Chapter 1

Foucault and the sociology of health and illness

A prismatic reading

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INTRODUCTION

Who is Foucault? I do not know, and I do not really care. I confess that I have not read any of the biographies that have been written about him and I have no interest in his personal life. Indeed, if, as in some Shakespearean authorship mystery, I was told that he never really existed and that the books bearing his name were written by a number of different people it would not bother me. How then can I write about an author who may or may not have existed?

In his essay 'What is an author?', Foucault identified a shift in the 'author function' over the centuries. In medieval times the truth of the text was to be discovered in the truth of the author – a saint, being who he was, only spoke the truth while heretics were known to write untruths. But in modern times, that relationship has been reversed; the truth of the author is to be found in the truth of the text as we scan the author's words to find out who he or she really was. In other words, the answer to the question 'Who is Foucault?' is given by whoever we infer from the texts bearing his name. But of course there are many different readings/inferences despite attempts to find the 'real Foucault' behind them (and then in some medieval hegemonic gesture claim to grasp what Foucault really did mean).

Many different readings and many different Foucaults. Mine can only be one such reading: if others got it 'wrong' then that reflects no more than my personal reading. This means that in the following review of the influence of Foucault on the sociology of health and illness my task is not to describe the links between the man and the sociological researcher but to explore the connections between some texts that bear his imprimatur and the reader.

Foucault was a prolific writer. Besides a number of books there were

many essays and interviews. Trying to determine the supposed 'influence' of this corpus would be a massive task, even if it was a legitimate one. A more focused goal for this chapter is to identify some 'influences' of four main texts as evidenced by explicit acknowledgements (in the form of discussion or reference) in my own writings and those of others. This will involve reconstructing that engagement between text and reader as Foucault's words have been subjected to different interpretations at different times.

MADNESS

Foucault's first major book (after a somewhat obscure work based on his doctoral thesis) was *Madness and Civilization* (from now abbreviated to *Madness*), first published in French in 1961 followed by an abridged shortened version in English in 1965. The book made its appearance just as questions were being posed about the nature of psychiatry and psychiatric incarceration in Western societies (Goffman's *Asylums* was published in 1961) but it reached Anglophone countries when 'anti-psychiatry' was a growing movement and was rapidly recruited to the anti-psychiatry side. The passage in the book that was seized upon by the anti-psychiatrists was the apparently radical re-interpretation of Pinel's famous act of removing the chains from the mad in Bicetre: removing the chains might have been an act of 'liberation' but only in that it separated the mad from the criminal; more importantly it identified the insane as a new problem and proceeded to subject them to an even more intensive imprisonment. As Sedgewick, an important writer in the field of anti-psychiatry, was later to express it, Foucault's was an 'anti-history of psychiatry'; the new regime was to 'replace the fetters and bars of the old madhouse by the closed, sealed order of an asylum system founded on a gigantic moral imprisonment, that of the medical superintendency of insanity' (1982: 133). In effect, Foucault's account of the history of insanity was seen to undermine the conventional 'progressive' histories of psychiatry, a perspective that was seized upon by those opposed to modern psychiatric incarceration to berate psychiatry's own pretensions to be a progressive and humane discipline. And the example of Pinel provided a model of how to enact another revolution in the care of the mentally ill, only this time patients truly would be liberated from the psychiatric regime that imprisoned them (Ingleby 1980).

The other reading of *Madness* produced by anti-psychiatry was the idea that psychiatric illnesses were 'socially constructed'. There were two facets to this process, both intertwined and never really separated in the sociological literature of the period. On the one hand, mental illness was constructed in the sense of being caused or produced by social activities and conflicts (see, for example, Brown and Harris 1978; Scull 1977); on the other hand, mental illness arose through the definitional processes of psychiatry that labelled some behaviours as normal and others as abnormal (see, for example, Scheff 1966; Szasz 1961). The early formulation of social constructionism that occurred in these debates about psychiatric illness prefigured later applications of this thesis to so-called 'organic' illness but in many ways mental illness was an easier target on which to practise. Whereas physical illnesses could claim a 'real' underpinning in terms of a biological referent, it was clear that psychiatric illness depended very much on the consensual diagnostic practices of psychiatrists that certain illnesses did exist (famously illustrated by the American Psychiatric Association's vote to re-categorise homosexuality as a normal variation rather than a disease).

