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MBS (00:00):

What makes you uncomfortable? And how do you hold yourself when you're in that moment, when you're in that space? Some years ago I noticed that a pair of leather shoes that I was wearing ... Obviously this is pre pandemic in those days when I actually had to put on shoes. Well, they were badly creased across the top of the right shoe. Now, these are a fancy pair of shoes. They're from a company called Jeffrey West. A famous British Shoemaker. And they have fantastic broguing. Broguing is a pattern of holes that make designs on shoes. And these are designs of insects and skulls. I loved how subversive they were. And yet somehow these shoes that I loved, well, they were getting damaged.

(00:44):

A friend of mine pointed out the problem. When I get nervous in a group, I sit on the edge of my seat and I jiggle my right leg. And when I jiggle my right leg, I'm on my toes and when I'm on my toes, I crease the leather in the shoe. I

damage the shoe. But if facilitating in a group makes me nervous, what's it like to sit with death?

(01:12):

Welcome to 2 Pages With MBS. The podcast where brilliant people read the best two pages from a favorite book. A book that has moved them, a book that has shaped them. Dr. Kathryn Mannix is a woman who has spent her life being in the presence of death and doing it with grace and tenderness and humor and kindness. She trained originally as a doctor, but became fascinated with the process of dying. And this was before the discipline of palliative care has really got established.

Kathryn (01:46):

So I had to knit my own training scheme. And one of the things that I knitted into it was to spend six months with a psychiatry team. Because I'd noticed that we dealt with people who are working at extremes of emotions sometimes and I felt that I needed some more skills and tools to be a better helper and supporter for those people.

MBS (02:11):

Now, one of the tools Kathryn thought would be helpful was cognitive behavioral therapy. CBT as it's called. Although what that was, she wasn't entirely sure.

Kathryn (02:22):

The supervising consultant gave me this form on a yellow piece of paper. He said, "I think you've really enjoyed doing the CBT training. Recruitment finishes tomorrow. Fill this form in tonight." Oh my God. So I took this form home and it's written in psychobabble. I had no idea what half of the words were. So I was sitting there with a dictionary, a big glass of wine thinking eventually, I'm just going to have to write some stuff here. And they interviewed me. So I must

have written either enough sensible things or they were so intrigued by the nonsense. I don't really know. But I got an interview.

MBS (02:58):

She was interviewed by a clinical psychologist who had written wonderful things about elderly care and also by a psychiatrist who had spent time advising to a hospice. But even so, they had a provocative question for Kathryn.

Kathryn (03:11):

But aren't all dying people miserable? Why would you want to be using cognitive therapy? Isn't that just how it is? And my experience of no, actually, you'd be really surprised how silly, funny, joyous in the moment people are when they know there isn't very much time left. And the few people who are not like that, we need to help them to get back to that while they still have some time to savor.

MBS (03:38):

Despite being a little unsure of Kathryn's approach, they let her into the course.

Kathryn (03:43):

It's become part of my approach to doing things. Because cognitive therapy for people who are listening to us who have no idea is really the art of asking the questions that help a person to discover all of the stuff that's going on in them and around them so that they can build up the picture of what it is they're thinking and the way they're responding to that, that's keeping them in a place that's stuck and experiment with different ways of dealing with that for themselves so they become the architects of their own solutions. So the helper role is simply to be curious and to help them to turn on the light bulbs that will illuminate their way out.

MBS (03:43):

I love this.

Kathryn (04:30):

I love that. I just love that. So I had this strange career of being a palliative care doctor who had a cognitive therapy clinic for dying people. And that was a little bit weird, but wonderful.

MBS (04:43):

Brilliant. Yeah.

Kathryn (04:45):

Then I realized 30 years into being in palliative care that do you know what, people I meet, they are still as completely not understanding about dying as people I met 30 years ago. Why have we not changed the script? Why are people still so afraid of soap opera versions of dying? Because they don't get to see ordinary dying in their own lives anymore. Somebody's got to do something about that. Somebody's got to do something about that. And I walked around for a while thinking somebody's got to do something about that. And it gradually dawned on me.

MBS (04:45):

I am that person.

Kathryn (05:22):

You know what, I could be that person. And I wasn't thrilled. I wasn't thrilled by that thought, but once that seed was sown, it did what seeds do. It was irresistible. And I took early retirement to make space to see what would happen and things happened. And I think that's why we're here.

