

*Beverley Clack, Professor in the Philosophy of Religion, Oxford Brookes University, UK*

Published in:

***Interrogating the neoliberal lifecycle: The limits of success*** [ISBN: 9783030007690] /

edited by Beverley Clack and Michele Paule (Palgrave Macmillan, 2019).

## Abstract

In this chapter I consider what might be called the ‘Third Way’ death manuals of Philip Gould and Kate Gross, who were both, in different ways, involved with the New Labour Project. Their memoirs describe their experiences of dying, and are notable for the conclusions to which they come; conclusions which suggest values at odds with the individualist and progressive narratives that shape neoliberal views of what it means to life well. In considering the tensions and possibilities that shape their respective narratives, new ways of living in the face of death become possible.

## Introduction

Death stands at the limits of human existence. It denotes the ultimate boundary, the end point, for all human striving. That death suggests limits immediately puts it on a collision course with the self-confident, autonomous individual of neoliberal theory. Anthony Giddens, key theorist for the ‘Third Way’ which aligned neoliberal economics with the social democratic New Labour government of 1997-2008, saw the problem of death quite clearly. Death acts as “a point zero” for the neoliberal subject: “it is nothing more or less than the moment at which human control over human existence finds an outer limit” (Giddens, 1991: 162).

To accept that there might be limits of human endeavour, to grapple with the reality of ‘being-towards-death’, does not sit easily with the relentless optimism of neoliberal aspiration. Acknowledge the skeleton beneath the skin, and the belief that we are

always 'in control' of our lives, always able to shape its outcome, seems a peculiar conclusion to draw from the facts of existent being. Yet the success of neoliberalism as an ideology stems in no small part from the way it reflects the vision we like to have of our lives. The central tenets of neoliberalism appeal to our vanity, for they reflect powerful fantasies about what it is to be human. We are, we like to think, beings who are responsible, self-determining, creative and free.

In this chapter I consider what might be called the 'Third Way' death manuals of Philip Gould and Kate Gross. Gould and Gross were both, in different ways, involved with the New Labour Project. Gould was a noted strategist, pollster and advertiser. He designed the new logo for the Labour Party under the leadership of Tony Blair. He used focus groups in order to determine the kind of policies the Party should offer as a way of attracting the crucial votes of 'Middle England'. Gross, while less well known than Gould, worked for both Tony Blair and Gordon Brown as an advisor.

Their memoirs describe their respective experiences of dying, and are moving and often poignant pieces of writing from individuals facing the end of life. But they are also notable for offering conclusions that suggest the limitations of neoliberal values to shape a meaningful account of life capable of standing up to the challenge of death. Indeed, the values that emerge from the narratives of Gould and Gross, and that offer some comfort in the face of death, are at odds with the individualism shaping neoliberal accounts of what it means to live well. Out of the tensions and possibilities shaping their respective narratives, new ways of living in the face of death emerge. Importantly, their accounts of what it is to stand in the Death Zone make possible alternative ways of thinking about what it means to live well.

## The Challenge of Death

Death does not, of course, pose a challenge unique to the neoliberal subject. Philosophies of the self which place human striving and achievement at the heart of the meaningful life must also make sense of the devastating reality of death for the individual. The existentialist philosophies of Martin Heidegger ([1927] 1962) and Jean-Paul Sartre ([1943] 1969) have much in common with the direction of neoliberal theorising. Human individuality is defined through one's ability to 'stand out' from the world. The challenge is to find ways of resisting the forces that would make one into an object indistinguishable from the rest of the natural world. Subjectivity is defined through creating oneself, and as a result death's problem is felt in the challenge it poses any possibility of lasting human achievement. The subject is always a subject towards death.

Heidegger and Sartre offer rather different ways of reading this positioning. For Heidegger, death acts as a necessary boundary for human decision-making. Without it, our choices would have no importance: there would always be more time to accomplish whatever we wanted. Our choices are real, our projects have significance, precisely because of our position as finite beings ([1927] 1962: 245). Sartre resists the optimism inherent in this view. That we know not the hour of our demise renders the possibility of a meaningful life absurd. Our lives are defined by our projects. Because uncertainty surrounds the possibility of these projects ever being completed, death confronts us with the meaninglessness of all human endeavour ([1943] 1969: 533).

