



Understanding Foucauldian Philosophy: The Chinese State and the Surveillance of Older People

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Introduction

This article provides a theoretical critique and analysis of the development and consolidation of state power in China as it applies to aging. As shown in previous work (eg Li Yongping and Peng Xizhe, 2000; Powell and Cook, 2000; Zhai Zhenwu, 2000), China's aging population is growing dramatically as a proportion of the total Chinese population, in part due to the success of the Communist Party of China (CPC) in delivering economic modernization to many of the population, but also due to knock-on effects of the Single Child Family Programme which has been in place, to a greater or lesser degree since the 1970s, thus reducing the proportion of younger people within China (Murray, 1998). In seeking to deal with this increased proportion of elderly people, Chinese state policy can be seen as being essentially rational and fair-minded, seeking to introduce ways of reducing the fiscal burden of aging upon the state, and indeed upon those many families who have been markedly affected by the modernization process. This article, however, fundamentally questions the assumption that populational policies in the Chinese state are unbiased in their social practices with older people. Indeed, narratives of social policy in western culture have focused on old age with strong emphasis on the reform of social welfare (Biggs & Powell 2001). In the case of China, the process of political and economic reform was imposed in a top-down manner via 'democratic centralism' supported by highly stretched demographic arguments (Powell & Cook 2000). These reforms purportedly offered the promise of greater choice and narratives of 'people power' for both families and older people through the introduction of the market ethos (market socialism or 'socialism with Chinese characteristics') into areas traditionally controlled, directly or indirectly (Powell & Cook 2000). The huge costs of welfare provision in recent decades) by the Chinese government and have been subsidised by them via the lending programmes of the state banking system.

The social rationale of such care provisos for older people has been at the centre in debates within social gerontology in recent years on all sides of the Atlantic (Powell & Biggs 2000). A unique feature of the Chinese state in the 1990s has been the systematic introduction of market-led principles throughout the public sector towards a plethora of modes of care provision. For example, family care constitutes a move away from direct state social

care based on doomsday demographic projections coupled with powerful medical discourses of 'decline' (Powell 2000).

In China, there has been, in the case of state language, a transition from 'top down' health and social policies that provided care needs for dependent elderly populations through the quasi-welfare state mapped out as the 'iron rice bowl' of a job and support from the SOE for life, or the '5 guarantees' of the old commune system, to 'shelter, healthcare, food, clothing and burial' (Cook 2001), to a neo-liberal politico state has gained momentum recently (Powell & Cook 2000). For example, one feature of the drive to speed up the development of tertiary industry instigated by the CPC in 1992, was to 'gradually change the situation in which social services are provided by government offices, enterprises, and other institutions' (Yabuki, 1995: 300). The People's Republic of China introduced a Law which came into force on 1st October 1996 on the 'Rights and Interests of the Elderly' which explicitly states that:

'the elderly shall be provided for mainly by their families, and their family members shall care for and look after them' (cited in Du and Tu, 2000, p. 86)

Currently, social regulation and surveillance occur an increasing pervasiveness of western discourses of 'social inclusion' which have been co-opted and absorbed into Chinese political and popular culture (Powell & Cook 2000). Hence, at the micro or grass roots level in China, family care is a technology put in place to challenge dependency by promoting 'choice' of care services and instigating trust between the state and elderly people.

The Chinese political agenda has a number of key aims which have similarities with welfare systems in United Kingdom, United States and Australasia (Powell & Cook, 2000): the control of financial resources; the improvement of services and promotion of choice; a reduction in public sector provision; a focus on trust between state servants and older people. By 1992, for example, despite the situation of the elderly being regarded as important, government social welfare expenditure only constituted 3.5 per cent of gross national income, and only 25 per cent of the elderly were covered by the social security system (Du and Tu, 2000, op.cit.). Hence, to divert the resource burden from the state, the process of 'choice' has become privatised and contingent on consumer sovereignty.

Simultaneously, the political, economic and social technology of state power has become a space for the surveillance of older people. It is argued here that the Chinese state is not of instigating narratives of 'choice', but rather is a technology for collective control. Thus, there are two dimensions which are particularly important to the trajectory of this paper. Firstly, there is the use of a Foucauldian perspective to understand and explain the relationship between Chinese state and elderly people. Secondly, there is the notion of 'power' and its relevance to the consolidation of a narrative conversed by the Chinese state which provides surveillance over a populational group: a Chinese 'elderly population'.