MBS (05:41):

That is why. One of the reasons we're here. I love that call to adventure, which is the first time you hear it, you resist it until you finally have to answer. Like, hey, okay. I'll cross the threshold. The work I do is teaching people to stay curious a little bit longer and training that in organizations so I expect we're going to be agreeing vigorously with each other throughout this conversation. But let me ask you this. From the outside, it can be an odd choice to end up in palliative care. I'm wondering, when was the first time you met death?

Kathryn (06:21):

That's an interesting question. Now I'm asking myself that same question. I grew up in a house where both of my parents had lost a parent at a young age. And so we spoke about grandparents who we'd never met. And we understood that dying happened. And both of my parents also had a sibling who had died in childhood. So I understood from as long as I can remember that people die. But I don't remember being acquainted with a person who became a dead person until quite later on in my life, which is quite fortunate. The lady across the road died when I was very little and I was quite fascinated by the idea that she wasn't across the road anymore and where might she be. But that was all tiny tot existential stuff. But the more practical stuff of the process of dying, being sick or being injured or whatever that is about, I think that probably only started to be something that I thought about whilst I was at medical school where I had a bit of a crisis a couple of years in.

(07:35):

The first couple of years of medical school where largely the science, the knowledge before you go out onto the wards and have to apply it. And we used to be allowed once a week out onto a medical ward to meet actual patients and learn how to talk to them and learn how to use the list. The completely non curious list. So I didn't like that from the very beginning. Here's the things you have to find out. And none of them were about who this person is. They were

all about what's wrong with this person. So in retrospect, I can see who I've become from the very beginning. Those things were there. But at the time I just didn't feel like a very good fit. And in fact, the doctor who used to supervise us when we used to tell our case histories to him to make sure that we'd remember to inquire about frequency of passing urine and things like that said to me once, "Did you used to be a social worker?" What a peculiar question. But the question was because I was telling him about the person and their life circumstances and the people who matter to them and how worried they were about their family while they were stuck in the hospital. Because they seemed to me to be the really important things.

(08:52):

Yeah. Okay, we've got to get to the diagnosis and treat the person, get them home. But we need to bear in mind that part of their suffering is that they're displaced from their place and their roles. And that's really important too. And then when we were allowed properly onto the wards ... Here I am, my white coat freshly pressed. I discovered that actually doctors don't have the relationship with patients that I've come to medical school to have. Nurses do. Oh my god. I made the wrong choice. And the nurses on that ward were absolutely superb. I had several very, very wobbly weeks. Long tearful phone calls home. And the nurses scooped me up and said, "No, you don't need to change and retrain and be a nurse. You can be the sort of doctor that we wish we had."

MBS (09:50):

Exactly.

Kathryn (09:51):

"Yeah. You can be part of a team where we've got some overlapping skills and knowledge and then there's nursing skills and knowledge that you don't have and there's medical skills and knowledge that we don't have. But this patient

who you clocked really early on, who you got to know really well, who's now dying and there are no medical jobs in that room so the medical students aren't going in. Do you want to come in? We're going to just help him to freshen up before his family come for a visit. Do you want to just come and help with the bathing?" And they just brought me in. And what they taught me was the most important skill I think at the bedside of dying people, which is not what to do, it's how to be.

(10:41):

And after that, the gears were set in place that that's the kind of doctor I was always going to become. So although I started off with a career plan to go into cancer medicine, in cancer medicine, I discovered that finding the cure for cancer was exciting to some people, but the patients who are not going to get better were just so much more interesting. And so I did a sideways turn at that point and went to work in a hospice instead. And it was the best decision I ever made.

MBS (11:11):

Beautiful. Kathryn, I imagine that one of the reasons that many doctors don't have that type of relationship that you're talking about is because of training. They're like, here's the list and you're objectifying the body so that you can diagnose the body. But I would guess that in part it's also self-protection, which is if you don't harden your heart a little bit, it could become quite overwhelming to be in contact with people who are sad and angry and confused and worried and uncertain. How do you hold an open heart? When you talk about how to be with patients, and I read what you talk about, so much of it is about just being openhearted in the presence of people. How do you hold an open heart and not become overwhelmed by that?

