child experience a depressed and anxious mother? What messages does he receive, interpret and live by? Vincent’s paintings and letters, particularly those to his brother Theo, answer those questions with astonishing clarity.

He grew up as the eldest surviving son, with two brothers and two younger sisters. The parents were well intentioned, but over-protective. They removed Vincent from school to be tutored at home away from the influence of ‘rough children’. At age 12, he was sent to
boarding school in Zevenbergen, returning home at age 16. The effect of this estrangement on
the boy is unknown. As was customary for his time, Vincent grew up quickly. At age 16, he was
expected to work and earn a living after his over-protective father had paid a large sum of
money to keep him out of the army.

The van Gogh parents harboured great expectations for their second Vincent, and described
him as a ‘problematic child’, uncommunicative and aloof, a nature-lover. His sister wrote that
even as a boy, he understood the ‘soul of flowers’.

Defined as a ‘stranger’ to his family and to himself, Vincent’s early symptoms of trauma
were expressed through Dissociation. This inner/outer isolation became a theme throughout
his life. The lack of a maternal bond of affection probably left an immense need in his archaic
Part for a loving attachment. Without this basis, essential to any growing child, attachment is
replaced by feelings and beliefs of abandonment and rejection.

Van Gogh wrote often of his youth as sombre, cold, sterile, under the influence of an
unspeakably cruel ‘black ray’ (depression), and his constant search for a ‘white ray’ (joy)
(Graetz, 1963). When early separation from Mother does not proceed in a harmonious and
reassuring manner, a strong element of fear—panic—is firmly installed in the child’s life. This
would seem to be the story of van Gogh’s life. His reactions to repeated childhood trauma
hindered the normal developmental stages to healthy adulthood.

His parents continually interfered and controlled his choices and decisions concerning
attachments to women, and work. The young Vincent reacted to his first-love’s refusal to
become engaged to be married by sinking into increased silence and dejection. He withdrew
still further, and eventually severed contact with home. The less the contact—the more
Vincent created an idealized image of his father. He wanted to become a minister and
preacher, like his father, seeking comfort in the love of God. But an element of divine
punishment was also a constant in Vincent’s outlook. He wrote to Theo, ‘Wings over life, wings
over grave and death…’ (Hulsker, 1985). This need to ‘fly above’ is very present in abused,
dissociated and traumatized people.

The struggle between the need for home and the desire for independence led to constant
conflict with his parents. Vincent left the job, with an art dealer, they had chosen for him
and felt deeply ashamed. He wrote to his brother, Theo, ‘I think it’s best to speak to nobody
about it, and act as if nothing has happened’ (Hulsker, 1985). His father wrote very critically
to Theo as well, ‘I have written to him [Vincent] again, no reproaches yet trying to open his
eyes to his own faults…will it be of any use?’ He added ‘We are bitterly sad’ (Roskill, 2000).
The greater the hurt, the pain, and the rejection, the more religious Vincent became in a
fruitless attempt to reach his father who wrote to Theo again, ‘Vincent’s letter is not one
which gives us pleasure…it makes us worry more and more. I fear he becomes altogether unfit for
practical life. It is bitterly disappointing’ (Roskill, 2000). The undeclared agenda of parental
expectations, heightened Vincent’s isolation, loneliness and rebellion, and sensation of
being unloved and abandoned.

When a child does not experience attachment to the parents, it is very hard to achieve
separation. Without separation, the child is filled with a sense of emptiness and loss. This
emptiness endures into adulthood and is manifested by a search to belong through introjecting
the Object—the Father—with the aim of relieving the loneliness. Thus, we see part of van
Gogh wanting to imitate and be like Father, and Grandfather, through studying for the church
in order to belong to the family. Human bonds, fidelity and friendship were Vincent’s life-
blood. The paradox and split lay in the fact that while seeking these qualities, he withdrew
from almost all contact. He expressed this in writing, proving once again the need to be
accepted and belong to a family system, ‘…It is my fervent prayer and desire that the spirit of my
father and grandfather [also named Vincent and also a clergyman] may rest upon me…that my
life may resemble more and more the lives of those named above’ (de Leeuw, 1996).
The greatest disappointment and pain came when, during his mission to Belgium, the church authorities rejected Vincent’s compassionate behaviour of feeding the poor, nursing the sick, and giving away his money to destitute miners. He gave all his possessions, and went about in a worn soldier’s coat, made his own shirts of old sack-cloth, wore no socks, and slept on the ground in a wooden hut. Vincent took the lives of early Christians as a role model which might be considered as self-punishment. ‘He actively lived as a saint and was as frugal as a hermit’ (de Leeuw, 1996).