Why Foucault as applied to Chinese aging?

Foucault's (1977) work has significance to the analysis of aging identity in two respects. First, his analysis of crime, deviance, punishment and discipline and medicine and madness have relevance to the images and experiences of elderly people in China (Powell & Cook, 2000). A Foucauldian perspective can

describe how subjects of knowledge such as the stereotypical 'elderly' are constructed through disciplinary technologies, for example, the notion of the expert and surveillance 'gaze' (1973, 29). Secondly, Foucault (1977) makes it possible to analyse both the official discourses embodied in state policies such as those of China and those operating and implementing within society: families and their elderly relatives.

The diverse works of Foucault (1967, 1976 and 1977) have problematized issues of madness and illness, deviance and criminality, and sexuality although 'age' and 'aging' were excluded from his work (Katz 1996; Powell & Biggs, 2000). These identity formations are defined as socially, politically and economically constructed 'problems'. In these social issues with aging aside, the work of Foucault has problematized the role of the 'expert', social institutions that seem 'empowering' but are historical constructions of discipline. The relevance to 'age' and 'aging' is the recognition that the power of the state can 'define a certain pattern of 'normalization'' (Foucault 1977: 72). The diversity of surveillance practices are pivotal to Foucault's (1977) notion of 'panoptic technology'.

'The carceral network, in its compact or disseminated forms, with its systems of insertion, distribution, surveillance, observation, has been the greatest support, in modern society, of the normalizing power' (Foucault 1977: 304)

For Foucault (1977), 'normalizing power' involves discourses and how these are inserted on the human body. Hence, the family plays a key role in such power relations as they take responsibility for ensuring that individuals needs are regularly reviewed and that their own resources are effectively managed. We critically analyse Chinese policy developments and engage with a number of sites of the disciplinary web of surveillance and power and how these discursive formations impact on Chinese older people.

Medical Power and the Construction and problematization of Age

The definitions of centralised governmental assessments oriented around the care services needed for Chinese older people can be understood as a 'system of ordered procedures for the production, regulation, distribution, circulation and operation of statements' (Foucault 1980: 133). All strategies that attempt to control Chinese older people involve the production and social construction of 'true' knowledge. Historically, and before the prevalence of economic systems, bio-medicine played a key role in articulating 'truths' about the social condition of older people (Katz 1996; Powell & Biggs 2000).

The relevance of this to Foucault's work is the way in which the 'gaze' of truth constructs people as both subjects and objects of power and knowledge. In *The Birth of the Clinic*, Foucault illustrates how such a 'gaze' opened up 'a domain of clear visibility' (Foucault 1973: 105) for doctors, allowing them to construct an account of what was going on inside a patient, and to connect signs and symptoms with particular diseases. The space in which the gaze operated moved from the patient's home to the institution or the 'hospital'. This became the site for intensive surveillance, as well as the attainment of knowledge, the object of which was the body of patients. Both historically and contemporaneously, the identities of elderly people and old age have been constructed through expert discourses of 'decay' and 'deterioration' and the 'gaze' helps to intensify regulation over older people in order to normalise and provide treatment for such notions (Foucault 1977; Katz 1996; Powell and

Biggs 2000; Stott 1981). Medical discourse, under the guise of science, was part of a disciplinary project orientated to:

'create a model individual, conducting his life according to the precepts of health, and creating a medicalized society in order to bring conditions of life and conduct in line with requirements of health' (Cousins and Hussain 1984: 151).

The way in which bio-medicine has interacted with Chinese older people is a subtle aspect of control and power. This legitimises the search within the individual for signs, for example, that s/he requires intense forms of surveillance and ultimately processes of medicalisation. This permeates an intervention into Chinese aging lives because practices of surveillance benefit elderly people because of the pathological discourse permeation of 'its your age'. In global culture, surveillance of older people enabled bio-medicine to show 'concern' for their health and acquire knowledge about their condition. It, hence, constructs them as objects of power and knowledge:

'This form of power applies itself to immediate everyday life which categorises the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognise and which others have to recognise in him. It is a form of power which makes individuals subjects' (Foucault 1982: 212).