Kathryn (12:13):

I'm not sure I know the answer to that. I suspect that maybe it's not a thing that we do. It's an attitude that we have. And medicine is such a broad church that people will differentiate towards the things that they find most fulfilling and least damaging to them. Even at medical school, you can spot within the first term the people who are going to do psychiatry. They are so interesting and they're so different from everybody else. And the orthopedic surgeons, they're engineers from day one. It's not a surprise that that's where they end up. So I guess we just meander through and we workout where the satisfaction is. And I had thought that cancer was going to be where the satisfaction was. And it turns out that working alongside people where the worst thing that can possibly happen is happening, but it doesn't have to be as bad as they thought it was going to be is a place that I can be.

(13:24):

And I don't think it's any virtue on my part. That's just the way it is. That's just the way that I'm wired. It has been painful and there have been times when I've just come home and cried. But not all that many because there's a payoff. There is immense sorrow in watching families saying goodbye and watching individual people say their farewells. That's really poignant. But there's a little bit of me that understands that that's not my pain. That's their pain and my pain is not going to help their pain. So actually maybe there's something more useful that I can provide, which is calm and space and thinking time and those sorts of things. And I've grown from a person who used to want to be helpful. I was a helper. And I've managed to overcome my inner compulsive helper. And I've heard you speak about that so beautifully.

MBS (14:29):

Oh, thank you.

Kathryn (14:29):

I laughed my way through it because that's what brings us all into healthcare. We want to help. And then you have to find the place, the fulcrum, where there's a balance between the necessary helping because the person can't take their own appendix out and then the necessary facilitating, which is they have to learn to be the person who has this particular health issue that they now have or that they're recovering from. And you can't do that for them. So I think I just find palliative care really satisfying because there are things we can do that make a difference and the difference really matters at that part in somebody's life. If you meet somebody who's in pain and they think they're going to live the rest of their foreshortened life limited by pain and you help them to have less pain or even no pain, that's a fantastic payoff. You haven't saved their life, but you've facilitated their living.

MBS (15:34):

Yeah. Kathryn, what book have you chosen to read from?

Kathryn (15:38):

I have chosen possibly the shortest book I've ever read. But in my defense, this book is by Oliver Sacks, who has also written some of the longest and most complicated books that I have ever read. And Oliver Sacks was a British neurologist who practiced almost exclusively in the USA and who wrote the most wonderful case stories that took you to the bedside, the home, the airplane cockpit, terrifyingly, of the people whose stories he was telling. And I've admired his ability to describe really complicated neurological medicine in an absolutely compelling story.

(16:30):

For the longest time ... I can't remember. The first of his books I read was The Man Who Mistook His Wife For A Hat. And I was a very junior doctor when I read that. Absolutely wonderful. But towards the end of his life when he was

diagnosed with a terminal illness, he wrote a wonderful column in the New York Times. An essay. Which became the basis of this very short book. A book called Gratitude. And it's one of the most compelling pieces of writing I've ever read and it speaks entirely to me of what I see, the kind of transformation I see happening to patients in palliative care, to people who recognize that their lives are limited and every moment now is precious.

MBS (17:20):

I'm very excited to hear this Kathryn so I'll give you the stage. Reading Oliver Sacks.

Kathryn (17:26):

So he's been talking about an essay by the philosopher, David Hume, called My Own Life and that Hume is terminally ill and hoping for a speedy dissolution. So he's picking up from talking about that.

[NEW_PARAGRAPH]"And yet one line from Hume's essay strikes me as especially true. 'It is difficult,' he wrote, 'to be more detached from life than I am at present.' Over the last few days, I have been able to see my life as from a great altitude as a sort of landscape with a deepening sense of the connection of all its parts. This doesn't mean I'm finished with life. On the contrary. I feel intensely alive and I want and hope in the time that remains to deepen my friendships, to say farewell to those I love, to write more, to travel if I have the strength, to achieve new levels of understanding and insight. This will involve audacity, clarity and plain speaking. Trying to straighten my accounts with the world. But there will be time too for some fun and even some silliness as well. I feel a sudden clear focus and perspective.

[NEW_PARAGRAPH]"There is no time for anything inessential. I must focus on myself, my work, and my friends. I shall no longer look at the news hour every night. I shall no longer pay any attention to politics or arguments about global warming. This is not indifference, but detachment. I still care deeply about the

Middle East, about global warming, about growing inequality. But these are no longer my business. They belong to the future. I rejoice when I meet gifted young people. Even the one who biopsied and diagnosed my metastases. I feel the future is in good hands. I've been increasingly conscious for the last 10 years or so of deaths among my contemporaries. My generation is on the way out and each death I have felt as an abruption, a tearing away of part of myself. There'll be no one like us when we're gone, but then there is no one like anyone else ever.

