Dear Group – this was my first published paper (outside of Dulwich Centre Publications) after taking time out to live and work with Michael and Cheryl White during my doctoral studies in Marriage and Family Therapy. The paper was first published in the British Journal of Family Therapy. Remembering back - I feel the writing of this paper moved me further along into early on understandings of the necessity of coherency between narrative theory and practice. I hope you enjoy this little paper!

The Application of Michel Foucault's Philosophy in the Problem Externalizing Discourse of Michael White (1992)

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Abstract
This paper examines how Michael White's theoretical and practice orientation has been influenced by the work of French philosopher/historian Michel Foucault. Specifically, Foucault's analysis of his three modes of the objectification of the subject and the inseparability of power and knowledge will be viewed as similar to, and shaping of, White's conceptions of **externalizing internalized problem discourse** (Madigan, 1991a).

Where religions once demanded the sacrifice of bodies, knowledge now calls for experimentation on ourselves, calls us to the sacrifice of the subject of knowledge
Michel Foucault- Madness and Civilization

Michael White's Externalizing Problem Discourse
    With a certain twist of irony the American Association for Marriage and Family Therapy (AAMFT) recognized Australian family therapist Michael White as a "Master" clinician. The irony of course is the fact that White's entire therapeutic practice position is structured to deconstruct the very idea of expert knowledge, and master therapist status .

 White's groundbreaking work of externalizing internalized problem discourse is perhaps his single most important contribution to the field. Karl Tomm (1989), describes externalizing as a "major achievement" and a "tour de force." Tomm warns the field that to view this externalizing practice as merely a manoeuvre or technique would be both naive and limiting (K. Tomm, personal communication, October 4, 1990).

 In order to fully appreciate the aesthetic and political significance of White's use of externalizing practice, I will investigate and place the externalizing idea within a historical context which includes White's interpratation and practice use of Michel Foucault's ideas.   Without consideration of this history, readers would be grossly limited in both their understanding and utilization of White's externalizing practice.

The first part of this paper will highlight those significant pieces of Foucault's work which White utilizes as a means to describe the externalizing problem discourse idea. Specifically these include Foucault's analysis of the three modes of objectification of subjects and the inseparability of power and knowledge. I will include clear and concise definitions, as well as historical and present day examples of Foucault's unique terminology. I will then describe how White utilises his interpretation of Foucault's power/knowledge position to form the foundation of his work in the externalization of a person's culturally restrained internalalized problem dialogue. Case examples of White's therapeutic work will be given to further situate externalizing in Foucault's philosophical writing. It is important to note that White along with his long standing friend and collaborator - David Epston - made a practice of externalizing client's problems in their therapy before his introduction to the work of Michel Foucault.

Appropriating from Foucault's writing has become a common practice throughout the   social sciences (Bordo, 1989). White came to a reading of Foucault through feminist and anthropological writings. White found that his understanding of therapy mirrored Foucault's ideology through his profound practice idea - simply put - that the person was not the problem, rather, the problem was the problem. In addition, White's deconstruction of culturally produced problem discourse internalized by the client is consonant with many of Foucault's writings (1973, 1979), Another similarity that White found was how Foucault questioned those societal structures which construct and uphold grand narratives of what constitutes a "healthy normal person".

Michel Foucault: Dividing practices, Subjectification, Scientific Classification, and the Inseparability of Power and Knowledge.

    Writing as both a philosopher and historian, Michel Foucault's polemic voice was raised against the practice of systematizing and universalizing those political and scientific theories which act to turn people (subjects) into things (objects). He viewed all discourse which argues for the supremacy of one idea as a discourse of social control. He positioned himself to deconstruct these culturally constructed discourses and representations of what is viewed as normal and abnormal among a society's individuals. His writings are the source for debate across disciplines as diverse as psychiatry and feminism.

Foucault attempts to locate historically those strands of discourse and representation of discourse, which deal not only with the subject but also with those practices which involve knowledge and power. In other words, his objective is to create a history of the different modes by which, in western culture, human beings are made subjects (M. Foucault, 1984a).

