



# Vincent Van Gogh: A Negative Result from his Modern Suicidal Profile Assessment

**Krier L\* and Arenberg IK**

Killing Vincent Project, USA

**\*Corresponding author:** Leon Krier Ph.D, Chief of Research, Killing Vincent Project, USA,  
Email ID: kalekr@gmail.com

### Perspective

Volume 8 Issue 1

Received Date: January 24, 2023

Published Date: March 08, 2023

DOI: 10.23880/ijfsc-16000289

### Abstract

Killing Vincent Project (KVP) Team evaluates Vincent van Gogh’s ‘Suicide Profile’ while living in France, namely, Arles, St Remy Asylum, and Auvers-sur-Oise Profile utilizing the C-SSRS (Columbia – Suicide Severity Rating Scale). This evaluation of Van Gogh indicates that there were some risks factors and concerns for suicide in Arles and St Remy Asylum; however, while living in Auvers-sur-Oise, the C-SSRS evaluation reinforces that Van Gogh was living an extremely productive artistic life, doing a painting a day with breakthrough originality. There were no further vertigo attacks; he expressed no suicidal ideation nor gestures or self-injurious behavior. While in Auvers-sur-Oise, Van Gogh had become emotionally settled, found love, and was becoming a recognized breakthrough artist. KVP’s C-SSRS evaluation indicates a ‘negative suicidal profile assessment’ in his last 70 days. Therefore, it is reasonable to conclude: Vincent van Gogh did not commit suicide.

**Keywords:** Suicide; Murder; C-SSRS Evaluation; Yes; No

**Abbreviations:** KVP: Killing Vincent Project; C-SSRS: Columbia-Suicide Severity Rating Scale; GSW: Gunshot Wounds.

### Life, Love & Death ...The Suicide Profile of the Murdered Vincent Van Gogh

How do you cover-up a murder?

Declare that the victim of the murder committed suicide!

This is tragically what has happened to Vincent van Gogh. His death has been historically shrouded in the false narrative that he committed suicide as a ‘martyr’ for his art. Confronting this myth and providing a contemporary forensic analysis of the death of Van Gogh has been the unrelenting goal and herculean task of KVP. The goal of this article is to

continue that commitment by establishing that Vincent van Gogh did not and could not have committed suicide based upon his suicide-profile evaluation utilizing the C-SSRS (Columbia - Suicide Severity Rating Scale).

This C-SSRS evaluation continues the research of KVP that has been dedicated to addressing the life, love and death of Van Gogh from a contemporary forensic, medical and psychological perspective, offering alternative viewpoints to long held false narratives that amount to, nothing less than, created mythology, such as: “Van Gogh... a mad artist, a suicidal-martyr for his art.” KVP’s commitment has created revealing perspectives regarding this universally famous and beloved artist, not only for his art but for his courageous struggle with diverse mental and medical issues. Before addressing the C-SSRS evaluation of Van Gogh, the following is a brief history of KVP’s landmark achievements updating

and correcting our understanding of Vincent van Gogh and his many nefarious misunderstandings.

In July, 1990, JAMA, Vol 264, No 4: 491-493 *Special Communication: Van Gogh Had Meniere's Disease and Not Epilepsy*, Arenberg, IK, Countryman, LM, Bernstein, LH, Shambaugh, Jr, GE challenged the traditional diagnosis of epilepsy given to Van Gogh by Dr Theophile Peyron, director of the Saint-Paul-de Mausole Asylum, Saint Rémy de Provence.

In 2018, *Killing Vincent: The Man, The Myth and The Murder* (second printing 2019), Arenberg, IK. Nostradamus and the Three Maestros Productions, LLC set forth the known facts about the death of Van Gogh, arguing that Van Gogh's death was not suicide but murder. "He did not shoot himself in the belly...of all places."

In 2020, American Journal of Forensic Medicine & Pathology, Vol. 41. No 4: 291-298, *A Reevaluation of the Death of Vincent van Gogh*, Arenberg, IK, Di Maio, VJM, Baden, MM presented modern gunshot forensic evidence, with at least 50% medical probability, that the wound Van Gogh suffered, resulting in his eventual and painful death, was not the result of a self-inflicted gunshot wound.