Vincent saw himself as a failure, once again rejected because he could not earn a living, so important in his parents’ eyes. Parts of him turned that rage and pain against himself, and he wrote to his brother, ‘Theo boy, if only I succeed I might be freed from that terrible depression, and from torrents of reproaches’ (Roskill, 2000).

It seems evident that Van Gogh suffered from many symptoms of PTSD: insomnia, feelings of panic, anxiety, depression, self-doubt and fear. The lack of empathy and understanding by his parents were probably major sources of these problems. The family wrote, ‘We did everything to lead him to an honourable goal, he chooses ways that lead to difficulties’. And again, ‘It seems as if he deliberately chooses the most difficult path’ (Roskill, 2000).

His immediate reaction to family attitudes was to immerse himself in literature: the Bible, Shakespeare, French writing, and languages. Reading these books helped Vincent in the rebellion against his family, the church, and religion in general. An archaic Part did not believe that the father and mother would accept and respect him during his lifetime. In a letter to Theo, then in Paris, he said he wanted to get out of this ‘dreadful, very dreadful cage’ (Roskill, 2000). A cage was a symbol of his prison, defined as ‘…prejudice, misunderstanding, fatal ignorance, distrust and false shame’ (Roskill, 2000). He was ravaged by inner battles where some Parts refused attachment and love, while other Parts craved them. His Adult could neither understand the issues nor find options other than struggle, inner wars, depression, isolation and pain.

The revolt against the church was the beginning of Vincent’s separation from his family which he explained, ‘Religions pass but God remains. One does not need to look for Him; it is love for others…’ (de Leeuw, 1996). He began painting and drawing and therein lay his joy. But there was no desire to depict Christ, described as ‘the greatest of artists’, in his paintings. Instead, he wanted to paint the sun as creator, portraying ‘the resurrection and the life’. Thus, van Gogh developed into a new and spiritual man searching for his soul in order to overcome pain and suffering.

The revolt against prevailing conservative church practice were major topics in van Gogh’s life. He began by reproaching his father for Jesuitism, ‘…icy coldness, prejudice and narrow-mindedness, for not wresting with the naked truth. To believe in God does not mean. to believe all the sermons of the clergy, and the Jesuitism of the bigoted prudes with stand-up collars…To believe in God is to feel there is God…alive…with force, urging us to love more!’ (de Leeuw, 1996). There was awareness of another Part in him when he wrote, ‘I have taken my revenge on religion, by worshipping the love, which they call sin, by respecting a whore’ (de Leeuw, 1996). However, simultaneously other Parts believed that illness when it came was a punishment.

It may be assumed that Vincent searched for God as a Father-figure substitute to fill the loneliness, and that frequentation of churches differing from the family tradition was an attempt at separation from the van Gogh family. When asked, ‘How is it possible to go to three churches of such different creeds?’ Vincent demonstrated his beliefs by answering, ‘…in every church I see God, it is not really a matter of dogma, but the spirit of the Gospel I find in all churches’ (de Leeuw, 1996). We see here the beginning of the disenchantment and split concerning the church, the revolt against the family, but a need to hold on to his beliefs.

At home, there was constant criticism of Vincent by the church hierarchy, and others. He withdrew, ‘…not to hear or see those who call themselves civilized… Conventional morality in my
eyes is very wrong’ (Graetz, 1963). However, the greater the split between body and mind, the larger the spiritual man grew. Van Gogh ceased to rebel, but never became resigned to his condition.