[NEW_PARAGRAPH]"When people die, they can't be replaced. They leave holes that cannot be filled. For it is the fate, the genetic and neural fate of every human being to be a unique individual, to find his own path, to live his own life, to die his own death. I can't pretend that I'm without fear, but my predominant feeling is one of gratitude. I have loved and been loved. I've been given much and I've given something in return. I've read and traveled and sought and written. I have had an intercourse with the world, the special intercourse of writers and readers. Above all, I've been a sentient being. A thinking animal on this beautiful planet. And that in itself has been an enormous privilege and adventure."

MBS (21:04):

That's fantastic. Thank you.

Kathryn (21:06):

Just wow.

MBS (21:07):

Thank you for reading it so beautifully as well. What's the deep truth in this for you, Kathryn?

Kathryn (21:17):

The thing that struck me when I first read it and I first read it as his article in the newspaper was that beautiful picture he painted of looking on his life as though from a great height. Of seeing it spread out as a landscape that he could now make sense of. Because I think we all do that as we move forward through life. It's utter brownian motion, isn't it? It's wandering and following leads and trying things out, being curious and some things work and some things don't and some things are disasters. And then a few years after that disaster, something happens where if it hadn't been for that disaster, you wouldn't know how to deal with this thing now and suddenly you think, "Oh, that disaster was really helpful." So it's the joined upness of everything, not just good bits.

(22:09):

And so we live it forwards in chaos and then we turn around and we look at the path and it's like an eight lane motorway leading directly here. How is that possible? So it's that beautiful insight of the joined upness and the only being able to make sense in retrospect and his seeing time spread out as a landscape that I just absolutely loved. And then what he goes on to describe is the preciousness of being alive and the sense that I hear over and over and over again at work of just gratitude for the chance to have had a go at being alive. And I love it.

MBS (22:59):

Do you have any thoughts on how to keep that delight and gratitude at being alive present without having to be faced by death? Because faced by death, the moments of clarity, I understand that, but for lots of people listening, they're like, "I don't want to rush to death just so I feel good about being alive." How do you stay present to the miracle of being a sentient being?

Kathryn (23:32):

It's a great question, isn't it? And I think it's a question that ... We have moments of clarity, right through life don't we? Something brings us up and we just go, oh, how I'd never seen this before the first time. Probably the second or third time as well because we've forgotten that we've seen it before. But eventually something happens and we say, "Oh, I've forgotten again. I meant to remember." And now maybe is a point where we say, what can I do so that I do remember? And I think that the old habit of carrying or having on display in your home memento mori was about that. It wasn't like you're going to die soon, it's just you're going to die and we're all going to die.

[NEW_PARAGRAPH]So maybe it's that. But I think that there's increasing evidence that there are habits we can develop that help us to be sufficiently grounded for enough time. And enough time seems to be very short time to take a moment to be mindful, to develop a meditation practice. And some people do that as simply a transcendental meditation practice. And some people do that as a spiritual thing that's aligned to prayer or to practice of one of the great faiths. And some people just take moments for gratitude. So there's some really lovely science that shows us that taking a moment to think of things we're grateful for today, three times a week, is as effective as medications for depression, for fair to middling depression. If it's really severe, you might need more than gratitude. But it's powerful stuff. It does something to the chemicals in our heads to take the time to step out of doing and come into being.

MBS (25:40):

It's incredible isn't it? It really is a silver bullet. Just having a moment of gratitude.

Kathryn (25:45):

Yeah.

MBS (25:47):

Kathryn, your latest book is called Listen. What's the connection to an essential life and the ability to stop and listen?

Kathryn (26:01):

We're so busy aren't we? We're so busy that we just keep on doing stuff. I think we know that we've evolved to be companionable. We've evolved to survive in groups and the survival of the group depends on the survival of the whole of the group. So we are also evolved to fix things for each other because that's what helps us to survive. So the first thing is that fixing things is not a bad thing to do. It's just that actually when you're the person who's having something fixed for you, it's so bloody irritating.

MBS (26:41):

That's so true.