Sartre's point suggests something of the problem of death for those who would place human striving at the heart of their account of human being. Faced with the prospect of death and the uncertainty of achievement, it seems difficult not to accept the absurdity

of life. Chasing attainment does not provide a certain footing for a meaningful life.

There are limits to human striving. The processes of the natural world have a powerful hold over us that cannot easily be shrugged off.

If we turn our attention to the neoliberal subject, we are faced with a similar problem. Defined economically, the neoliberal subject is shaped by its ability to achieve, to stand out from other competitors in the great game of life. Entrepreneurial striving creates this individual. But what is the point, if all this striving is rendered precarious as a result of the fragility that attends to mutable and mortal human life? The neoliberal model of the 'successful life' looks somewhat shaky when seen from the perspective of Sartrean absurdity. What happens when the neoliberal subject, understood as adaptable and responsible, is faced with the coming of death? Will the activities that create neoliberal subjectivity be capable of offering a way of coping with the end of life? Or might we have to look elsewhere for qualities that can offer meaning in the face of death?

### **Death and The Memoir**

The end of life is accompanied by incapacity, loss and suffering. These qualities seem to have little to do with those that shape the capable subject of neoliberalism. Faced with dying, one method for enabling a continued sense of agency is to find in the experience the material for continued self-development. Utilise this experience to restate your status as an individual who remains capable of choice. May Sarton's protagonist, Laura, in her 1978 novel, *A Reckoning*, captures this impulse rather well. Told she has inoperable cancer, Laura describes "a strange excitement, as though she were more than usually alive, awake, and in command: *I am to have my own death*" ([1978] 1981: 7; my emphasis). Choice is not finished with the coming of death: now, it can be used in order to frame how one dies.

Sarton's account is fictional. A recent trend in autobiographical writing offers a rather different way of proceeding. If Sartre gives a high place to writing as a form of project,<sup>1</sup> so the neoliberal subject can turn their dying into literature. The use of individual experience for creativity reflects Leigh Gilmore's identification of "the long memoir boom" (Gilmore, 2010: 658) of the neoliberal period. The habitual form of the neoliberal memoir follows a distinct pattern. The individual is shown bravely surmounting all the odds to be successful; or they are able to find the personal strength to be redeemed from past failures; or, at the very least, they are able to put aside past constraints in order to find new ways of living. Suffering takes on a particular role in these narratives:

Suffering, in this model, is ubiquitous, and insufficient to catalyze interest; what appeals is struggle and overcoming—even a narrow escape—that lifts one up and away, through grit and grace, in the achievement of the happier-than-predicted ending (Gilmore, 2010: 659-660).

If escape is the central feature of such writing, the experience of terminal illness with no hope of recovery would seem unlikely to find a home here. There is no happy ending, no way out from death's inevitability. Yet it was probably only a matter of time before the self-help ethos of the neoliberal world applied itself to the end of life. Shaping new kinds of memoir, death does not mark the end of self-actualisation, but offers instead a new space for exploring the self.

As organised religion plays a less prominent part in contemporary Western societies, the idea that one's death might be best approached through common rituals and beliefs

---

<sup>1</sup> See his interview with Michel Contat in the New York Review of Books, 7 August 1975, translated by Paul Auster and Lydia Davis.

seems an anachronistic way of dealing with mortality. Instead of shaping individual experience through religious ritual and practice, the individual is encouraged to look to tales of heroic individuals who have stood up to death, and, if they have not defeated it, have at least found a way of taking charge of their own dying. Here we find the importance of extending the memoir to the experience of dying.

Not all deaths can be shaped through this kind of writing. Dying from cancer offers the kind of time and space necessary for reflecting on - and writing about - the experience. This is not without its own pressures. This kind of dying is now subjected to the imperative for “personal growth” (Kaufman, 2005: 154). No one is allowed to “go gentle into that good night”; all are supposed to “rage against the dying of the light”, or at least learn something from it.