Not all those in favour of psychiatric reform found *Madness* to their liking. It was either omitted from their analysis of the state of psychiatry or read as a polemical tract by an extremist author (of the Left). Jones, for example, in her original history of the mental health services (published in 1972) makes no mention of Foucault. But by the time of her revised history (1993) published some twenty-one years later, she claimed that *Madness* had exerted a 'massive influence' on sociological thought but only through what she judged as 'an analysis deliberately based on emotive images rather than on logical argument' (1993: 170). Further, she located Foucault on the extreme political left and claimed that he, like Marx, believed that 'capitalism is the sole cause of oppression' (1993: 2). In contrast, Busfield, in her own account of the historical development of madness, found little in *Madness* concerned with asylums and psychiatric practice (others read the book as being precisely about these issues) and thought that Foucault's work could be usefully contrasted with Marxist thought: 'Foucault's lack of direct interest in the extent and nature of the institutions and practices that have arisen to deal with the insane is, therefore, matched by his lack of interest in attempting to link ideas to specific social and economic conditions' (1986: 130). In fact, for Busfield, Foucault's *Madness* was essentially based on the symbolism of insanity producing what she discerned as 'an idealist not a materialistic conception of history' (1986: 130). Yet reading the same text Brown could claim that Foucault showed that 'the creation of the European asylum in the

seventeenth and eighteenth centuries [was] a response to the economic dislocation of early industrialism and the political unrest associated with that process' (1985: 13).

In many ways the legacy of *Madness* for sociologists was created in its reading during the anti-psychiatry movement and seems rooted in this period. Reference to the text in most writing in the sociology of health and illness has all but disappeared – though this might also reflect on the relatively low profile of psychiatric disorder in the discipline's literature in the closing years of the century. Other than in explicitly historical accounts of insanity *Madness* is largely ignored. For example, Miles's (1981) book on mental illness in contemporary society makes no reference to Foucault; nor does Prior (1993) in his book on the social organisation of mental illness.

But some of the wider implications of *Madness* that so excited the anti-psychiatrists have been developed by others. Pilgrim and Rogers (1993), for example, in their sociology of mental health and illness, offer a summary of sociological perspectives on psychiatric illness distinguishing between the social causal, the societal reaction and the social constructivist. The last, they charge, has been most strongly influenced by Foucault: 'reality is not self-evident, stable and waiting to be discovered' (1993: 19). And whereas, they suggested, Foucault's early work (in the form of *Madness*) concentrated on the days of 'segregation and "coercive" power', they point to the greater interest of his followers in what they call 'voluntary relationships'.

In my view it is these 'voluntary relationships' that underpin the relevance of *Madness* for the late twentieth (and, no doubt, twenty-first) centuries. In many ways, as I have already argued (Armstrong 1979b), the problem of madness has disappeared just as simply and quickly as it was created by Pinel's liberating gesture. With the post-war policy of de-institutionalisation and legislative changes (including the formal abolition of the term 'insanity') the problem of 'unreason' is also removed from the psychiatric agenda. But this newly vacated psychiatric space did not remain empty for long: a new set of mental health problems have begun to crystallise in the form of the neuroses, the psychological problems of coping with living, the anxieties and depressions of everyday life. This new focus for psychiatric practice – and indeed the wider counselling movement – began to emerge early in the twentieth century and now completely overshadows the old problems of the renamed psychoses. The importance of this shift has been explored in France by Castel (1989) and in Britain notably by Rose (1985, 1990) – though neither of them is identifiable as a sociologist of health and illness. In the main, however, sociologists have largely chosen to concentrate on the social causes of these novel problems and on their distribution in the population/community, rather than explore their 'Foucauldian' origins.

