



**Sitting with the
suffering**



**English
podcast transcript**

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About Philosophical Care, a form of practical philosophy

English transcript

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FM: Hello and welcome to Wisdom Talks, a podcast produced by METIS, the internet portal for intercultural wisdom literature and wisdom practices, at www.metis.ethz.ch.

Today we will discuss the practice of so-called 'Philosophical Care', an offer directed at people in difficult or even unsolvable situations, such as coming to terms with the end of life; one's own, and that of close ones. The main objective is to provide support; in finding words and concepts, and in understanding and expressing what is perceived as difficult. We have invited Caroline Krüger to tell us more about the practice. She holds a PhD in philosophy and has been working with approaches to philosophical practice for many years, for example in the context of the Zurich Institute for Philosophical Practice. In our conversation, she will reveal how Philosophical Care can support people on their life journey, and how it differs from other forms of care. Caroline Krüger herself draws particularly on Pyrrhonian skepticism in her practice; an ancient, philosophical school that seeks to train its students in judgmentalism in the face of life's big and mostly intractable questions. Today we will learn how this theory can be applied to the practice of caring.

Welcome Caroline, it's nice to have you here today.

CK: Thank you for having me. Hello.

FM: Caroline, you have a PhD in philosophy. Would you say the path into 'Philosophical Care' was a break or a continuation of your involvement with philosophy?

CK: Good question. I would say it was a continuation. In the introduction, you mentioned that I refer to Pyrrho. That was interesting, because you said "in theory". And what's interesting is that unlike the Epicureans and Stoics – both Hellenistic philosophies – skepticism is not a school, but it's an 'agoge', that is, a direction. This has something to do with the contents. The other two directions also know a criterion of truth, they search for truth. The philosophy of the Skeptics is more about actual acting yet doesn't give any instruction on how to act. What's interesting about that, and what I see as a continuation, Pyrrhonian skepticism is a lot about contradictions and unsolvable things that I don't call problems anymore. For me, a problem is something fundamentally solvable. And everything that is not a problem that is not solvable, is a contradiction, a situation, something else. I still use this vocabulary. And they assume, of course, that people have emotions anyway. There aren't any practices to achieve peace of mind, to suppress the emotions. There is one example that I think very beautifully illustrates this: In a narrative by Sextus Empiricus, Apelles the painter was supposed to paint a picture. He wanted to paint a horse that was foaming at the mouth. But he doesn't succeed. This upsets him so much that he throws the sponge on the painting, and of course, the sponge hits exactly where the foam should be. So it worked out after all: "But when they suspended judgment, freedom from disturbance followed as it were fortuitously, as a shadow follows a body." You can't translate that into a practice, because you can't establish "sponge-throwing" as a practice. And that's something I think is important, even for how we deal with intractable situations today. It's not about turning off the emotions. They're there. I'm interested in giving a space for these emotions, also for anger, for struggling and enduring that. Maybe it's like in palliative care, where sometimes you say: "sitting with suffering", without solving anything at first.

FM: So what interested you already during your academic philosophical career were these contradictions, from which you developed the practice of Philosophical Care?

CK: Of course, looking back, you can say that. I didn't know at the time that I was going to do that. But what I've always been interested in finding out is: "What happens when...?"

Because we all solve problems every day. And that's nice and satisfying and so on. But the important situations in life are the ones that are not problems. Being born, giving birth, serious illnesses, crises, death, dealing with death. What do we do then? Because even skeptics cannot be idle. That's what they say. Neither can any of us. But what do we do then? And what kind of action is appropriate? This is better expressed in the term 'care' than, for example, in the term 'practice', because 'care' has such a wide range of meanings. Also, for example, in the medical field, there is this distinction between 'cure' and 'care'.

FM: I studied philosophy at university myself, and I had the impression that it was actually very little about existential questions like dealing with emotions and especially not about caring. Can you perhaps elaborate on the difference between academic philosophy and what you call Philosophical Care?