The examples which follow show, both the extension of the neoliberal ideal of control to the process of dying, as well as its limitations when faced with the final destination of all life. In the memoirs of Philip Gould and Kate Gross, the political project of the Third Way takes on a personal dimension as both try to come to terms with the experience of dying.

### **Philip Gould: Lessons from the Death Zone**

In 2008, Philip Gould, key advisor to Prime Minister Tony Blair, was diagnosed with cancer of the oesophagus. He eventually died in 2011. His memoir, *When I Die*, was published in 2012, and was something of a media sensation, having three print runs in the first year of its release. In this book, Gould describes his battle with cancer, which, as its subtitle suggests, provided him with a series of ‘Lessons from the Death Zone.’ Weaving in and out of the account are key figures from the New Labour project. Tony

Blair, not surprisingly, is an important figure, along with his Director of Communications Alastair Campbell (1997-2003). Also mentioned are former Labour Home Secretary David Blunkett (2001-2005), and Margaret McDonagh, General Secretary of the Labour Party from 1998-2001, who emerges as a somewhat terrifying figure, Gould describing her as “the steel at the heart of New Labour” (2012: 42).

The opening of Gould’s account begins with a visit from Blair, shortly after Gould’s diagnosis. Their conversation denotes a shift in their relationship informed by Gould’s illness. For the first time they talk about religion, something that Blair had been famously reticent about when in office. As Alastair Campbell once said of his boss and his administration, “we don’t do God”. Now, things are different:

[Blair] believes that these values, and his religious conviction, belong properly to a private realm, not the public world that dominated so much of his life...But with my cancer we had left the public world and were living completely in the private realm, and his compassion, his religion and his values could in a way be liberated. (2012: 16-17)

Gould is easy with the idea that “all politicians” are forced to divide their public persona from their personal beliefs. In the moment he describes, they are meeting as “private individuals” (2012: 17), the suggestion being that death belongs to the private and personal realm, not to the external world of public politics. We might wonder at the kind of politics which places death on the margins in this way. Might we think differently about the kind of policies and practices best suited to the public realm if we took seriously the kind of possibilities - and, indeed difficulties - that arise from the vulnerability of “private individuals”? We will return to this question shortly.

Gould spent much of his working life as a political strategist, and so it seems natural for him to approach death through the methods that informed that work: “Everything I thought about the battle with cancer was strategic, as if I was fighting an election campaign. I saw the elimination of the cancer as victory, and the test results as opinion polls” (Gould 2012: 20). If the elimination of the cancer is ‘victory’, if the test results highlight whether he is ‘winning’ the battle, negative results are, conversely, experienced as losing and as failure. The question is how to respond to those failures. Gould quickly realises that to adopt what he calls ‘the lizard strategy’ - “hunker down, hide, retreat” (2012: 31) - sent out the wrong signal to his surgeons. It suggested he did not have the strength for the battle ahead, and so he has to adopt a different strategy to show them that he is strong enough to win. As such, he uses the same set of principles that he brought to the political realm to engage with the experience of cancer: “getting through cancer needs leadership” (2012: 43). Just as when you fight a political campaign, “you are pretty much on your own” in the battle with cancer (2012: 46).

This comment sounds odd. Anyone with experience of running for political office will know that you are never alone when running for election or when you are shaping policies. You are always surrounded by colleagues and comrades committed to this end. Likewise it is far from obvious that his cancer treatment involves ‘being alone’. As his narrative shows, Gould is surrounded by friends and loved ones. Similarly, he has access to the best health care professionals available. Yet this construction of his illness makes more sense if it is read through his political commitment to the values of autonomy and choice. He is an individual facing death ‘alone’. The greatest challenge he feels he faces emerges when he has dinner with Blair. In response to prompting from the ex-PM, Gould



realises that he needs to find out what “the purpose” of the cancer is (2012: 56). Far from signalling the end of growth, the cancer is experienced as something which acts as a way of achieving change.

