

‘SO MUCH COMPASSION, SO MUCH CARING’. CARITATIVE CARE IN NAJA MARIE AIDT’S *EXERCISES IN DARKNESS*

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Abstract

This article explores how Naja Marie Aidt’s novel Exercises in Darkness (2024) contributes to the interdisciplinary field of caring science. The novel belongs to the emerging genre ‘curography’, which focuses on the caregiver’s perspective, and it expands Katie Eriksson’s caritative care theory by addressing this theory’s underexplored language of care. Aidt’s fragmented, poetic novel not only reflects trauma but enacts care through its narration and aesthetic forms, demonstrating how storytelling and aesthetic use of language can serve as tools for healing. By integrating literary analysis and care theory, the article argues that interdisciplinary research can extend our understanding of contemporary caregiving.

Keywords

Naja Marie Aidt, caritative care, language of care, curography, intertextuality.

Sammendrag

Artikkelen utforsker hvordan Naja Marie Aidts roman Øvelser i mørke (2024) kan bidra til helse- og omsorgsvitenskap gjennom den fremvoksende genren «curografi», som fokuserer på pårørendes perspektiv. Den viser hvordan Katie Erikssons teori om caritativ omsorg kan videreutvikles ved å rette oppmerksomhet mot omsorgens språk. Aidts fragmenterte, poetiske fortellestil reflekterer ikke bare traumer, men utøver omsorg gjennom språk og form. Artikkelen argumenterer for at skjønnlitteratur kan gi ny innsikt i omsorgsarbeidets kompleksitet, og at tverrfaglige tilnærminger til omsorgsfeltet kan være fruktbare.

Nøkkelord

Naja Marie Aidt, caritativ omsorg, omsorgsspråk, curografi, intertekstualitet.

Introduction

The tenet “Cure sometimes, treat often, comfort always” has long guided healthcare professionals. It underlines the value of presence, empathy, and the human touch in encounters with illness and suffering, highlighting care as a foundational element of health sciences. Yet care is not confined to clinical settings; it resonates deeply within contemporary literature, where it emerges as a central concern tied to the human condition. Despite fiction’s rich potential to explore diverse experiences of giving and receiving care, it remains an untapped resource in Nordic humanistic caring science, a field that has grown since the 1980s as an alternative to biomedical models. In 2002, Katie Eriksson predicted that caring science would evolve into “an interdisciplinary influenced science” (2002, 64), a development largely realized with contributions from philosophy, theology, ethics, and leadership studies. Still, as Førland et al. note, literary studies have been notably absent from this growth, despite calls for broader engagement (Førland 2018, 207).

In the last decade, there has been a wave of Nordic fiction exploring care from both relational, institutional, and existential perspectives. Among these are Sara Stridsberg's *Beckomberga*, Olaug Nilssen's trilogy *Tung tids tale* (2017), *Yt etter evne, få etter behov* (2019), *Uønska åtfærd* (2023), Rune Christiansen's collection of poetry *Jeg går i sorg* (2021), and Naja Marie Aidt's *Exercises in Darkness* (*Øvelser i mørke*, 2024). These works reveal care portrayed in fiction as a dynamic, relational practice shaped by vulnerability, interdependence, and resistance to a more traditional view on patient and caretaker roles (Simonhjell and Nesby 2025). In response to the many fictions depicting care, I proposed the concept of *curography*—a genre foregrounding the caregiver's perspective (Nesby 2023). While pathographies offer insight into patients' illness experiences (Hawkins 1999; Bernhardsson 2010; Nesby 2019), curoographies shift the focus to those who are caring for the ill, emphasizing the ethical, emotional, and often invisible labor of caregiving. The coining of curography as a genre, reflects the presence of humanistic care research (e.g. Berman 2010; Nesby, Ramberg and Simonhjell 2024; Warberg, Kjærholt and Kielland 2025).

This article contributes to the Nordic care research field that, despite interdisciplinary ambitions, has received scarce influence from the humanities, and argues that contemporary fiction, represented by Aidt's *Exercises in Darkness*, can contribute to enriching care frameworks. Aidt's novel proposes not only a nuanced portrayal of care practice but stands out as a literary text exploring how certain uses of language and literary strategies can serve as care practices. This aspect has been examined within poetry (Auklend 2024, 2025), but less within prose. The novel's poetic, fragmented language not only reflects a world fractured by trauma but enacts care through its narration and form. In its own way, the novel performs care, suggesting that literature's aesthetic dimensions may themselves constitute forms of caritative attention.