Dividing Practices

Foucault called the first mode of objectification of the subject a dividing practice (Foucault, 1965). These dividing practices are social and usually spatial: social in that people of a particular social grouping who exhibit difference could be subjected to certain means of objectification; and spatial, by being physically separated from the social group for exhibiting difference. The actions of dividing practices are tolerated and justified through the mediation of science (or pseudoscience) and the power the social group gives to scientific claims. In this process of social objectification and categorisation, human beings are given both a **social and a personal identity**.

Foucault's research surveys many historical examples of situations where people, specified by the State as abnormal, have been spatially and socially divided. An example is the confinement of the poor, the insane, and "vagabonds" in the great 'catch-all' General Hospital in Paris 1656. Foucault argues that the classifications of disease and the associated practices of clinical medicine in early-nineteenth century France, the rise of modern psychiatry and its entry into the hospitals, prisons, and clinics throughout the nineteenth and twentieth centuries, and finally the lexicalization, stigmatization, and normalization of sexual deviance in modern Europe, have all helped shape modern forms of dividing practices (Foucault, 1965, 1973, 1979). Current examples of dividing practices might include the objectification and isolation of certain marginal groups such as ethnic minorities and persons with A.I.D.S..

Scientific Classification

The second mode for turning human beings into objectified subjects Foucault refers to as scientific classification (Foucault, 1982). For Foucault, scientific classification is the practice of making the body a thing through, for example, the use of psychiatric diagnostic testing. Today we witness the use of DSM IV technology being utilized as a means for classification. This action emerges from discourse which is given the status of "science"(Foucault, 1982).

Foucault shows how, at different stages of history, certain scientific universals regarding human social life were held privileged. Through this privileged status certain scientific classifications have acted to specify social norms (Foucault, 1984b). Hence, socially produced specifications and categorizations of normal and abnormal behaviour evolved which perpetuated classification and what

Foucault calls totalization techniques (culturally produced notions about the specification of personhood) (Foucault, 1982). The cultural practice of specifying what constitutes the "normal employee," or as Foucault writes the "subject who labours," is an example of a socially produced specification (Foucault, 1982).

Another commonly used practice of classification is the documentation of lives which became available through the invention of files (medical or otherwise.) The file enables individuals to be "captured" and fixed in time through writing and its use facilitated the gathering of statistics and the fixing of norms. The file can be used as an instrument to promote the construction of unitary and global knowledges about people. This turning of real lives into writing is viewed by Foucault as yet another mechanism of social control.

Subjectification
    Foucault's third mode of objectification analyzes the ways in which human beings turn themselves into subjects. He calls this third mode - subjectification (Foucault, 1982). This process differs significantly from the other two modes of objectification in which the individual takes an essentially passive, constrained position. Foucault suggests that subjectification involves those processes of self formation or identity in which the person is active. He is primarily concerned with isolating those techniques through which people initiate their own active self-formation.

Foucault contends that this self formation has a long and complicated history as it takes place through a variety of operations on people's own bodies, thoughts and conduct (Foucault, 1980). These operations characteristically entail a process of self understanding through internalized dialogue mediated through external cultural norms (Foucault, 1980, 1982).

The humanist psychology movement promotes the idea of self determination/ transcendence/understanding. Foucault suggests that these would be difficult to achieve since all our actions, from eating to dressing to working are tied to and influenced by cultural discourse. **It is therefore impossible to be outside of culture in any action in which we partake.**

Internalized personal discourse is viewed by Foucault as an action of self control guided by set social standards (Foucault, 1982). He suggests that people monitor and conduct themselves according to their interpretation of set cultural norms and may also seek out external authority figures such as a religious leader or psychoanalyst for further guidance (Foucault, 1982). Yet, these culturally produced figureheads can only offer heavenly advice or transference interpretations that have also been solely shaped by cultural discourse. After all, the point to which Foucault consistently returns to is the idea that their are no truths; only interpretations of truth situated (hopefully) in rhetorical ethics (Madigan, 1991).

