



Suffering and Compassion in Paintings: the Gift of Art

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“To give suffering a language,” as Harold Schweizer phrased it [1], is an essential element in the art of healing and a challenge for every caregiver. When a patient’s suffering is treated successfully, it inspires contentment and satisfaction. However, the inability to properly communicate with patients, understand their suffering and express compassion often causes a sense of failure and burnout. It has recently been suggested that the basic clinical skill consists of fully attending to patients [2]. Through verbal exchange and full use of the senses, the attentive practitioner offers him or herself as a vehicle to witness the patient’s suffering. This is the first step in a healing encounter and relationship.

The Arts can greatly contribute toward fostering and mastering this required attention, an essential component of communication and narrative competence. They are vehicles through which humans articulate meaning, express feelings and attitudes, and represent illness, poverty, suffering and grief [3]. By eliciting vivid and tangible experiences, the Arts involve the viewer directly, stretch the imagination, increase emotional self-awareness, and deepen affective resonance. Artists’ works often portray their personal experience of suffering and open a window on a more general human experience [3]. Their biographies and works can give practitioners and educators a different and unique perspective on human suffering and compassion [4].

Edvard Munch and *The Sick Child*

Many of the works of Edvard Munch (1863–1944) deal with illness and death, suffering and compassion: “Sickness, insanity and death were the black angels that hovered over my cradle and have since followed me throughout my life” [5]. Edward Munch grew up in Oslo. His father, Christian Munch, a deeply religious man, was a military doctor who earned a modest income. Munch’s mother, 20 years younger than her husband, died of tuberculosis when Edvard was five years old. After her death, Edvard’s aunt, Karen Bjolstad, moved in to look after the children. Edvard’s older sister Sophie also died of tuberculosis. “The illness and death of fifteen-year-old Sophie in 1877 had a devastating effect on the sensitive and vulnerable fourteen-year-old Edvard; she had been his favorite sister, and for the rest of

his life he was never to be able to rid himself of the memory of that terrible loss” [6]. Another tragedy in Munch’s family happened when his brother Peter Andreas, a doctor like his father, died at the age of thirty.

Munch was plagued by ill health throughout his life. In childhood he suffered from rheumatic fever, which frequently prevented him from attending school. As a young adult he developed depression and paranoia and was treated in the Copenhagen psychiatric clinic, where he received electroconvulsive therapy [7]. Munch dedicated some of his best paintings to Sophie’s illness and death. He testified that he painted and repainted *The Sick Child* [Figure 1] twenty times before he finally exhibited it in 1886. “With *The Sick Child*, Munch develops the subjective and existential to an extreme extent, aiming as he does primarily to express the tender feelings associated with the memory of the fatal illness of his sister Sophie” [8].



Figure 1. Edvard Munch’s *The Sick Child*, 1896. Oil on canvas. Goeteborg Museum of Art

This painting is a late version of *The Sick Child*. The focus of the painting is a young girl sitting in a chair with her head propped on a large pillow. Her legs are covered with a heavy blanket and her right hand lies on top. Her gaze is fixed on a certain point, probably a dark drape. On her left, an older woman identified as Munch's aunt, Karen, [9] is so deeply leaning forward that we cannot see her face. She is holding the young girl's left hand. The young girl looks weak and hopeless, as if she were waiting for death to come. Her companion is immersed in grief and despair. The painting evokes a sense of tenderness, affection and longing for the long-gone sister. There is nothing left to say, for it is all for naught at this point.

Pablo Picasso's Blue Period

Picasso (1881–1973) was born in Malaga, Spain. Encouraged and supported by his father, who recognized Pablo's prodigious artistic talent when he was a child, Picasso started drawing at a very young age. There are at least 2200 works dated to his early life [10]. As a young artist, Picasso was profoundly affected by two tragic events: his younger sister Conchita died of diphtheria at the age of 14, and his best friend and soul mate, Carlos Casagemas, shot himself in a Parisian café in 1901 because of a 'broken heart.'

In the following years, later known as the Blue Period (1901–1904), Picasso had sunk into a deep depression. "At no other time in Picasso's long career was his life so closely interwoven with his art as in those years when he portrayed human misery in classical works reflecting his belief that art is born of sadness and suffering" [11]. In his works from the Blue Period, Picasso portrayed human misery and anguish with affection and deep compassion. Beggars and prostitutes, the poor, the lonely and needy, were among the figures depicted in his art and the subjects of some of his best works.