In 2022, International Journal of Forensic Sciences, Vol 7, Issue 1, *Autism Added to Behavioral Profile of Vincent van Gogh*, Friedman, S, Krier, L, Arenberg, IK diagnosed Van Gogh with Autism Spectrum Disorder especially Asperger's contending that ASD/Asperger's could provide diagnostic clarity, given the 30 plus different diagnoses attributed to Van Gogh over the years since his death. ASD provides a contextual framework for relating to these multiple diagnoses that Van Gogh was not "mad" or insane as has been asserted but suffered from a very high functioning form of autism, so he appeared very unusual.

In 2022, International Journal of Forensic Sciences, Vol.7, Issue 4, "Systemic Septicemia Overwhelms Late 19th Century Non-Lethal Abdominal Gunshot Wounds (GSW) in Two Failed Assassination Attempts," Arenberg, IK, Ferraro, B, Krier, L proposed that both President James A Garfield and Vincent van Gogh died from non-sterile medical interventions and not from the non-lethal wounds themselves.

In 2023, *Love and Murder: The Last Days of Vincent van Gogh*, Arenberg, IK. Nostradamus and the Three Maestros Productions, LLC set forth in greater detail the circumstances and motivations leading to the murder of Van Gogh, an honor killing evolving from the unmasking of three portraits he did of an alleged "peasant girl." It revealed the portraits, all done in one week, a month before Van Gogh's murder was his doctor's daughter, his lover, Marguerite. A definitive

resolution to the question: "Who done it and why!" is fully delineated.

## Goals

Consistent with this KVP history of providing a contemporary perspective of critical issues regarding the life and death of Vincent van Gogh, the goals of this article are as follows:

1. To create a suicide profile assessment of Van Gogh for the period between December 1888 to July 1890 while living in Arles, Saint-Remy-de-Provence, and comparing it to the Auvers-sur-Oise period by utilizing the C-SSRS (Columbia – Suicide Severity Rating Scale).
2. To establish a distinct and determinative difference between the mental status of Van Gogh during the Arles/Saint-Remy period and that of Auvers-sur-Oise.
3. To argue that the Auvers-sur-Oise period not only does not provide evidence of suicidal ideation, let alone gestures or a definitive plan with a time frame but that it was a time when Van Gogh finally calmed down, found love, achieved some of his most sublime masterpieces, and realized the most productive and creative period of Van Gogh's ten-year artistic career.
4. To definitively challenge the false suicide narrative that has remained prevalent in many academic discussions despite the forensic evidence indicating murder, not a suicide.
5. To conclude that the traditionally accepted suicide narrative as the cause of Van Gogh's death is a false narrative and brilliant coverup story for a homicide to protect the perpetrators! It is simply unsubstantiated conjecture, lacking critical data and analysis to now support a lucrative Van Gogh market mania. Suicide is no longer a viable perspective regarding the death of Vincent van Gogh.

## Autism Spectrum Disorder & Suicide Risk

South, Costa and McMorris have documented that among individuals with ASD there is three times higher rate of suicide attempts and deaths compared with the general population across all age ranges, beginning from age ten years. Furthermore, there is a higher incidence among autistic girls and women than among boys and men. Of further concern for our clinical understanding of Van Gogh is that the risk for suicide attempts and deaths is higher for those individuals diagnosed with additional mental health issues, particularly anxiety and affective disorders [1].

Addressing Van Gogh's ASD and suicidal risk is essential to his twenty-first century mental health profile and therapeutic intervention. To assist in this analysis, the C-SSRS (Columbia – Suicide Severity Rating Scale) is utilized. This tool is commonly used by emergency personnel and

clinicians in more controlled environments. It has a simple format, a set of questions to guide intervention.

### C-SSRS Evaluation Questions

- **Question #1: Wish to be Dead**

Have you thought about being dead or what it would be like to be dead?

Have you wished you were dead or wished you could go to sleep and never wake up?

Do you wish you weren't alive anymore?