Foucault's description of architect Jeremy Bentham's seventeenth century Panopticon is an example of control of the subject and subject control (Foucault, 1979). Here the Panopticon's structure and function serves to promote an externalized cultural (normative) "gaze" which is internalized by the subject, and moves the subject to practices of the body deemed desireable by the culture of power.

The Inseparability of Power and Knowledge

Taken together, the three modes of objectification of the subject (those that categorize, distribute, and manipulate; those through which we have come to understand ourselves scientifically; and those that we have used to form ourselves into meaning-giving selves) designate the landscape of Foucault's inquiries. Clustered tightly around the problem of the subject are the twin terms of knowledge and power.

Foucault espouses the position of the **constitutive dimension of power and knowledge** (Foucault, 1980). This suggests that all discursive practices (all the ways a culture creates social and psychological realities) are interpretations imbedded in specific cultural discourse, where the subject is considered created by, and creating of, the cultural discourse .

Foucault's conception of the inseparability of power/knowledge is reflected in his confrontation of those who argue for the ascendancy of a particular brand of knowledge over others (Foucault, 1984a). For example, the discourse of pharmaceutical medicine, propped up and supported by a powerful industrial lobby, often overshadows the talk of lesser known, yet sometimes safer and more effective alternative naturopathic medicines.

Foucault suggests that alternative knowledges are often silenced through their disqualification. Foucault calls these knowledges - local knowledges - which often contrast those cultural knowledges which survive and rise above. The latter he calls global knowledges.

   The privileging of specific cultural practices over others also acts to disqualify whole groups of people, who through their actions are viewed by the culture as "different". These groups, who for instance practice a different sexual preference, or spiritual orientation are quite often marginalized.

Arguments for the ascendency of one idea or practice over another promote the rhetorical position that actual "truths" exist. Foucault (1980) writes:
>   There can be no possible exercise of power without
>   certain economical discourses of truth which operate
>   through and on the basis of this association. We are
>   subjected to the production of truth through power

and we cannot exercise power except through the
production of truth. (p.73)

Foucault differs from traditional perceptions of power which regard it as negative or in the traditional world of family therapy - non-existent. He claims that power does not come from above, but rather, from below (the subject) where cultural knowledge claims are internalized and produced in every social interaction. It is therefore not exercised negatively from the outside, although negation and repression may be one of the effects.

Once an individual becomes part of society's discourse certain cultural "truths" are then integrated and privileged, thereby restraining the construction of alternatives. To participate in these "truths", certain less dominant, less scientific, or perhaps lessor accepted "truths" are subjugated. How our society privileges the white man's account of written history over an aboriginal person's account is an example of a power-through-knowledge practice.

I would like to clarify that when Foucault is describing "truths," he is not suggesting that an "objective reality" actually exists: rather he is referring to those constructed ideas that are given a **"truth" status**. These "truths" act to set standards of "normalization" and influence how people are to shape their lives.

It would appear that the primary subjugating effect of power through "truth" and "truth" through power is the specification of a form of individuality, and this in turn is a vehicle for power (Parker, 1989). A knowledge practice viewed as "truth" within cultural discourse sets standards for the specifications of the individual, around which the individual shapes his or her life (Foucault,1984a). For example, certain specified body weights for women have shaped Western societies perception of good body shapes and bad body shapes. Many American women exercise, diet, purge, and starve themselves, as part of an obsession with getting their bodies to match certain privileged body specifications.

Foucault suggests that the cultural construction of power is not repressive but rather acts in such a way to subjugate other alternative knowledges. He proposes that persons become **"docile bodies"** and are conscripted into performances of meaning which lend support to the proliferation of both "global" knowledges as well as techniques of power (Foucault, 1980). Foucault parallels a postmodern anthropological position (Tyler, 1990), as he does not propose that there are any global knowledges that can be universally accepted as truth.