CK: There is something in the middle: Philosophical Practice, which has been around since the 1980s. And since 2014, at least in Vienna, there's a program where you can obtain a degree in philosophical practice. Which is funny, because it was developed as a reaction to the missing application of the academic theory. What I think is so encouraging is that the philosophy of the ancient world – we'll get to that, too – was much less separate. The action and the epistemological interest, for example, was very intertwined, until it was taken apart by specialization. When you ask people why they want to study philosophy, they are often motivated by things they've experienced or by imagined experiences. There is a personal motivation as well. When I studied, philosophizing was supposed to be detached from the emotions, which is just not true to life. But Philosophical Care is. I figured that there are so many different care professions, particularly in health care, which is what I was interested in. There for example pastoral care, spiritual care, nursing, medicine and psychology. I thought that philosophy could add another dimension: thinking, reflecting, sorting – which is actually what academic philosophy is all about. Joining that with care is an attempt to create a space where both can have a place.

FM: But how does Philosophical Care relate to the other forms of support that you have mentioned? How is Philosophical Care different from religious counseling, coaching or psychotherapy?

CK: I would say that there are different demarcations and commonalities with each field. First of all, it shouldn't be a competition where we fight over patients, but rather a question of: What else is there? What else can be added? I did a CAS in Spiritual Care and wrote my thesis "Philosophical Care," here I dealt with the question of who the recipients of Spiritual Care are. I found out that 30 percent of the inhabitants of the canton of Zurich have no religious affiliation. That doesn't mean that they don't have spiritual needs, as my colleagues from pastoral care would say – I would say needs that can be met by Spiritual Care or perhaps also Philosophical Care or psychotherapy. It is not quite clear which ones, especially because there are no other offers. So, pastors make offers for people without a confession, which I think is good. But in my circle of acquaintances, for example, people would not want to talk to a pastor, regardless of whether he or she would be able to meet their needs. And then I thought, maybe there is something additional, if you have a philosophical background – I have a different background – one could say, in relation to psychological counseling. Philosophy relates to Philosophical Care in the same way that Psychology relates to therapy. A different practice, a different care will emerge. For example: When a person comes and expresses a difficulty, I think of it as a tangle of difficulties. I let the person speak. That's probably what the other professionals do. What I focus on, in part, is putting it into words together. Putting something into words and coining terms, that's something that philosophy can do – that is, what a philosophical background facilitates. That is a specialty.

FM: You said that you refer to Pyrrhonian skepticism. Has this form of philosophical caring always existed? Or is Philosophical Care a contemporary concept?

CK: That's an interesting question. I tried to find a tradition and concluded that even if it hasn't always existed, it's something good now. Of course, there have been similar approaches. Socrates probably comes to mind with his discussions, or also the other Hellenistic streams: Epicureanism and Stoicism. For me, it's good that these existed, and that there have been other developments too. You could say that Christian pastoral care has developed, while the Socratic approaches existed, that is, care for the self and also care for others, *epimeleia heautou*, and *epimeleia tes psyches*, care for the soul. This developed in contrast to the Christian pastoral care, which related more to the self, to one's own peace of

mind. These Hellenistic philosophies all have this goal of peace of mind. The Christian pastoral care referred to the others and developed from there, while the philosophical spiritual welfare stagnated and only resumed again, I would say, in the Renaissance with Montaigne. This tradition is coming back, speaking about the self and the preoccupation with the peace of mind. That's something that you could pick up on. It's like a broken tradition. I really don't want to refer to Socrates in terms of content, but historically of course I do.

FM: So maybe it's about reviving a tradition that already exists, that was already there. You said that religious care is something that perhaps doesn't refer to the self, but rather to the salvation of the soul. It's more about something divine, while the Greek, Hellenistic tradition is more about the self. This reminds me of Michel Foucault, who in Sexuality and Truth also tried to refer to these traditions that reestablish these practices of the self, referring to antiquity, too. You said that you didn't want to put Socrates on a golden pedestal, but people like Socrates, Epicurus and Seneca, philosophers who thought about a right or happy life, these are the people you refer to in the elaboration of what you call Philosophical Care?