Now, there may be something important in making this turn if we are to think about what it means to live well. There are moments in life, like the one Gould details, when circumstances provide us with the possibility of pausing and thinking again about the way we are living. Yet whether determining a ‘purpose’ in such moments is quite the right way of expressing it, I am less sure. To suggest purpose returns us to the centrality of the individual. ‘You’ are to find a way of learning what this means ‘for you’. If Gould’s story reveals the attempt to apply neoliberal principles to the end of life, it also reveals the limitations of this narrative. His journey cannot be reduced to the account of one individual’s striving.

Indeed, his writing reflects this. As his illness progresses, a stronger communal narrative emerges. After successful surgery, Gould feels that it is not so much that he is involved in an individual battle, but that he is “connected to the suffering of others in the world” (2012: 69). His suffering reflects a wider, universal condition. He is not an atomistic individual, standing out from the world. He is part of a wider whole, part of a wider humanity. As Gould realises he cannot win this battle, his focus shifts towards ways of accepting his death. And here, again, individualism has little to offer him when it comes to finding some kind of tranquility in the face of death. Acceptance accompanies the acknowledgement that what really matters is less his individual battle, and more his relationship with his family (2012: 110):

I am trying to make sense of the world through emotion, through relationships,

through feeling” (2012: 134).

Accepting the relational shaping of his life involves a further shift. He moves from “being inchoately spiritual to more emphatically religious” (2012: 48). Now, it might be tempting to dismiss this move as the kind of crisis faith that emerges when confronted with one’s mortality; a way of finding meaning that is much criticised by theologians like Dietrich Bonhoeffer ([1953] 1971: 361). Alternatively, we could see it as an example of the purification which comes with the realisation that we are mortal and that our time is limited. Those things which are really important emerge out of the fog of the pressures to be a successful individual.

Gould finds that he needs to place the meaning of his life in a wider whole: his family, but more than that, perhaps: in context of the universe itself. This is not to say that the neoliberal narrative of success is ever entirely given up by Gould. At the point where he is faced with the terminal nature of his illness, Gould continues to find himself drawn to this familiar trope: “I have shown myself that I have the courage to transcend death. Maybe I cannot beat death, but death cannot beat me” (2012: 119). The worse it becomes, the more he feels he is still left with one last choice: “I can choose - to an extent at least - the kind of death that I want. I have some freedom, I have some power here. I have the possibility to shape for myself my own death” (2012: 120). On his last day of conscious life he is still asking for his laptop (2012: 201). He dies surrounded by family and friends.

### **Kate Gross: This Magnificent Life**

If Gould approaches his death with a studied stoicism, Kate Gross’ account of her own dying expresses an explicit anger which the sensitive reader will doubtless share. Hers is also an account that reveals the unreality of the neoliberal account of the self when

forced to confront the reality of death. Gross is a young mother of twin boys. She has had a glittering career, working for two UK Prime Ministers, Tony Blair and Gordon Brown. At the time of her diagnosis, she is a CEO of a charity working to establish democracies in Africa. Aged thirty-four, she is diagnosed with colon cancer. Her memoir, *Late Fragments* (2015), is written with her boys in mind, and has a subtitle explicitly for them: 'Everything I Want to Tell You (About This Magnificent Life)'.

Gould was at pains to view cancer as something which confronts the sufferer with the need to determine its purpose. Gross, by way of contrast, is aware of the limitations of such a positive engagement: "Cancer is a pretty terrible kind of gift. It takes and it takes, leaving a trail of destruction in its path" (2015: 4). She is angry; a response which feels entirely appropriate. Framing her narrative around the wisdom of the lived-experience she wants to share with her sons, she notes how "in a normal world I would have been granted decades to say all this" (2015: 7). This is where her narrative bites home. Confronted with death, the unreality of the language of self-actualisation is revealed. The neoliberal take on what is 'normal' is not normal at all. Gross' experience reveals a life which is far more random and uncertain than the predictability promised if we follow neoliberal recipes for success. Agreeing with the boxer Mike Tyson, Gross kicks notions of life-planning firmly into touch: "Everyone has a plan until they get punched in the face" (2015: 52). Reeling from life's punch, she suggests that the values by which she has structured her life are no longer up to the job: "I am not used to this uncertain terrain. In every other aspect of my life, diligence and hard work have been rewarded with getting what I want" (Gross 2015: 153). No amount of hard work will enable her to beat this vicious and invasive cancer. A self-described bureaucrat, the cancer doesn't just destroy her life, it also destroys the familiar world of order and control:

I am a woman to whom control is everything - see how I am trying to control the world even now, by fixing it in print for perpetuity? But I cannot control *this*, I can't game the outcome, I can't decide how the cancer inside me grows, how quickly, where it attacks next, whether or for how long my drugs do the business, how much pain I am in. (2015: 152)

It is difficult to think of a better description of the limits of human control. But here Gross moves her reader in a surprising direction. Rather than lament the loss of control, she argues for the positive dimension that comes with this acknowledgement of human limits. Dying, she writes, has "freed me from convention and from ambition" (Gross 2015: 179).

Given the attempt of neoliberal policies to ingrain aspiration in communities that have not, hitherto, conformed to this peculiarly middle-class view of the successful life, this is a surprising and important reflection. Faced with that which strips away all human grandiosity - death - she finds ambition to be something not to entrench, but something from which she must be freed. Her life is no longer structured by the striving for success. Now, new priorities come to the fore that have been obscured. Love for her family and for her friends becomes the central principle for living. Dying frees you up for "the business of dealing with what you have, of finding meaning in suffering, and of seeing joy in the everyday" (2015: 148). Meaning grounded in seeking status and achievement fails to fulfil its promise when confronted with death. A new focus is needed when in the Death Zone. And, crucially, it is a new focus that opens up what really gives meaning to life: family, friends, relationship, love.

It is not just in the Death Zone that that new focus on love is felt. What is interesting in the different accounts of cancer offered by Gould and Gross is that both arrive at similar conclusions when faced with death. Both suggest the social world as capable of coping even with the chaos wrought by death. Rather than consider the self as radically separate, shaped by its projects, a new sense of the relational self emerges. The limitations of the neoliberal subject are made manifest, its account of the self-sufficient individual shown to be something of an illusion. In death, the fact that we are all dependent on the lives of others is starkly revealed. This is not something to bewail. In the end neither Gould nor Gross mount “a rebellion against human existence as it has been given” (O’Connell, 2017: 2). Instead, they seek ways of celebrating their dependence on others. Here in the bonds of relationship is the evidence that they are loved. Responding to the challenge of death is less about ‘having one’s own death’, and more about recognising the things in life that *really* matter - family, friends, the natural world. In Gould’s case, it requires reengaging with a religious sensibility that had previously been pushed to the margins, and which in the experience of dying becomes capable of offering a far more realistic way of positioning the self in a universe of chance and change than the language and practices of self-actualisation. If the neoliberal self is something that requires escaping from in the Death Zone, why do we allow it to shape our experience of life?

### **Death and the Limits of Neoliberalism**

The limits of the neoliberal account of the self are revealed not just for individuals like Gould and Gross who are seeking to make sense of their own dying. The lived-reality of death also reveals the extent of the inequalities which are promoted by neoliberal doctrine as necessary for a successful society. Death may be the great leveller which reveals the limits of existence for every single one of us; yet dying poor is a quite

different experience from dying rich. If we return to Philip Gould's narrative, his visits to the top US & UK specialists make him realise the very-real problem of economic inequality. Given his role in shaping policy initiatives which explicitly moved left wing politics away from addressing economic inequality towards promoting 'equality of opportunity', this is not an insignificant shift. One's income is not without significance for one's ability to live well, and Gould comes to realise this through meeting others from a range of backgrounds who are also dying:

I began to understand what cancer meant for those without resources, without help, without insurance, without any kind of reliable medical support.... Cancer is tough at any time; in poverty, without proper treatment and support, it must be hell on earth. (Gould, 2012: 36)

It might strike us as remarkable that it takes his experience of dying to realise the impact of these fundamental economic inequalities on the ability of individuals to live - and die - well. 'I *began* to understand...': as if such inequalities could not be identified from one's ordinary, day-to-day experience of the world. Yet in the everyday world it is possible to be detached from the lives of less-fortunate others, blind to the way in which poverty and limited resources exclude so many from that much vaunted neoliberal bedrock for success: opportunity. In the experience of illness and death, one enters into the kind of social spaces - hospitals - where one rubs up with those who one otherwise would not meet. These shared spaces make possible the realisation that not all have access to the kind of care resulting from material affluence.

At least Gould recognises the economic inequality that shapes and separates the experience of those from lower income groups from his own. Government policies

designed to get the unemployed or unemployable into work have singularly failed to do even this. People like Gould who have accumulated sufficient resources through well-paid work (or inheritance) are able to rely on these resources to shape their own dying. Those without such means are condemned to struggle even as they face up to the possibility of death. In August 2015, the UK's Department of Work and Pensions was forced to admit that 80 people a month were dying *after* assessments which declared them fit to work.<sup>2</sup> While not all these deaths can be attributed to terminal illness - suicide and accident are also represented in these figures - dying poor is shaped by a lack of support and shame quite different to that experienced by wealthy sufferers. A state primarily interested in producing useful citizens for the workplace is unlikely to deal humanely with the limits mortality places on some of its citizens.

Economic valuing of some at the expense of others also affects the way in which the end of life is discussed. As Kaufman notes, the terms in which such debates are set reflect economic inequalities: "The focus on individual autonomy and on reforms to enhance self-determination...downplays the voices of those without adequate access to medical services and/or without political and media clout" (Kaufman, 2005: 26). For those on the margins of society, arguments for euthanasia are accompanied by anxiety that "the legalisation of euthanasia could lead to the unwanted deaths of persons deemed 'less worthy' by others" (2005: 27): a viewpoint that gets considerably less airtime than that devoted to those who "cry for the right to control the time of one's own dying" (2005: 27). Here is 'the dark side' of that most vaunted of neoliberal values, autonomy, when it is detached from an engagement with its expression in the lives of real, concrete

---

<sup>2</sup> Frances Ryan, 'Death has become a part of Britain's benefit system', *Guardian*, 27 April 2015. For a dramatic rendition of such real-life scenarios, see Ken Loach's film from 2016, *I, Daniel Blake*.

individuals.<sup>3</sup> Autonomy when you have money looks very different from autonomy when you do not. A narrative which structures dependence as a problem is also unlikely to recognise it as a proper, natural, part of life. “The destructive illusion of human self-sufficiency” (Lewis, 2001: 306) affects our ability to recognise the natural dependence that attends to dying. It also confronts us with the problems of a social discourse which focuses almost exclusively on promoting the goods of independence and that fails to take seriously the realities of economic inequalities.

### **Thinking Again About Death and Dying**

The sociologist Arthur Frank offers a way of considering life and death that moves beyond Gross and Gould’s realisation of the problem with neoliberalism, and which offers a more sustained consideration of how we might shape the the meaningful life. Frank, like Gould and Gross, offers an autobiographical reflection on his experience as a person living with cancer ([1991] 2002); but he also moves beyond his own story to consider the stories of others who are suffering and dying in order to open up ways of thinking about the meaningful life beyond the constraints of neoliberal individualism.