In general, medical power took its place alongside state power in correcting, disciplining and normalising 'decaying' older people. Nevertheless, the Chinese state gaze at the beginning of the twenty-first century, has come to rival the medical gaze. The power of the state as a gerontological expert has supplemented medical power.

'Surveillance' and the Chinese State

Scientific dominance may have helped shape the construction of age identities, though it was not economical enough in its reach. Science has been bound up with 'risk' (Beck 1984) and what Giddens (1991) calls the process of 'reflexivity': this manifests because of the loss of faith in the exercise of scientific power/knowledge. The focus on risk has led to a situation in which 'science' has been slowly supplemented with financial discourses, and what we see, in relation to care provision in China, is an intensification towards family care models and consumerism. Hence, there is a pervasive move to a mixed economy of care which has produced a new discourse of, and impacts upon treatment of older people in China as, 'consumers' that has come to accompany and supplement medical discourses of old age.

Indeed, the suspicion of scientific power/knowledge as manifested in 'bio-medicine' is mirrored by suspicions against welfare models in China as a means of finding a legitimised place for older people. The language of 'choice' to erode dependency has been colonised by both medical and state economical discourses. This social regulation and surveillance of older people can be seen as economically productive for the Chinese government. Hence, the mixed economy of care arguably fabricates representations of empowerment for older people in China. For example, many people's needs have not been met, due to power relations and ageism (Bytheway 1995; Powell and Cook 2000, op.cit.). Paradoxically, it was Deng Xiaoping, who himself was a power in China well into his eighties, who first encouraged an

ageist policy in the early 1980s, via his calls for older cadres in the CPC to step aside in favour of younger members (Deng, 1981, 1982).

Care services in China provide schemes for the 'conduct of conduct' (Foucault 1976) dominated by power/knowledge and characterised by the discretionary autonomy of managers of the state:

'It is within this disciplinary duality of power/knowledge and autonomy that power operates over older people, ultimately reinforcing the fragmentation that surveillance engenders in the broken identities of many older people at the centre of the professionals' gaze' (Powell 1998b: 16).

Indeed, power relationships are still constructed around barriers of marginalisation and dependency. Pressures on resources was leading to reduced levels of public services and a tightening of 'eligibility' criteria for older people. The American gerontologist Estes (1979) succinctly teases this out:

'Service strategies...and those for the aged...tend to stigmatise their clients as recipients in need, creating the impression that they somehow failed to assume responsibility for their lives. The needs of older persons are reconceptualised as deficiencies by the professionals charged with treating them' (Estes 1979: 65).

Such characteristics were illuminated as strategies for the service provision for older people in the USA and also, as Powell and Cook (2000, op.cit.) indicate, China. The use of terms such as 'frailty' are being used to define 'service eligibility' and power relationship processes are involved in service delivery. This process impinges on balancing risk assessments with the social rights of older people in China.

Coupled with this, Foucault's (1977, 1976) genealogical analyses of punishment and discipline and of sexuality, Foucault (1977) describes how 'techniques of surveillance' which occur in the 'local centres of power/knowledge' (for example, in the relationships between older people and care managers), have an individualising effect:

'In a disciplinary regime...individualisation is 'descending'; as power becomes more anonymous and more functional, those on whom it is exercised tend to be more strongly individualised...In a system of discipline...(older people become more individualised than younger people)' (Foucault 1977: 193).

Techniques of surveillance are so calculated, efficient and specific that 'inspection functions ceaselessly. The gaze is everywhere' (1977: 195). Foucauldian ideas can identify two related mechanisms of surveillance: panopticism; and the probe of surveillance. These mechanisms have helped shape and mould many of the experiences of older people in China.

Panopticism

Foucault (1977) sees Jeremy Bentham's panopticon as the dominant example of disciplinary technology. For Foucault, the panopticon integrates power and knowledge, the control of the 'body' and the control of space into a technology of discipline. Bodies of people can be made productive and observable. Foucault remarks 'Is it surprising that prisons resemble factories,

schools, barracks, hospitals, which all resemble prisons' (1977: 44). In the context of welfare, assessment has a pre-occupation with monitoring and surveillance and this is crystallised in Chinese social policies.