Also, the novel can be read as arguing for, or at least viewing, care as collective praxes among care workers, friends, and neighbours, even plants and animals. Drawing on Katie Eriksson's theory of caritative care, particularly the concept *caring communion*, I examine how *Exercises in Darkness*'s lyrical, disjointed narration offers a literary enactment of caregiving that resonates with and sometimes extends Eriksson's ideas. This interdisciplinary reading demonstrates how literary analysis can provide new insights into care theory, and how care theory can open pathways into literature.

Exercises in Darkness

Naja Marie Aidt is one of Denmark's most celebrated contemporary writers. She published her first novel in 1991 and has received several prestigious literary prizes, not least Nordisk råds litteraturpris (the Nordic Council Literature Prize) for the short-story collection *Bavian* (2008). Her international breakthrough was the lyrical novel *If death takes something from you, give it back* (2017) which was a National Book Award nominee. It was based on Aidt's real life experience of losing her son, Carl, who died by accident due to drug psychoses, 25 years old. *Exercises in Darkness* is not in the same autobiographical vein. Yet it is also a novel that takes as its starting point the trauma of loss and death. Aidt has referred to the novel as the "new beginning" of her "second authorship" (Thorsen 2023), the first one ending with Carl's death.

In *Exercises in Darkness* a 57-year-old single mother tells the story of how she struggles to improve from her PTSD, a condition caused by several traumatic events and characterized as "darkness", a word used 59 times in the novel. The recovery is due to her psychotherapist, but not least to her four female friends who support her in various ways. The novel depicts two

different kinds of caregiving, one professional and one voluntary. It shows their complementarity, but the main attention is given to the multiple ways of caring that the friends provide. The novel also shows a third type of care, namely that of selfcare – and it is by selfcare and eventually turning towards nature, flowers and animals that the first-person narrator seemingly regains strength. The complexity of care is further depicted as the narrator also finds herself in the role of caretaker for her three adult sons and her own mother.

The woman's double role as a patient and a caregiver, is intriguing. It shows the complexity of both the patient- and caregiver role, and illustrates the need for flexibility when addressing care-issues. *Exercises in Darkness* illustrates how the patient's story, and the story of the caretaker, can subtly intertwine. Arguably, the caretaker perspectives are dominant and turn the novel into a curography. That the patient and the caregiver can be the same person, is something so far given little attention within the caritative care theory, in real life as well as in fiction. The caregiver aspect of the patient is perhaps more frequent than we may think, and Aidt's depiction of this double role may serve as a reminder of the complexity of contemporary caregiving.

In addition to the thematic exploration of care, the novel's language deserves attention. Norwegian literary critic Carina Beddari highlights the novel's interplay of everyday detail, diary-like reflections, and poetic scenes (Beddari 2024). The text shifts between narrative modes, suggesting that care may take multiple linguistic forms. While caregivers may not typically speak in lyrical prose, the novel reminds us that care is also communicative and that discourse matters. This opens for a broadened understanding of care practices, where aesthetic and affective expression becomes part of the caring relation itself.

The Triangle of Care: a caring communion

Katie Eriksson's caritative care theory, introduced in 1995, has become a cornerstone of Nordic care science. Though primarily developed to guide professional nursing, Eriksson also acknowledged what she termed "natural care"—care between human beings based on love, faith, and hope, typically occurring in voluntary and informal settings (Bergbom, Nåden and Nystrøm 2022a). The concept caritative care bridges the gap between institutional and everyday care and it promotes a holistic understanding of health, defined not merely as the absence of illness, but as a state of wholeness and spiritual well-being (Bergbom, 2021). Eriksson emphasized that health involves *becoming* – a movement towards deeper self-realization and dignity. Suffering, then, is not only physical but existential: "In the deepest sense, suffering can mean that people cannot develop into what they are meant to be [...]" (Eriksson & Randers 2005, 53). Compassion, expressed through sensitivity to such suffering, is foundational to care: "So much compassion, so much caring" (Eriksson 1993, 19).