Anthropologist Stephen Tyler (1990), outlines how difficult it is (and impossible!) for Western anthropologists to translate "their experience of a tribe member's experience" into a factual academic experience, such as journal writing (Canadian First Nation peoples are presently lobbying to be recognized

as a distinct society with hopes of preserving their own cultural traditions. Over time, Native People's local knowledges have been reduced, re-authored and ascribed numerous definitions by the dominant white culture.)

Foucault specifies that knowledges - which make global truth claims - are supported through knowledges of modern scientific disciplines (Foucault, 1980). Foucault (1980) writes that as both participants and subjects of this power through knowledge we are:

. . . judged condemned, classified, determined in our
undertaking, destined to a certain mode of living or
dying, as a function of the true discourses which are
the bearers of the specific effects of power. (p. 94)

The Application of Foucault's Philosophy to Family Therapy

Michael White's practice of externalizing internalized problem discourse (Madigan, 1991a) puts into action Foucault's ideas of the three modes of objectification, and the inseparability of power and knowledge.

White's therapeutic performance could appear as simplistic or "gimmicky", yet if we situate externalizing internalized problem discourse in Foucault's work, the "true" elegance of the idea may be brought forward. In the remainder of this paper, I aim to show how White interprets Foucault's ideas and puts them into therapeutic practice.

White's reading of Foucault has enabled him to explore - theoretically - the therapeutic question: is the talk about the problem gaining more influence over the person or is the person's talk gaining more influence over the problem? (White, 1988). White's consideration of this puzzle led him to unearth not only the oppressive effects which result from the ways in which problems are usually discussed, but also,"**the constitutive and subjugating effects of descriptive knowledge itself**" (White, personal communication, June 1990).

In Western societies, objectifying practices which tend to "thingify" persons and their bodies are very pervasive (Gergen, 1984; Rose,1989). Examples include the classification of mental illness through DSM IV labeling technology, or the belief in the inheritance of an alcoholic or child-abusing gene.

Michael White's therapeutic practice helps people to **externalize specific internalized self-subjugating cultural discourse** (Madigan, 1991**).** In addition, and in line with Foucault's thinking, White attempts to de-classify and "de-thingify" the people he works with in therapy. Through externalizing problem discourse he is able to help bring forth those **counter discursive practices** (Madigan, 1991b) of a person's local knowledge. In other words different stories about the subject can emerge which highlight prefered outcomes.

A counter-practice can be viewed as those actions which invite an alternative description; such descriptions differ from those dominant descriptions the individual and others have previously described regarding a particular event. These new descriptions of the subject in relation to the problem story are in a sense counter-cultural; they often act to help the client break free of limiting cultural desriptions.   White and his colleague David Epston describe this externalizing counter-practice in their book Narrative Means to Therapeutic Ends. White and Epston (1989) write:

> Externalizing is an approach to therapy that encourages
> persons to objectify and, at times, to personify the
> problem that they experience as oppressive. In this
> process, the problem becomes a separate entity and is
> external to the person or relationship that was ascribed as
> the problem. Those problems that are considered to be
> inherent, as well as those relatively fixed qualities that
> are attributed to persons and to relationships, are rendered
> less fixed and less restricting. (p. 38)

The therapeutic practice of externalizing a person's problem discourse sets out to separate the person(s) from the problem and/or the restraints which act to maintain the dominant discourse or stories about the problem. The problem is located outside the person or relationship that has been objectified, identified, and specified as having the problem; it itself is objectified and given a name (White, 1989).

 For instance, in the case of a child's battle with encopresis, White's questioning utilizes the cultural practice of objectification against itself. By objectifying and externalizing the problem, he emulates Foucault's thinking as he challenges the objectification practices of people (White, 1984, 1987). He joins the child and family in considering how long they have all been victims of the "avalanche" of the encopresis, which has now been re-named by White and the family as 'Sneaky Poo'. White (1984) will ask the child "Are you more the boss over the sneaky poo or is it more the boss over you?", or "Do you want to stand up to sneaky poo and have your way with it, or would it be best to completely give in and let your sneaky poo reign over you and your parents?" (p.118). Questions of this nature are asked of all those participating in the discourse of the problem (White, 1988). How the problem influences their lives and defines them as people, and how they act to keep the problem alive are all considered (White, 1984).

