Careful Thinking Episode 8 Transcript

[00:05] **Martin Robb:** Hello and welcome to Careful Thinking, a new podcast exploring ideas about care. I'm Martin Robb, and I'm the host of the podcast. Careful Thinking is inspired by a belief that thinking critically about care can both deepen our understanding and help to improve the day-to-day practice and experience of care. In each episode of the podcast, you'll hear an in-depth conversation with a writer, researcher, or practitioner at the cutting edge of current thinking about care. For this episode, I'm really pleased to be joined by Carlo Leget. Carlo is Professor of Care Ethics at the University of Humanistic Studies in Utrecht in the Netherlands, and also the co-founder with Mai-Britt Guldin of the Centre for Grief and Existential Values, which is based in Aarhus, Denmark. Originally trained as a theologian, Carlo has worked in the fields of moral theology, medical ethics, care ethics, and spirituality. His research has been mainly in the field of end-of-life care, and he's a former vice-president of the European association for Palliative Care. Carlo is the author of numerous articles, books, and book chapters, and his publications in English include 'Living with God, Thomas Aquinas on the Relation between Life on earth and Life after Death, published in 1997, the influential book 'Art of Living, Art of Dying, Spiritual Care for a Good Death', published in 2017 and with Finn Thorbjørn Hansen and Solveig Botnen Eide, the edited collection 'Wonder, Silence and Human Flourishing: toward a Rehumanisation of Health, Education and Welfare', which was published last year in 2023. 'Grief and Existential Awareness, an Integrative Approach', co-written with Mai-Britt Guldin, will be published later this year. My own introduction to Carlo's work was hearing him speak at a conference on care ethics and precarity a few years ago, when I found his focus on the 'chosen' precarity of Francis of Assisi and Simon Weil, both figures who've been important to me at various points in my life, surprising and intriguing. As with the writings of Ruth Groenhout, also a recent guest on the podcast, I've continued to find Carlo's work at the intersection of care, ethics, religion and spirituality personally helpful and inspiring, and I'm really pleased to have this opportunity to talk in depth to him about his work. So, Carlo, a very warm welcome to the podcast.

[02:42] **Carlo Leget:** Thank you, Martin, thank you.

[02:44] **Martin Robb:** So, a question to kick us off. You began your academic career, as I said, as a student of theology, and your PhD was on the philosophy of Thomas Aquinas. And in your book 'Art of Living, Art of Dying', you write, 'my own development as an ethicist has brought me from the work of Aquinas to care ethics as an interdisciplinary field of studies'. So maybe you could tell us something about that journey and how one thing led to another for you.

[03:11] **Carlo Leget:** Yeah, well, it has been quite a long journey, I would say. And it started in 1982, almost 40, no more than 40 years ago. I was 18 years old and very much looking for the meaning of life. And at that age, I thought, if I really want to understand the meaning of life, I should listen to the great minds in history. And coming from a Catholic tradition and being interested in this dimension of spirituality and transcendence, I decided to study theology. And after studying it, I became kind of intrigued by Aquinas, Thomas Aquinas, who was seen as a bad guy in the 1980s because he was the father of neo-Thomism. And I was interested in the original Aquinas. There was also a research group, but that was very

helpful. But going deeper and deeper into Aquinas, I discovered a kind of a world in itself that was so fascinating, because these great minds are able to connect a lot of things that we have lost touch with, I think, in our days. So it was a wonderful intellectual adventure, and at the same time, a little bit moving away from contemporary society. Because when I defended my PhD, 'Living with God', I knew everything about, what they sometimes say, the temperature of hell and the furniture of heaven. But who is interested in that these days? And that brought me to studying life and death, and the relation between life and death in contemporary culture, which meant that I started to do empirical research in two nursing homes in Rotterdam. And actually, that was quite impressive, because it was the first time I was confronted with people dying, with people suffering, with healthcare issues. And from there, I was still as a moral theologian, also teaching at the university. From there, I more and more discovered my fascination with ethics. And I moved in 2002 to the university medical centre in Nijmegen to teach medical ethics. And actually, it was in this doctor environment that I read a text by Joan Tronto, a chapter from her book, 'Moral Boundaries', that really brought me a completely different outlook on life, because there she argues that care is so basic to human society, and so much holding together without we really acknowledge it and see it and also give it the honour it deserves. So that was a kind of a first discovery of a new perspective, and that it really got me. And I remember when I got the invitation to become the teacher at the University of Tilburg in care ethics, I gladly accepted because I thought, this is a path I want to explore more. And that brought me to care ethics. And when I look back, it is so funny that I started with, you could say, a very authority-based way of looking at the world, going to these big thinkers, let them influence your mind. And from there, at our daily lives, to care ethics, which is, I think, completely opposite. You start with everyday life, with practices, with moral understandings, as Margaret Urban Walker would call it. And from there you try to find orientation and meaning and develop a kind of scientific approach to knowledge. So it has been a long journey, but I am very glad I ended where I ended up.