This holistic caring is practiced by several agents including health professionals, laymen and the suffering person herself, thereby forming a "caring communion", a term frequently used within caritative care. Caring communion is defined as the ability to do good for another (Eriksson 1992, 93). It is characterized by "[...] warmth, presence, rest, respect, frankness and tolerance". It often alludes to the religious communion¹ but in our context the term stresses human beings' need to interact with other people and take part in relationships. Caring communion was originally intended as a practice between patients and nurses but it can also be transported to care done by laymen and women, the next of kin or what Katie Eriksson calls

¹ A practice that Christians participate in as a remembrance of Christ's sacrifice: "Love as a holy encounter in communion" (Hemberg, Eriksson and Nystrøm 2017, 632).

“natural caring”, which implies a paradigm shift from the “[...] disease-, medical- and technically oriented and professional care to caring that is also performed between human beings [...]” (Bergbom, Nåden and Nystrøm 2022a, 783). Natural caring opens up for caring communions including family members, friends, and relatives.

The novel’s unnamed female narrator is a suffering human being. There are three key traumas that shape her suffering: her sister’s fatal overdose when they were young; a stabbing incident in which she was injured while helping a victim who died from the injuries; and a rape at the age of 19, possibly followed by an abortion. These events are framed by a violent childhood with an abusive father. “Darkness” is the vital word for summing up her suffering:

But I’m scared in the dark/literally the dimly lit streets at night/and the nights at home with insomnia, madness/dreams, nightmares/but also, loud noises and overcrowding unexpected steps across the floor/a cup overturning in the cafe, the ringing of the alarm,/my phone beeps/honking cars and shouts and dogs barking/and that someone suddenly whispers behind me in the street/ I could go on. (24-25)²

By being included in a caring communion, the narrator is slowly recovering and dares to confront the darkness. This complex communion (together) shapes a holistic unity of care, what I propose calling a *triangle of care* consisting most explicitly of her therapist. He is portrayed as a caring human being, and the narrator gives him a flower at the end of their therapy (234). He practices what could be called caring conversations. This strategy is touched upon within Katie Eriksson’s theory where caring conversations grow out of talking together about what torments the patient and thereby reshaping suffering: “Reshaping suffering together with another person was adding something valuable to life” (Rehnstedt and Eriksson 2004, 266). The conversations between the narrator and her therapist mirror this practice. After having seen the therapist several times and talked about the traumatic stabbing when she thought she would die, the narrator asks the therapist why she has not been entirely ruined by all her traumatic experiences:

Because you've got some love and stability now and then, he says. From your grandfather, your sisters, your ex-husband, maybe?

And Annie, I say. My friends.

That’s why, says the PTSD man. And because you have consciously worked hard for your children to be well, you have consciously chosen not to pass the violence on to your children, and you have worked hard to get better when you became seriously ill after the assault. But love and care are essential, and sometimes small doses of both are enough. (206)³

² The novel is not translated to English. All translations are my own. «Men jeg er bange i mørket/bogstaveligt talt de dårligt oplyste gader om aftenen/og nætterne derhjemme med søvnløshed, vanvids-/drømme, mareridt/men også høje lyde og overboens/uventede skridt over gulvet/en kop der vælter på cafeen, alarmens ringetone./ min telefons bippen/dyttende biler og råb og hundes gøen/ og det at nogen pludselig hvisker bag mig på gaden/ jeg kunne blive ved».

³ «Fordi du har fået noget kærlighed og stabilitet indimellem, siger han. Fra din morfar, dine søstre, din eksmand, måske?//Og Annie, siger jeg. Mine venner./Derfor, siger PTSD-manden. Og fordi du bevidst har arbejdet hårdt for, at dine børn skulle have det godt, du har bevidst valgt ikke at føre volden videre til dine børn, og du har arbejdet hårdt for at få det bedre, da du blev alvorligt syg efter overfaldet. Men kærligheden og omsorgen er afgørende, og nogle gange er det nok med små doser af begge dele».

The narrator meets with her therapist for 40 hours throughout the year. She recovers exceedingly: In the beginning she can hardly speak while eventually, given his instructions, she dares to relive and retell the terrifying event of the stabbing.