White's model of practice assumes that, in order to make sense out of their lived experiences, people situated in current global knowledges often act to disqualify their own special, or as Foucault defines them, local knowledges. It is often a person's strongly held belief in the culturally accepted description that keeps the person involved with the particular problem.

People often act to individualize their experiences which they organize into what White calls a dominant story about themselves. In an act of self monitoring (remember the Panopticon), they internalize the subjugating discourse which the dominant story has placed on them as subjects. Perhaps the person finds that this story now offers a better or more acceptable fit with the dominant cultural story being promoted.

When working with men over the issue of abusive behaviour, White (1991b) asks them to speculate and articulate on particular knowledges regarding men's ways of being that are subjugating of others. He investigates the specific techniques and strategies that men can rely on to institute these powerful acts of subjugation, and the various structures and cultural conditions that support abusive behaviour. He then asks the man to which of these structure had he given his life up to, and wonders what technologies, techniques and structures have assisted him into abusive ways of living. White (1991b) does not release the man from being accountable and responsible to certain knowledge and asks the question, "If a man wanted to control and to dominate another person, what sort of structures and conditions could he arrange that would make this possible"(p. 25). As therapy continues, the man is asked to take up a position on these actions, attitudes, structures and strategies. He is asked to decide whether or not he wanted to be further subjected to this particular knowledge of male practices. Throughout the therapy an "archeology" of the man's alternative and preferred knowledges are explored regarding their desirability, worth, and future possibilities. The man may eventually decide to trade in a neglectful, abusive, and strategic life style, for a new story of caring and openness.

The cost to the person for accepting societies cultural story of them is often **subjugation, restraint, and oppression** of all alternative descriptions of themselves they may have entertained. White views the client problem story to be both subjugated and shaped by dominant global knowledges. Hence problem saturated dominant stories about oneself or others create a "perceptual lens" that influences the meaning that people ascribe to subsequent life events. Information that is classified by the person as consistent with the dominant story is selected out and expressed in behaviour. In White's view, persons more - often than not - tend not to notice or give meaning to those aspects of lived experience that do not "fit" the specifications of the dominant narrative of global knowledge practices.

 Michael White's therapy with people who are dying with AIDS, invites a re-storying of alternative descriptions beyond the "spoiled identity" ascription often given to these people by our culture (White, 1991a). White encourages a community of sympathetic relatives, friends and acquaintances to contribute to this alternative account and to " reflect on what this says about the plans that the dying persons had for their life - about what they desired for their lives, about what they were committed to, or perhaps, what it says about their

life as a work" (White, 1991, p. 13). The alternative account of the dominant story regarding persons with AIDS, acts to lesson the pain brought forth by the cultural technologies of isolating, comparing and dividing off the dying subject.

 Externalizing the Problem

Tomm (1989) has described the therapeutic activity of externalizing the problem as:

>   a linguistic separation of the distinction of the problem
>   from the personal identity of the [person]. It opens
>   'conceptual space' for [people] to take more effective
>   initiatives to escape the influence of the problem in their
>   lives. (p. 54)

The challenge put forth through the externalization of the problem serves to unite and empower people to protest against the domination of the problem description. Counter-practices of local knowledges are brought forth. This erodes the socially produced aspects of the problem that are perpetuated by classification and "totalization techniques" (White, 1986).