In contrast, medical historians continue to be bemused and exasperated by *Madness*. Arguably, no historical account of psychiatry or of mental illness can ignore a major thesis taken from *Madness*: that not all might be progress in 'improvements' in the management of mental illness. And then there are the historical details of *Madness* that can still provoke historians to arms (Still and Velody 1992). Is *Madness* riven with historical errors? Or is the answer to historians' questions on accuracy contained in the chapters omitted from the English version (Gordon 1992)? Take the noteworthy debate surrounding Foucault's claim that a 'ship of fools' once sailed European waterways. No contemporary evidence, claim some historians, historical reference to such a phenomenon was simply a metaphor for something else, or myths, or distorted readings of texts and so on. But, claim others, this is precisely the point: a 'ship of fools' was a 'reality' but not according to the simplistic notions of historical fact as laid down by professional historians. A problem of language or of translation? (Though even the French historians have to confess the writing in the original is ambiguous.) Whatever its historical 'inaccuracies' this is clearly not a text that historians can ignore.[1]

In summary, the influence of *Madness* is probably greater in history than in sociology. Certainly it has had its adherents who recruited it to the anti-psychiatry movement but with the passing of the asylum and the lower profile given psychoses in recent sociological writing, the effect of *Madness* seems to have waned. However, as in history, some of its broad framework has passed into the sociology of health and illness. Arguably theories of social control and medicalisation have been influenced by the reading that the intervention of the medical profession in areas of human suffering has not always been beneficial; and also its perceived anti-progressivist framework has fed into later 'postmodern' tendencies in the field. Perhaps the ultimate fate of *Madness* is likely to be an ironic one: itself an important reference in a future historiography of unreason.

BIRTH

The Birth of the Clinic (*Birth*) followed *Madness*, published in French in 1963 but having to wait until 1972 for its English translation. Its

appearance elicited less excitement than *Madness* and its use by sociologists of health and illness has been much more low key despite the apparent centrality of its subject matter to their concerns. (And if it provokes little interest in health and illness it predictably excites less interest elsewhere. Even Sheridan's [1980] otherwise comprehensive account of the Foucauldian oeuvre is curiously brief in describing the contents of *Birth*.)

Inasmuch as *Birth* claims to be a history of the beginnings of the 'Clinic', that is the cradle of Western hospital or pathological medicine, then it has received a genuflection from those sociologists who wish to argue that such a form of clinical practice is historically and culturally located. Herzlich, for example, in her book on lay representations of health, makes a brief reference to *Birth* as an outstanding example of a text that links together the development of medical science with 'the social conditions from which it emerged' (1973: 6). However the first extended treatment of *Birth* is probably in Illich's *Medical Nemesis* of 1975. In his chapter entitled 'The invention and elimination of disease' Illich states that he draws 'freely from documents gathered in the masterly study [*The Birth of the Clinic*]'. Thereafter, the specific influence of Foucault on Illich's polemic is more difficult to determine; perhaps his reference to the contemporary documentation that Foucault had gathered together in *Birth* reflects an indebtedness to sources rather than the interpretation of that material.

During the 1980s and 1990s *Birth* has been used in two ways within the sociology of health and illness. First, it seems to have a useful and relatively uncontroversial role as an easy reference to quote to cover the sweep of the early history of Western or hospital medicine (and performs a similar function for historians who have been less critical of its historical 'accuracy' than they were of *Madness*). Mention Western medicine, bio-medicine, the clinic, pathological medicine, or some other synonym and a citation of *Birth* performs a useful support function (the first time I referenced *Birth* in my own work was in this abbreviated way, see Armstrong 1979a). Such a reference is a safe one to make: it indicates that Western medicine is both historically and culturally located (not much to disagree about there), but beyond that requires no commitment or involvement in any other aspect of Foucauldian disputation.