- **Question #2: Non-Specific Active Suicidal Thoughts**

Have you thought about doing something to make yourself not alive anymore?

Have you had any thoughts about killing yourself?

- **Question #3: Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act**

Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)?

What did you think about?

- **Question #4: Active Suicidal with Some Intent to Act, without Specific Plan**

When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?

This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.

- **Question #5: Active Suicidal Ideation with Specific Plan and Intent**

Have you decided how or when you would make yourself not alive anymore/kill yourself?

Have you planned out (worked out the details of) how you would do it?

What was your plan?

When you made this plan (or worked out these details), was any part of you thinking about actually doing it?

These questions offer a critical context for evaluating Van Gogh's suicidal risk factors during the final two years of his life as studied above. This assessment will be dependent upon his letters, both written and received, eyewitnesses, and medical professionals of his time.

#### Question #1: Wish to be Dead

Have you thought about being dead or what it would be like to be dead?

Have you wished you were dead or wished you could go to sleep and never wake up?

Do you wish you weren't alive anymore?

On December 23, 1888, Vincent van Gogh (subsequently referred to the more personable "Vincent") had an extremely volatile encounter with Paul Gauguin which resulted in the

mutilation of Vincent's left ear.

There is a legitimate issue as to whether Paul Gauguin was the cause of this mutilation [2].

Regardless, it raises the questions: what was the degree of intent for self-harm? Was this a latent suicide gesture? Was it a symbolic wish to be dead? Therefore, a clinician must evaluate not only the implications of this violent gesture but the contextual circumstances as well. To what extent was his abuse of alcohol, especially absinthe, causing neurological impairment and its behavioral consequences? Was this mutilation associated with his subsequent nineteenth century diagnosis of epilepsy or his twentieth century diagnosis of Meniere's [3]? These issues raise the question as to whether it was a rational, thoughtful, deliberate act with possible latent suicidal ideation with accompanying gesture or whether it was a strictly impulsive act subsequent to a volatile emotional situation exacerbated by alcohol abuse. This evaluation leans in the direction of an unplanned, emotional, and irrational act exacerbated by alcohol abuse. Unless, it was Gauguin who did the mutilation as an expert swordsman when they were both inebriated prior to Christmas 1888.

In March 1889, his friend, Paul Signac, visited Vincent in Arles. Signac wrote to Theo of this visit. It has an ironic twist to it, namely, how normal and healthy he perceived Vincent to be, and yet, refers to Vincent's bizarre desire to drink turpentine. Does not this speak to Vincent's alcohol abuse, indeed, addiction. His alcohol use was restricted, given his subsequent readmissions to the Old Hospital of Arles (Hôtel-Dieu-Saint-Espirit). Certainly, these clinicians were monitoring him quite closely for dangerous behavior, even if it was bizarre. Signac wrote as follows:

That is also the wish of your brother, who would like to be taken away as soon as possible from this hospital, where he must indeed be suffering – from this constant surveillance that must often be petty-minded. In short, I found him, I assure you, in the most perfect state of health and reason. He wishes for one thing only, to be able to work undisturbed. Therefore, act so as to provide him with that happiness.

How sad this life must be for him!

He talked to me all day about painting, literature, and socialism. He was a little tired by the evening. There was a terrible mistral blowing, which might have irritated him. He wanted to drink a litre of turpentine that was standing on the table in the room. It was time to return to the hospital [4].

In his letter to Theo (March 24, 1889), Vincent acknowledges his alcohol abuse:

Mr. Rey says that instead of eating enough and regularly

I have been particularly sustaining myself with coffee and alcohol. I admit all that, but it will still be true that I had to key myself up a bit to reach the high yellow note I reached this summer. That, after all, the artist is a man at work, and that it's not for the first passer-by who comes along to vanquish him once and for all [5].

Doesn't this sound like Vincent is needing to get high on booze to paint as he so desired? This reinforces the role alcohol played in his ear mutilation episode.

When Vincent became a voluntary patient at the St. Remy Asylum, Dr. Peyron, his physician, documented (May 8, 1889) that Vincent tried to poison himself by eating paint as he had done during the previous attack [6].