The struggle between those Parts striving for life and those that wished for death to end pain and bring peace is repeatedly evident throughout van Gogh’s life. He asserted, ‘I am good for something, my existence is not without reason’ (de Leeuw, 1996). Another archaic Part wrote, ‘. . .the fault must be in me, not in circumstances . . .’ (de Leeuw, 1996)—a typical belief of people who have been shamed, abused and traumatized.

The absence of real professional help and guidance handicapped Vincent’s search to find himself and give meaning to his sense of suffering. He would have benefitted by being aware that past emptiness cannot be filled, but the present can. He described his Dissociation in the clearest clinical manner showing his Adult awareness, ‘I have a terrible lucidity sometimes when nature is so beautiful these days, and then I don’t feel myself anymore and painting comes to me as if in a dream . . .’ (Graetz, 1963). In the solitude of suffering, the archaic Part of his mind was flooded with doubts about his art and what is real life. From a psychiatric hospital, he asked Theo, ‘Is this suffering for long, for eternity, for ever?’ but another Part wrote, ‘. . .to be friends, to love, opens the prison’ (de Leeuw, 1996).

Clearly, he was writing from his Adult once again when he said, ‘I must once look into my own past for what might have been the cause that for years I have been in this story arid mood. . .it always becomes worse instead of better’ (de Leeuw, 1996). And again, ‘I feel hardened towards nature . . .people. They told me I was mad, but I myself felt I was not, because deep in me I felt my suffering and tried to remedy it’ (Hulsker 1985).

The popular assertion that van Gogh was ‘mad’ is debatable. His letters express a maturity, sensitivity and intelligence, far divorced from the diagnosed state of schizophrenia (de Leeuw, 1996). His will power was quite extraordinary. In 1870, at age 27, perhaps aware of his brief life expectancy due to illness, he allotted himself a maximum of 6 to 10 years to live (de Leeuw, 1996). Hence the drive to create as many paintings as was humanly possible. He said, ‘. . .my intention is not to spare myself, nor avoid my emotions’.

Survival was due in part to van Gogh’s ability to express himself through symbolic paintings which liberated his emotions, basically using his painting as a creative, therapeutic expression of his soul—a form of self-therapy for his inner struggles and painful emotions. ‘The world concerns me only in so far as I owe it a certain debt and duty . . .I have walked the earth 30 years and out of gratitude would like to leave some memento in the form of drawings and paintings to express genuine human feelings’ (de Leeuw, 1996).

Because of his ignorance of their nature, his epileptic seizures, which came without warning, terrified van Gogh. Medical texts describe one of the later symptoms of syphilis as epilepsy. It seems likely that Vincent suspected that he might be infected since Christine, the prostitute with whom he lived, was very ill. In spite of the tremendous inner conflict it created, van Gogh knew the decision to leave her was the right one; his belief was that through this relationship he would suffer misfortune (de Leeuw, 1996).

I know of no van Gogh biography which makes direct reference to syphilis. Only vague hints appear of an ‘illness’, although he was hospitalized in The Hague for venereal disease in 1882. My hypothesis that van Gogh suffered from syphilis is supported by evidence from his almost daily letters to Theo. ‘With this disease . . .many artists suffer mentally, Once you had the local disease you will never contract the same illness twice’ (Roskill, 2000), ‘The people around here, who are ill like me, told me the truth, one can be old or young, there will be always a time when you take leave of your senses’ (Roskill, 2000). Vincent decided, ‘. . .not to have contact with prostitutes’, yet soon after he wrote, ‘I would sooner be with a bad whore than alone’ (de Leeuw, 1996).

Syphilis was not only common among painters, writers and other members of artistic society who enjoyed the good times of 19th-century Paris, it was widespread up to the beginning of the
20th century. Certain estimates cite one-fifth, even a quarter, of the population as being affected with transmission through sexual contacts, heredity. The spirochete discovered in 1905 (Schaudinn & Hoffmann) and more or less successfully treated with arsenic (1907), bismuth salts (1923), was finally conquered in 1944 by penicillin.