Second, and less ritualistic, is the use of the 'medical gaze' that frequently emerges as a central theme of Foucault's text. The ground has been well covered: the original French '*le regard*' was translated as 'perception' for the sub-title and as 'the gaze' in the main body of the text. Neither translation on its own fully captures the subtlety of '*le regard*', at once a perception but also an active mode of seeing. The gaze has been identified by a number of different writers as representing the process through which specific social objects, namely disease categories, come into existence and how more recent shifts can be seen as changes in the gaze (Armstrong 1983; Nettleton 1992; Thornquist 1995). A particular example of the genre is Atkinson's (1981) study of medical student socialisation in which he describes the processes through which the artistry of the gaze is communicated to neophytes. One result of these analyses has been 'social constructionism' or 'constructivism'. Here, even more than in *Madness*, it can be argued that Foucault's work has been a major influence on the constructionist heresy in sociology of health and illness (whilst recognising that social constructionism has other roots and appears independently of Foucault in cognate disciplines such as in the sociology of science and in psychology). Indeed it is not uncommon to write about the social construction of the body with no reference to Foucault (Nicholson and McLaughlin 1987) or only a passing one (Freund and McGuire 1995).

But, as is well recognised, social constructionism is a broad church and even those drawing inspiration from Foucault's original arrive at different conclusions. For example, Prior observes in his study of death in Belfast that it was Foucault who made the fundamental point that the body was historically and culturally located; this meant that 'The body, therefore, does not and cannot yield its essential features to naked observation unmediated by forms of knowledge' (1989: 13). Yet he implies that there are 'essential features' of the body, independent of the 'gaze'. Others, such as myself and Nettleton (1992), have been more relativistic on this point: if the body can only be known through a descriptive language (the 'gaze' for the last two centuries) then it is futile to speculate on 'essential features' that could never be described.

While *Birth* provided an important conceptual framework for some writers in terms of a 'way of seeing' for understanding how Western medicine was able to identify diseases deep in the body, it has probably proved most fruitful when this insight has been combined with themes of surveillance and power that are described in Foucault's later work. However, the rest of *Birth*, to my mind, has been little exploited. It is dense and, as it is focused on a few decades two centuries ago, it can appear more suited to the interests of historians. But it displays a glittering prose style that begs for recitation. I am afraid that a lecture or seminar that includes *Birth* can rapidly degenerate into a sermon as

the master's words are read out loud. And besides the poetry I also find the book full of nuggets that can be easily mined. For example, I have found an analytic tool in the use of spaces for exploring the distributions of illness in geriatric medicine (Armstrong 1981a), or in the identification of spaces – conceptual, social, geographic, temporal – in modern British general practice (Armstrong 1993, 1985). Indeed, Foucault's opening differentiation of primary, secondary and tertiary spatialisation of illness (a sort of cognitive, corporal and geographic map) provides an excellent device for explaining more recent changes in the nature of illness (Armstrong 1993, 1995).

I have also found value in reading about the meaning of death. 'Man does not die because he falls ill; he falls ill because he might die' allows death itself to be seen as a social construction interwoven with particular models of illness. Thus, as I read it, Foucault suggested that death was a natural phenomenon in the eighteenth century (only the coroner's court determining 'unnatural' causes such as murder or misfortune) but became a pathological event in the nineteenth (and twentieth) century with the concomitant rise of hospital medicine and the post-mortem to establish the pathological cause of death. (I still tease medical students with the question: is death normal or abnormal?) This analysis gave me the framework to explore the construction of infant deaths during the final decades of the nineteenth and twentieth centuries (Armstrong 1986). It also, together with ideas from a later text, allowed me to explore a mid-twentieth-century change in the nature of death (Armstrong 1987).