However, caring conversations can take place between the patient and someone other than the professional healthcare person. The conversations the five female friends have in the novel, prove the importance and effect of talking together and listening to one another. The presence of Rose, Nicola, Lea and Annie is pivotal in alleviating the narrator's suffering. Often the narrator only listens to her friends without taking part in the conversation, and even this eases her pain and makes life more bearable. Besides listening and talking to her, the friends take her out when she can hardly walk, encourage her when all she wants to do is sleep, and invite her to their homes. Eventually, Annie offers her a part-time job in her store:

This is how I am wrapped up in care by my friends. They do not demand anything particular from me. They do not expect anything particular of me. I can be so unreasonable that anyone would think that I am not only unreasonable, but unbearable, but my friends are patient. Their care is like a silk scarf, thin and delicate, giving warmth when it is cold and cooling me when it is hot. (22)⁴

To be part of a caring communion even when one does not like oneself is vital for alleviating the suffering of others. Being with someone who accepts and tolerates both good and "ugly" feelings is essential for healing. Rose, Nicola, Lea and Annie are there for their friend in a multitude of ways – together or alone with her. One night, during swimming, she tells her friends about the terrifying rape she experienced, and they simply let her talk. She is grateful for their caring communion:

Thank you, I say to the others.

What are you thankful for? Rose asks, puzzled.

Just thanks.

Then I tell my four girlfriends about what happened one winter night on a blue bench, 38 years ago, when I was 19 years old. (128-129)⁵

Caring conversations, both expressed by laymen and health professionals, are named by Katie Erikson as a means to use narratives to explore, understand and find meaning in suffering (Fredriksson and Eriksson 2001, 3). *Exercises of Darkness* demonstrates this and shows that conversations could be said to include not only narratives and other verbal actions, but also listening and pure presence of caring by others to the one suffering.

The last relational part in the triangle of care is something that caritative care theory has not dwelled upon, namely selfcare. *Exercises of Darkness* offers selfcare as a pivotal source of care and, eventually, recovery. Selfcare means feeling at one with one's body but also care for other life forms in nature such as animals and plants: In Aidt's novel "[t]he flower motif is recurrent" literary critic Catherine Beddari points out. She even invoked an organic metaphor in her

⁴ «Således pakkes jeg i omsorg af mine veninder. De kræver ikke noget bestemt af mig. De forventer ikke noget bestemt af mig. Jeg kan være så urimelig, at enhver ville tænke, at jeg ikke bare er urimelig, men ulidelig, men mine veninder er tålmodige. Deres omsorg er som et silkeklæde, tyndt og let, det varmer i kulde og køler i varme».

⁵ «Tak, siger jeg til de andre./Hvad takker du for? spørger Rose forundret./Bare tak./Så fortæller jeg mine fire veninder om det der skete en vinternat på en blå briks, for 38 år siden, da jeg var 19 år gammel.»

review when she wrote that Aidt as an author “will sprout again” (2024). Participating in the world’s organic life forms is important. Outside the narrator’s apartment, flowers and trees grow, she walks in the Botanical Garden, waters her neighbour’s flowers and gets a flower as gift in return. And speaking of becoming, she returns to daily life routines by getting work in Annie’s flower shop: “Peonies, tulips, meadowsweet and lilies. I gently touch the delicate leaves of a rose” (229).⁶ The flowers are more than decorum and symbols; they inhabit a dimension of care both giving and receiving it from the narrator.⁷

Also, the narrator’s self-care is reflected in her love of horses. She spent her youth at a riding school and returns as a middle-aged woman with her five-year-old granddaughter, who shares her intuitive connection with horses. While green care—defined as “the conscious and active contact with green environments” (Moriggi et al. 2020)—has gained global attention in recent decades (Steigen et al. 2016), organic life-forms in *Exercises in Darkness* are not part of any intervention. Instead, the narrator turns to it on her own, driven by a spiritual need rather than institutional guidance. Returning to riding symbolizes her journey to reclaiming her core and to becoming whole. The novel ends with a description of how she goes for a long ride, feeling “filled with joy” (259). She then dismounts the horse and takes off her coat. In the novel’s final scene, the importance of horses, plants and nature comes full circle in a moment that transports her out of darkness into light, supported by professional, communal, and self-care practices:

I dry Lucie’s sweaty body with my scarf. From here I can glimpse the open scenery on the other side of the sea.