[06:56] **Martin Robb:** That's fascinating, thank you. And you mentioned Aquinas. You also mentioned Joan Tronto. I wonder, which other philosophers and writers would you say have been the biggest influences on your thinking about care?

[07:09] **Carlo Leget:** Well, of course, a lot of other care ethicists. I think Margaret Urban Walker is very important to me as well. But I think next to Aquinas, the philosopher I studied most was Paul Ricoeur, the French philosopher, who is also a kind of a little history of philosophy in itself, the different stages in his thinking. And from Ricoeur's work, I think I gradually discovered the importance of phenomenology, and I started to read more phenomenology, especially in the last years. And to me, I would say every student in humanities should read Gadamer's 'Truth and Method'. For me, that was such a big discovery. And I also think that it is a very important book for anything, but especially for understanding how our mind makes meaning or is open to meaning and how this whole process of thinking goes and has an impact on the way we look at reality. So these are a few names I would say are very important in my thinking.

[08:12] **Martin Robb:** Yeah, that's interesting, and thank you for sharing that journey with us. So I mentioned in my introduction that you're a Professor of Care Ethics now at the University of Humanistic Studies in Utrecht. I know that there you've been closely involved

in the development of a Master's degree in care ethics. I think I'm right in saying it was the world's first. I don't know if it's still the only qualification of that kind. I'd be interested to know something about that degree, how it came about, what areas it covers and what kinds of students are attracted to it.

[08:44] **Carlo Leget:** I think it is, to my knowledge, still the only really Master program in care ethics, and I'm very happy and privileged to be part of this group for so long now. It has its roots in another university, Tilburg University in the south of the Netherlands, where it was founded. I think around 2005, maybe a little bit earlier, by Annelies van Heijst, who was a great care ethicist in the Netherlands, and she's still a great thinker, but not publishing any more in care ethics. And Frans Vosman, my colleague who was working at that university at the time, also put a lot of energy and effort to bring this young Master program to full development. In 2012, we moved from this university to the University of Humanistic Studies, and I became the chair. And from that point on, we took a lot of effort in not only attracting enough students every year, we are lucky to have about 40 students each year, but also to articulate a bit more our specific approach to care ethics. Because you could say care ethics is an interdisciplinary field of studies with many branches and different takes on what it exactly is. And the way we developed it in Utrecht is a kind of a dialectical approach to care. And with dialectical, I mean that we both think that philosophical, conceptual research and knowledge is important, but also qualitative, empirical knowledge. So we try to use both streams of knowledge as mutually correcting each other and developing an idea of care that is influenced by both forms of knowledge. And that is something we wrote down in a paper that is helping our students to get a grip on this, on this subject, because they have to do a lot in one year. It's a one year Master program in which they both have to study the more philosophical roots of care ethics - and we have a course on, you could say, the classic texts of care ethics and introducing the field - but after that we have another course that's called care ethics worldwide, in which we take a kind of a critical stance towards the classical care ethics and are interested in the perspectives from other parts of the world. And we are trying to decolonise and open up the classical care ethical approach to a more critical, and also, you could say, contemporary approach of who we are and how we do care ethics. Now, this line continues a little bit in studying how care ethics is used, or can be critically used, first, looking at different methods of moral deliberation, which is very popular in my country, and also how it is used in policy, because policy-making, of course, has a lot of presuppositions that are often not discussed. And students, on the other hand, have to learn to do some qualitative research. And this can be different forms. There's a lot of interest in phenomenological research, but also, you could say, more ethnographic or more anthropological approaches to caring situations, because we work very much from the idea that care is an everyday practice that has a lot of normativity that you can discover once you start using the right ways of looking at it and developing it.

[12:26] **Martin Robb:** It sounds like a fascinating qualification. It's a model that I hope other universities will follow internationally, because it's a shame it's the only one, but maybe it's just a pioneer. And care ethics is a growing field, as you say, so there may be others in the future.

[12:43] **Carlo Leget:** It is. And we see, for instance, most of our students come from healthcare. They are often - they've been working in the healthcare system for many, many

years, often looking for new inspiration, looking at words to express what they are not happy with or what they are discontent with. And the beautiful thing about this Master program is that it really helps to educate them or develop their thinking in a way that helps to express what they already feel or sense. And that is maybe one of the most wonderful things a university education can do to change your outlook on the world.

[13:21] **Martin Robb:** Absolutely. I said your first major publication in English was 'Art of Living, Art of Dying, Spiritual Care for a Good Death', which came out in 2017, though I know it builds on a lot of earlier writings of yours in Dutch, so maybe you could say something about how that book came about and what your aim was in writing it.