CK: Yes. Referring doesn't necessarily mean following the school. I do care about that. I'm not an Epicurean or Socratic, I'm not a follower. The difference is the 'school', which is why I always say I'm influenced by skepticism. As a Philosophical Care person, I would like to open up a space for the person, the patient. It's not really about me. Historically, it has been about peace of mind, about one's own salvation. That certainly has something to do with it. But for me it's interesting to really bring in the care for others. Of course, the conception of man is important for this. I am aware that we are all dependents. I don't think too much about "giving care", like the Christian concept of care for the others, for "the weaker ones". Which is good. I am also weak, I am dependent, we are all dependent. And that is an attitude that I believe is important. So this conversation space is not about me. I am the interlocutor for a person who has a concern. This is the case with Socrates, – we don't know Socrates but based on the existing dialogues – this idea of midwifery, of maieutics: I just don't know if my interlocutor wants to give birth to something. I don't want to imply that. That should be a freedom in this space, along with the freedom not to reach a goal. That would also be important for me. And that's why skepticism is a better reference for me than the other

directions mentioned, although they are also interesting. Regarding self-reference and reference to others: I wouldn't say it's still like that today, but the Christian tradition does have transcendence, that is, the reference to God. And I would say that Philosophical Care can also have a transcendence, but the transcendence would be more horizontal in relation to the world, and our social environment.

FM: When you talk about skepticism in relation to Socrates, skepticism is perhaps most embodied in the famous phrase: "I know that I know nothing", which is a total contradiction in the dialogues that Plato apparently wrote. Namely, on the one hand, Socrates always appears as a teacher, and everyone always agrees with him. And then he blurts out this sentence and somehow calls his whole authority into question. To me, this seems to be about autonomy. In my understanding, philosophy wants to empower individuals to act autonomously. So how does Philosophical Care manage to ensure that the person being advised can maintain their autonomy? Or is autonomy not an important concept in your practice?

CK: Yes, it is important. The phrase: "I know that I don't know", is interesting. It's not a Pyrrhonian skeptical phrase, of course, but rather an academic one – there's also the academic skepticism. "For he knows that he knows nothing." How does he know that? A Pyrrhonian skeptic wouldn't know that either. Pyrrhonian skepticism believes that some things can be recognized, and so do I. I would never say that I don't know anything. That is already too much. On the subject of autonomy: What I find exciting is what I tried to do before with the conception of man: our idea of autonomy is also very important in medicine, in palliative care, i.e. patient autonomy. My understanding of autonomy is more in line with Hannah Arendt. She describes freedom in relationships, by ways of this beautiful image: When people are born, they enter a world. But this world is not empty. The world is like a net and within this net each person can spin their own thread. That is the freedom. But the net is the relation. And this net is already there. In a conversation, I'm aware – I'm also personally not so much interested in absolute autonomy in the sense of "relationshiplessness" and that kind of freedom – that this person who's talking to me is in relationships and so am I. And that we also enter into a relationship with each other. That, too, is part of this care. I would say it's the same with the caring professions. Even if it's

pushed into the background by professionalism, it's always an element. And it's important to be aware of that. And not all relationships are driven by power, so I want a conversation on an equal level. That doesn't have to mean equal. Because a person who is sick is weaker than me at that moment. But that awareness helps, I hope. This is of particular concern to me.

FM: Exactly. So maybe they're not driven by power, but I do find it difficult, especially in the relationship between someone who is counseling and someone who is being counseled, to imagine that that would be a power-free space, on the contrary, I would say that a very blatant hierarchy can arise there. What are your concrete approaches to avoid this? Or how do you see your role as a consultant? It's perhaps a bit presumptuous to say that I can give you advice.

CK: Exactly. I don't give advice. I'm not a consultant. I say that, too. So that's a difference perhaps to philosophical practice. Care is not counseling, it's more like accompaniment. I wouldn't exclude that it can also have counseling elements. It's extremely difficult to separate. But I don't at all have the need or the impression that I know much more. A person who comes with a concern is the expert on that concern. What I can do is give the space, listen, pause, also acknowledge. These are often unsolvable situations. Fear of death is not a problem, and it is also normal. And what I can do is, for example, give space and acknowledge that. Then, perhaps, there may be advisory elements when I say that this has already happened, for example, that people have written about it. On the one hand, it can be helpful to feel that you are not alone, to talk about others or to talk about myself – but only to a certain extent. It is a professional and friendly conversation. But I think this element is important. What I certainly don't do is solve problems for people. That's not the point. The point is to give the space to look at the problem, the difficulty – I visualize it as a knot – to see if we can pull somewhere. But that work and the decision of what we do, that's done by the interlocutor, not by me.

FM: I don't know why there are so many more English terms than German ones. But the metaphor of the container comes directly to my mind. So, the way you describe it, I see you in a position where you enclose a process. And there I also see the reference to care: this

enclosing has a very feminist aspect, because that is the female role in sexual intercourse, of enclosing. This is something that's very counter-gendered, as a metaphor, and this term 'care' also comes a lot from feminist theory. Do you have any thoughts on this, or do you see yourself somehow linking up with feminist practice or the history of ideas?