But perhaps the most profound lesson I take from *Birth* is the subtext on the emergence of the individual. The patient appears at various points as a repository for this new model of a pathology-based disease. The patient in this sense is no more than a container for the lesion; but it seems that this undistinguished container is one form in which individual identity begins to make its appearance on the Western stage. The very idea of separate identity, albeit in prototype and anatomical form, begins to emerge for me from these pages: sometimes there seems explicit reference, as in Foucault's discussion of the relationship between the individual and death, but it is in the brief concluding chapter that he suggests out loud, so to speak, that the deployment of the clinical gaze forms an integral part of our individual experience and identity. This belief that medicine has an important role in fabricating individual experience and identity has been an important one for me and has underpinned many of my writings. For example, it was hardly a major step to move from my reading of Foucault on this point to an exploration of the further development of the individual through the advice on interrogating/interviewing patients contained in clinical manuals published during the twentieth century (Armstrong 1984).

DISCIPLINE

While I found that *Birth* had a tendency to overwhelm by its detail, the strength of *Discipline and Punish* (*Discipline*) was the simplicity and clarity of its main thesis. Published in French in 1975 and in English in 1977 it seemed instantly accessible; for me, working on a thesis on medical knowledge and the medical division of labour (1981b), later published as *Political Anatomy of the Body* (1983), it was a godsend. I read it as contextualising his previous books: here he described a shift from sovereign to disciplinary power that seemed to fit with key historical shifts identified in his earlier works. And in the idea of surveillance as the underlying mechanism of disciplinary power, Foucault seemed to strike a chord for many other readers.

Three types of research have subsequently been published in the sociology of health and illness that have utilised notions of surveillance and power. First, there are those 'historical' studies that have in common the use of the idea of historical shifts in surveillance/power, as in *Discipline*, as the main explanation for the emergence of new medical phenomena. Thus, Arney (1982) and Arney and Bergen (1984) found it of value in understanding the post-war explosion in obstetric technology and in recent trends in clinical practice respectively; Nettleton used it as the basis for explaining the emergence of teeth and the mouth over the last century (1992); and I have used it a number of times as the basic map that guides my own explorations of some of these issues. (Though when Osborne [1994] revisited some of the topics that I had found of interest with his own reading of Foucault he judged my work to be too pessimistic and overly determined.)

The second group of studies, increasing in number, are qualitative investigations into aspects of interaction in medical settings. While these have often relied on apparently inductive approaches, they have begun to see surveillance – and its effects – as a recurrent theme. For example, Silverman (1987) used ideas of surveillance to understand the broader context in which clinics function; Daly (1989) found the idea of surveillance, and resistance to surveillance, significant in her study of echocardiography; similarly Bloor and McIntosh (1990) found the tension between surveillance and concealment a valuable framework for explaining interactions in the community between profes-

sionals and their clients. Less surprisingly perhaps, the Foucauldian notion of surveillance also has more immediate resonances in those parts of medicine that are, by their own admission, concerned with surveillance; for example, in dental check-ups (Nettleton 1988), in cervical screening (McKie 1995) and in health promotion (Bunton 1992; Petersen 1996).

The third type of output to include the theme of surveillance/power is that which attempts to state or develop a more theoretical argument for the sociology of health and illness than the more empirically based studies described above. These run from the undergraduate textbooks that try and locate the Foucauldian perspective (often under the constructionist label) as one of several theoretical perspectives in the sociology of health and illness (for example, Morgan *et al.* 1985). Others have tried more ambitiously to develop and extend Foucault; however, these have all read Foucault in different ways and therefore achieve different outcomes. Gerhardt (1989), in an ambitious intellectual history of medical sociology, places Foucault, along with the Marxists, in a 'conflict-theory paradigm'. In contrast, Fox (1993a) locates Foucault as a postmodern author but still subsumes him to other better recognised figures from that arena. But perhaps the best-known exposition of the Foucault influence on the sociology of health and illness is the work of Turner.

