



## Special Communication

## The cultural context of diagnosis: The case of Vincent van Gogh

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## ABSTRACT

Hardly anyone has been posthumously diagnosed as much as Vincent van Gogh. This article does not attempt to add yet another illness to the long list, nor indeed to make any definite statement about the 'right diagnosis'. Rather, it attempts to place the diagnoses actually made during his lifetime into their historical and cultural context. It examines how these diagnoses were imbedded in the medical paradigms popular at the time, and how these paradigms in their turn relate to the general cultural context of the era. It also shows how the 'patient' reacted to the diagnoses presented to him and to the underlying medical paradigms. Those who give diagnoses and those who receive them are involved in the same cultural context, taking for granted the medical fashions of their times, including the biases incorporated in them.

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## 1. Introduction

This exercise assumes that, to a significant extent, medical diagnoses are not made in a cultural void. Especially in psychiatry, where hard criteria and possibilities of objective tests are lacking, the general and medical cultures have a substantial role to play. This is illustrated in the van Gogh case, in two conflicting medical paradigms. The first paradigm focuses on the concept of "larvate epilepsy", interpreted within a pessimistic theory of degeneration, a highly popular view in Vincent's time [1]. Although environmental influences (notably alcohol misuse) are important at the outset, the illness is held to be hereditary. Moreover, degeneration is inevitable, not only on the individual level, but also over generations, leading to dementia at a young age in further generations. This view is associated with the doctors who treated Vincent in Arles and St. Remy.

The second paradigm focuses on the concept of "circular melancholy" [2], with debilitating mood states alternating with complete remission. It holds that hereditary factors play a role, but that environmental factors can influence the development of the illness. A complete cure is rare, but so is complete degeneration. This view can be distilled from the work of Vincent's last doctor, Gachet, who treated him in Auvers. Both paradigms hold that there is a link between 'madness' and 'genius', making them very relevant for Vincent van Gogh.

Even the rather modest undertaking attempted in this article is confronted with difficulties. First of all, direct evidence is scarce. We have, at our disposal, only a handful of tiny reports made by some of Vincent's doctors during his lifetime: Dr. Urpar from a hospital in Arles and Dr. Peyron from a mental institution in St. Remy. Of Dr. Rey, who as a resident physician in Arles, played an important role in the months of Vincent's first hospitalizations, no notes remain. The same holds for Vincent's last physician, Dr. Ferdinand Gachet. To get some impression of his medical paradigm, we can, however, refer to his thesis on Melancholy [3], written some thirty years before Vincent became his patient.

The lack of notes from the responsible physicians can, to some extent, be compensated by the extensive letters written by Vincent and some remaining letters by Theo van Gogh. Obviously, these give a personal rather than a medical view. That gives them the added value of indicating how the 'patient' and his 'relevant others' perceived the illness. How did they react to what they were told by the responsible physicians? Were they aware of their diagnoses and did they share their underlying medical view? Given the hype which the unfolding psychiatric approach became in the 19th century, the intellectually and culturally aware van Gogh brothers had at least a vague knowledge of the medical and underlying cultural paradigms popular in their days. Vincent devoured the books of Zola, inspired by Lucas' views on the hereditary nature of mental illness. The van Gogh family corresponded with surprising openness about 'their' illness. Not only Vincent but also Theo and his sister Wil were dramatically afflicted by what they called 'melancholy'. Theo ended his life in a Dutch asylum, after a severe attack of mania only months after his

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brother's suicide. Wil was hospitalized for 40 years, and their younger brother committed suicide in South Africa. That is, four patients in one family with serious afflictions. This makes their correspondence, in which they exchanged notes on their illness, even more moving.

## 2. Shifting cultural paradigms – religion and science, optimism and pessimism

Nineteenth century France was characterized by shifting paradigms, by partially overlapping, often conflicting worldviews which influenced the understanding of emotional disturbance and its link to 'genius'. On the one hand, religion was still dominant. It had even undergone a period of restoration after the Revolution and the Napoleonic wars. On the other hand, the scientific worldview proliferated into a number of theories influential not only among experts but also among the general educated public. It was the time when Darwin's *Origin of Species* challenged the religious creed of creation. Adam Smith and John Stuart Mill established economics as a science. Neurology found its founding father in Hughlings Jackson.

In post-revolutionary France, a new arm of medicine was developed by the alienists, physicians who hoped to deal in a rational and humane way with those considered alienated from their true selves. Here, the roots of psychiatry were thrust into fertile soil. This was the time of great men such as Pinel and Esquirol who were renowned far across the French borders. Esquirol, like Pinel, believed that the origin of mental illness lies in the passions of the soul and was convinced that madness does not fully and irremediably affect a patient's reason. These developments were, to an important extent, inspired by a belief in progress, which had developed in France in the latter part of the 18th century as part of the Enlightenment. Condorcet, even when imprisoned by the Terror, had given mankind a "Sketch of the historic progress of the human mind", in which he promised "le perfectionnement réel de l'homme" [4].

However, this new creed underwent a heavy beating during the Napoleonic wars; in France, where disenchantment and defeat led to a pessimistic and fearful attitude, theories of decadence and degeneration could thrive. Affiliated with this was the Romantic Movement, which stood for the value of the irrational in the face of science-led progress. It focused on the arts and on the role of the emotionally authentic and eccentric individual: the 'genius'.