[13:42] **Carlo Leget:** Well, actually, I think originally my Dutch book starts with an observation in the nursing homes that people, of course, in our days, you - in the 1990s in the Netherlands, there was already this practice of euthanasia that was very, you could say, developing. We didn't have the law allowing for it. That was only 2002. But there was a lot of practising and a lot of discussion and societal debate about it. And I remember being witness of people who asked for euthanasia that were mentally competent, you could say, or they really would be people who could be seen as being able to decide for themselves as patients. But I was kind of not content with the way that arguments were made and also what I sensed - so in a lot of these situations, I sensed that people were - lacked a kind of inner freedom to really decide. There was a lot of pressure, there was anxiety, there were different ideas about dying that I think were often not so well-informed. So I started thinking about, how can we broaden the minds of patients and families making choices that are authentic and that are really doing justice to the complexity of the situations? And that is where I started to think about developing a contemporary art of dying, which was a little odd word that I - you know, if you look to the history of western culture, you see that this art of dying tradition is very old, actually. The Greeks and the Romans, more than 2000 years ago, practised it. And in the Middle Ages, after the great epidemics of pestilence, there was a kind of new literary genre of how to prepare for a good death. And I was inspired by that. I also felt like you cannot copy paste it from the Middle Ages. Of course, maybe the most important thing I discovered was that we needed a more grounded point of departure, of talking and thinking about these issues. Especially when you realise that we are living in a country that is almost non-religious. The Netherlands is really very secularised and multicultural. So in Rotterdam, where I did my research, more than half of the population has a migration background. And this has impacts on a society and asks for how can we be connected, coming from different cultural heritages and still find common ground to have good talks about living and dying? Well, so this was basically my motivation. And having written these books in Dutch and having been actually successful in implementing it in palliative care, at some point I thought, well, I think I am ready to write a little smaller book in English, because I've been thinking so much about these issues that maybe I can present it to a bigger audience.

[16:59] **Martin Robb:** Yeah, it's a lovely book. It's an inspiring book. Can we talk a little bit more about how you took that medieval model of the *ars moriendi* and secularised it? Maybe just say a little bit about how you adapted the core ideas of that for a contemporary secular direction.

[17:19] **Carlo Leget:** Yeah, I think it started all with a concept that was not known in the Middle Ages, but that I found very inspiring, the idea of inner space. And that was something I also discovered in the nursing home, that people were very different in the, you could say, the space they bring with them in conversations. And of course, if I talk about inner space, it's a metaphor. It's a metaphor about the ability to be open to different feelings, different thoughts, even conflicting thoughts at the same moment. And I think this openness is also very important when you really want to listen to someone, because sometimes when you're talking to someone, you get a little bit annoyed, annoyed, or maybe even a little shocked or whatever. And then it is important to distinguish between what you hear and what you feel and being open to develop the conversation in a way that does justice. And this idea, I think I discovered as an antidote to the anxiety and to the pressure in healthcare. And I started talking about it and people recognised it as an important quality that you bring to conversations, but also an important quality to be able to do your work in a good way. Without being under too much time pressure or whatever. And then from there, I noticed that in the medieval art of dying tradition, you have this idea about the dying person being surrounded by devils and angels. And at first sight, I thought, well, this is very old-fashioned. I cannot use this. But then I started to realise that, of course, these medieval people were just as clever as we are. And what they expressed with these devils and angels was these different emotions and thoughts. And I started to develop this idea of a polyphony of our minds being like an orchestra, where different voices are present and different melodies are at the same time. We are able to contain different feelings and thoughts at the same time. But the art is how to distinguish between what is helpful and what is not helpful. And once I understood this, I started to look at the five phases of dying in the middle ages, which were very much inspired by the Christian tradition and very, I would say, almost black and white, polarised between, for instance, the virtue of love, and, on the other hand, the opposite of it, clinging to earthly life and being so focused on the early possessions that you cannot really open up to the love of God. And when I looked at it, I thought, well, I think this black and white picture of dying well, or dying, dying in a bad way, is not really working in our age. But this polarity, I thought, was very helpful, because many times people are drawn into different directions. And I started to abstract from this medieval model into more general anthropological categories. And underlying this middle evil idea, you could say, these tensions. And, for instance, I think one of the tensions that I work out is a tension between doing and undergoing. And this is basically something that I took from medieval theology. But it also can be found in the philosophy of Paul Ricoeur, who also emphasizes that we are, of course, expressing who we are by acting, but also by the whole register of feeling and experiencing and being in the world that is just as important for what is happening in our - and then, if you look through that lens to contemporary society, that we are living in a very action oriented problem solving, you could say, culture, especially in healthcare. And then it's easy to show how this broader perspective on acting, in which you're not only acting, but also, Ricoeur would say, *possibilité*, the possibility to be affected by things, to experience things, how that also is an important dimension, broadening our scope and broadening our range of possibilities. And that is what I basically try to do in this art of dying. To open up a bit the narrow and pressure-oriented way that we are looking to death and suffering in our contemporary culture.

