

## Van Gogh: Meniere's Disease? Epilepsy? Psychosis?

*To the Editor.*—Arenberg et al<sup>1</sup> have presented a convincing argument that Vincent van Gogh suffered from Meniere's disease. They conclude that we should "forever banish the notion that he was. . . 'mad.'" A substantial body of data<sup>2,3</sup> and my own research<sup>4</sup> contradict this opinion.

Arenberg et al substantiate their view by suggesting that van Gogh cut off part of his ear in a vain effort to remove unbearable tinnitus. Although Meniere's disease is common, few resort to such self-mutilation. It seems probable that other factors were involved. Indeed, van Gogh was under great emotional stress at the time. He had been living in Arles (France) with Gauguin. Their relationship had been deteriorating rapidly. Following a particularly fierce argument, Gauguin stormed from their house, and van Gogh chased him, threatening him with a razor. Van Gogh returned home, cut off part of his ear, and presented it to a prostitute. It seems implausible that such behavior was *only* an effort to end tinnitus.

Several other aspects of his life point to psychopathology: (1) all that we know of his childhood indicates that he was a difficult, isolated, and lonely child; (2) at age 20 years, he developed the first of many serious depressions when his amorous advances were soundly rebuffed by a young woman (this was repeated twice more when other romantic advances failed); (3) when he was aged 26 years, he fled all attachments and disappeared for 9 months; (4) his only relatively sustained attachment was to a diseased, pregnant prostitute—this relationship was filled with tension and ended after several months; (5) from age 20 years on, he was unable to keep any job, generally because of his vile temper; and (6) at times, he lived in unheated huts, slept on straw, and refused to wash or change clothes for weeks at a time.

There is more, but it is clear that van Gogh's demanding and aggressive be-

havior provoked constant rejection, and this resulted in intrapsychic turmoil and serious depressions. He regularly attributed his misery to his terrible loneliness.<sup>5</sup> There were also frequent periods when he would work ferociously, not eating or sleeping for days.

Many of his symptoms antedate indications of Meniere's disease. Although Meniere's symptoms explain some of his emotional upset, this is by no means always the case. Moreover, van Gogh's six discrete crises and suicide all correlate with disruptions in important relationships.

A letter cannot provide full documentation, but van Gogh's life demonstrates a complex interplay of biologic, psychological, and interpersonal factors that coalesced to create his multifaceted pathology. When he felt abandoned by those he counted on, he fell into emotional turmoil. This interacted with biologic difficulties, probably including bipolar (manic-depressive) disorder and Meniere's disease, and frank symptoms resulted. It also seems likely that when his medical illnesses became worse, his psychiatric status deteriorated.

This "case" underscores an important lesson: we should not rely on simplistic explanation for any illness in any patient. Rather, we must take adequate account of all elements of the biopsychosocial model, and our interventions should address each factor.

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1. Arenberg IK, Countryman LF, Bernstein LH, et al. Van Gogh had Meniere's disease and not epilepsy. *JAMA*. 1990;264:491-493.
2. Lubin A. *Stranger on the Earth*. New York, NY: Holt Rinehart & Winston; 1972.
3. Nagera H. *Vincent van Gogh: A Psychological Study*. New York, NY: International Universities Press Inc; 1967.
4. Baker H. Vincent van Gogh: self object factors in motivating, facilitating, and inhibiting creativity. *Prog Self Psychol*. 1990;6:189-215.
5. *The Complete Letters of Vincent van Gogh*. Greenwich, Conn: New York Graphic Society; 1959:3

*To the Editor.*—Arenberg et al<sup>1</sup> contend that Vincent van Gogh had Meniere's disease and that tinnitus drove him to cut off his ear and commit suicide. The evidence they bring forth is anything but convincing. A thorough, unbiased study of the extant documents proves that van Gogh did not have a serious ear problem of any kind.

In Meniere's disease, tinnitus and hearing loss are present continuously

and increase during attacks of vertigo. Patients having distressing tinnitus will describe their sensations repeatedly using words like humming, roaring, hissing, and whistling to make others understand what they are enduring. As an example, Martin Luther,<sup>2</sup> who actually suffered from Meniere's disease, used half a dozen different words to describe his tinnitus.

Van Gogh was a brilliant letter writer capable of poetical diction. In all his letters,<sup>3</sup> however, there is only one passage indicating auditory sensations (B 592, May 25, 1889). These were present only during the attacks and characterized as strange sounds and voices. He does not once mention any auditory sensations between the attacks or a hearing impairment at any time. Also, his relations and friends in their correspondence never reported that he had complained of ear noises or other ear problems.

After the attack on December 23, 1888, in which he cut off his ear, van Gogh in his numerous letters did not offer the explanation that he had been driven to this desperate deed by tinnitus. He had no explanation for it. On January 9, 1889 (B 570), he told his brother, "What I fear most, is the sleeplessness." There is no mention of tinnitus.

In St Rémy (France) in the summer of 1889, van Gogh was enchanted by the sound of the cicadas (B 599, 603), made a drawing of them, and wrote to his broth-

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