In 1888, van Gogh left Paris for Arles from where he wrote to Theo, ‘I did the right thing coming south now, instead of waiting until the evil was impossible to remedy’ (Roskill, 2000). He made plans and sent invitations to share his life in Arles, his ‘House of Friends’, and to create an artists’ community to which he could belong. Gauguin, with whom he had long corresponded, was the only one to accept. Together, they were frequent visitors to brothels in and around rue Ricolets for ‘the purpose of recreation and work’ (Druick & Zegers, 2001). Gauguin was known to have syphilis and died in misery and isolation after a failed suicide attempt in the Iles Marquises (1903).

The very different personalities and needs of these two artists created conflicts. Gauguin was calculating, arrogant, narcissistic, successful with women, and had already sold some of his paintings—which increased Vincent’s insecurity, sense of failure and loneliness. He was nervous and ill with stomach and eye problems; he became stressed and drank a lot of absinthe. Gauguin left after 3 months and Parts of Vincent re-experienced ‘abandonment’ and rejection. His dream of creating and belonging to a community of artists had failed. One Part’s reaction was to revert to self-abuse by cutting his ear.

Once again, it is easy to see an expression of the Dissociation encountered earlier: an expression of his body/mind struggle. It has been suggested van Gogh adopted the local custom of bullfighters. When the matador kills, he cuts off the bull’s ear and presents it to a prominent lady. Perhaps Vincent identified with the condemned bull (Graetz, 1963), the result was internment in an asylum in St-Remy, and deep depression. A Part of him continued to revolt against religion, he was disgusted by the nuns who nursed him, ‘What annoys me is constantly seeing these good women who believe in the Virgin of Lourdes . . .and I am a prisoner under their administration . . .which willingly fosters religious aberrations. The right thing would be to cure them’.

Internment was experienced as shame and ‘an act of cruelty to lock up a man who has done nobody any harm’. The only treatment he received was food, and kindness. In a letter to Theo, March 1889, he wrote, ‘I seemed to see so much brotherly anxiety in your kind letter . . .My duty is to break my silence. I write to you in full possession of my faculties and not as a madman . . .This is the truth . . .On the signatures of a few people describing me as a man not fit to be at liberty . . .the Prefect gave the order to lock me up . . .I have much to reply to all that’.

Van Gogh struggled against illness by working like a Trojan to create and paint, minimizing the vicissitudes of his body by the power of will and belief in God. He was ashamed of his illness and of being interned in a mental hospital. In periods when his mind was clear, he showed maturity and the ability to analyse his state of mind with enormous lucidity. ‘When I came out of the hospital, I thought there was nothing wrong with me . . .only afterwards I felt I had been ill. When I am in a delirium and everything I love is in turmoil then I don’t mistake that for reality. I don’t play false prophet’ (de Leeuw, 1996). His letters show no signs of a disturbed
schizophrenic mind. He writes to Theo, ‘I am beginning to consider madness as an illness like any other.’ Nobody knows what he or others meant by ‘madness’ (de Leeuw, 1996).

Further on, he wrote, ‘I can’t be angry’ (Hulsker, 1985). It is impossible not to speculate whether depression and denial were not expressions of this anger. Yet, there is a change in acceptance of his state of health, and a sense that van Gogh is in control of his life again with the consolation of work, and religious thoughts of eternal life. ‘Seeing other epileptics lessens the horror and scare, once you know what it is and are conscious of your condition of being subject to attacks, then you do something yourself’ (de Leeuw, 1996). He seems to be aware of his needs when he says, ‘At times it’s not at all too easy for me to begin living again, for there remain in me inner despair of quite a big calibre. The best consolation is not remedy. . .[there] are still the deep friendships, even though they have the disadvantage of anchoring us more firmly in life, advisable in days of great suffering’ (de Leeuw, 1996).