I am a flower. (259)⁸

By exploring the relationships between human beings, non-humans, and oneself, *Exercises in Darkness* expands the concept of caring communion. The narrator’s healing is not due to any single intervention, but rather the combined efforts of professional care, communal support, and personal resilience. This holistic model, this *triangle of care*, offers a conceptual development within caritative theory. It proposes that alleviating suffering requires a compassionate, interconnected approach in which different forms of care are equally valued. In this expanded view, self-care is not a lesser or individualistic task, but a demanding, relational practice that coexists with and complements other caring relationships. *Exercises in Darkness* reminds us that self-care is not a substitute for other forms of support, but a vital component of what it means to live, to suffer, and to become. By integrating these three dimensions the novel points to a broader, more inclusive understanding of what it means to care.

The Language of Care

In an interview shortly before his death, the Norwegian painter Kjell Nupen stated that everyday language failed him as he experienced pain due to his cancer: “When I am asked how it hurts, and where the pain is situated, I do not have access to that language [...] I can find reminiscences of that language in old novels, where pain is described in such a manner that we

⁶ «Pæoner, tulipaner, engblomme og liljer. Jeg rører forsigtig ved en roses sarte blade».

⁷ How flowers interact passively, yet in a meaning making way as agents of care, is something that could be connected to the young research area of critical plant studies (Gaglione, Ryan og Vieira 2017).

⁸ «Jeg tørrer Lucies svedige krop med mit tørklæde. Herfra kan jeg skimte det åbne landskab på den anden side af søen.//Jeg er en blomst».

can almost feel it.”⁹ How and where do we find the right language? In an article about caritative caring Professor emeritus Dagfinn Nåden claims “[...] that people express their suffering in several ways, but often we lack a language to express what we really experience” (Bergbom 2022a, 789). This shortcoming is not due to ignorance within the theory of caritative care. Katie Eriksson was conscious about the importance of words:

Language is fundamental to human existence, shaping how we think, relate, and act in the world. Words ground us in a reality of good and bad. When a person loses their words, they become lost in their own reality. People find a sense of belonging when they possess words that carry meaning in various contexts. Every individual carry word and text within themselves, drawing from these the foundation of their innermost being, their ethos, and their way of relating to the world and others. (1993, 27)

Words are crucial not only for how people live but also for how they give and receive care. Not all words carry the same weight. Katie Eriksson emphasizes the difference between words that are alive and those that are empty: “Words can also come as mere dead words or signs that inform and influence, but do not touch the person because they lack essence, spirit” (1993, 28). However, the right words can be empowering, shaping a person’s existence in the world. Advocates of Eriksson’s legacy continue to highlight the importance and challenges of selecting the right words in a broader ethical context: “Words are important and have the power to destroy a person, ruining their dignity and self-image. With the right words—ethically charged words—and an ethos of love for the other, you can rebuild a person’s dignity and self-worth” (Hemberg and Morrow 2022, 421). What are these right words in Aidt’s novel?

In *Exercises in Darkness*, Aidt uses three peculiar narrative techniques, namely poetic composition, intertextuality, and anecdotes serving as *mise en abymes* of female fear, shame, and guilt. By poetic composition I mean a frequent use of metaphors, experimenting with, among other things, the placement of words on the page, the use of italics, the rhythm of the language and the length of the utterances. The chapters in *Exercises in Darkness* are of different lengths: some 2-3 pages while others are hyper short (one sentence). Some of these chapters are written in prose with conventional orthography, layout and grammar, while others are dense, metaphorical images, designed like lyric verses:

And then again, the long bus ride.

The city, the sky, bare trees.

The green couch.

This happens once a week.

It is almost like a short novel. (12)¹⁰

This short poem’s fragmented, elliptic, lyrical form may express the woman’s weariness. She wants to write about the bus ride home from her therapist. In a neutral, economic, non-emotional manner she describes what she can see out of the window. Then, keyword-like, she refers to the green couch in her department. It is a synecdoche, a figure of speech where a part is put for the whole. The green couch represents home, safety, warmth and belonging. The colour

⁹ This is also my translation.