[22:14] **Martin Robb:** Those concepts of inner space and inner polyphony kind of run through the book. And you say inner space is a useful tool for understanding the processes the individual goes through at the end of life. But also it's a useful concept for communication, for care workers, for example. And you give lots of good examples of the need to create in a space, in the interaction, the encounter between the carer and the cared for. So it's a really helpful concept. Now, you've mentioned the five sides, and sometimes in the book, you describe the model you develop as the diamond model, and you also include a very useful graphical, diamond-shaped illustration. I'd be very interested to know the practical use of the model and how the model - you said at the beginning how that model has been used in palliative care in the Netherlands. So how has it been put into practice? Can you give us some examples of that?

[23:10] **Carlo Leget:** Oh, absolutely. It's put into practice in different ways. I use it a lot when I teach people about this dimension of meaning and dimension of spirituality. And basically my message is that spirituality is about meaning, and meaning is always multi-layered, multi-leveled. There is a wonderful quote by Goethe who compares the meaning construction in our minds as something like a weaving device, in which in no time, a lot of different connections are made. And this is meaning. And what I - what I tell the people working in healthcare is, if you're looking for meaning, don't go with single concepts or little lists of trying to find out what the needs, spiritual needs or whatever needs are, but look at how these different connections of meaningful things are emerging in conversations, because that is what is really close to what, what people try to put into words. But I also tell them, once we put things into words, it's like we freeze them and we solidify them. But the experience, before putting it into words, is much richer and is much deeper. So don't go too much confident on words, but look at what is below and what is really the life. You know, the classical expression would be the inner life of people that is producing these words. And very practically, the model is used in a lot of nursing homes and hospices in the Netherlands as a kind of orientation that if we're talking about the spiritual dimension of palliative care, this is a kind of a map, a kind of a mind map that helps situating issues that patients are working with. And in one of the hospitals, they also have a little leaflet in which they give the model to the patient and say, well, have a look at it at home, see if it helps you to organize your many thoughts, and we can have a talk about it afterwards. And this also works very well. And finally, there is a kind of - it's called Utrecht Symptom Diary. It is a kind of a more standardised way of trying to monitor what patients are going through, in which this model has been adapted in a kind of abridged form into five questions that patients can answer. So there are different ways of applying it. And what works out really well, I think, is that in this way, it is useful both for professions like chaplaincy or psychology, on the one hand, who are more into these talks and reflections, but also professions like nursing and physicians, who don't have that much time, but still can relate to the same idea of organizing this dimension. I think this is how it works, at least in my country.

[26:19] **Martin Robb:** So towards the end, the book comes full circle. Having started with Aquinas and the theological roots of your thinking and the medieval *ars moriendi*, you have a chapter towards the end explaining how the *ars moriendi* might be used within a religious perspective. And although you say it can be adapted to any spiritual tradition, you focus on the Catholic tradition. You say it's the one that you know best from inside. And you debate, you have a little debate there about whether it's really possible, after all, to deconstruct

what was originally a religious model into, as you say, abstract and universal categories. And you go on to admit that universality and neutrality are highly problematic concepts. So I wondered, as I read that, whether ultimately, the *ars moriendi* approach that you described in the book actually works best when it's underpinned by an explicitly religious or spiritual perspective on life.

[27:14] **Carlo Leget:** I'm not sure about it, because what I see that in the Netherlands, the model is used in a non-religious way, in a secularised way. And it works well for people because they - they feel that it leaves enough space for meaning constructions without being put into a kind of religious framework. And actually, it is a funny story, because when I wrote the Dutch book, I had some proof readers, and I built up my chapters in the first book in a way that I first introduced these different tension fields in a general anthropological way. And then at the end, I would make a kind of religious translation and explain what it would be like from one tradition. And one of the proof readers said, yeah, I like your book, but I don't like the way you trick me into a religious trap every chapter. And then I talked to the publisher, and we decided to make a kind of line next to where it became religious. And there was a warning, please, reader, don't cross this line if you think it is not your cup of tea. And I think that was a little funny, but it also expressed something of how sensitive it can be, this whole field of spirituality, where people can feel like they are tricked into a certain worldview. But I think I would like to believe that, that this model can bridge a religious and a non-religious gap or approach. And actually, we tried it out in recent research with people from a Muslim background, from Turkey and from Morocco, and also with a Surinam background, which is more like a combination of different religions in which especially the Hinduism plays a big role. And what I hear about these people, because we worked with imams and people coming from these traditions and pandits, and what I heard from is that they say, well, your model can be put in different terms and we can work with it. And of course, if you really take it in a very radical way, you would come up with a different model. But it's open enough to be bridging the cultural and religious gaps. And I think it's defendable as long as you are aware that there is no language that has no cultural background and roots. So there is no universal - I mean, people have tried it with Esperanto, but in the end, I think it didn't work because it didn't really take seriously that words build up a lifelong - and the way that **words <u>are educated</u> charge** during your life, become so complex and so rich that you cannot just switch from one language or conceptual structure to another.