## 3. Nineteenth century French psychiatry

We must not forget that in van Gogh's lifetime there were no doctors specialized as psychiatrists. Care for what we would now call 'psychiatric patients' was in France the calling of the 'alienists', humane medical doctors who concentrated their efforts on 'alienés', patients mentally estranged from their proper selves. In a sense, French alienists can be considered as the founding fathers of psychiatry. The debate on insanity among physicians in 19th century France was both original and influential throughout Europe. It is worthwhile then to ask the question: by whom, by which theories were Vincent's physicians influenced? What was the meaning and background of the medical terms they used? What were the assumptions behind their diagnoses and prognoses?

The medical debates in 19th century France were not firmly grounded in empirical evidence. On the contrary, medical theses were voluminous cultural and historical essays, going back at least to the ancient Greeks. Medical doctors dealing with psychiatric patients were given to produce extensive treatises, over a wide range of psychiatric symptoms and disorders, covering millennia, discussing the illnesses suffered by the greats over the ages. That in itself is part of the French medical culture of the time. *The Study of Melancholy*, the doctorate thesis of Vincent's last physician, is a good example [3].

The nineteenth century was a golden age for French psychiatry, in which several highly motivated men made their mark on medical practice and the theory of insanity. Known as 'alienists', they were

determined to help those who had become alienated from themselves. During the Revolution, Philippe Pinel, the father of French psychiatry, helped free patients from their chains. He had been won for psychiatry when a friend developed a nervous melancholy that developed into mania and resulted in suicide. After the fall of the Jacobin dictatorship, he presented his psychologically oriented humane approach [5]. His successor, Esquirol [6], as well as Vincent's last doctor, Ferdinand Gachet, were raised in the same tradition [3].

Melancholy was a core concept of 19th century medicine. The term melancholy had been used in a medical sense to denote a grave humoral or mood illness in Classic times, and it held this meaning in Northern Europe from the 12th to 19th century. Melancholy designated a hardly bearable emotional state, pointing to suicide. It was a grave illness of the soul or psyche. We must realize that when Gachet writes about melancholy and when Vincent converses with his siblings about melancholy, they are referring to a hardly bearable affective illness and not to a light nostalgic mood to which the term has since then come to refer. The serious mood state called melancholy was considered to be caused by both hereditary and environmental factors. Since Aristotle, melancholy was coupled to, or even seen to include enthusiasm, ecstasy, or even mania, signifying an episodic bipolar, circular illness. This idea resurfaced in the late 19th century, for instance in a prize-winning essay by Ritti, on the clinical treatment of madness with a double or bipolar form [2].

Halfway through the 19th century, another school of thought was gaining ground. It stressed the role of hereditary elements in mental illness: Prosper Lucas emphasized the importance of genetic factors, in a work [7] which influenced both Darwin and the writer Zola. Bénédict-Augustin Morel incorporated this view into a popular degeneration theory, in which mental deficits of parents were inherited by their offspring, ultimately resulting in early dementia [8].

All the works mentioned above were far reaching, encompassing treatises, dealing not only with many aspects of mental disorder, but also with the culture as such, preferably going back as far as the Greeks, and looking forward to a sunny or indeed a dismal future, not only of psychiatric patients, but also whole nations, even of mankind as such. They contained, next to observations of actual patients, speculative vistas, which escape empirical proof. In that sense, they resembled the primarily religious worldview, still held by many in post-revolutionary France.

## 4. Vincent's religious/artistic worldview – sorrow as sacrifice

Vincent came into contact with the medical world rather late in his life, when his nervous problems had been troubling him for at least a decade. His father attempted to make him see the Dutch doctor, Ramaer, when he was 27 and perhaps even enter the mental colony of Gheel,<sup>1</sup> – then known internationally for its humane approach. This met with his son's fierce opposition. It was not that Vincent refused to accept his illness. He simply interpreted his nervous problems in another way: in terms of the Bible. In the years of early adulthood, he gave his recurrent sadness a religious meaning.

"I am grieved, but it's a godly sadness ..." [9] 090

He immersed himself in a dark Puritan strain of Christianity, rather more fundamentalist than the milder Reformed Christianity of the Dutch Reformed Church he had been brought up with. Perhaps his pathological sense of sorrow and guilt made him embrace religion in the extreme way which even his father, Reverend van Gogh, found hard to understand. He had already given visual expression to this connection between sorrow and salvation in 1882.

<sup>1</sup> The New York Times, October 13, 1875 – *Lunacy abroad, a colony of mad men, the Belgian town of Gheel*; article describing how patients live with villagers, living as normal a life as possible. [http://query.nytimes.com/mem/archive-free/pdf?\\_r=1&res=950DE4DB133BEF34BC4B52DFB667838E669FDE&oref=slogin](http://query.nytimes.com/mem/archive-free/pdf?_r=1&res=950DE4DB133BEF34BC4B52DFB667838E669FDE&oref=slogin) Later, Theo mentioned Gheel in a positive sense to Vincent, "There is Gheel in Belgium but I don't know how one gets admitted there." Theo to Vincent 22 January 1890.

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