From early childhood Vincent lived the injunction of ‘don’t live’ which was expressed in his struggle between life and death. One Part of him claimed the right to exist, another Part lived in despair and loneliness. An archaic Part never believed in parental respect and acceptance during his lifetime. He found himself in a double bind. Parts refused attachment and love—other Parts craved them. He was ravaged by inner battles. His Adult could neither understand the issues nor find options other than struggles, inner wars, and depression.

The struggle between those Parts striving for life and those wishing for death is seen repeatedly. His adult Part asserted ‘my right to exist’, and ‘I am good for something, my existence is not without reason’ (de Leeuw, 1996). Whereas archaic Parts felt a lonely despair which longed for death as a solution to inner pain. On the death of his uncle, van Gogh believed that ‘death unites the family and increases the bond’.

It is clear that he wrote from his Adult once again when he said, ‘I must once look into my own past for what might have been the cause that for years I have been in this arid mood. . .it always becomes worse instead of better’ (de Leeuw, 1996). And again, ‘I feel hardened towards nature. . .people. They told me I was mad, but I myself felt I was not, because deep in me I felt my suffering and tried to remedy it’ (Hulsker, 1985). Yet another archaic Part wrote with the typical belief of people who have been shamed, abused and traumatized, ‘The fault must be in me, not in circumstances’ (de Leeuw, 1996).

Vincent was handicapped by the lack of real professional help to guide his Adult to enable him to find himself, and make sense of his suffering. He received kindness and food as treatment.

From this internment until the end of his life, van Gogh marked this period with an immense production of paintings expressing his feelings and state of mind. Hospitalization added additional trauma and shame to his already fragile self. He wondered, as do other dissociated people, ‘is it fantasy, imagining or reality?’ Yet, at other moments, he claimed his right to exist, stating, ‘I am good for something’ (de Leeuw, 1996).

Although he hugely appreciated his brother’s support to the point of crediting Theo as a partner in creation, van Gogh would not allow his paintings to be exhibited while he was in a psychiatric hospital.

He could describe his dissociation in the clearest clinical manner showing us his Adult awareness, ‘I have a terrible lucidity sometimes when nature is so beautiful these days, and then I don’t feel myself anymore and painting comes to me as if in a dream’ (Graetz, 1963). In his solitude of suffering of the archaic Part, his mind was flooded with doubts about his life and art, and what is real life. In Adult awareness he knew, ‘. . .that one always loses when one is isolated’ (Graetz, 1963).

In the last weeks of his life, Vincent’s thoughts turned homeward to his life before the first onslaught of epilepsy. During his illness, he recounts seeing every room in the house in
Zundert:—the graveyard—the church—the flat countryside criss-crossed by canals beneath a lowering sky. To Theo he wrote of, ‘...a dream, a man with red beard and hair, who has damnable resemblance to you and me, he made me think of a poem by Musset: whenever I touched earth our unhappy man dressed in black came to sit near us and he looked at us like a brother’. It is as if this were a contact with the memory of that other baby brother (Graetz, 1963).

In a final letter to Theo, Vincent expressed the fragility of existence, their sombre past, and his life which was being ‘...attached at the very root’. I deduce that the ‘very root’ of Vincent’s affliction was irreversible brain damage, and the cause was tertiary syphilis.

Dr. G. Kraus described Theo’s state of health (Hulsker, 1985) as that of ‘chronic illness’ avoiding all reference to syphilis, but explaining that his had been a full life of ‘emotions, worries and exertion’. However, it is known that Theo died of syphilis, with symptoms of hallucination, over-excitement, lassitude, irritability, violence, depression, and fatigue. Vincent’s symptoms were extreme fatigue, excitability, hallucinations, irritability, self-violence, depression, stomach and eye problems and epilepsy. All these are recognized symptoms of syphilitics.

A few months after Vincent’s death, Theo, was laid to rest in the graveyard beside his brother—the bond unbreakable in death as in life.

The symbolism in Van Gogh’s paintings and its therapeutic significance

Van Gogh’s painting was an expression of his inner struggles, emotions, beliefs and struggle for life. That he felt ordained to be an artist was expressed unconsiously in the painting of a man with an easel The Road to Tarascon or The Painter on His Way (Arles, August 1888). It portrays a lonely man and his shadow on the road to his destiny.