Externalizing problem discourse enables people to separate from the dominant stories that have been shaping their lives and relationships. In doing so, persons are able to identify previously neglected but vital aspects of lived experience - aspects that could not have been predicted from a reading of the dominant story. Following Goffman (1961), White refers to these aspects of experience as **unique outcomes.** White (1990) suggests that unique outcomes are always present and include a whole gamut of events, thoughts, actions, and feelings. Unique outcomes have a historical, present, and future location which cannot be accounted for by the dominant story. White (1990) writes:

The externalization of the problem-saturated story can be initiated by encouraging the externalization of the problem, and then by the mapping of the problem's influence in the person's life and relationships. This is begun by asking persons about how the problem has been affecting their lives and their relationships. By achieving this separation from the problem-saturated description of life, from this habitual reading of the dominant story, persons are more able to identify unique outcomes. (p., 16)

In the Sneaky Poo example, unique outcomes were identified in most of the relationships between the problem and the family members, and in the relationships between the problem and the relationships of family members. It is only necessary that one unique outcome be identified in order to facilitate performances of new meaning. For instance, the child was at certain times, able to put the Sneaky Poo in it's proper place and not let it come between herself and her family relationships.

As unique outcomes are identified, persons in therapy are encouraged to engage in performances of new meaning. Success with this endeavour requires that unique outcomes be plotted into an alternative story of counter-practice about the person's life. White refers to this alternative story, or the privileging of a person's local knowledge as a "unique account" (White, 1989). White's development of externalizing questions encourages people to locate, generate, or resurrect alternative stories that "make sense" of unique outcomes. Through these questions, White's performance acts to highlight Foucault's argument for the "insurrection" of the subjugated knowledges against the effect of "knowledge and power practices that invest in scientific discourse" (Foucault, 1980, p.84).

By seeking alternative descriptions, White's questions act to help free people from the subjugation of constrained and totalizing descriptions. In addition, his therapeutic posture of not allowing the person to be seperated from the political helps deconstruct the dominant scientific and cultural story being told about who the person is, and how this person should conduct his or her life.

Feminist Critiques

Foucault's argument for the insurrection of alternative knowledges has brought about criticism of by feminist writers. They dispute his willful neglect of proposing a specific alternative ideology (Diamond & Quinby,1988).

A similar critique might be levied against the therapeutic practice of Michael White, however, his position of externalizing subjugating internalized discourse in favour of prefered alternative stories must be considered. White (personal communication, February, 1992) suggests, that his position and practice in therapy is a political act.

White's stance is different from Foucault's as he quite consciously purposeful when he promotes a theoretical and therapeutic position of rigourous accountability and responsibility towards change. His therapeutic posture is by no means neutral, nor would he agree with the rhetoric of neutrality. He is not blind to the story of power given over to him by virtue of his gender, position, education and title, unlike many traditions of family therapy which espouse a position of simply curiosity or neutrality (Madigan, 1991a).

As a therapist, his aim is not to simply replace one problem story with another. Nor does he merely want to "fix" the problem without first situating the problem in the broader cultural contexts of restraint, ie., race, gender, class (Madigan, 1991). Instead, White asks questions to challenge a persons performance of the dominant story of problem saturation. In addition, he asks questions which act to situate people in their restrained narratives and cultural context (Madigan, 1991b).

White's externalizing questions assist people in bringing forth local knowledges of alternative explanation and action. These questions are performed by White to elicit alternative knowledge's which he, the therapist, along with the client, construct to be more preferred and productive. The questioning brings forth unique outcomes that perturb the problem saturated dominant story.

Paralleling Foucault, White's perspective suggests, that a person (therapist) acts responsibly when **recognizing that a persons problem saturated descriptions are not entrenched inside the persons body.** White (1991a) does not support his work through a structuralist or functionalist philosophical view, by suggesting that the problem is simply a by-product of familial relationships. Instead, he situates the problem descriptions as embedded within the person's cultural discursive context (White, personal communication, May 1991).

 As a therapist White acts with purpose in proposing that persons become linguistically radicalized (Madigan, 1991b), against the cultures dominant knowledge and power practices. For example, he would juxtapose the scientific or media driven story of the person with the persons unique account story of themselves. He would take an oral account of "mother-blaming" technologies that seem to be hindering the life of a sole woman parent; he would analyze the voices of specification that encourage the anorexics self-surveillance of the body.