Kathryn (26:42):

When actually what you wanted was somebody to come along and say, "I think you can probably sort this out. Do you need any of my tools? Do you need any of my kit? Do you need a second pair of hands? Do you need a supporter? How are you planning to do that? What can I do that helps you to sort it out?" Instead of, "Well you know what you need to do don't you? You just stand there and hold this and I'll do that." So we are so busy fixing in all of our lives that we do it also when it's not a physical thing to fix, but an emotional thing to fix. And the thing I think that perhaps helps us the most when we're in an emotional hole is just having a companion there who says, "Yeah, God, this is horrible. I'm really sorry this is happening to you. Here I am. I got nothing but I'm here."

MBS (27:42):

Oh, I love that. I got nothing. It's like your presence is everything. And seeing yourself as I've got nothing is such a helpful place to be.

Kathryn (27:55):

Because actually when there are two people in the room, there's a conversation possible. And depending on the people ... Most of the people I know, if there are two people in the room, there are at least four opinions in the room, aren't there? Because on the one hand this and on the other hand that so you can play with ideas and bounce them around. And to do that you've got to value each other's ideas and to do that, you've got to listen to each other's ideas. And you've got to not think that you know better. You've got to be pretty convinced that actually between us, we probably can either work out what to do or we can work out that there isn't something to do so we can work out how to tolerate not doing something. So it's all about listening, it turns out.

(28:41):

And in the rush to fix ... And again, you've written delightfully about this. This kind of rush to make it better. To have the idea. To damp down all of the terrible emotions because actually we can make it better. We fix the thing, but we haven't solved the dilemma. We haven't been enabled the person to benefit from the experience. And even we damage people sometimes by taking it away, fixing it and giving it back and leaving them just feeling ... I don't know. Done to instead of worked with.

MBS (29:22):

So often what we end up fixing is just our own discomfort with what's going on rather than something else. Kathryn, one of the phrases in the book Listen is a tender conversation. I thought that was a lovely phrase. What else if anything else other than listening does a tender conversation require?

Kathryn (29:41):

I started using the word tender conversations when I was still at work. And I used them initially as a deliberate provocation to people who were going in to have a conversation with a sick person to break unwelcome use or explain that

things were getting more difficult or whatever it was. And they would call them difficult conversations or challenging conversations. And I think if you call it difficult, that's the way to make it difficult. Yeah. It will be. And I could see them getting themselves ready to go into this conversation. And they were psyching themselves up. They were clipping on their armor. They were getting ready to go in and make sure that this person understood that it wasn't anybody's fault that they were more sick. It was defensive and guarded. And they were taking the difficulty in with them.

(30:47):

And I said to this particular colleague, surgical colleague, "If you didn't call it a difficult conversation, if you thought about it as a tender conversation ... Because I know how long you've been looking after this person. I know that you spent nearly 18 hours on your feet in an operating theater doing an operation you hoped would save this person from this moment several years ago. Now they've got their metastatic disease. I know that it's breaking the hearts of this whole team. Why don't you stop pretending that your heart isn't breaking and go in and just take your tenderness? Because they've trusted you. You've did your best. You haven't let them down. It was always on the cards that this disease might come back. And you might not be quite as gutted as the patient and the patient's wife, but you might be the third most gutted person about this news. You had a personal investment in it. How would it feel if you went in to do it with tenderness instead of feeling it was difficult?"

(31:59):

And I have to say this person looked at me as though I was completely crazy. But it changed the temperature of the way they went into that room. And they had the grace come back to me afterwards and say, "Do you know what? That was really, really weird. But I think it's the first time I've actually been tearful with a patient and it helped." Welcome to my leaky world.

(32:28):

So I think if we take our armor off ... It's that thing almost like when we hear fantastic stories of people who have been in warring tribes all around the world where when they go into negotiation they put their shields down. And the Boy Scouts handshake, which is a left-handed handshake, came from Zulu land I think. Because to shake hands, you put your shields down, which was in your left hand. And it was an act of trust. It was an act of faith. It was an act of mutual vulnerability. Because we're both still holding enormous spears. Neither of us is holding a shield.

MBS (33:20):

Kathryn, as has been very clear throughout this whole conversation, you're a wonderful storyteller. What role do stories have in conversations about things that matter?