CK: Yes, however not regarding enclosing. I am aware that care has a feminist history. I don't know if this fits in here, but I'm also involved in another context with an association called "Economy is Care" for working out...well, care is also about the world. We are all in the world. And I am aware of that. That's maybe also part of the practice of dialenic feminists. Difference feminists, for example Luisa Muraro, focus on practices that start with the consciousness of oneself. According to Luisa Muraro: being conscious of oneself and not letting oneself be found. That's interesting, and it serves as a good practice for conversation, starting with oneself. Not Socrates, Pyrrho and so on, loading these conversations with them, but starting with myself and the interlocutor starting with themselves. These roles, that is, not letting oneself be found, can be interpreted perhaps as follows: I, the philosopher, am not the one who knows everything. The patient is not the one who is weak, without tools. It is not that clear. We can advance a conversation without defining. These are already practices that are very influenced – there are more. Not only conversations, but also walks can be Philosophical Care. I do walks at the Labyrinthplatz in Zurich, for example. The Labyrinthplatz Zurich has been a feminism-influenced place for 32 years. And that plays a role, of course, in my practice.

FM: Since the Corona pandemic, there has been a lot of talk about the massive increase in the number of people who need spiritual care in some form, be it psychotherapy or religious care. One could also refer to climate change or to the war in Ukraine. It seems as if one crisis follows the next. And this also corresponds to contemporary diagnoses, such as that of philosopher Nancy Fraser, who blames our economic system. Have you had more visitors in recent years? Do you have the impression that the problem areas have shifted? Is the current political situation something that people are concerned about and need care for?

CK: Yes, and I must add: I've been engaged in Palliative Care since 2019, then Spiritual Care, and I created the term 'Philosophical Care' for my thesis in Spiritual Care. I am obviously not

the only one who created it. That is, I've only been using this term since 2021, but I started with Philosophical Practice earlier. It is not the same offer, but one notices global themes in the conversations, because we are all touched by world events. What I noticed – but I don't know if it had anything to do with this – there were some topics that were more prevalent, such as assisted suicide. But I can't say whether that has anything to do with the world situation. It might also have something to do with the fact that the Exit organization has been around for 40 years now and it's starting to be established. That was just very conspicuous. Rather than more people coming with the intention of talking about war or such. I notice that more in normal life, outside of the practice.

FM: So the topics that people are preoccupied with, and that they discuss with you are more universal, like dying or suffering?

CK: Yes, although I would say war and peace is also a universal topic of course. But it hasn't come up as such in a personal conversation. It may come up during one of my walks: I give a little impulse and leave people to think freely about that. The labyrinth is a structured space. One walks along a long path to the center and then back again. The center is not the destination. This is interesting because in life we often aim straight for the goal, ignoring everything else on the way. Therefore, one could say that the labyrinth movement is also a peace movement. During these walks, of course, these issues tend to come up. Less so in a one-on-one conversation.

FM: Exactly. These walks in the labyrinth are a concrete practice. That's exactly what I am interested in – which techniques of Philosophical Care are there today? And what kind of techniques do you use in your conversations?

CK: I am not sure. I have started to network with others who are doing similar things. If you're looking for Philosophical Care...I don't know anybody else right now who's developing and applying techniques. That's why I'm applying the ones that I'm developing myself. And those, of course, have to do with what I know and what my background is. The one-on-one, we already had, this passage through the labyrinth. It is important to me, I must add, that this is a very open offer. In other words: with a low threshold. Anyone can come. You don't