¹⁰ «Og så igen den lange bustur./Byen, himlen, nøgne træer./Den grønne sofa.//Dette sker en gang om ugen./Det er næsten som en lille roman».

links it to the flowers and nature which we have seen play a crucial part in her self-care. By using an iterative form (“once a week”) she points to the regularity, the strangeness and distance she experiences when she refers to the sessions like something fictitious. She makes a meta-comment on the content; calling it a “short novel” that sums up a regular event in her life. The poetic expression could be said to illustrate her difficulties in expressing what she feels and the estrangement she feels toward herself and everything around her.

The “reminiscences of that language found in old novels” that Nupen poignantly mentions, presents intertextuality. It has become one of the most prominent and frequent literary concepts serving as “[...] an interdisciplinary, indeed all-purpose, designator for [diverse] instances of text reuse’ (Baron 2020, 336-37). Katarina Bernhardsson has studied the use of intertextuality within illness stories. She notices how it is used to create either resistance, mentioning texts to “discard them [...]” (Bernhardsson 2019, 225) or work as assemblage. By assemblage, writers can establish a community of letters. Bernhardsson uses the Swedish author Anders Paulrud as an example, showing how he uses “[...] his literary references to build a community and a writer’s identity as he contemplates life and loss” (228).

In *Exercises in Darkness* intertextuality is used as contrast to a medicalized language. In the novel the psychologist asks the narrator to use SUDS to estimate her suffering. SUDS is “Subjective Units of Discomfort Scale”, a scale ranging from 1-100 and used to measure discomfort when patients are confronted with their trauma in the treatment of PTSD (79).¹¹ The narrator uses SUDS several times during her therapy sessions. She describes it as rather “complicated” (80) but agrees to use it. The first time she talks about the trauma of being stabbed, the SUD is at its maximum:

What are your SUDS now?

100. I can’t stand it anymore, I say.

There is a scream in my throat, I can hardly breathe, I hyperventilate and stand up in a sudden jerk.

We’re taking a short break, says the PTSD man.

so badly off in the world and life. (168)¹²

The session is interrupted, orthographically marked by the empty space and the italicized sentence. The medical language is displaced by a poetical one. However, the subject of SUD and the lyrical phrase is the same, namely that of anxiety and fear. The lyrical phrase is from her grandmother’s book *Poems from Around the World* which the narrator read as a child. Recalling how she learned by heart the poem in which the quoted sentence occurred, the intertextual reference from her grandmother’s book of poetry gives her a language when she lacks one herself. It connects her with an anonymous poet that a long time ago felt the same as she does. It links her to her own past and relatives in a way that seems to be healing to her. Intertextuality is a way of showing that one is not alone, and it thus mirrors Paulrud’s “community of letters”. It also serves to re-establish the narrator’s identity, both as a writing individual (but not a writer, like Paulrud) and also as an emotional being. The traumas that the narrator has experienced have locked down feelings for many years but reading poetry and including it in her own

¹¹ «Det er et redskab, vi bruger til at måle ubehag, når patienter konfronteres med deres traumer i behandlingen af PTSD».

¹² «Hvad er din SUDS på nu?/100. Jeg vil ikke mere, siger jeg./Det sidder et skrig i halsen, jeg kan næsten ikke få luft, jeg hyperventilerer og rejser mig op i et pludselig ryk./Vi tager en lille pause, siger PTSD-manden.// så ilde sted i verden og livet».

narrative help her come to know her full self again. "The community of letters" brings comfort when one is facing difficult feelings, it is a reservoir of utterances and phrases to be used in conversations, and it helps in being honest in the presence of difficult feelings and doubts.

The narrator's diary-like writings in *Exercises in Darkness* are intense, and quite often dramatic. The insertion of eight anecdotes told by female narrators of different ages gives room for several voices and perspectives and adds other dramas to the novel. The anecdotes are placed within the plot of the novel. Lea tells her friends how she once went to a birthday party where all the 50 female guests were asked to bring an anecdote. Lea then retells eight of these. These stories are about a young woman being sexually harassed by her older boss, about a schoolgirl being bullied by boys, about an attempted rape where the girl is taken care of by an elderly female neighbour. There are anecdotes about a wife being isolated and humiliated by her sickly jealous husband, about a violent father and about a young girl being shot by her boyfriend – and the mothers of the victim and the murderer. These anecdotes resemble the traumas of the narrator; they resemble the rape, the assault and the violent father. They function as *mise en abyme*, "an image within an image", meaning that the larger picture contains smaller pictures echoing the same motif. These recursive anecdotes serve as smaller stories of the novel's motives and overall theme of fear and shame, but also of compassion and care.

