

and perspective are brought to bear in his stories and reflections. We know so much about depression and its treatment and about the varieties of anxiety and how they can cross from normative to pathologic. The field of adult life-cycle development and its perspective on the psychological tasks of aging would surely have helped Gawande with some of these patients. Would any of them have benefited from short-term psychotherapy?

Gawande is pragmatic, but he is also an optimist. The leitmotif of the book is exemplified by his comment, "One has to decide whether one's fears or one's hopes are what should matter most" (p. 232). This echoes the viewpoint of positive psychology and the recently defined field of positive psychiatry (1). A focus on the positive (i.e., the patient's own view of what is satisfying) may trump some of the inevitable losses about which little can be done.

All in all, *Being Mortal* is a moving and accessible read, a call for empathy and practical care, an inspiration for clinicians and patients, and a superb contribution to our field.

REFERENCE

1. Jeste DV, Palmer BW (eds): Positive Psychiatry: A Clinical Handbook. Washington, DC, American Psychiatric Association Publishing, 2015

Richard Summers, M.D.

Dr. Summers is Co-Director of Residency Training and Clinical Professor of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia.

Dr. Summers has received royalties from Guilford Press and owns stock in AbbVie, Biogen, Bristol-Myers Squibb, Eli Lilly, Gilead, HummingbirdIRB, Johnson & Johnson, Merck, and Pfizer.

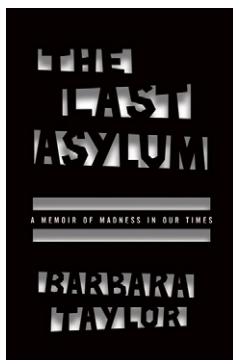
Book review accepted July 2015.

Am J Psychiatry 2015; 172:1263–1264; doi: 10.1176/appi.ajp.2015.15060808

The Last Asylum: A Memoir of Madness in Our Times

by Barbara Taylor. University of Chicago Press, 2015, 320 pp., \$20.00 (paperback).

With increased openness people are now coming to terms with the extent and nature of suffering in mental illness, but despite every effort at understanding, it takes an intelligent patient with exceptional writing skills to really articulate it properly. Barbara Taylor, a renowned Canadian historian, illustrates this perfectly in this excellent, and at times rawly excoriating, account of her own passage through the mental health systems in London in the latter years of the 20th century, covering 21 years of psychoanalysis with the same therapist; admission to Friern Hospital, a north London mental hospital renowned for having the longest corridor in Europe (one-third of a mile); the subsequent closure of this



hospital; and a succession of supportive environments. Along the way she relates convincing and illuminating conversations with her psychoanalyst, who seems to remain saintly and maddeningly proper and professional at all times despite multiple assaults; similar conversations with the many patients she encounters, several of whom she is proud to call her friends; and less pleasant, sometimes brutal encounters with others, several of whom were health professionals, that gleam with acidic accuracy. Barbara does not dwell on the formal nature of her own mental illness, but it is primarily concerned with emotional dysregulation and substance misuse (of several kinds). I was fascinated by the passion of her writing, her ability to choose the right words so well in her account, her extensive use of the colon punctuation mark, and the scholarship that has gone into her background research.

Although it is a personal memoir, it is set in a historical context and is full of insight, and I was genuinely excited to read about her apparently full recovery in the latter pages. Although she writes critically, she does not rant or proselytize, and the balanced summary of her experiences is that her admissions and subsequent care in Friern Hospital, and her continued psychoanalytic sessions (even when an inpatient), were lifesaving.

This is an unusual combination, but it makes sense. Her sessions with her psychoanalyst lasted for 21 years, an appropriate period because her account covers the period from infancy to adulthood in analytic terms. It was the constant presence of the analyst as her proxy father (or lover in her own mind at times), together with the "stone mother" support of the asylum that represented the only consistency in her helter-skelter journey to madness and back. Despite all the deficiencies of the asylum system, she insists, "I had genuine 'community care,' unlike the imaginary kind to which most people are consigned these days," and she deplores the "anti-institutional, anti-welfarist sentiment" that currently dominates community care (p. 104). The option of the hackneyed word "choice" also troubles her when it is clear that it is being used as an excuse for inaction, and she asks pointedly, "Is choice really more important than care?" (p. 253).

This was a book that made me think hard about the way forward for community care. At a time of economic pressure, we must not allow it to be rail-roaded into the pretense that all that is needed for patients is a path toward independence and self-sufficiency when support and temporary dependence on well-funded care systems are also vital ingredients of success.

Peter Tyrer, M.D., F.Med.Sci.

Dr. Tyrer is Professor of Community Psychiatry at Imperial College London.

The author reports no financial relationships with commercial interests.

Book review accepted June 2015.

Am J Psychiatry 2015; 172:1264; doi: 10.1176/appi.ajp.2015.15060767