However, on January 1, 1890, Vincent wrote to Theo: "Odd that I'd worked perfectly calmly on canvases that you'll soon see, and that all at once, without any reason, the confusion took hold of me again" [7].

Vincent had a total of three attacks in Arles and four while at St. Remy Asylum. This informative comment by Vincent, "confusion took hold of me again," leads to a viewpoint that his self-harming behaviors are not premeditated but occurred inexplicably, randomly, unpredictably and that self-harming behavior was not suicidally intended but confused efforts to free himself from the consequences of these attacks.

Vincent never had such an attack while he lived in Auvers-sur-Oise, although he was aware and apprehensive that they could occur again.

To conclude the response to this first question, Vincent never had such an emotionally devastating trauma than being rejected by Kee Vos Stricker when he proposed marriage. She responded: "Never, No, Never." Vincent wrote an extended letter to Theo which he asked to be kept confidential; it is well worth reading this lengthy and rambling narration in its entirety to get an understanding of how Vincent was coping with the rejection. In reference to the question of suicide, this excerpt from that letter to Theo on November 7, 1881, is insightful: I suppose far from astonishing you, this will seem very natural and reasonable. For love is something so positive, so strong, so real that it is as impossible for one who loves to take back that feeling as it is to take his own life. If you reply to this by saying, "But there are people who put an end to their own life," I simply answer, "I really do not think I am a man with such inclinations." Life has become very dear to me, and I am very glad that I love it. My life and my love are one [8].

Such a declaration quite forcefully undermines the suicide narrative and points to murder as the cause of

Vincent's death.

This is not to say that Vincent did not realize his vulnerability, given his attacks. With a touch of humor, on January 13, 1890, Vincent comments to Theo: "And I even have hopes that it (the attacks) will be dispelled even more if I return to the north. Just mustn't forget that a *broken pitcher is a broken pitcher* (emphasis added), and so I have no right at all to entertain pretensions" [9].

While in and out of the hospital in Arles, Vincent writes to his sister, Wil, about not wanting to be a "martyr" for his art. Ironically, Theo wrote to his sister, Lies, of Vincent (posthumously) being "among the martyrs who have died with a smile on their face" [10].

However, on May 2, 1889, Vincent dismisses this "martyr" label in a letter to his sister, Willemien: I read a little so as to think about it more. It's very likely that I have a lot more to suffer. And that doesn't suit me at all, to tell you the truth, for I wouldn't wish for a martyr's career in any circumstances.

For I've always sought something other than the heroism I don't have, which I certainly admire in others but which, I repeat, I do not believe to be my duty or my ideal [11].

On January 20, 1890, Vincent writes to the Ginoux's who live in Arles regarding Madame Ginoux's illness and does acknowledge the struggle of one's existence.

I've very often told myself that I'd prefer that there be nothing more and that it was over. Well, yes - we're not the master of that - of our existence, and it's a matter, seemingly, of learning to want to live on, even when suffering. Ah, I feel so cowardly in that respect, even as my health returns. I still fear. So, who am I to encourage others, you'll rightly say to me, it hardly suits me [12].

Although this may imply struggling with suicidal ideation, is it relevant to Question 1 - 'Wish to be Dead'? Possibly! But with Vincent, there is ambiguity in this comment to the Ginoux's.

Another controversial situation was the communication between Theo and Vincent (and Theo and Jo, his wife) in July 1890 regarding Vincent's misunderstanding of Theo's family responsibilities, his financial situation, his employer, Boussod, Valadon & Cie., whether to start his own art dealership, and his health issues. In these last letters, there wasn't any mention of wanting to be dead [13].

Is a comment made in 1881 (re: Kee Vos Stricker) relevant to comments written in 1889/1890? Yes! It serves as valuable background, but the suicidal profile focuses on

the here-and-now, namely, Vincent's life in Auvers-sur-Oise.