have to register. I am there. There is an appointment. I give a little impulse and everyone is welcome. It doesn't cost anything. That's also important to me because I think Philosophical Care may be important for healthcare on the one hand, but also just for everybody. So that there are practices that might be helpful. And this walking through – it depends a lot on the seasons, as the labyrinth is a plant labyrinth – I tried it myself. I had imagined that I would give an impulse and then you would just listen to your inner self. But that doesn't work, because there are lots of birds, mice, noise and plants, which is beautiful. And I thought, this year I'll offer one walk every season, adapted to the respective season. That is something that I have learned is important. And the people who come along hear this impulse and go through it with me. What is key is the concept of the labyrinth path: The labyrinth is not a maze. There is a path that leads into it. You can entrust yourself to this path. The word 'trust' came up at the beginning; to have an experience, in this half hour that it takes to go in and out, I don't have to do anything. I can think what I want. I can take in the externalities. I can think about what that philosopher said. But I can also think about whatever I want or not think about anything at all. So an individual, yet communal practice, making us free and connected. And in the end, we can exchange our experiences, but we don't have to. So that's trying to offer a structure. I described the program as follows: "The structure holds us without tying us down. Trying to give support without putting pressure or constraint." That's one kind of practice. Then, depending on, when people have concerns, I've noticed for example: A lot of people are struggling with something in life. And struggling is often also... it doesn't help if you give inputs from the outside with some kind of logic, because the struggling works in different ways/ has a different drive. And then I tried to develop a practice of struggling, based on a text by an Italian philosopher – I think it was Chiara Zamboni, who describes how to celebrate a party. And I took the structure to test the struggle in this structure. It is important that we prepare ourselves for the party, we look forward to it, we prepare the space. Then we go in. And then we go out again. And in this way, the outer life can be relieved of the struggle, by giving it this space. And celebrating that in a certain way. It is an attempt. It has already worked once.

FM: I find it exciting that you say party, because I had the impression from what we have discussed that it is actually in your practice or what you do there – and one must perhaps also emphasize again that what you do is pioneering work, because you have created

something that did not yet exist and you are also totally creative as you try to find out new techniques. You read literature about celebrating a party, but in your practice it's actually so much about first enduring emotions, which is difficult. How can you do that? I imagine it's especially difficult when you're confronted with topics like death, to endure that yourself.

CK: Yes. In palliative care there is this expression "Sitting with the Suffering". I like this expression very much, because you really stay with this suffering for a while and turn off the urge to detach. I also possess the urge to solve. I think we all have it. And it's difficult. I find it difficult too. It is not as difficult for me, because I have a day job where I do something completely different. I do this in my free time. Unlike psychotherapists, who see one patient after the other. I always have a lot of time. I take a lot of time also to prepare, to reflect, to learn. I don't know what it would be like if the frequency increased. I would have to try it out. I must add: The change of practices should also be considered. The people who join me in the labyrinth, they can still walk. That's not an end-of-life situation, quite blatantly. For people who are very seriously ill, Philosophical Care as I have been offering it so far, may not be the right thing because of the speaking. Speaking is exhausting. I had an experience with a friend who was in a coma and could no longer respond. I thought a lot about this and asked myself: What am I doing here? Religious people might pray. Others tried to talk to her, but that always made her cough. Others sang. I can't do that. What could she like based on the relationship we have? And then I started reading poems to her. Not in German, but in Rhaeto-Romanic, to remove the notion of understanding. Because you don't know what's still functions in a coma – the sense of hearing is the last sense to go. And that was interesting, because in the intensive care unit they asked what I did. When I told them, they said that they saw that the curves had calmed down. And I don't know... You can't really call that a practice, but it was an experience that I found interesting. It also calmed me down, to do something, not in the sense of that there's nothing left to solve. There's only the presence, to give, to experience, and maybe not to be idle.

FM: In our conversation so far, you've situated your practice in palliative care. I would like to home in on whom you see as potential target groups in general. Philosophical Care is perhaps most likely to exist or is most needed where people are suffering. Do you see it more

as a practice for people who are sick themselves or also for co-dependents like relatives or doctors and nurses who are confronted with people suffering every day?

CK: Yes, I learned in another training that it is not good if the target group is too broad. But I do think that for Philosophical Care, the target audience is everyone. That focus comes from my continuing education – I first did palliative care training and then spiritual care. And that's where this field of thought comes from. What I found interesting in the support of patients, was that assisted suicide was a topic. I had relatives as conversation partners. And this experience made me curious about what it is actually like for caregivers and doctors when people decide to die with Exit. Again, it's a question of autonomy: whose autonomy is it? And what about the doctor, the nurse who has a relationship with patients, do they also have autonomy? If so, what kind? And that's kind of the argument: patients have their own autonomy and the others are considered professionals, not persons, perhaps. Then I did a small, pilot project in a nursing home with a doctor friend of mine. We put up a notice asking who would like to talk to us about what it was like to accompany someone who died with Exit. It has to be said, things have changed since last year, as people can now also do this at a home. And people often told us about cases – we said that they can choose any case they want – where people had to leave the room for it. We're still writing an article on this, but the evaluation showed: of the six people we interviewed, all of them said they would have liked to have been accompanied afterwards. One of them said that, just as there is pastoral care for patients, why isn't it available for us? Spiritual care, someone said, one person did therapy, but it was all self-organized. And then I realized, well, a need is there. And I think Philosophical Care would be useful and helpful here.