The Blind Man's Meal by Picasso

The motif of blindness in Picasso's work recurred in several paintings: *The Blind Man*, *The Blind Man's Meal*, *The Frugal Repast*, *Celestina*, and *The Old Guitarist*. Different theories have been proposed to explain the phenomenon of blindness in Picasso's art, whether tracing back to the famous blind Greek poet Homer or referring to the common sight of blind beggars on the streets of Spain [12].

In *The Blind Man's Meal* [Figure 2], a man whose eyes are nothing but empty sockets is sitting at a table eating. He is middle aged and appears to be tall. The blind man is holding a jug in his right hand and a piece of bread in his left. He appears very lonely and sad amid gloomy surroundings. As in other pictures from the Blue Period, the figure is elongated with long, delicate hands, resembling figures in the works of Spanish artist El Greco. The dominant color in the painting is blue, which becomes dark blue in the background.

"The composition uses striking echo techniques, the pallor in the blind man's neck answered by parts of the table, the paler blue patches on his clothing corresponding to the pale blues on the rear wall" [10]. *The Blind Man's Meal* generates sadness and

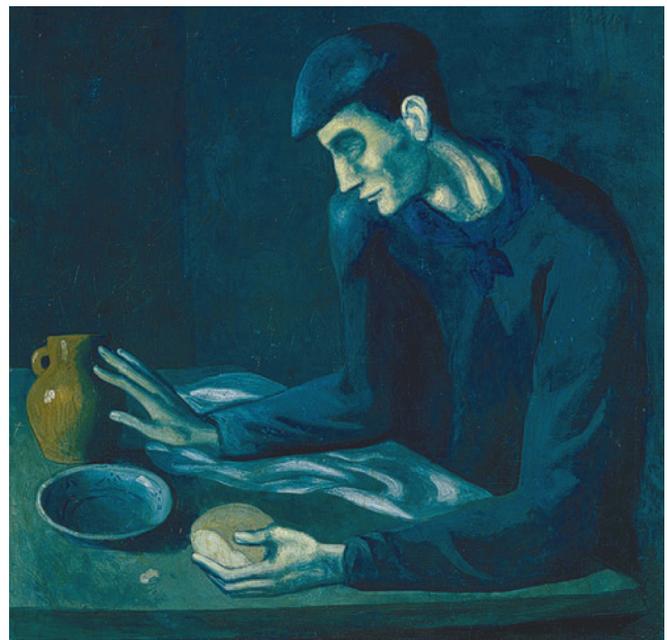


Figure 2. Picasso's *The Blind Man's Meal*, 1903. Oil on canvas. The Metropolitan Museum of Art, New York

sorrow in the viewer, as well as a deep sense of empathy toward the subject of the painting.

Vasily Perov and *Troika*

Perov (1834–1882) is a well-known figure among Russian painters in the second half of the 19th century. He was the illegitimate son of Baron G.K. Kridiner, a prosecutor in the city of Arzamas. In 1846 he joined the Art School of Stupin in Arzamas, where he got his nickname Perov (from the Russian *pero*, meaning pen) for his good handwriting. From 1853 to 1861 he studied at the Moscow School of Painting, Sculpture and Architecture. Lacking any source of income, he was poor and had to live with his aunt. When she succumbed to consumption, he would have been doomed to live in the street but was saved by one of his teachers who offered him shelter. Perov witnessed significant sociopolitical changes in Russia. He was a close friend of Dostoyevsky's and shared many of his views and sentiments regarding the miserable fate of peasants [13]. In his work Perov criticized Russian society through his portrayal of poverty, neglect, and exploitation of the proletariat. His works, which carried strong social implications, became an important landmark in the history of Russian painting. Unlike many artists, Perov was highly appreciated by the Soviet authorities for his critical works in pre-revolution Russia.

Troika [Figure 3], painted in 1866, is considered Perov's most expressive work. It depicts three children struggling to haul a heavy sled in the snow. Their faces and posture express the suffering and despair of innocent children doomed to forced labor. The young boy on the left is so exhausted and weak that he can barely keep walking and is about to collapse. These children symbolize the wretchedness of the working class. The wall in the background, which appears high, impenetrable and intimidating,



Figure 3. Vasily Perov's *Troika*. Apprentice workmen carrying water, 1866. Oil on canvas. The Tretyakov Gallery, Moscow.

represents the state authority and the disparity between the elite and the lower classes.

Kathe Kollwitz and *Widows and Orphans*

Kathe Kollwitz (1867–1945) was born in East Prussia. She studied art in Berlin and Munich. In 1881 she married Dr. Karl Kollwitz and they settled in a working-class quarter in Berlin, where Karl practiced medicine. Kathe Kollwitz's art was affected by two life-altering experiences: the death of her son in the First World War, and her encounter with the ill and the poor who were treated by her husband: "When I became acquainted, especially through my husband, with the difficulty and tragedy of the depths of the proletarian life, when I became acquainted with the women who came to my husband seeking aid and incidentally also came to me, did I truly grasp in all its power, the fate of the proletariat" [14].

