

Edvard Munch and *The Scream*: A Cry for Help

Gary E. Friedlaender MD, Linda K. Friedlaender BA, MS

An important attribute of clinical care is the use of what physician and literary scholar Rita Charon MD, PhD has described as narrative competence: “The ability to acknowledge, absorb, interpret, and act on the stories and plights of others” [2]. Patients communicate how they feel in many different ways, sometimes deliberately, and at other times, unconsciously. Clinicians may draw inferences about a patient’s well being from direct conversation, or from visual, auditory, or tactile expressions. Although seldom used, some patients communicate their feelings about illness (or about their care) through poems, songs and music, stories, paintings, sculpting, or acting [2]. Providers need to be attentive to communication in all its forms—and use it to help improve each patient’s well

being. Collectively, this set of circumstances is part of the discipline of narrative medicine [3], and at its core, lie the values of empathy and professionalism. The payoff is greater understanding and trust between clinician and patient, along with better health [9].

Many artists and writers convey their states of mind and body through their work. Read (or re-read) *When Breath Becomes Air* [6], Paul Kalanithi’s deeply moving and artful description of his confrontation with terminal cancer. Consider Vincent van Gogh’s *Sorrowing Old Man: At Eternity’s Gate* (Fig. 1), a painting of a war veteran 2 months before the artist’s death (most speculate by suicide). Margaret Edson’s 1999 Pulitzer Prize winning drama, *Wit: The Play*, highlights its protagonist’s struggle to

convey her dying decision not to be resuscitated to her unlistening physician [4].

Norwegian artist, Edvard Munch (1864-1944) frequently portrayed emotional reactions to his personal life experiences in his visual art. Munch led an emotionally challenged life and shared his pain on paper and canvas [5, 7]. His prolific oeuvre bears witness to this wide range of feelings. But in his earliest works, he explored the challenge of depicting a scream (Fig. 2). This would become a recurring theme.

Munch lost his mother to tuberculosis when he was 5 years old (as well as his older sister in 1877) and was raised by his military-physician father who reflected, perhaps too intensely, his own father’s strong demands to live by exaggerated tenets of their religion [7]. Munch grew up in poor health, of

A note from the Editor-in-Chief: I am pleased to present the next installment of “Art in Science,” team-written by Gary Friedlaender and Linda Friedlaender. Gary is the Wayne O. Southwick Professor, and Chair Emeritus for the Department of Orthopaedics and Rehabilitation at Yale School of Medicine; Linda Friedlaender is the Senior Curator of Education at the Yale Center for British Art. Together, they will share observations from a fascinating vantage point: The intersection of art and medicine.

The author certifies that neither they, nor any members of their immediate families, have any commercial associations (such as consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

The opinions expressed are those of the writers, and do not reflect the opinion or policy of *CORR*® or The Association of Bone and Joint Surgeons®.

G. E. Friedlaender MD Department of Orthopaedics and Rehabilitation, Yale University School of Medicine, New Haven, CT, USA

L.K. Friedlaender BA, MS Senior Curator of Education, Yale Center for British Art, New Haven, CT, USA

G. E. Friedlaender MD (✉), Yale University School of Medicine, PO Box 208071, New Haven, CT, 06520-8071 USA E-mail: gary.friedlaender@yale.edu

Art in Science

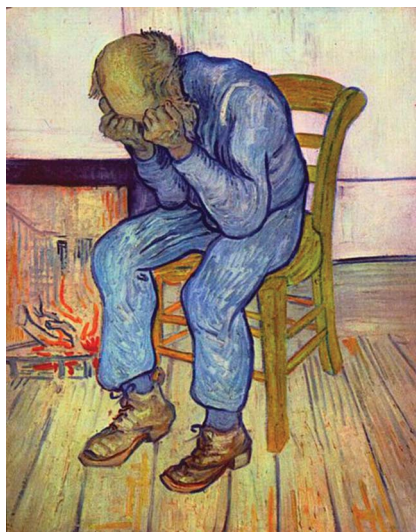


Fig. 1 Vincent Van Gogh's *Sorrowing Old Man: At Eternity's Gate* is an example of a painting signaling an artist's state of mind or body. (Public domain).

