

Opinion

Vincent Van Gogh, attachment theory, and borderline personality disorder

Hugo Andre de Lima Martins¹ , Elaine Machado Chagas² 

¹Unidade do Cérebro, Surubim, Pernambuco, Brazil
²InTCC Rio, Brazil



Hugo Andre de Lima Martins
E-mail: hugomt2001@yahoo.com.br

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Marcelo M. Valença

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Abstract

Vincent Van Gogh is one of the greatest artistic geniuses of all time. Since childhood, he showed personality traits of marked emotional vulnerability, which, associated with a rigorous and distant parental education, made the artist develop a severe emotional dysregulation. The attachment theory involves the idea that a reliable and loving person is available and offers answers to the individual, providing a feeling of security that strengthens their relationship. One of the fundamental assumptions of this theory is that early relationships established with the primary caregiver during childhood affect the attachment style of the individual throughout life. Children deprived of adequate socio-emotional stimuli may have disabilities in several areas of the affective life, including interpersonal relationships. The transaction between a temper with accentuated neuroticism and a high degree of environmental invalidation during childhood explains the severe psychopathology of Van Gogh. Borderline personality disorder (BPD) is characterized by a pervasive pattern of instability in emotion regulation, impulse control, interpersonal relationships, and self-image. Among the nine diagnostic criteria of BPD, the first one is associated with the belief of abandonment and rejection. In this article, important facts from the childhood of Van Gogh were explored, which may explain why the painter had a difficult life in emotional and behavioral aspects.

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Vincent Willem Van Gogh is undoubtedly one of the greatest geniuses of Western art. In less than one decade, he produced an astounding number of masterpieces. The extremely troubled course of his life and his tragic and mysterious death attracted more attention from researchers than his legacy as a brilliant artist. Since childhood, the poet of the sunflowers presented traits of exacerbated neuroticism.¹

An excerpt from his biography says, “Vincent turned into a grumpy and naughty boy. The process initiated early, with temper tantrums that deserved special attention in the family chronicle. Losing patience in one of these unbearable attacks, Vincent's paternal grandmother, who had raised eleven children, gave him an ear flick and kicked him out of the room. He appears in family records as stubborn, disobedient, hot-tempered, difficult to handle, weird, odd-mannered, impertinent, and with a difficult temper. On his side, Vincent felt frustrated, estranged, and rejected”.²

This feeling of abandonment was intensified in 1864 when his father put him in a boarding school for a better education. However, Vincent felt an enormous loneliness that devastated him. Twelve years later, he wrote to his brother, Theo, that this was the emotional touchstone of his life.¹

Van Gogh never was comprehended by his mother. He was always eccentric, which bothered her because she had a very conservative view of the world. She criticized everything about him and thought his artistic pretensions were vagrancy. She also accused Van Gogh of deliberately causing suffering to the family for being who he was.¹ Moreover, his mother discarded all the paintings he left at home as garbage and treated the paintings he gave her later with complete disregard.¹

When he was hospitalized in the last years of his life, his mother never visited him. Even after the death of Van Gogh, when he became famous, she continued to consider his art ridiculous.¹

Van Gogh never understood the rejection of his mother. Sometimes, he would vent in anger, saying that she was bitter. Other times, he blamed himself for being a strange person, who only brought losses and heartaches. Even though Van Gogh felt abandoned and rejected by his mother, he never stopped trying to gain her approval. At the end of his life, he painted a portrait of his angry mother from a photograph (Figure 1).¹



Figure 1. Portrait of the Artist's mother, 1888.