[30:15] **Martin Robb:** Now, I don't feel I can really leave the subjects of death and dying in talking to a Dutch ethicist without broaching the subject of euthanasia. And you've already mentioned it. You talk about in the book, you talk about patients who have signed a euthanasia declaration. And obviously, as you say, the Netherlands, like Belgium, has been in the forefront of introducing quite radically permissive policies around assisted dying. Still very controversial, as you say. Now, I mentioned earlier that one of my recent guests on the podcast was Ruth Groenhout, who also comes out of a Christian tradition. I suppose I was quite surprised by her fairly laid back approach to the question of assisted dying. And Ruth argued that we ought to respect the individual's own wishes in the matter and not impose our own morality on it. But I wonder whether you'd agree or what you think a care ethical response should be. Or could this be an area where your identity as a care ethicist and your

Catholic background come into conflict, given the Church's consistent opposition to all forms of euthanasia.

[31:20] **Carlo Leget:** Well, let me first give a personal answer. I think when I started theology in 1990, Eighties, and did my PhD in the 1990s, I really tried to go into my Catholic background as much and deeply as possible. There was, however, a turning point at some point when I was doing more and more care ethics and more and more studying the ethical - no, I think especially the care ethical approach to life. I more and more became critical towards the Roman Catholic tradition. And I think especially the way that the Church has developed now is, to me, not no longer really helpful in bringing people closer to their Creator, so to speak, because there are many difficult issues going on that we cannot really talk about. And there is no empirical feedback from empirical research to the teachings of the Church. I think it has become a very closed world. So you could say I said farewell to this kind of doing ethics and doing moral theology. The more I got into care ethics, the more I got convinced that morality is not something we can put into a system and copy for centuries. But morality is a living reality that we have to find out, listening to the people who are really involved in the issues. And if you look at the anthropology underlying care ethics and anthropology underlying palliative care, you see there's a lot of similarities. For instance, palliative care is four dimensional. It is embodied knowledge, it is relational. People are seeing not as individuals, but in community and all stuff like that. And I think this has really helped me, having a new access to all these end of life issues and debates. And when I look at euthanasia, I would say that for me, the process of - the process that starts with the patient asking for euthanasia is very important. Even more, the quality of the process to me is more important than the outcome. And what I see, one of my PhD students actually is a GP who does research into the role of the family physician in these debates within a family. When a patient asks for euthanasia, what you discover is that we have a law in the Netherlands and we have doctors educated how to obey to these criteria of doing it in a very best as possible. But what we don't have is attention to the process of how do you do this, this interaction? What does it do to you as a GP, to having to, you know, putting someone to death, which basically is. And in my talks with physicians, I hear that some people have big problems with it and are eventually also leaving doing it because they say, I cannot do it. It's not me, even if my profession asks for me, and other people don't have any problems with it. This is fascinating, and it has never been, to my knowledge, never been researched. What makes such a big difference between people now? The same, I think, is to be seen in patients and families. Some people have a very, you could say, open minded, deliberate, and also very social way of growing together towards this life ending. And our research has shown that there seems to be a kind of moment to do it. So this can be done too early, but also too late. It is like you grow together towards a point where everyone says, well, now it seems like the right moment. It may sound strange to people from other countries, but what I, as a care ethicist, I would say it is very, very important to not only look at the individual's choice, but also at the people who are so intimately connected with these individuals that they also have to cope with life afterwards. And this dying process is so important because if you don't do it right with each other, you know, it might really hurt, and it might really be a big source of suffering and guilt and all kinds of problems afterwards. So that would be my process- oriented, care ethical answer to your question.

[35:51] **Martin Robb:** And there's some lovely examples in the book of where you use those concepts of inner polyphony and inner space to talk about some real examples of patients who came with the euthanasia declaration. And then practitioners learned to hear what was behind those words, and maybe that wasn't what they really wanted. They hadn't had the inner space to really explore what was going on for them. And as you say, there's the sort of outer polyphony of the family as well, and bringing them into it. So I think it really showed how those concepts can help to get behind the words and behind what people are doing when they sign a piece of paper. So, although the main focus of your book is on working with those who are dying, you do briefly touch on the topic of bereavement and grief. And you say grief is not something that's only experienced after someone has died. Grief is a normal response to any loss that people may experience with their lives. And you suggest in the book that the concept of inner space can be helpful for the bereaved as well as for those who are dying. Now, I mentioned in my introduction that with your partner, Mai-Britt Guldin, you recently founded the Centre for Grief and Existential values, which is based in Denmark. So the focus of your work has moved from palliative care to bereavement care. But I think the same emphasis is still there on existential values and spiritual questions. I'd be interested to hear something about the centre, how it came into being, what you actually do, and what are the values that underpin it.