With Gross and Gould, Frank starts *from* the perspective of the one who is ill. This places the personal dimension at the heart of his narrative, thereby transcending the ‘facts’ of medical science that all-too-easily render the person into just another case of a particular illness. Frank’s concern is to allow the sick or dying person to be seen in their own right (Frank, 1995: 7). This is not, however, in order to align his narrative with the neoliberal emphasis on the individual. His intention is not to focus on the individual’s struggle, enshrining ideas of the hero, but, instead, he wants to ground their suffering in the acknowledgement of relationship. The sick or the dying are not isolated

---

<sup>3</sup> See Kaufman, 2005: 28.



from the broader swathe of humanity. Rather, acknowledging their relationship to healthier ‘others’ makes possible solidarity between all people, be they sick, healthy or dying:

The disease that sets the body apart from others becomes, in the story [told by the sick person], *the common bond of suffering that joins bodies in their shared vulnerability*. (Frank, 1995: xi; my emphasis)

This is not about the individual’s struggle, as if this could be set apart from the rest of the community. The sick and the dying are not separate from the healthy mass of humanity. They are not aberrations set apart from the healthy. In telling their stories, Frank wants to forge a sense of our common life together. Damage is done to them when they are shunted off to the sidelines, reduced to passive recipients of care. Frank’s concern is to show them as people in their own right; people who have important stories to tell about the human condition which we all share. Their stories do not set them apart, but rather connect to the stories we all might tell - indeed, most likely, will eventually tell - for they reveal the reality of being vulnerable beings in a mutable world.

Sickness moves from sickness as pathology to something that acts as “an intimation of mortality” (Frank, 1995: 6). Importantly, any sickness offers this intimation. To experience that loss of control - even briefly - is to be reminded that to be human is to be limited. We are not demigods who stand astride the world, but vulnerable, in need of each other. Thus the suffering of the ill reveals the nature of humanity, for illness is “a common condition of humanity” (Frank, [1991] 2002: 115). By listening to the stories of

the sick and the dying, we take the imaginative step of walking in their shoes, discovering empathy, and a greater sense of connection with all who suffer in our world.

The claim that sickness is a fundamental part of human experience is shocking. We are not used to having sickness placed centre-stage. Indeed, when he tells the story of the sick, he is not very interested in stories of individuals 'restored' to good health. These 'restitution narratives' (1995: 75-96) can be co-opted rather too easily into an already dominant narrative that encourages us to read the experience of terminal illness through the category of 'winning' or 'losing' the battle with death. (We might think here of the role this trope plays in Gould's narrative.)

So Frank directs us, instead, to stories that make for less comfortable readings; stories that defy our desire for happy endings. 'Chaos' stories (1995: 97-114) are told by the terminally and chronically ill, and they are important precisely because they reveal the "bulwark of remedy, progress and professionalism [cracking] to reveal vulnerability, frailty, and impotence" (Frank, 1995: 97). These are the experiences that neoliberalism pushes to the sidelines, rendering them as problems to be solved, or seeing them as forms of individual failure. No wonder, as they confront us so completely with the illusion of human control. There is no kind of 'purpose' to be discerned in the experience of terminal cancer. "If there were a sense of purpose...the story would not be chaos" (Frank, 1995: 105). As language breaks down in the overwhelming pain of such illnesses, we encounter the reality of being mortal beings in a mutable world.

Consider chronic and terminal illness and you face a challenge to claims that the natural human state is to be capable and resilient. How difficult it is to accept this idea. How preferable to stick to ideas of capability and strength. New Testament scholar Elaine

Pagels offers a telling example of the deeply entrenched quality of these desires. She describes the theological battle in the first centuries of the Christian Church to determine the nature of death. Was it natural, there from the very beginning of God's creation; or was it unnatural, something that came into being as a result of God's curse against the first human beings who had disobeyed Him? The victors in this debate were those who, with Augustine, understood death to be unnatural. We might find their victory perplexing. We might not like death, but surely it is a necessary part of the physical universe? Yet Pagels suggests we share their vision more than we might think. Like Augustine, we prefer to see ourselves as capable and free, not vulnerable and constrained. If this means we prefer to "feel guilty [rather] than helpless" (Pagels, 1988: 147), so be it. Taking responsibility for the shape of our death holds out that belief that we are always free to shape our own destiny. The alternative - that we are all dependent on the processes of a mutable world, borne witness to in sickness and dying - seems far less attractive.