In the case of a "schizophrenic family", White might follow a line of questioning that investigates the totalizing techniques of scientific classification that have given the person this label. He considers how scientific technology might be acting to oppress other alternative and less oppressive descriptions of the schizophrenic's body. Through questions he hopes to access the family's local knowledge's and acts to consider both sides of the local knowledge/dominant knowledge distinction. This promotes the consideration of a more complete description.

In describing schizophrenia as an in-the-corner-lifestyle, White asks a variety of questions that promote alternative descriptions of historical scientific classifications. Examples of these include, "In what ways have you felt pushed into a corner by schizophrenia?", and "How did you manage to defy the 'in-the-corner-lifestyle' and not only agree to the appointment for this meeting, but, as well, follow through with it?", and "What habits did you have to disobey to escape the in-the-corner-lifestyle on this occasion?" (White, 1987, pp. 52-53). After the problem has been externalized and unique local knowledges considered and stabilized, White pursues a line of future questioning. These future questions unearth possible scenarios the family might encounter, and ways in which their local knowledges could survive and be privileged.

Conclusion

This paper set out to highlight those ideas of Michel Foucault which parallel Michael White's therapeutic practice of externalizing internalized problem discourse. This review illustrates how the practice of externalizing can be considered much more than a **simple technique of linguistically separating the distinction of the problem from the personal identity of the person** (Tomm, 1989).

Through careful consideration of a person's alternative stories, White highlights dominant cultural knowledges which act to specify, classify and subjugate. The major difference between Michael White's therapeutic practice from many other popular American and European "schools" of therapy is his consideration and deft ability to locate a person's problem experience within the cultures restrained socio-political language context in which they live. Hence, the person's body is not the problem, the problem is the problem.

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RESPONCE TO CRITIQUE

Dear John, April 4,1992

My reply to Ms. Leupenitz is as follows:

I am willing to concede that Ms. Leupenitz has a variety of useful ideas concerning " Using Foucault in therapy ", but I wonder which discursive practices restrain her from seeing a different interpretation and practice of Michel Foucault. Could it be the modern discourse of structuralism?

Post-structural theory directs attention away from Ms. Leupenitz's modernist view of language and towards discourse. Foucault (1980) suggests that discourse refers not only to the actual words and statements themselves, but to their connection with the complexities of social and power relations which prevail in a given context, and which constrain what is said. The underlying politics of Foucault's idea hold a crucial meaning around how therapists might re-understand the power practices of their therapy with relation to, and consideration of, the landscapes of power, and knowledge their clients survive in (Madigan, 1991a, White, 1991).

Foucault's (1982) description of discourse refers to both what can be said and thought, and who can speak and with what authority. Discourse viewed in this recursive manner suggests that meaning results not from language itself, but from institutionalised discursive practices which constrain its use, and pre-empt alternative uses and meanings.

 I find myself amused by the showing of Debbie Leupenitz's modernist "slip". I would venture to guess that as a writer in feminist family therapy, she is aware that for many years numerous feminist writers have appropriated Foucault's deft political analysis to broaden the practice of their ideas (Bordo and Vaegar, 1989) . Similarly, family therapist Michael White has appropriated the ideas of Foucauldian discourse into his discursive practices of therapy. For Leupenitz to suggest that that Foucauldian explanation is not designed to "advance new therapies" is as ridiculous as it is modern, unless of course she has convinced herself of what Foucault "truly" meant and will then follow along accordingly. Obviously, and as any post-structuralist will tell you, that what is written and what is interpreted in the performance of reading are different. Leupenitz seems to be hanging on to a very old but very popular structuralist misconception - that the truth of what the author is saying is behind or within the text. Post-structuralists, as witnessed and performed in the therapy of Michael White, emphasize the interaction of reader and text as productivity. White's interpretation of Foucault is not one of passive consumption but as performance, where the unity of the sign is considered unstable and is viewed as operating in structures of power, knowledge and rhetoric (Madigan, 1991b). White's therapy acts to historicize and politicize language use and implies a shift from the signified to the signifier.

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