modest economic means, and, in his own words, having “inherited two of mankind’s most frightful enemies—the heritage of consumption and insanity [5].” He wrote, “My father was

temperamentally nervous and obsessively religious—to the point of psychoneurosis. From him I inherited the seeds of madness. The angels of fear, sorrow, and death stood by my side since the day I was born [7].”

Sketching and watercolors were options available to Munch at an early age, and by his teens, painting became his passion. Clear artistic talent and the support of some family and friends (though not his father) encouraged his interests in art. Despite his father’s immense displeasure, Munch left college, abandoning his studies in engineering, and soon entered the Royal School of Art and Design of Kristiania (the name of the City of Kristiania was later changed to Oslo). He wrote in his diary: “In my art I attempt to explain life and its meaning to myself” [7].

One of his first exhibited works, *Morning* was judged “in extremely poor taste” and “unfinished,” but a benefactor purchased the painting and, in 1885, provided Munch with a stipend to visit Paris and its art

community for several weeks [7]. In Paris, Munch was exposed to many of the Impressionists and to a bohemian lifestyle. Later that year, he received a state grant to return to Paris for the serious ongoing study of art. In 1889, Paris was the site of the World’s Fair, with the Eiffel Tower and all the energy and extravagances of this international celebration. It was also the year that Munch’s father died suddenly of a stroke. The family, already struggling financially, was stressed even further, adding to Munch’s emotional wounds of a recently failed love affair.

For 3 months after his father’s death, Munch immersed himself in further gloom, confusion, and absinthe, emerging with a set of epiphanies that would direct the next 60 years of his art. Munch came to believe that nothing ceased to exist. Rather, life was intertwined within Nature such that things and people were reborn from previous matter. Life was an



Fig. 2 Four versions of *The Scream* were completed by Munch between 1893 and 1910. (Munch, Edvard. *The Scream*. Photographer: Børre Høstland. The National Museum of Art, Architecture and Design).

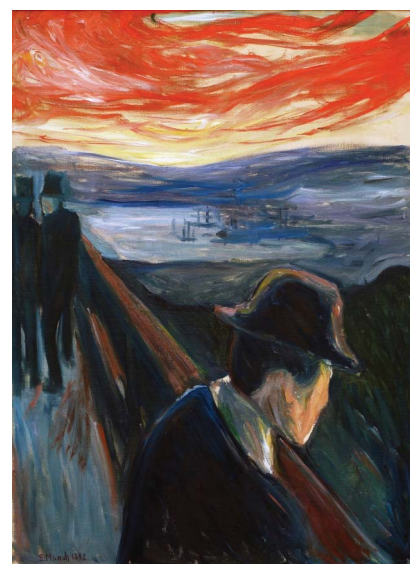


Fig. 3 Munch considered *Despair* an early version of *The Scream*. (Edvard Munch (1863-1944), *Despair (Sick Mood at Sunset)*, 1892, 92 x 67 cm, oil on canvas. Thielska Galleriet, Stockholm. Photo: Tord Lund).

Art in Science

endless cycle, rather than marked by birth and death. Furthermore, he could not consider his art work “separate from life experiences [7].” His work contributed to an evolving late 19th century movement in poetry and the visual arts, referred to as Symbolism, which developed in northern and central Europe and in Russia. Symbolism favored spirituality, imagination, and dreams in a manner to evoke rather than describe. Munch vigorously embraced the challenge of visually expressing abstract notions.

