

of their shared biblical influences and understanding of the sanctity of the otherness of the other – a rich area for further enquiry.

The stand-out contribution, however, comes with Andrew Pickering's chapter, 'Laing beyond Words: Antipsychiatry as Performance'. Pickering argues that the contemporary relevance of Laing lies not with an appraisal of his ideas but in the performative aspect of his work. By performative, he means 'something very simple ... namely, action, behavior and doing things in the world' (p. 59). As Pickering writes, Laing himself wrote very little about his interactions with the mad; it is through Joseph Berke's and Mary Barnes' collaborative effort that we are offered insights into life at Kingsley Hall. Pickering refers to these interactions as 'dances of agency' (p. 60), unpredictable sites of situatedness and emergence. For him, anti-psychiatry, in contrast to the normative, post-enlightenment emphasis upon the value of ideas, 'dwelled in the shadowy zone of action' (ibid.). While the method of psychoanalysis was the talking cure, the method of psychiatry diagnosis and prescription, the method of anti-psychiatry lay in its performance. In the anti-psychiatry of the 1960s and 1970s, the patients' own performances were integral in keeping the dances of agency extant, moving beyond words but constantly in motion. Thompson's second chapter, informed by his personal experience of living in Portland Road and describing the interactions between one particularly challenging resident, Jerome, and the rest of the household, perhaps sheds some light on how dances of agency played out within the therapeutic communities. Kirk Schneider's brief but insightful chapter offers a helpful contextualization to understanding the performative Laing. Pickering ends with an evocative and rousing invitation to us all to perform, to dance our way towards a social revolution, which changes not just psychiatry but the world at large.

Unencumbered, perhaps, by a personal relationship to Laing, Pickering is the only contributor to significantly delve into a contemporary appraisal of Laing's work; the other contributions lie more within remembrance and legacy. I would have particularly welcomed chapters assessing Laing's contribution to family therapy and his legacy within therapeutic communities today. This lack does not diminish the importance of this book, however. For we can only revisit Laing's contribution from the vantage point of our current times, and this book provides an excellent, eclectic collection of papers from which to allow our own responses to emerge, informing our own contemporary appraisal and its relationship to twenty-first-century psychotherapy practice.

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When things fall apart

Being mortal: medicine and what matters in the end, by Atul Gawande, London, Profile, 2015, 304 pp., £6.29 (paperback), ISBN 978-1846685828

With his latest book, *Being Mortal*, Atul Gawande has outdone his previous publications. This insightful, wise and passionate book demands that we abandon our

current Western mind-set and adopt radically different ways of dealing with ageing and death itself.

It is as a grieving son (and a deeply sympathetic writer) that Gawande witnesses the treatment of his dying father and reflects upon the human qualities that he profoundly values. In a very moving passage, he describes how his father, then in his final days in a hospice, forced himself out of his wheelchair so that he could hear his son lecture at the university. With remarkable understatement, he adds: 'I was almost overcome just witnessing it' (p. 230). Near the end of the book Gawande's father becomes infirm and eventually dies. Gawande seems surprised to be able to ask his dying father, 'How much are you willing to go through just to have a chance of living longer?' (pp. 212–213).

Acknowledging his father's answer leads Gawande to being able to provide him with a relatively peaceful death in the arms of his family, as opposed the now all-too-conventional end in a high-tech intensive care unit.

The author shows how wrong doctors are in not telling patients when their treatments are unlikely to work, and how hopeless they are at estimating how much time their terminally ill patients have left. In a moving series of reflections on terminal diagnoses Gawande reveals that doctors don't just frequently get it wrong; when asked to predict how long a terminally ill patient has to live, doctors overestimate on average by a factor of five (p. 167).

Gawande goes on to interview gerontologists and other experts on the process of dying. One such expert, Felix Silverstone, is a senior geriatrician who has written more than 100 professional studies on ageing. Gawande asks Silverstone whether there really is a pathway to ageing. He responds, 'No, there isn't ... There is no pathway. We just fall apart' (p. 35). Gawande writes: 'This is not an appealing prospect ... People prefer to avoid the subject of their decrepitude' (ibid.). Instead of acknowledging our decay and death, we tend to read printed advice such as *The Fountain of Age*, *Ageless* or *The Sexy Years*.

The central paradox that runs throughout *Being Mortal* is that sophisticated medical care does not guarantee anyone a good end of life – it often prevents it.

This is highlighted with two personal examples. Gawande's wife's grandmother lived in a country where old age is treated as a medical problem. She spent a lot of time in hospitals or home alone. By contrast, Gawande's grandfather was able to continue to live on his beloved farm, 'surrounded by family until his death' (pp. 15–16).

In the first half of his book Gawande writes of his concerns for how we can age with self-respect; in the second half, he focuses on palliative care and how we can die with grace. The astonishing achievements of medical science since the Second World War have, he concludes, led the medical profession to become arrogant and unwilling to concede defeat. Gawande's view is that we must acknowledge our mistake now.

Can we die with grace? What Gawande seeks is not bullish arrogance but acknowledgement of uncertainties and a willingness to accept risks. Doctors, he says, communicate most effectively when they abandon the position of detached, clinical observers and talk in terms of how they feel: not 'we can operate again' but 'I am worried about your tumour because ...' (p. 35).