The life and work of Kathe Kollwitz were a manifesto against poverty, suffering, hunger, and war. She produced a series of powerful works on poverty. Although she was a supporter of the socialist movement in Germany, she herself rejected active membership in a specific political party [14]. "My actual motive, however, for choosing from now on the

representation of the life of the worker was that selected motifs from that sphere simply and unconditionally were what I perceived as beautiful."

In 1928, Kollwitz became head of the Master Class for the Graphic Arts at the Academy of Prussia. However, soon after Hitler came to power in 1933 she resigned from the Prussian Academy of Art, and later lost her academic position in Berlin as well. Her art, which was classified as "degenerate" by the Nazis, was prohibited.

The death of her beloved son Peter in 1914 had a tremendous impact on Kollwitz' artistic work. She produced numerous drawings, prints and sculptures depicting the aftermath and misery of war. She treated the desolate figures in her works with great sensitivity and anguish.

In *Widows and Orphans* [Figure 4], women in deep sorrow and despair are holding children. They are standing very close to each other, as if trying to gain

some comfort by grouping together. The only woman who is not embracing a child is the one on the left. Her face is covered with her hands, as if weeping. There is no anger, screaming, or obvious crying in the picture, but rather deep silence and anguish. "Kollwitz' work is unique because it includes no scenes of combat or material devastation. Rather, it represents the phenomenon of



Figure 4. Kollwitz' *Widows and Orphans*, 1919. Etching and print.

war entirely from the perspective of the home front, of mothers and children in particular" [14].

A year after her son's death, Kollwitz reflected in her diary: "The one consolation would be to believe in a personal continuance of life. Then one has to imagine that the great spirit embodied itself in a similar form, so that one caught the breath of something again when one came across such a person – if he had had a child, there would be traces of him left" [15].

Egon Schiele and *Dead Mother*

Austrian painter Egon Schiele (1890–1918) was born in Tulln on the Danube. He was the third child of Adolf Schiele, a railway official afflicted with syphilis. Egon's mother contracted the disease soon after her marriage when she was only 17. Her first three pregnancies, all boys, ended in stillbirth. Elvira, Egon's older sister, died at age 10 of meningitis, believed to be a complication of syphilis. Schiele witnessed the decline in his father's health from tertiary syphilis, which manifested as hallucinations and spells of aggressive behavior. Egon's father died when Egon was 14 years old [16]. These events had a devastating effect on him and an enormous impact on his artistic life.

In 1906 Schiele began his studies at the Academy of Fine Arts in Vienna. In 1907 he moved into his first studio in Vienna and in the same year he met Gustav Klimt, a prominent figurative painter of the early 20th century. A year later, Schiele exhibited his works to the public for the first time. In 1912 Schiele was briefly imprisoned for obscenity and for disseminating "indecent" drawings. He is considered to be one of the greatest expressionist artists of the 20th century.

Although eroticism was one of his major themes, he also dealt with life and death issues and he produced many inspiring landscapes. Schiele, along with Austrian artist Kokoschka, were "the first to infuse tragedy and ugliness into their pictures for the sake of emotional effect" [17]. Schiele's art mirrored his restless personality. Many at that time in Europe considered him to personify the tormented artist. The tragic events in his family, coupled with his mother's lack of understanding regarding his desire to pursue an artistic career, were among the reasons that led Schiele to start working in 1910 on a series of paintings on the subject, including *Dead Mother* [Figure 5].

Schiele was only twenty when he produced this painting "deriving its moving realism from the idea of the great forces of life and death, growth and decay" [18]. The painting shows a mother embracing her child. He is lying as if in his mother's womb, developing and growing, and shining in the midst of the darkness. His mother, although dead, is embracing him, leaning her head on him and holding him with her left hand. "The tragic nature of the subject pervades every element of the representation. The child is truly helpless, the mother's features are utterly worn out with pain. The colors themselves symbolize the living and the dead: sallow tones of green for the mother, orange and rose-madder for the child" [17].