Thus, they illuminate and reinforce the narrator's story. They point to the value of telling tales as it may bring ease and comfort and forge a community. The meta-narrative motif is also present as the narrator explains how she finds her grandfather's notebook. It has only two posts. Both are about the grief of having lost a baby son – a subject no one talked about in the family. The narrator continues to write in her notebook, exploring a language for her suffering, and practicing self-care at the same time. *Exercises in Darkness* introduces writing and talking about abuse and trauma as ways of practicing self-care. But the anecdotes also lift the personal narrative of abuse and trauma in the novel to a collective, universal, and female topic across age, class and marital status. By sharing stories, the women experience care and alleviation from suffering. Lea retells these anecdotes to her friends after having told them to her daughters. She claims to have heard the anecdotes at a wonderful birthday party for an 80-year-old lady. After having completed the tales, one of her friends responds:

It sounds like a dream, says Nicola.

And Lea replies: And so it was. (256)¹³

This comment creates an interpretative ambiguity. Were the anecdotes told or were they just part of Lea's dreams and imagination? The question is more interesting than the answer. The anecdotes, be they dream or reality, created a feeling of community between women, and they eased the burden of the suffering narrator. They have shown the importance and power stories play both for the single individual and for human relationships. They have brought attention to what storytelling can mean to people in their darkest times.

The novel's title alludes to darkness, and the narrator's "exercises" throughout the story can be understood as efforts to confront and transcend this darkness. These exercises become efforts to move through darkness—psychologically, existentially, and relationally. Her self-care is intimately bound up with the care she receives from her caring communities. These relationships form part of a broader contemporary caregiving ecology, where care is expressed not only through interpersonal support but also through writing, memory, and reflection. Art, storytelling and narration are offered as possible ways of alleviating suffering.

¹³ «Det lyder som en drøm, siger Nicola./Og Lea svarer: Det var det også».

Final Remarks

While literary critics have primarily interpreted *Exercises in Darkness* as a work about modern female life, motherhood, menopause, and trauma, reading it through the lens of caritative care theory reveals it as also (a) *curography*—a novel about caring, and a novel of care. This interdisciplinary reading demonstrates how a dialogue between literature and care theory can broaden our understanding of caregiving in contemporary Nordic contexts. The novel illustrates how care is enacted not only by professionals but also through relational networks: a therapist, a close group of friends, and, crucially, the narrator’s own acts of self-care. Together, these agents form what I term a *triangle of care*. This model expands Eriksson’s original, dyadic concept of *caring communion* by incorporating self-care as a vital third dimension.

In *Exercises in Darkness*, self-care encompasses both physical acts, food, rest and movement, and existential practices such as connection to all organic life: nature, plants, and animals. This expansion resonates with Eriksson’s emphasis on the interconnectedness of body, soul, and spirit, while also enriching her theoretical model with a more nuanced view of autonomy and self-nurturance. Naja Marie Aidt’s fragmented and lyrical prose enacts a *language of care*, a key element yet an underdeveloped aspect of Eriksson’s theory. The novel shows how language can be a mode of caregiving, where writing, storytelling, and attentive listening become ethical actions. Through diverse registers—poetic, personal, clinical—*Exercises in Darkness* generates meaning, dignity, and communion. The novel both supports and demonstrates Eriksson’s idea that language is not just a way to describe care but an active part of how care is given and experienced.

In conclusion, *Exercises in Darkness* exemplifies how contemporary Nordic literature can not only reflect but enrich and even reconfigure core ideas in caritative care theory. Aidt’s novel expands our understanding of care as relational, as communicative, and as embodied. With its diverse aesthetics and thematic focus, Aidt’s work contributes to a growing recognition of literature as a valuable partner in interdisciplinary care research—an approach that holds promise for deepening our collective understanding of what it means to give, receive, and sustain care in contemporary Nordic society.

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