Consequently, in response to Question 1, 'Wish to be Dead,' the clinician cannot give a simple "Yes" or "No." It depends upon the situation. If the question is raised in Arles between December 1888 and May 1890 and in St. Remy between July 1889 (his first attack at St. Remy) and April 1890 (his last recorded attack) there might have been a qualified "Yes." Regarding his stay in Auvers-sur-Oise, however, the answer would be a definitive "No." This "No" is directly relevant to the false tradition that Vincent committed suicide.

Following C-SSRS protocol, the evaluation must move onto **Question 2:**

• **Question #2: Non-Specific Active Suicidal Thoughts**

Have you thought about doing something to make yourself not alive anymore?

Have you had any thoughts about killing yourself?

Addressing these questions, once again, depends on Vincent's circumstances. Consuming paint and turpentine were a significant concern during his St. Remy confinement. On August 4, 1889, Theo expresses his concern about Vincent's mental status in a letter to Vincent:

In your last letter you wrote that we are brothers for more than one reason. I feel that too, and even if my heart isn't as sensitive as yours, I can sometimes imagine the distress that you feel because of so many thoughts that aren't resolved. Don't lose heart and remember that I need you so much [14].

Dr. Peyron also raised the issue of Vincent's mental status with Theo.

On August 3, Peyron had sent Theo a telegram about Vincent, which Jo van Gogh-Bonger wrote about to her sister Mien on August 9, 1889: 'Bad news from Vincent. On Saturday at 6 o'clock we got a telegram from the doctor – Vincent ill, letter follows. We worried all day Sunday, but fortunately a letter arrived around 4 o'clock; he's having another crisis and tried to poison himself with his brush and paints. After that letter, nothing – you can imagine how upset Theo is – he's coughing again and looks worse than he did before – tomorrow he has to see Rivet [Paris doctor] again' [15].

Previously, Van Gogh tried to drink turpentine; later, paint will again prove a threat to Van Gogh's health [16].

On January 3, 1890, Theo wrote to Vincent:

It's curious that this has taken hold of you again, precisely a year after the first attack, and it proves that you must remain on your guard. So, if you know that it's dangerous at times to have paints near you, why not set them aside for a while by making drawings? Like the other times, this crisis

may be followed by another, although much less violent. I think that at such moments you'll do better not to want to work with color. In a while from now nothing will prevent you from starting again [17].

On January 8, 1890, Theo wrote an important clarification:

When I last wrote to you it was under the impression of Dr Peyron's first letter. I'm very, very glad that it isn't as bad as that letter made me assume, and he himself wrote to me again to say that it had taken a quite different turn than he had thought at first. In his first letter he gave me to understand that it was dangerous for you to continue to paint, as the paints were a poison, but he got a little carried away, perhaps through simply relying on hearsay, being ill himself. Let's hope, then, that you may continue to work as you intend to [18].

When Vincent had an attack, eating paint and drinking turpentine were a documented concern. However, these risk-behaviors occurred when his normal mental status was disrupted by his intermittent and unpredictable violent and frustrating inner ear vertigo attacks diagnosed as Meniere's. The Meniere's disease diagnosis, replacing the old epilepsy diagnosis, has not been disputed in the 30+ years since it was published to worldwide acclaim. Importantly, there is no documented evidence of such self-injurious behavior or any vertigo attacks while living in Auvers-sur-Oise.

Therefore, the answers to **Question 2** are a highly problematic "Yes" for St. Remy but a definitive "No" for Auvers-sur-Oise.

The conclusion, at this point, is that the Vincent's C-SSRS profile for Arles and St. Remy are to be considered as significant, as background, especially given the medical circumstances that have been addressed for those two periods in Vincent's life, but irrelevant and moot in terms of his murder, not suicide.

Vincent arrived in Auvers-sur-Oise on May 20, 1890, was fatally injured on July 27, and died on July 29. The primary focus for evaluating his suicide profile must focus on his mental status for the Auvers-sur-Oise period to confirm that suicide was not in his clinical differential diagnosis. According to what has been evaluated as stated above, the answers to Questions 1 & 2 for the Auvers-sur-Oise period are both "No."