Kathryn (33:35):

I suppose that stories are the way we understand everything aren't they? You understand your life through your life story. And the people who are dear to you, you know enough about their life stories to make sense of them. And I've always used stories to help people to understand things. My brothers and sisters. I'm from a family of storytellers. My parents told us stories. I was quite a big girl when I realized there was an actual book called The Wind in the Willows because our dad just told us all the adventures of Ratty and Moley and he probably made a few up as well. When my kids were little, sometimes we had stories. There were two characters I invented who were opposite gender to each of the children who got into trouble and had adventures. And very often strangely, there was something a little bit similar to a thing they were struggling with right then. And they would help me to construct the story of how this person should manage that difficulty. And oddly enough that working on it together translated into them being able to think, well maybe that's the thing I could try school. Hang on. Isn't that funny that that happened then?

(34:58):

And with patients very often, with people trying to make a difficult decision, they sometimes say, "Well what would you do doc, if you were me? Or if I was your mum or your brother, what would you do?" And that's such a hard thing to answer and I don't answer it that way. What I will say is, "If you were my brother, I'd tell you this story about people like him who are people like you. So I've seen some people like you do it this way and I've seen other people do it that way. And each of those has costs and benefits and the costs and benefits meant different things to those different people." So I've always used stories to help people to think through things. Because it's a way of introducing ideas without giving advice, without fixing, without saying, actually I think this is what you should do. And in the doctor-patient relationship, doesn't matter how hard you try, there's a power imbalance there.

MBS (36:08):

That's right.

Kathryn (36:11):

It's really hard. It doesn't matter how much you try to put the power imbalance down as the doctor. And my secret weapon for doing that has been making cups of tea. I go around the country making people cups of tea and not wearing a white coat and just saying here, it's you and me having a cup of tea having a conversation about this tricky situation. But stories is another way of being able to say, "Well here's a couple of examples of the ways people have dealt with it. What do you make of that? If you were in that situation, what would you thought were the pros and cons of that person dealing with it that way?" And somehow by thinking about another person rather than me, you can play with ideas that you wouldn't possibly contemplate playing with for you. So it's just a way of playing with ideas, I think.

MBS (37:03):

Yeah. There's an experience I imagine as you have those conversations. Part of what I would notice, if it was me, I'd be noticing one part of me wanting to run away. Get out of the tender conversation because it's a act of carefulness or being vulnerable or whatever it might be. So I notice it myself where I'm just like, oh, there's one part of me that is looking for an exit to this and wrapping it up and making a joke or whatever. But I imagine there's also times where you notice the other person is trying to escape the conversation as well. Escape might not be exactly the right word, but it feels like they're not quite walking with you as the way you mentioned. Have you learned anything about how to help other people stay in these tender conversations with you?

Kathryn (38:00):

That's such a great question. One of the things when you're working with people who are seriously ill is that they have a very limited energy span. So one of the pieces of advice that I give all of the time to people who are new into medicine or nursing or to families when they want to go away and have really important conversations about the way they want things to work out, is to just keep an eye on the energy levels and not to think that the conversation is an event. It's a process. And so something that I will do all the way through is say, "Are you still okay for us to keep talking about this or do we need to park it there and pick it up again another time?" And if you do that, I find, early enough, and the person usually says, "No, I'm okay to keep going for a while.", you've already told them that it's not an event, it's a process. So now they can say, "This is too hard now." And also we are watching people, aren't we? We're listening. We are observing. And you can see a person getting really upset.

(39:12):

Now, I'm a cognitive therapist. When a person gets really upset, they are most in touch with the emotion that's going on. And that means the thought that's driving the emotion is really close to the surface. So at the point where a person

gets really upset, there's a bit of my head that's going, ding, can get it now. Obviously I don't say that cause that would seem a little bit unsympathetic.

MBS (39:37):

A little callous.

Kathryn (39:38):

But what I do say, because it works because it's transparent and it's cooperative, is to say, "I can see this is really, really upsetting for you and I'm passing you a tissue. But I'm really intrigued to understand whilst you're feeling that really strong emotion, what is it that's going through your mind that's driving it? Can you help me to understand that a little bit better?" And something really transformative happens where the person starts to think about their thinking instead of just thinking. And now we can sit together and look at that thought. Okay, I'm going to die and my children are going to forget about me, for example.

MBS (40:25):

Like a third point of conversation other than between the two of you.