The US health system spends billions of dollars on the medical equivalent of lottery tickets. This results in what can be aggressive but sometimes futile interventions in the medical care – and in people's lives – that can make patients miserable, and

separate them from their families. The author is damning in his criticism of this aspect of Western medicine and does not spare doctors (himself included) who will not confront the facts of death and do not advise or care for their patients wisely. He includes a story concerning a young woman who is pregnant and who learns she must face a death from terminal cancer. In a book which otherwise seems to be about old age, Gawande reminds us that death awaits us all, sometimes tragically when we least expect it.

This is a book which describes the author's own heart-searching. His difficult realization is that the bravest and most humane decision in the face of terminal illness may be to do nothing at all. When time becomes short for his father, Gawande is surprised by his father's strength, but also moved by the hospice care that helped the dying man articulate what mattered most to him – and to do it. As he watches his proud father, the author thinks, 'Here is what a different kind of care – a different kind of medicine – makes possible' (p. 230). In one of the many insightful passages in this book, Gawande observes that, in Western cultures, we now permit children to take more risks than the elderly, who are presumably old enough to make their own choices; by comparison, we allow young children to play on climbing frames. Our obsession with risk restricts the lives of those who are most vulnerable in society – and at a time when the choices of the elderly should be most respected. Even if those choices shorten their lives.

The point here is that we seem to value longevity over what makes life worth living. Furthermore, Gawande shows how our society's infinitization of the elderly is promoted by the profiteering companies involved in their care. His approach is not to propose a check-list for us to have a better end to life. He interviews thoughtful specialists who have turned their back on the Western mind-set about death and dying. There are truly inspiring accounts of patients who chose to make tough decisions about balancing the desire to extend life as much as possible with a desire to live better.

For example, Gawande tells us about Bill Thomas, who proposed the radical idea that we should 'treat old people like people'. To do this, Thomas redesigned a garden for elderly residents to tend. He also set up on-site day care, so they could interact with children. Then he ordered 100 parakeets to fill the home and its gardens with song – the staff had to put the cages up while the birds flew free, and the residents 'laughed their butts off' (p. 121). Gawande comments, 'Death rates and the use of sedatives in the nursing home plummeted' (p. 123).

The author does not subscribe to the myth that traditional societies are or were always more respectful towards the old. Before the introduction of the welfare state, those who were so old as to require assistance were usually looked after by their family; if there was no family, they went to an almshouse. These were unregulated and often squalid (as the ones visited by Gawande in India still are), and they increase the decline of those who are, or were, admitted.

One important and powerful message that resonates from this book is that human lives can and should have narrative. People want and often expect to be the authors of their own stories; and in stories, endings matter. Doctors and other medical staff could be, and should be, better at helping people who are near their endings.

Although there is little laughter in *Being Mortal*, the book is not a lament. Gawande is more interested in solving problems than in merely describing them. He

takes on a question that everyone must face: how can we make the last days of those we love (and ourselves) more comfortable, more meaningful, and affordable?

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Unlearning, relearning

Heartfulness, by Robert Sardello, Dallas, TX, Goldenstone, 2015, 298 pp., £15.03 (paperback), ISBN 978-0-9967988-0-8

Having worked with Robert and his late wife Cheryl some years ago at their School of Spiritual Psychology in Benson, North Carolina, I found my way in quite readily. The course I had been enrolled upon was called 'Heart Initiation' and this book may well be the fruit of this course that ran over a number of years.

Sardello introduces us to a number of practices leading to heartfulness, a pathway to wholeness and to overcome the seeming separation and division between the spiritual and the sense world as experienced in our soul. He writes:

No simpler 'way' or 'path' exists. We are not confronted with the challenge of finding heartfulness or developing it, or changing our lives in some radical manner. We are asked only to shift our center of attention, moving awareness from head to heart, from abstract cognition to being within practical contemplation, as a way of creative living. (p. 4)

'Creative living': a simple shift of awareness that allows creativity to show up – it lives in us all the time; we need only to pay attention to it. Sacredness can become part of all we do.

Despite this simplicity there are many hurdles, obstacles and illusions to traverse. We are asked to take a good look at our commonly held concepts and perceptions as well as ingrained habits of being. No easy task, particularly as we are not promised any glorious outcome or result. Robert distinguishes between method and technique:

Technique consists of knowing what steps to take and in what order, to bring about a sequence of actions leading to a desired result. Method consists of an intensification of the Whole in such a way that the Wholeness reveals itself within a resonant instance of itself. We begin with the Whole, stay with Wholeness, and elaborating it into moments of intensity. (p. 7)

Here is a simple exercise we did on the course. Take an object that fits nicely into your hands, nothing special of itself, perhaps a stone or a pebble, a clod of earth or a lump of clay. Close your eyes and go right into your sense of touch, feeling the boundary of yourself and the object, and have the awareness that you are touching this object. Shift the attention to the object itself and feel how it touches you. You have made no outer change, you have only shifted your awareness from the centre of your being to the object. I have done this exercise many times in my group work sessions