Besides a number of papers (and books on other subjects) Turner has engaged with Foucault in three main texts, namely *The Body and Society* (1984), *Medical Power and Social Knowledge* (1987) and *Regulating Bodies* (1992). Turner's main argument is that the body has been essentially 'absent' from social theory and his aim is to make it a central feature. In part this has involved the 'application of the philosophy of Michel Foucault' to the problem of the body, but he has also brought to bear the work of other theorists. As Turner himself explained, this has meant that he has 'often been criticised for eclecticism, and for a lack of theoretical integration' (1992: 4) – though he felt that this view was partly the product of the diversity of projects that he had pursued. The result of this eclecticism in *The Body and Society*, by Turner's own admission, was a predominantly Marxist framework – and Foucault was 'integrated' into this. For example, Turner felt that 'Foucault's project can be seen to bear a relationship to a view of historical materialism presented by Engels' (1984: 35). This Marxist framework continued into the 1987 text: for example, Turner placed great emphasis on the importance of Foucault's radical notion of power but proceeded to suggest that 'The clinical gaze enabled medical men to assume considerable social power in defining reality and hence in identifying deviance and social disorder' (1987: 11).

By the time of his 1992 text, again apparently strongly influenced by Foucault, he acknowledged that 'a Marxist problematic was relatively dominant in *The Body and Society* and that a decade later these arguments look somewhat dated' (1992: 6). Indeed, in retrospect, he felt that *The Body and Society* had 'brought to a conclusion a period in my own intellectual development, which had been heavily influenced by the sociologies of Karl Marx and Max Weber' (1992: 5). The stage was thus set for a re-interpretation of Foucault: 'Now that the full scope and scale of his work [following his death] can be more adequately appreciated and understood, my original use of his approach appears in retrospect to be inadequate' (1992: 7). However, the new look was not Marx but Weber. Foucauldian ideas on power and surveillance were 'to my mind parallel to Weberian categories of rationalisation and disenchantment' (1992: 10), claimed Turner. Indeed, he now pointed out that in *The Body and Society* he had made similar claims, arguing that his own previous work denied the originality of Foucault's thesis by bringing out certain continuities between Weber's notion of 'rationalisation' and Foucault's discussion of 'disciplines' (1984: 2).

Clearly Turner has himself made a number of readings of Foucault, particularly in terms of the theoretical tradition in which he locates him. Yet there are some common features of these readings that are at odds with the work of others, in particular my own work. To my mind the gaze of the clinic and the surveillance machinery of the Panopticon fabricated bodies and the diseases that were contained within them. But Turner would see limits to this argument. Again his eclecticism allows him to bring in sociobiology as part of his explanatory framework (surely itself demanding explanation?): 'While human society has change [sic] fundamentally over the last 2000 years, sociobiology would suggest that the human body has remained, in all important respects, physiologically static' (1984: 35). His biological reductionism comes through more fully when he tackles directly the social construction of disease: 'It appears bizarre to argue that there are no organic foundations to human activity' (1992: 16); he goes on: 'For example, it is unlikely that a human being will ever outrun a horse over a mile in fair conditions; if the front legs of the horse are not tied together!' (1992: 16). These statements might seem to fit uneasily with Turner's oft-repeated assertion that 'the body is socially constructed', but for Turner 'some things ("hysteria") may be more socially constructed than others ("gout")' (1992: 26). Given the stated

importance of Foucault's writings for Turner it might be assumed that claims such as the above (that seem to privilege knowledge provided by the biological sciences) are somehow rooted in a biological reductionist reading of Foucault, though they might equally represent yet another facet of his eclecticism.

The shifting nature of Turner's position as well as his view of Foucault as a neo-Marxist or a neo-Weberian illustrates the different readings of Foucault that are possible. Certainly many writers have tried to fuse him to a Marxist position or locate him within a 'great tradition' of sociological theorists (my [1985] contribution to this search for origins managed to discover great affinities to Durkheim!); others have taken his texts as more of a radical break with the past.