The perfect disciplinary apparatus, according to Foucault (1977: 173) 'would make it possible for a single gaze to see everything perfectly'. Foucault (1977) views the mechanism of panopticism as both efficient, since surveillance was everywhere and constant, and effective, because it was 'discreet', functioning 'permanently and in silence' (1977: 177). It also provides the scope for the supervision of those who were entrusted with the surveillance of others. In China, the process is indeed largely discreet and silent, for the monitoring and surveillance is more sophisticated than in previous decades, as the state has sought to distance itself from society, for instance via permitting a wider range of social and cultural forms than before, and encouraging consumerism as a distraction which serves to 'atomize and privatize social life' (Blecher, 1997: 221). But, more overtly:

'occasional doses of ruthless repression - of dissidents on an ongoing basis, and of protest movements as they arise - have been added into the mix' (ibid)

The velvet globe contains an iron fist, therefore, which is revealed whenever the state feels itself threatened, as was seen in 1999 when the Falun Gong sect was banned following its earlier actions, which included a peaceful silent protest of 10,000 cult members outside the top leaders' compound at Zhongnanhai near Tiananmen, Beijing, in late April (Gittings, 1999). This, and other admittedly more extreme events, led to the cult being classed as 'heretical', and a banning order was formalised at the 12th Session of the Standing Committee of the Ninth National People's Congress on October 30th (Beijing Review, 1999). One aspect which particularly worried the authorities was the involvement of quite senior CPC cadres in Falun Gong; another was the use of the Internet by the cult to organise demonstrations, and this subsequently led to greater restrictions on Internet use in the People's Republic in early 2000.

In regard to aging, the technique of 'panopticism' was incorporated into state relationships so that older people could be observed by the Chinese state. Service provision for older people has elements of this kind of surveillance. Supervision is hierarchical in the sense that many older people are accompanied by state power which embraces monitoring, assessing and calculating older people. The Chinese state needs to kept informed of progress of older people in order to communicate this at committee meetings to establish resource allocation to service spending planning to its dependent populations. Surveillance of older people does not stop at this point, as a network of reciprocal power relationships has been created:

'this network 'holds' the whole together and traverses it in its entirety with effects of power that derive from one another: supervisors, perpetually supervised' (Foucault 1977: 176-177).

The Probe of Surveillance

Foucault observes how the 'norm' entered social science disciplines by 'imposing new delimitations on them' (Foucault 1977: 184). While this standardised social science it also had an individualising effect 'by making it possible to measure gaps, to determine levels, to fix specialities and to

render the differences useful by fitting them to one another' (1977: 185). This also promoted the homogeneity of old age in China.

The identities of many older people are defined in relation to issues of abnormality and normality. The 'cut off' point where an old individual is or not deemed to be 'frail' is in no sense clearly defined and variations in levels of surveillance is of increasing concern for the Chinese state. In a climate of resource constraints due in part to the intensely competitive nature of globalization, distance from the norm has become valued amongst older people who do not conform to discourses of 'slow' and 'deterioration'.

Foucault (1977) sees surveillance as a central technique that renders an individual an object of power/knowledge. In the surveillance relationship between the State and older people leading the opening for social services, the statement of an 'aging body' is established in relation to normalised standards of rights and risks. Thus, older people will be probed for social, psychological and economic factors such as 'frailty', 'financial resources' and expected levels of 'supervision' (Powell and Biggs 2000). There are indications, for example, that where care homes are provided, these are for the more active elderly, rather than those in greatest need. This probe of surveillance:

'indicates the appearance of a new modality of power in which each individual receives as his status his own individuality, and in which he is linked by his status to the features, the measurements, the gaps, the 'marks' that characterise him and makes him a 'case' (Foucault 1977: 192).

Conclusion

The impetus for this Foucauldian gerontological excursion derives from the view that older people bear the imprint of dominant modes of regulation both in terms of medical and state discourses and the decrease in resources to empower in contemporary China. Crucial questions have been raised as to the social relationships between the state and older people. As we transcend the fin-de-siecle, the metamorphosis of identities of 'older people' into 'consumers' in China is likely to fracture and consume older people still further, marginalising the social and political context of care experiences and transforming discourses of 'empowerment' into politically neutral and individually safe questions of satisfaction and dissatisfaction with the commodity or service on offer from the Chinese state.

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