According to C-SSRS, if the answer to these two questions is "No," (as indicated), then the evaluation skips Questions 3, 4, and 5 and proceeds to **SUICIDAL BEHAVIOR**. (If his death had occurred at Arles or St. Remy under similar questionable circumstances as it did in Auvers-sur-Oise, then it would be

necessary to address questions 3, 4, and 5).

This section of the evaluation must focus on his physical and mental status from May 20 to July 27 (prior to the occurrence of the fatal injury on July 27, given how this injury occurred is forensically contested as to whether the wound was self-inflicted or inflicted by another) [19].

The period of May 17 to May 20 when Vincent visited Paris is also considered.

After Vincent was officially discharged from St. Remy Asylum on May 16, he went to visit Theo, his wife, Jo, and their child, Vincent-Willem, arriving on May 17. He stayed for 3 days.

Theo and Jo were surprised how healthy Vincent looked.

Theo also wrote to Willemien about this visit:

‘Oh Wil, you would be as happy as we were to see Vincent back like he is. He has never looked as healthy as he does now, and he also talks quite normally. Still, he feels that the attacks could come back, and is afraid of that. It seems that it takes him unawares and that nothing can be done about it, at least in St Remy, but rest [20].

Recalling this visit, Jo also wrote of Vincent’s better-than-ever healthy appearance: Before me was a sturdy, broad-shouldered man with a healthy color, a cheerful look in his eyes and something very resolute in his appearance. ‘He looks much stronger than Theo,’ was my first thought. He charged out into the arrondissement to buy olives he loved and came back insisting that they taste them. He stood before the canvases he had sent and studied each with great intensity. Theo led him to the room where the baby lay sleeping, and Jo watched as the brothers gazed into the crib. They both had tears in their eyes [21].

Vincent’s physical and mental status upon arriving in Auvers-sur-Oise had a normality to it, albeit what one might term, “Vincent’s Normality.”

On June 5, 1890, Theo wrote Vincent:

Yesterday Dr Gachet came to see me, and unfortunately there were people there, which prevented me from talking with him much, but what he said to me was that he thought you are cured and that he saw no need at all for it to recur [22].

Keeping in mind the evaluation for Questions 1 and 2 and now focusing on Vincent’s life in Auvers-sur-Oise, the evaluation of **SUICIDAL BEHAVIOR** is as follows.

Actual Attempt, Self-Injurious Behavior, Aborted Attempt or

#### Self-Interrupted Attempt

There is no actual suicide attempt/gesture documented, even discussed, by Vincent or any of his correspondents. There is no involvement from the local police prior to July 27 implementing a suicidal intervention (ideation, attempts, self-injurious behavior) nor explicit public concern for such intervention to be done. There is no documentation by Dr. Gachet of Vincent making any such attempts on his life or even of non-suicidal self-injurious behaviors, discussions, or letters. Accordingly, it is concluded that the response to this criterion is “No” - there were no actual attempts, no aborted attempts interrupted by Vincent himself or another person(s) and no self-injurious behavior.

Although Vincent, as well as Theo, were concerned that another vertigo attack might occur, Vincent was putting his exuberant energy into his paintings. He was doing a painting a day with his ongoing creativity and dedication.

In his very last letter to Theo, July 23, 1890, Vincent wrote:

As for myself, I’m applying myself to my canvases with all my attention, I’m trying to do as well as certain painters whom I’ve liked and admired a great deal [23].

#### Conclusion

Based upon the C-SSRS evaluation for the period Van Gogh was living in Auvers-sur-Oise, a reasonable conclusion is that Vincent did not manifest overt suicidal ideation nor behavior prior to July 27 and even on that day. Suicide was not on Vincent’s agenda during this very productive phase of his life, but neither was his murder. Based upon this analysis, the following conclusions are asserted:

1. Although Vincent, as well as Theo, were concerned that another vertigo attack might occur, **no** further *vertige* attacks did occur in Auvers.
2. Vincent was putting his famous exuberant and creative energy into his work, doing nearly a painting each day.
3. Vincent had an intensive and totally focused love-relationship with Marguerite Clementine Gachet. He did three magnificent portraits of her within a single week. These portraits contributed to why he was honor killed when it was unmasked that she sat for these portraits. He was murdered. He did not commit suicide!
4. Vincent was not naïve about Theo’s financial challenges (Theo decided to stay with Boussod, Valadon & Cie and not go into business for himself) and Theo’s extremely poor health. These stressful situations must be balanced with the fact that Vincent was gaining significant recognition through published articles, an affirming and enthusiastic review by a notable Parisian art critic, word-of-mouth affirmation, multiple exhibitions of his works, and selling *The Red Vineyard* at the Les XX Exhibition

1890.