His letters showed that through his creativity, he searched for the Ideal Self as a means to express his true emotions. His self-portraits are like mirrors reflecting his hidden Parts, enabling van Gogh to see himself, face-to-face, in his struggle for consciousness and wholeness.

Van Gogh used nature to represent his beliefs. For example, in one painting there are two beautiful trees and next to them a lonely naked tree, a symbol of his broken heart. In others there are broken stems and sun flowers (various paintings, Arles 1888) expressing inner struggles and images of himself. His landscapes, too, are not reflections of the eye, but actual experiences of a human being. There is one painting, The Bible and Zola’s Joy of Life, (Nuenen, October 1885), of an open Bible next to a closed volume of Zola’s La Joie de Vivre, with an unlit candle nearby. This was executed after his father’s death, and demonstrates that parent’s traditional stance and condemnation of the pleasures and exuberance of life. In a letter to Theo, the artist wrote, ‘The conventional morality in my eyes is very wrong’ (Graetz, 1963).

Another constant theme found in his work appears to express his archaic and unfulfilled needs as a baby, for contact with the mother. The Birds Nests (Nuenen, 1885) personifies the home he sought. One version of La Berceuse (February 1889) shows a solitary figure, but in another she holds a baby. Both could symbolize maternity and the cravings of a lonely child for mother love. Van Gogh never found the ‘nest’ or home he lacked, and wrote, ‘...and feeling nowhere myself but a stranger in a family and country’. The need of this ‘stranger’ was constant change and movement in the search for himself, in the quest for a haven.

In February 1886, Vincent moved to Paris to be nearer to his brother. Each assumed the role of father to the other, creating a symbiotic relationship, a lifelong dependency, with the brothers entertaining ambivalent feeling towards each other. In turn, this created bad moods and neurasthenia. Theo was unable to sell any of his brother’s paintings. The atmosphere became unbearable leading to crisis and recognition of their inability to live together. Vincent’s response was to move south in search of the sun and nature.
The move to Arles was a physical separation from his brother, and not without emotional upheavals as the artist admitted. ‘I am not an adventurer by nature, or by choice, but by fate’ (Graetz, 1963). The choice of Arles symbolized the sun, light, and hope. Van Gogh wrote to Theo ‘When I left Paris quite heartbroken, nearly alcoholic, hardly able to keep my head up, and no longer daring to hope. Now from an indistinct horizon comes hope. This love is light of the world in which we live, it is the light of man’ (Graetz, 1963). Van Gogh’s central desire was to illuminate his inner ‘darkness’ with light. Yellow was his colour of hope. However, it is a fact that absinthe consumption affects vision and tends to make people see bright yellow.

He wanted to paint life and suffering, his own and that of the people. He identified with miners and their burden, with farmers and their hardships. Van Gogh’s painting The Potato Eaters (Nuenen 1885) was made after his father died. It depicted the dark, stressful life of peasants, who were nevertheless a family united under a glowing lamp. The Two Shoes (August 1886) much worn down, were a symbol of old attitudes.

The conflict between the burden of the past and the need to move towards life is expressed in his picture of a bridge The Drawbridge (Arles, 1888). It is a link between two sides, but van Gogh fears to cross it. ‘If I were without your friendship, I would be remorselessly driven back to suicide’ (Graetz, 1963). Vincent wrote to Theo, but his dependence on the friendship and financial support added to feelings of shame, and led to regression. In spite of his despair, the epileptic attacks accelerated the need to paint, and to hold on to life.

It is characteristic that van Gogh’s painting of The Sower (inspired by Millet, June 1888) was created in a mood of hope, it was one of his most important themes; but of his canvas The Reaper (after Millet, 1889) he wrote, ‘The subject was beautiful and simple’ yet in it he saw, ‘a vague figure struggling like a devil to come to the end of his task’. He believed ‘painters don’t reap’ (Graetz, 1963). ‘I see him in the image of death’, the opposite of The Sower, but continued, ‘There is no sadness in death. In broad daylight with sun flooding everything with the light of pure gold…’ (de Leeuw, 1996).