[37:25] **Carlo Leget:** Well, I think it's fair to say that the centre has its roots in 2015, when I met Mai-Britt, we were both on the board of the European association for Palliative Care. And she came from psychology in Denmark and I came from the Netherlands, and I was more the guy who was building up the spiritual care. And I remember we often shared taxis and waited at the airport together and got into conversations. And I was a little bit like, okay, she's a psychologist. Well, these are the people who have these long statistical kinds of research trying to map our brain and have all kinds of ideas that are not so philosophically interesting to me. So I was a little bit reluctant. But as we reintroduced a couple of years ago, interestingly, we got into a deeper conversation and I discovered that what she was trying to figure out was basically and largely the same as what I was trying to do from a different discipline. And we noticed that there is a lot of - how do you say it - competition between disciplines. So we said, maybe we should try to have a good talk with each other and try to integrate what is happening here. And she is a very sophisticated grief researcher who did some great publications and said, well, actually, to be honest, what I miss in the, the grief research is this existential dimension and this spiritual dimension. So maybe we could work on that. And we started to do a big review on what is the state of the art in grief research. And we thought, well, it is very important to put some new energy in it because a lot of the grief researchers focus on grief after you lose someone dying. And this is not the whole picture, because grief is connected to every loss as every loss is connected to love. And this is something that happens all through our lives. We lose things from, you know, from when we are children to when we grow bigger and in relationships and everything. So there is so much loss in a life when you focus on it. And this is all little moments when you practice grief and can practice your grief muscles, so to speak. So this one sidedness, we were not happy with it. We were also not happy with that. The dominant grief models are developed by just one discipline, by psychology, whereas grief is also physical and social and spiritual. So it's broader. And as I already mentioned, this existential dimensions is underdeveloped. So we thought it would be important to focus on this new approach. And actually, in the upcoming book that you already mentioned, in the introduction, we say that

grief is five dimensional, and we can use this five dimensionality to really become a big help to people who are grieving. Because, you know, to give you an example, recent research has shown, and Mary-Frances O'Connor is a big name in the United States about that, that our brain works differently when we're grieving. And, for instance, one of the things our brain does is that we have these structures of something we have lost and is meaningful to us that are just engraved in our brain. And our brain cannot believe that someone or something is not there anymore. So it's a little bit like a ghost limb to the brain. What is lost is still there, but it is not. And this has a huge impact on the way we look at the world and the way we suffer in these instances. Well, there's a whole lot of other things that's happening in our body related to our immune system, related to our cardiovascular system, a lot of dimensions that are normally not really discussed when we're talking about grief. I think that the next move in thinking about care and about good care is to acknowledge that this embodiedness that care ethics talks a lot about also has a very biological, chemical side that is really having a big impact on the way we look at the world. And I think we're not there yet. So this is also how I think our centre can be interesting to care ethics.

[41:58] **Martin Robb:** So, with Mai-Britt Guldin, you've recently published an article in 'Death Studies' under the title 'The integrated process model of loss and grief: inter-professional understanding'. And there you kind of elaborate on what you've just said about what the dominant grief models currently lack. And also you, as you say, you extend the idea of loss beyond bereavement through death. You say, 'we argue that loss is deeply existential by nature, and grief is a unique and personal experience rooted in the specific loss of love, identity, meaning, or core values in life, but not limited to bereavement'. And I like the way that you don't restrict it to bereavement. One of your case studies, for example, John, a soccer player who lost a leg in an accident, so his loss was of his sporting career, but also his identity, his community, and so on. As an alternative to those partial dominant grief models, you propose an integrative process model which incorporates the existential dimensions of grief and loss. Can you say something about that alternative model that you're proposing and the implications that would have for clinical care?

[43:12] **Carlo Leget:** Yes, we have been struggling how to integrate this existential dimension in the model, especially because it's five dimensional. And that has been a kind of a puzzle that we were looking how to solve it. And I think the way we try to solve it is that if you look at the literature of existential therapy, the biggest name, in the sense, of the most influential thinker and author is, with no doubt, Irvin Yalom, who is, of course, big in the United States, but in a lot of countries. And he distinguishes between four ultimate concerns that we all have to face as human being, which are death, freedom, isolation and meaninglessness. And, of course, there's a whole tradition of existential thinking that starts with Kierkegaard, that if you dive deeper into it, makes so much sense if you think about why there was so much anxiety about suffering, about death, about dying, about loss and all those stuff. So we thought maybe we can find a way to connect these ultimate concerns to different dimensions and show how in some of these dimensions, some ultimate concerns are very present. For instance, this physical dimension, I think, is a confrontation with our embodied existence and with our mortality, our vulnerability. You could say the ultimate concern of death is almost felt physically in undergoing grief. And so we have connected it and found a way to invite the reader to reflect on how this multidimensionality of grief is, on the one hand, very confusing. But once we learn to connect it to these ultimate concerns,