Kathryn (40:30):

And now, okay, that's a really, really upsetting thought. No wonder you're crying. If I was thinking that thought, I'd be crying too. That's entirely the right response, isn't it? Crying is triggered by a thought like that. But what I'm really intrigued by is how likely you think it is that your children actually will forget about you? What are the things that you hope they will remember about you? What are the steps you can take now so that those things will be the things that they will remember about you? What are the things that you remember with fondness about adults from your own childhood? What helps you to remember? What could we put into a memory box for your children or a storybook or however you want to do this? So now we've gone from a place of huge distress to testing

the thoughts for ... Just because it goes through your head doesn't mean it's true. Most people's kids do not forget them.

(41:33):

And what might we do to build on the fact that actually people do have memories and you can help to shape and support the memories they might want to have of you? How much you love them. How much you didn't want to have to leave. Your wishes for their future. What are the things you think are important and how will you tell them? I've seen people using memory boxes. I've seen people creating story books. I've seen people make quilts of baby clothes and children's clothes and sew the old school labels in. I've seen people be so creative in the ways that they've done things. What would you like to do? And can we help you with that because it might be a big effort. And so we've arrived at a place where they're constructing a solution from a moment that was actually filled with emotion and that might have been such a strong emotion that they would want to have escaped from it. And instead they've used it as almost a springboard into a place where they can start to design some solutions.

MBS (42:41):

So it's a whole different memento mori. It's a whole different way of framing that. Kathryn, it's been such a delightful conversation. A final question if I may. What needs to be said that hasn't yet been said in this conversation between you and me?

Kathryn (42:58):

I think we've lost two really important things from our clever society. We've lost the ability to value silence. We even call silence awkward silence now, don't we? And silence can be a really safe, important place. And sometimes just sharing a silence can be more tender and relationship building and affirming than any of the clever things that are whizzing through our heads during that silence. So

sometimes just being somebody's companion as their emotions are so strong that they don't know what to do with them and just holding the silence, maintaining a safe silence is really, really important. And the other thing is that we've forgotten about the ordinary process of human dying. And actually we would all be so much less afraid if we dared to find out more. And we could demand so much better care if we knew what to expect. Midwifery standards only rose when women knew what good care would look like and therefore they could demand it. And if we keep pretending that we're immortal, we'll never find out about the care that we should have. Including the companionship in that lovely, gentle, important silence that will be part of that journey.

MBS (44:42):

I was very inspired by this conversation and not just because Kathryn is so obviously a brilliant storyteller. I've actually started to research here in Toronto where I might best volunteer in palliative care so I could be of service in that world and for me to keep learning how to stay present and offer grace and spaciousness in difficult times. Here's one of the moments I smiled in the conversation. It was when Kathryn said, "So it's a joined upness of everything and not just the good bits. And so we live it forward in chaos and then we turn around and we look at the path and it's like an eight lane motorway leading directly here. How is that possible?"

(45:28):

Hearing that reminds me why one of the tools that I use to shape my life is my best guess. When I'm wondering what my next step forward should be, looking forward into the chaos and the ambiguity, the best I can do is take my best guess. Now I work hard at getting better at better guessing, knowing who I am, knowing what difference I want to make in the world, knowing what things might be thrilling and important and daunting for me. That's a not subtle shout out to my new book, How To Begin. Well, all of those are ways that I refine and

get better at taking my best guess. But that's the secret to moving forward. You take your best guess. You take the leap.

(46:18):

I loved this conversation. I've got a couple of other people I might recommend if you want to supplement or you've just learned with Kathryn. Stephen Jenkinson, another man who deals in death. He worked in the death trade as he called it for many years. That conversation is called How To Hold Gifts of Responsibility and Grief. And then a conversation with Muriel Wilkins. That's called How to Hold a Flower. And it's really interesting that for both of those interviews, I used the word hold. How to hold. How to hold. It's like in Kathryn, it's like how to hold space for death. Really powerful stuff.

(46:53):

If you want more of Kathryn ... And I could first of all highly recommend her book With The End In Mind and her new book called Listen, for the website is withtheendinmind.co.uk. And you'll find her on Twitter and Instagram at Dr Kathryn Mannix. And that's Kathryn with a K. so Dr. K-A-T-H-R-Y-N M-A-N-N-I-X. She has an excellent name if you're a Scrabble player. Thank you for listening to 2 Pages. Thank you for being supportive. Thank you for spreading the word. Thank you for giving reviews. Thank you for all you do. Thank you for loving books. And you're awesome and you're doing great.