Yet what Frank suggests is that the stories of the ill offer a powerful sense of solidarity that helps us to rediscover our connection to each other as human beings. The fragility of the human subject is revealed in those living with terminal illnesses and with cancer. It might seem easier to make the individual responsible for their illness, or at the very least for turning it into a story of resilience and hope. Frank suggests an alternative. Let the experience of the one touched by death become a "dangerous opportunity" (Frank, [1991] 2002: 1), one which opens up again the possibility for rethinking the way we think about ourselves and how we shape our world.

### **Conclusion: Accepting Mortality**

All human lives are subject to change. All human lives are mortal. Neoliberal political discourse recognises the rule of change, albeit in a way that detaches it from the experience of the mutable body. Mutability is swept up in the key virtues of the neoliberal subject: flexibility and adaptation to changing circumstances. Nothing is solid or dependable: be that the human subject or the traditional ways of shaping human life and experience. This rendition of the changeable subject has little to do with embracing the changeable nature of the body's fleshy reality. If we took seriously physicality in all its varied forms, we would have to challenge the organising ideals of self-sufficiency and control for human society. The failure of idealising of the independent subject becomes apparent when we are forced to engage with illness and dying: "If independence is what we live for, what do we do when it can no longer be sustained?" (Gwande, 2014: 23).

Opening up the world of the dying and sick makes possible a different way of proceeding. Rather than see ourselves as defined by our separateness from each other, we should look, instead, to the things that unite us. This is Frank's reason for sharing the stories of the sick and the dying: "sharing losses seemed to be the gentlest way of living with them" ([1991] 2002: 39). In these stories we are offered the possibility of going beyond the neoliberal subject, finding other ways of thinking about what it means to be a human being. Death may confront us with the fears attending to being mutable creatures in a universe whose processes are far greater than our attempts at control. Yet it also offers a perspective that demands a greater degree of connection and solidarity. Here is the space for rethinking human individuality through the bonds that bind us together. Here is the hope for a new politics based on our need for each other.

## **Bibliography**

- Bonhoeffer, Dietrich. ([1953] 1971). *Letters and Papers from Prison*. London: SCM.
- Frank, Arthur. ([1991] 2002). *At the Will of the Body: Reflections on Illness*, Houghton Mifflin Harcourt.
- Frank, Arthur. (1995). *The Wounded Storyteller*, Chicago: University of Chicago Press.
- Frank, Arthur. (2004). *The Renewal of Generosity: Illness, Medicine and How to Live*. Chicago: University of Chicago Press.
- Gawande, Atul. (2014). *Being Mortal: Illness, Medicine, and What Matters in the End*. London: Profile Books.
- Giddens, Anthony. (1991). *Modernity and Self-identity: Self and Society in the Late Modern Age*, Cambridge: Polity Press.
- Gilmore, Leigh. (2010). 'American Neoconfessional: Memoir, Self-Help, and Redemption on Oprah's Couch.' In *Biography*. Volume 33, Number 4: 657-679.
- Gould, Philip. (2012). *When I Die: Lessons from the Death Zone*. London: Little, Brown.
- Gross, Kate. (2015). *Late Fragments: Everything I Want to Tell You (About This Magnificent Life)*. London: William Collins.
- Heidegger, Martin. ([1927] 1962). *Being and Time*. Oxford: Blackwell.
- Kaufman, Sharon. (2005). *...And a Time to Die: How American Hospitals Shape the End of Life*. Chicago: University of Chicago Press.
- Lewis, Alan. (2001). *Between Cross and Resurrection: A Theology of Holy Saturday*. Grand Rapids, Michigan: Wm B Eerdmans.
- O'Connell, Mark. (2017). *To Be a Machine*. London: Granta.
- Pagels, Elaine. (1988). *Adam, Eve and the Serpent*. Harmondsworth: Penguin.
- Sarton, May. ([1978] 1981). *A Reckoning*. New York: WW Norton.
- Sartre, Jean-Paul. ([1943] 1969). *Being and Nothingness*. London: Methuen.