HISTORY

The *History of Sexuality, Volume 1* (*History*) was published in 1976 and translated into English in 1978. Like *Madness*, its instant appeal seemed to lie in its overturning of conventional assumptions. The nineteenth century had not been a period of repression but one of incitement to talk about and discuss sexuality. In this sense, like disease in *Birth*, sexuality was a product of discourse or, more correctly, discursive practices. This thesis has proved a powerful one, especially in an era of AIDS, but its impact on the sociology of health and illness has been relatively slight. Turner tried to link the sociology of the body with the sociology of sex and claimed that the failure to engage with the latter was one good reason for 'taking Foucault seriously' (1984: 9). Yet his appeal has not been taken up with enthusiasm, perhaps because sociologists of health and illness *per se* have been less concerned with researching sexuality.

Nevertheless, I think that there are other themes to be quarried from this slim book, in particular a more extensive description of what is meant by power within a disciplinary regime. It still might be less than totally transparent but to my mind the dozen pages following Foucault's claim that 'we have yet to cut off the head of the king' offer a provocative and novel way of looking at power. This has underpinned some of my own work: for example, the shift in regimes of public health that I identified seems to tie in well with underlying mechanisms of power, from the role of sovereignty in maintaining the traditional *cordon sanitaire* to the disciplinary power implied by the new public health and its message of individualised risk and ecological purity. Even so this reading is by no means common and many writers, such as Turner, take

Foucault to be describing new mechanisms for operating more traditional power as possessed by individuals or interests. For example, Anderson *et al.* see the power to normalise conferring new powers on those who hold that power: 'Foucault would have us see power diffused throughout society, and the oppressors not as a faceless "ruling class", but psychiatrists, physicians, managers and the like' (1989: 274).

While the overt linking of power/resistance with sexuality might have seemed more relevant for the literature on the latter topic, there is another theme that had been read in Foucault's earlier work but was now placed in a seemingly wider theoretical perspective, and this was subjectivity. The fabrication of bodies in *Birth* and *Discipline* could so easily be linked to the wider problems of identity; but here in *History* the linkage seemed more explicit. Studies of power/resistance in clinical settings might sometimes reference 'earlier' Foucault but seem to depend on the 'clarifications' offered in *History*. A good example is the work of Lupton, particularly in her analysis of public health (1995), also Fox (1993b) on the emergence of subjectivity, and May (1992) on the problem of subjectivity in nursing, as well as many of the studies mentioned above.

On a more personal note, I was also impressed by the way in which Foucault handled the 'undercurrent' of sexual discourse that was incited by the Victorians yet has continued to our own day, in particular his claim that 'silence' was not the opposite of discourse but another facet of it. It made me recall Ariès's claim that discourse on death had been silenced for a hundred years between the mid-nineteenth and mid-twentieth centuries. Could this be given the Foucault treatment too? Rather than repression about death, an incitement to discourse? And rather than late twentieth-century liberation the imposition of a new regime of truth? Yes, the new and massive discourse on death within medicine fitted almost exactly into the period of so-called silence. And the new requirement from the 1960s that the dying should mourn their own deaths fitted the point of so-called liberation (Armstrong 1987).

CONCLUSION

This has been a personal reading at many levels. It is a personal reading, or perhaps re-reading, of some of my own work; indulgent perhaps, but only to pay homage. Foucault's texts have been a constant source of inspiration and, as I have tried to make clear, a cornucopia of ideas and frameworks that I have unashamedly stolen: it is reassuring to think that he might not have existed and therefore cannot take umbrage

at these thefts acknowledged only casually by the conventional superscript and bibliographic reference.

The essay is also a personal reading of the work of others. And as in the debate over the ship of fools, others have read sentences and concepts differently. Sometimes I have liked their reading, other times I think they have missed the pearls. Nevertheless Foucault does seem to have been an important influence, perhaps more cited over the last decade than any other theoretical source.

Finally, this essay is a personal reading of Foucault. Like everyone else, I have been reading Foucault and reading readers of Foucault through a prism in which text and reader are simultaneously refracted and reflected. The exact source of the light is therefore unclear, but this is not a problem that should seriously concern us.

NOTE

1 See David McCallum's chapter (chapter 3) for further discussion of 'Foucault the historian', with particular reference to *Madness*.

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