we can be shown a way to deal with it and look for a new balance and look for a new way of maybe even developing and transforming. Because this is, I think, a basic idea in the model that grief is not just loss that needs repair, but grief is loss that opens a new way of becoming aware of what really matters to us in life. And once we are acknowledging the fact that we are all mortal and become more and more connected to what is really meaningful in our life, we can make choices. And these choices can help to find ground again, to focus our life and to find meaning again. And I think this is basically what we are trying to convey in the article and in the book. And the impact in healthcare, I think, is huge, because not only palliative care, everyone who is sick has a loss. Everyone who is sick is confronted with, even in mild ways, with this finitude with death, but also with the fear of isolation, the fear of meaninglessness. All those things are there. And in that sense, we are now, the centre is only one year old, so it's very young. But we are really trying to figure out how, in different fields of healthcare, we can work and make clear how a different way of dealing with loss can help us to grow as human beings.

[46:47] **Martin Robb:** Can we move on now to your most recent co-edited book, 'Wonder, Silence and Human Flourishing: toward a Rehumanisation of Health, Education and Welfare'? Can you tell me how that collaboration with your Scandinavian colleagues came about and what you were hoping to achieve with the book?

[47:06] **Carlo Leget:** Yeah, I think this is also a collaboration with Finn Thorbjørn Hansen, whom I met in 2015 at the same congress where I met Mai-Britt. And Finn is actually a very interesting guy. He's a philosopher, also a phenomenologist, who approached me at the congress and he said, well, Carlo, I heard about your work. You're doing this spiritual care, which is either religious or non-religious. But I was thinking, is there also a third way of doing it? And I said, maybe, what do you think? And he said, well, is there also a phenomenological way to do this spiritual care? Because I think that wonder plays a very important role in this whole idea of spirituality. And then we got into touch and we became friends very quickly because he, you know, he's a very nice guy in the first place, but also opened up a new world of thinking about the whole issue of inner space, of meaning, of transcendence, by using this word of wonder. And with wonder, he does not mean curiosity, but he really means the wonderment of becoming aware, how special everyday life is and how extraordinary the ordinary is. And he has developed a method to go into that, the so called Wonder Lab, but is also a very passionate guy in a sense that his way of living is to be in wonder. So every time you talk to him, he doesn't take things for granted, but he always tries to bring you back through wonder to the original freshness of the experience. And this is something that, yeah, that, that I thought, wow, I always thought that phenomenology was something you do at the university as a philosopher. But he showed me that it can be a kind of attitude in life and that it can be very rewarding because it opens up new perspectives all the time. And this is what I was trying to do with my inner space. But he helped me to get a different way of doing it that can be connected to inner space.

[49:19] **Martin Robb:** I think it's a beautiful book. I think it's really inspiring, those chapters discussing the part played by moments of wonder in care. And I think one of the other values is that it introduces readers to a range of sort of Scandinavian thinkers and some trends in Nordic philosophy that will be really unfamiliar. So it's an eye opener, I think. Now, your own chapter, you return to inner space, but your chapter is called inner space,

resonance and wonder. So you cite the work of the German sociologist Hartmut Rosa and his concept of, of *Resonanz*, or resonance. What did you think he means by it, and why did you find it a valuable concept?

[49:58] **Carlo Leget:** I think it's very valuable because he makes clear that in our society, we always try to create meaning and happiness by doing things, by going to a concert or having a walk in nature or whatever. And I think he makes very clear that we cannot produce something like that by just intending it. I can go to a concert and I can be listening to a wonderful piece of music and still not really being touched. And I think what he shows with his idea of resonance is that the phenomenon of being touched by something is only partially something we can do. It's also about undergoing, about opening up, and it's about a little magic that we cannot control. This is also what he calls the unavailability of resonance. We can open up to resonance, but we have no guarantee that it happens. And when it really happens, it is transformative. Now, these are ideas that appeal very much to me because it is very close to the religious idea of transcendence. And it is very close to this idea that we are in connection and interrelation with the surrounding world. And this is a process that is only, to a certain degree, something we can plan and organize. It's a little bit like education. You can listen to a teacher, and already Augustine said, it is not the teacher who makes the knowledge to go into your ears and into your brain, but something else happens, because the teacher will not succeed in every instance, how good he or she or they might be. The magic of something really transforming happening comes from elsewhere. And this, of course, is a very phenomenological thought. And you see, that Rosa in his book also draws a lot of Merleau-Ponty and other philosophers that use this. And maybe this is also one of the special things about the book, is that we say, well, we have been trying to make healthcare better, and not only healthcare, but also education and welfare, by planning things, by organizing things, by having better methods, by doing all kinds of research. But maybe we should try a different road, and maybe we should try to start with wonder and silence as the starting points of opening up to this dimension that we cannot control. And it is especially these things in life that we cannot control that are often the most meaningful and inspirational.