The maternal grandfather of Van Gogh, Willem, died because of a mental disorder. He had a daughter named Clara, who also had a mental disorder, and a son named Johannus, who committed suicide. The mother of Vincent was Anna, the middle child of Willen.¹ Surrounded by a father and siblings with severe mental disorders, Anna grew up with a dark view of life. As a result, she had a childhood of fear and fatalism. According to Anna's words, the world was a bad place, and the worst should be expected.¹ Thus, Anna grew up with a very pessimistic view of the world¹ and probably used excessive worries as a cognitive strategy for coping with problems.²

After leaving home, Van Gogh and his brothers had trouble dealing with emotional issues; some had catastrophic results.¹ Not just Van Gogh, but his brothers, were completely invalidated throughout childhood because of their emotions. Not a single moment of joy was lived in their home without the mother drawing attention to the dark side of life.

Van Gogh and his brothers grew up with a deep fear of failure and a sense of guilt. Everything was sinful and forbidden in a family in which the father was a religious preacher, and the mother was extremely bitter, conservative, and with a high degree of neuroticism. These may have contributed to the illness of the children.¹

The attachment model that an individual develops during early childhood is profoundly influenced by genetic and mood factors and how primary caregivers (parents or responsible guardians) treat the individual.³

Bowlby's theory emerged from observations during World War II, in which children deprived of a socio-emotional stimuli developed deficits in relationships. This is the central idea of the theory and contrasts with the previous predominant idea that child development depends almost exclusively on intrapsychic dynamics.⁴

John Bowlby considered attachment a basic mechanism of humans (i.e., a biologically programmed behavior), such as sexuality and feeding. The role of attachment in humans involves the knowledge that a caring person is available, offers answers, and provides a feeling of security that strengthens the relationship. The search for proximity would be an innate or instinctual mechanism of affective regulation.³ Therefore, one of the basic assumptions of this theory is that early relationships established in childhood with the primary caregiver affect the style of attachment of an individual throughout life.⁵

Borderline personality disorder (BPD) is a severe condition characterized by a pervasive pattern of emotional instability, impulse control, interpersonal relationships, and self-esteem. It is a psychiatric condition commonly associated with a high degree of biological vulnerability and childhood adversities, characterized by severe emotional dysregulation.^{6,7} One of the most prominent symptoms of BPD is the fear of abandonment and rejection, the first diagnostic criterion for this condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which leads to serious social difficulties (Table 1).⁸

Table 1. Diagnostic criteria for borderline personality disorder.

1. Frantic efforts to avoid real or imagined abandonment (Note: do not include suicidal or self-mutilating behavior covered in the criterion 5).
2. Pattern of unstable and intense interpersonal relationships alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, and binge eating). (Note: do not include suicidal or self-mutilating behavior covered in criterion 5).
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked mood reactivity (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger, or difficulty controlling anger (e.g., frequent displays of temper, constant anger, and recurrent physical fights).
9. Transient, stress-related paranoid ideation, or severe dissociative symptoms.

The fear of abandonment in BPD is attributed to an insecure attachment style, in which primary caregivers of the child do not offer adequate care and affective supply associated with a high internal sensitivity of the individual; therefore, predisposing to fear of rejection.⁸

Social exclusion is negatively perceived by most people and stimulates the same brain areas of physical pain. Although rejection sensitivity is one of the main symptoms of BPD, it can be present in other psychiatric conditions, such as social anxiety disorder and avoidant and dependent personality disorder.⁸

In addition, the belief of abandonment in patients with BPD is associated with suicidal behavior and self-mutilation (Figure 2). In December 1888, Van Gogh cut off his left ear; the episode was associated with a poor prognosis of his disorder.⁹

Recently, doubts have been raised about the cause of death of the artist;¹ however, the most accepted story is that he died from an infection in the abdomen caused by a gunshot wound as a result of suicide attempt. Approximately 75% of individuals with BPD attempt suicide, and 10% die by suicide.¹⁰



Figure 2. Self-portrait with bandaged ear, 1889.

The transaction between a mood with accentuated neuroticism and the high degree of environmental invalidation in childhood explains the severe psychopathology of Van Gogh.¹¹ Further studies must focus on this period of his life, which is fundamental for a complete understanding of the severe course and outcome of his illness.

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