He returned home to Norway in 1890, homesick, melancholy, and fiscally and emotionally impoverished. His paintings that followed were entitled, for example, *Melancholy* (1891), *The Lonely Ones* (1891), *Despair* (1892) (Fig. 3), *Death in the Sickroom* (1893), *Anxiety* (1894), and *Separation* (1896). Munch even considered *Despair* an early version of *The Scream*, his most well-known piece.

In a January 22, 1892 entry in his diary, Munch described walking along a road at sunset, pausing exhausted over a fence, and noted “there was blood and tongues of fire above the blue-black fjord and the city... I stood there trembling with anxiety... and I sensed an infinite scream passing through nature [1].” In fact, Munch’s title for *The Scream* in German is *Der Schrei der Natur* (The Scream of Nature).

Four versions of *The Scream* were completed by Munch between 1893 and 1910, using combinations of oil, tempera, pastel, and crayon on cardboard, and a lithograph stone was created in 1895 from which less than 50 prints exist. The oil and mixed media

version resides in The National Gallery in Oslo. Two versions, one tempera and the other in pastel are located in the Munch Museum, also in Oslo. The fourth version, again in pastel, was sold at auction in 2012 for just under USD 120,000,000, one of the highest prices paid for any painting at auction, and it was displayed briefly at the Museum of Modern Art in New York [10]. In 1994, the painting in the National Gallery was stolen, and 10 years later, *The Scream* in the Munch Museum was also part of a theft. Both paintings have been recovered [1].

The deep impact of these screams are the product of both simple and elongated brush strokes that threaten never to end, and a brilliant choice of contrasting colors. The sky, or Heavens, are lit with fire and the central person is shrouded in darkness. The figure’s oval mouth is amplified by the elongated face and stretched torso that blends into the endless, winding river in its journey to the distant mountains and burning sky. Whether an inverted version of purgatory, the message is raw torture of emotion and time. It’s “appeal” lies in Munch’s ability to communicate, if not exaggerate, a state of mind consistent with his own life experiences and, undoubtedly, many of us.

Clinicians should encourage their patients to share their thoughts and feelings in whatever ways those patients find effective, and clinicians should diligently listen, react to, and incorporate these expressions of emotion into their diagnostic and therapeutic decision-making processes. Indeed, the result of enhanced

clinician-patient communication is better health [8, 9]. In Munch’s case, *The Scream* appears to have been a cry for help.

References

1. Aspden P. So, what does ‘The Scream’ mean? Available at: <https://www.ft.com/content/42414792-8968-11e1-85af-00144feab49a>. Accessed October 24, 2017.
2. Charon R. Narrative medicine: A model for empathy, reflection, profession, and trust. *J Amer Med Assn*. 2001;286: 1897–1902.
3. Charon R, DasGupta S, Hermann N, Irvine C, Marcus ER, Colón ER, Spencer D, Spiegel M. *The Principles and Practices of Narrative Medicine*. New York, NY: Oxford University Press; 2017.
4. Edson M. *Wit: A Play*. London, UK: Faber and Faber; 1999.
5. Eggum A. *Edvard Munch: Paintings, Sketches, and Studies*. New York, NY: Clarkson N Potter, Inc; 1984.
6. Kalanithi P, Verghese A. *When Breath Becomes Air*. New York, NY: Random House; 2016.
7. Prideaux S. *Edvard Munch: Behind the Scream*. New Haven, CT: Yale University Press; 2012.
8. Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient-Centered Medicine: Transforming the Clinical Method*. Thousand Oaks, CA: SAGE Publications, Inc; 1995.
9. Tongue JR, Epps HR, Forese LL. Communication skills for patient-centered care: Research-based, easily learned techniques for medical interviews that benefit orthopaedic surgeons and their patients. *J Bone Joint Surg*. 2005;87A: 662–658.
10. Vogel C. ‘The Scream’ is auctioned for a record \$119.9 million. Available at: <http://www.nytimes.com/2012/05/03/arts/design/the-scream-sells-for-nearly-120-million-at-sothebys-auction.html>. Accessed October 24, 2017.