Did Vincent have sufficient mental and artistic resources to assert his independence as an artist and as a person? Based upon the evidence of his life in Auvers-sur-Oise, the answer to that question is "Yes." Nick van der Leek has also confirmed this judgment by his criminal, psychological, and artistic analysis of Van Gogh during his residences in Arles, St. Remy and Auvers-sur-Oise, especially his psychological state of mind [24].

5. This C-SSRS suicide-profile evaluation is critical to how Van Gogh will be viewed by future generations. The art history community has long advocated and perpetuated the nefarious myth, without any forensic or substantive evidence, that Vincent van Gogh shot himself in the belly resulting in his death by suicide. Perpetuating this lucrative myth has been a cornerstone of the fanciful story of Van Gogh's martyrdom for his art. KVP, risking creating a blasphemy, has presented medical, psychological, historical, and forensic evidence to the contrary. This C-SSRS evaluation of Van Gogh reinforces this research: suicide was not even a remote possibility for him during his last 70 days of life.

No matter how Vincent van Gogh died, what is certain is that he did not die by suicide. Mentioning suicide and Vincent in the same sentence and in the context of his death is untenable and a dis-service to Vincent and his legacy. He left us an amazing treasure of great art and a new way forward.... Let his honor and his legacy rest in peace with him free of the stigma of a criminal suicide and the lucrative aspects of maintaining the false narrative! [25].

## References

1. South M, Costa AP, Mc Morris C (2021) Death by Suicide Among People With Autism: Beyond Zebrafish. *JAMA Network* 4(1): 1-3.
2. Kaufman H, Wildegans R (2008) *Vincent's Ear: Paul Gauguin and The Pact of Silence*. Osburg Berlin.
3. Arenberg IK, Countryman LF, Bernstein LH, Shambaugh Jr GE (1990) Van Gogh Had Meniere's Disease and Not Epilepsy. *JAMA* 264(4): 491-493.
4. Van Gogh Letters Project (online): Letter 752, March 24, 1889, Fn 1.
5. (1889) Ibid. Letter 752.
6. (1889) Ibid. Letter 797, Fn. 6.
7. (1890) Ibid. Letter 833.
8. (1881) Ibid. Letter 180,
9. (1890) Ibid. Letter 839.
10. Verlinden WJ (2021) *The Van Gogh Sisters*. Thames & Hudson pp: 256.
11. (1889) Van Gogh Letters Project (online) Letter 764.
12. (1890) Ibid. Letter 842.
13. (1890) Ibid. Letters 900: July 14, 1890; 90, Fn 1, 5: July 22, 1890; 902 Fn 2: July 23,.
14. (1889) Ibid. Letter 794.
15. (1889) Ibid. Letter 794, Fn.1.
16. (1889) Ibid. Letter 752, Fn.1.
17. (1890) Ibid. Letter 835.
18. (1890) Ibid. Letter 838.
19. Arenberg IK, Di Maio VJM, Baden MM (2020) A Reevaluation of the Death of Vincent van Gogh: Suicide or Murder? The Need for a Definitive Autopsy. *American Journal of Forensic Medicine & Pathology* 41(4): 291-298.
20. (1890) Van Gogh Letters Project (online) Letter 876, Fn. 5.
21. (1895) Ibid. Letter 872, Fn. 1.
22. (1890) Ibid. Letter 880.
23. (1890) Ibid. Letter 902.
24. Van de Leek N (2018) *The Murder of Vincent Van Gogh. Shakedown*.
25. (1885) Van Gogh Letters Project (online) Letter 528.