In 1918, the Spanish influenza that claimed more than 20 million lives in Europe reached Vienna. Schiele's wife Edith, who was six months pregnant, succumbed to the disease on

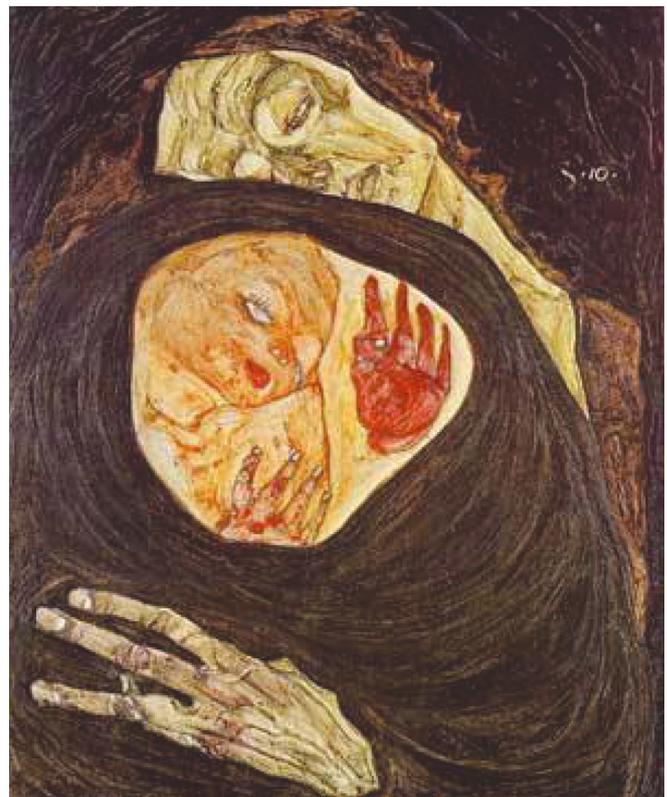


Figure 5. Schiele's *Dead Mother*, 1910. Oil and pencil on wood. Leopold Museum, Vienna.

28 October. Three days later, at the age of 28, Egon Schiele died.

Discussion

In suffering, disruption of the whole person is the dominant element. To know a person as a whole through compassion for his or her suffering is the essence of the art of healing [19]. This activity of restoring wholeness to the self is shared by the Arts and health care [3]. As shown here, Munch, Picasso, Perov, Kollwitz and Schiele have dealt perceptively with suffering and misery. Portrayed in their works, the images of some of the most horrific human experiences are transcended and even endowed with a certain grace. The suffering of the sick young sister, the misery of the poor beggar, and the grief of widows and orphans are beautified by the artists' love, care and compassion.

This magical transformation in the image of the sufferer is similar to the inner state that enables clinicians to approach their patients, empathize with their plight, and alleviate their suffering. However, as health practitioners, the repeated exposure to physical and mental agony and the profound involvement in human misery stain our own personal narrative with the suffering we encounter. Our professional experience of suffering, merged with our personal narrative, remains silent, neglected and abandoned in the depths of our souls.

While looking at the artist's visual narrative of suffering, a meeting between the practitioner's narrative and the narrative of the artist occurs. The juxtaposition of the suffering encountered

in clinical practice with that portrayed on the canvas brings out common themes and features. This process presents an opportunity for the practitioner to reflect on his or her personal experience, reexamine emotions that arise while caring for patients, restore the capacity to understand, absorb and comprehend suffering, and eventually alleviate the burden of taking care of the sufferer.

The combination of Arts and Narrative has been shown to be miraculously powerful in understanding and experiencing the meaning of compassion for the sufferer. In five workshops, conducted by the authors in the United States, the UK and Israel, participants (health care providers and medical educators) were asked to write a first-person narrative based on one of the characters portrayed in a painting [4]. The paintings depicted in the workshops, similar to the themes of the paintings in this article, dealt with human suffering. The participants were asked to reflect on the process of first looking at the paintings, choosing a character, writing a narrative, and finally, reading it out loud. Although the aim of the workshop was merely to introduce a novel approach to teaching compassion in medical education, the experience for many of the participants was exceptional. Participants across different health care disciplines felt that “the paintings are akin to some situations we encounter at work and in life,” and that working with Arts “expands emotions” and “bridges personality and experience with professionalism and a caring way.”

Pellegrino wrote: “To be compassionate, we must accept the strivings of all persons – the ignorant and the intelligent, the successful, the failure, the poor, the wise, the weak, the strong, and even the evil. All must receive our expression of willingness to help. This is impossible unless we continue to grow as persons ourselves” [20].

Looking at paintings as a mirror of the artist’s suffering and practicing mindfulness by recreating a narrative out of the spiritual place where the portrayed narrative touches the practitioner’s own experience can be a valuable tool for the practitioner’s professional empowerment as a healer, as well as for personal growth. Such is the gift of Art.

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