[52:41] **Martin Robb:** Now, you've mentioned already the work of one of your co-editors, Finn Thorbjørn Hansen. And in your chapter, you talk about his development of what he calls Wonder Labs. You write, 'Wonder Labs are virtual spaces where former experiences of wonder are investigated, and its transformative potential is nurtured by bringing it into resonance with the experience of other Wonder Labs participants and with great works of art.' So, can you tell us a bit more about Wonder Labs and how they work in practice and also their particular relevance for care work?

[53:13] **Carlo Leget:** The way Finn has developed Wonder Labs originally, were, I think, three day events, three day courses in which you go through different phases, and it's really a kind of a Socratic way of working with each other. You start with finding a kind of question you agree upon. For instance, in the courses we give at our university this year, the question is, can you tell us about an experience of gratitude? Give an example and how it felt for you. And then people are invited to give a phenomenological description of gratitude as they experienced it once in their lives. And what you do then in the Wonder Lab, you have a small group of people who are trying to understand this experience in a. I would almost say

a resonating way. So you bring - you have, for instance, there are different steps. I cannot discuss them all, but there's, for instance, one step in which you retell the story from a different perspective. For instance, I have an experience of gratitude when someone gives me a present. And now one of the people in the group retells this experience from the perspective of the giver or of the gift. And this gives a new idea about what is happening in these situations. And then there are different roles in the Wonder Lab, in which people are invited to, in a Socratic way, ask questions about what is happening and try to go back from what is, you know, what we can put into words until the presuppositions, until the words are lacking. And then we are very close to this fresh experience of what gratitude is about. And there is also one of the phases in which we connect what we discussed with the great works of art. Are there movies or books or pieces of music that resonate with what we just talked about? And all these different steps in the Wonder Lab, you could say, deepen this experience of wonder. And by deepening it, it becomes more and more present, and it has a transformative effect on how we look at the world. Now, this original way of doing Wonder Labs, of course, is not really a good idea for healthcare, especially in healthcare. There is almost lack of time in every instance. And what he also developed is different forms of Wonder Labs. And one of the forms that he told me about recently was in a hospital environment to have one hour wonder labs. He calls it the Wonder Compass, in which he trains nurses or other professions to go into this movement just for one hour and just to explore something that they have experienced that week, to kind of refresh their mindset and to be sure that they don't become too much protocolised looking at the world, and also to rejuvenate their inspiration to do this kind of work. I think to me that are the two main benefits, if you can put it in that way, because of course it is valuable in itself. I think it's intrinsically valuable. But if you want to talk about the impact on healthcare, I would think that it really helps to get new ideas, to get a new view, and to be connected to what you experience as valuable moments or beautiful moments. As one of the papers in the book explores beautiful moments in nursing and in healthcare.

[56:51] **Martin Robb:** Yes, because one of your chapters is written by a nurse. It was part of her PhD study, I think, wasn't it? So I think it's a wonderful book, but it also, as you say, has very practical applications. So I'd recommend it to anybody. So Carlo, you mentioned that you and Mai-Britt have a new book coming out later this year. So what else are you working on at the moment, and what can we expect from you in the future in terms of research and writing?

[57:16] **Carlo Leget:** Well, the new book is quite a nightmare, to be honest, because we thought we could write it in English and then translate it just like that to Dutch and Danish, our mother tongues. And then we discovered something that I should have known already from Gadamer, that once we start to put things into words, the world changes. So we got a little stuck. But the book will appear in three languages in September. That will occupy most of my mental space these weeks and months after that. My intention is to pursue thinking about the way loss can be, an opening to existential awareness, but also to work further on phenomenology. Because I think that phenomenological approach to the world is very important. And next year there will be a book out on the kind of state of the art book on care ethics, in which I wrote a chapter on care ethics and phenomenology and also the importance of phenomenology for care ethics. And I think, yeah, this is basically what you can expect from me in the future.

[58:24] **Martin Robb:** I look forward to both of those books. So, Carlo, I'd like to end by thanking you for coming on the podcast today and for giving us some fantastic insights into your inspiring and important work in spiritual care, and in the fields of palliative and bereavement care. And I wish you all the best in your future research and writing.

[58:41] **Carlo Leget:** Thank you very much, Martin, thank you.

[58:43] **Martin Robb:** So that's all we have time for on this episode of Careful Thinking. If you've enjoyed this episode, I hope you'll subscribe wherever you get your podcasts and spread the word to others you think might be interested. If you'd like to comment or provide feedback on this or any episode, or if you want to suggest a guest or a topic for a future episode, you can email me at carefulthinkingpodcast@gmailmail.com or you can leave a comment on my Substack, which you can find at carefulthinking.substack.com. All of these details are on the podcast website together with the show notes for this episode. Thank you for listening and see you next time.