Van Gogh saw death as a liberation from suffering. He had renounced the dream of a ‘nest home’, and hopes for family, and fellowship in a community of painters. His drawing of Christine, with whom he was living, Sorrow (1882), showed his identification with sick and suffering prostitutes. To Theo he wrote, ‘I wanted to express something of the struggle for life. . . Often when I walked the streets, lonely, forlorn, half ill, in misery, without money in my pocket, I looked at them and envied the people who could go with them. I felt as if these poor girls were my sisters as regard to circumstances and experience in life. . . This is an old feeling in me and sits very deeply. . .’ In another letter he questioned, ‘. . . Is it wrong that these human feelings were not extinguished or deadened within me, and my sorrow awoke within me a need of sympathy for others?’ (Graetz, 1963).

As van Gogh’s illness advanced, the rage to live enabled him to create Starry Night (St Remy, 1889). Experts consider this his most powerful, imaginative, visionary painting. Inspired by a deeply spiritual, religious mood, it shows, too, an extreme sublimation of a life of frustration and pain. Describing this painting he wrote, ‘. . . Often it seems to me that the night is much more alive and more richly coloured than the day’. On consideration, that is a strange remark from somebody searching for sun. Yet, Country Road by Night (May 1890) is an example of how difficult it is, sometimes, to distinguish between van Gogh’s sun and moon—especially when there are two focal points of light. The paradox lies between darkness and light: symbols of an inner mood and death, and brightness and sun: both symbols of hope. Van Gogh extended beyond his personal misery and reached the inner Association which led him from darkness to light, as symbolic to him as a resurrection.

The news of the deterioration of Theo’s health and financial situation discouraged Vincent. I understand this as his archaic Part feeling once again a sense of insecurity and foreseeing a hopeless deprived future threatening his reason for living. Yet, the more his body failed, the greater was van Gogh’s need for emotional and spiritual unification. ‘Though I fall 99 times, I
shall stand the 100th’ (Graetz, 1963). That sentiment and belief was amply proved by the painting to celebrate the birth of his nephew, also named Vincent, *A Sprig of Almond Blossom* (February 1888) depicting the hope of Spring.

Towards the end of his life, van Gogh suffered a whole range of symptoms typical of a syphilitic patient: personality changes, irritability, violence, fatigue, elation/depression, seizures, impaired memory, confusion, problems of vision (keratitis). The syphilis must have reached his brain increasing the frequency of epileptic attacks; after one of these he attempted to poison himself by swallowing a number of paints.

In 1885, beside his father’s deathbed, Vincent uttered the words: ‘*Dying is hard, but living is harder still*’. The challenge was living, yet he did not fear death. When his time drew near, he wrote, ‘*The prospect grows darker, I see no happy future at all*’. And just before his death, completely lucid and with Theo beside him, the two brothers talked about their childhood. Vincent said, ‘*I wish I could go away like this.*’ (peacefully, close to each other). He died minutes later.

Convinced that ‘...the essence of art is to strike man in a later century...’ Vincent van Gogh clearly achieved his desire. All his paintings tell us what he could not otherwise express to enable himself to be understood, loved and respected. In the 18 months before his death he painted 300 canvasses and many hundreds of drawings. His true family was his art; through which he was raised beyond ego, beyond formal dogma, poverty and humiliation.

Today, Vincent van Gogh belongs to that community of artists of which he had dreamed, after a short and tragic life, a journey of self-discovery.

**References**

Gogh seinen eigenen Fall in so erstaunlich dynamischer Art, dass er uns zu großer Einsicht und großem Wissen über Trauma - bedingten Schaden führt. Obwohl er als verrücktes und gewalttäsiges, schizophrenes Genie abgestempelt wurde: seine Symptome sind die von Abspaltung verursacht durch PTSD und ich möchte die Behauptung wagen, dass seine Epilepsie direkte Folge von Syphilis und Absinth – Sucht war.