FM: Montaigne says that philosophizing is the same as learning to die. Philosophy and death, why does that go so well together? Do you think it goes well together?

CK: Yes, that's interesting. That's what I've been dealing with – we can all die, we all die. Of course, he doesn't mean that. But this preoccupation...it's like philosophy always makes people think of death, with a few exceptions: Hannah Arendt, for example, to whom I refer, thinks about birth. And about what is already there. We are all already born. And I find both interesting. Actually, the life we live is the in-between, between these two points. And

maybe it has to do with the fact that we somehow have the feeling that we haven't contributed much to our own birth. We are already there. And we somehow feel as if we could organize death in a self-determined way or something. I'm not sure if it's possible. I deal with it a lot. I'm not sure that I will die more calmly than other people. I'm not sure that's the goal either. I don't think another person owes me a peaceful death, for example. But as an interlocutor, I'm prepared to endure whatever comes.

FM: But if you say that you don't really face death in a more peaceful manner, and that you aren't sure if things will actually be any better, then what's the point of dealing with it philosophically?

CK: I think "What's the point?" is the wrong question in philosophy. Of course, I can still answer it, because it's always about efficacies and so on. That fact is that we deal with it, no matter if there is a point to do so or not. Because the fear is there. I mean you can say things like Epicurus did, but is that really helpful? Epicurus said: "Why should I fear death? If I am, then death is not. If Death is, then I am not. Why should I fear that which can only exist when I do not?" But, after all, it's a process. And with the advances in medicine, it seems like we have to make more decisions than we used to. We have to decide what preventive care is all about, reflect on what we want, and what should still be done and what shouldn't? And those decisions are all overwhelming. I think it's helpful to give form and structure to these thoughts that come up anyway. And also to think about it in a philosophical way. What I can't say is that we'll help you die a more peaceful death. Because that's also unavailable in a certain way. But I do think that it can help in life. To deal with it now, to think about it. To do that in a structured way and not just to be able to name an unstructured fear, just to feel it. That's where I would say it's helpful.

FM: Now that you've had some practice and some hands-on experience, would you like to share with us what you've learned about death and dying from the practice of Philosophical Care and from the conversations you've had with people who are facing this issue themselves?

CK: Yes, it's not so simple. I think what I learned, what I am still learning, is that it's important to talk about it. Our societies have pretty much tabooed the topic. If someone comes up to you in the office and tells you that they're afraid of dying or something, that's not possible. But talking about it helps. So often I have heard that the conversation brought relief. Also – this is another practice that I didn't mention, but that I think is important – remembering. It is sometimes difficult in everyday life to remember people who have died, because it causes fear in others with whom one converses: this person has already died, I don't want that, I don't want to die, as long as I live, I am immortal, so to speak. We have made a practice of remembering in November. We meet in the labyrinth and remember. Strangers take something that reminds them of a person and they share that memory. This is not a Grief Café, there are also fun things, these people were “proper” people. To be allowed to think about that, to give space for that. What I have learned is that care activities cannot be done faster and more efficiently. Care is slow. Care is bulky. Care needs time and space. But this space also gives strength.

FM: If you want to put this in a societal or sociological context: Are you also advocating for society to learn to give space to the negative and the sad topics, which I have the feeling are often suppressed by Hollywood narratives in which everyone is always happy?

CK: Yes, absolutely. They're there, too. We could also talk about the climate, for example. I'm not an expert on that. But that is really a threat. What happens? People who protest against it are criminalized, so to speak. And these are two discourses that collide in this way. What is otherwise often reasonable is actually not reasonable here. “Economy is Care” also has to do with the fact that we are striving for an understanding of the economy that is within the earth's possibilities and not striving for eternal growth, which is in fact an illusion. I think that's very important. That we look at the world in a, well, I would call it a sensible way, and not with this traditional economic capitalist view: faster, higher, further.

FM: Caroline, thank you for this very profound conversation.

CK: Thank you very much. Thank you for having me.