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ACTIVE AGEING – CONTROLLING THE (AGEING) BODIES

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Tiivistelmä: This study focuses on the concept of active ageing in the "Active Ageing: A Policy Framework" by World Health Organization. The purpose is to understand the meaning and the origins of the concept with the help of Foucauldian perspective. The analyzing method is content analysis guided by theory. The theoretical framework consists of Michel Foucault´s ideas about governmentality, subject and power and Nikolas Rose´s thoughts about governing. Gilles Deleuze´s control society is also part of the theoretical framework.

The subject of active ageing needs to follow a regimen based on activity and health. Governmentality on the society level supports this subjectivity and thus connects them to the network of power; the special nature of the older population is recognized. Even though the concept is named "active ageing" the subjects do represent a wider age scale. These subjects need to prepare for the old age both economically and health-wise. This shows that the whole time of living, not only the old age, is medicalized.

When it comes to the origins of the concept of active ageing and the user of power there is a connection to social gerontology and activity theory, and rationalities. The neoliberal rationality has affected on the knowledge that has been produced of the ageing and this is seen in the connection between the activity theory and active ageing. This, and the network structure of the different actors, makes it challenging to find the source of the power when it comes to the concept of active ageing.

Avainsanat: active ageing, governmentality, activity theory, international relations

Muita tietoja:

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Contents:

1. Introduction

The most difficult chapters to write are said to be the introduction and the conclusions. It seems to be the case. In the conclusions one is supposed to write why it was important to produce this kind of work. The introduction is… well, the introduction. One has to lead the reader´s way to the actual work and that may not always be an easy thing to do. The writer also has to build the infrastructure to the text so that it is easy for the reader to follow the idea paths of the writer.

I started my gradu project with Simone de Beauvoir´s book "*Vanhuus*" (*The Coming of Age*). De Beauvoir views the older people as the other in the society (de Beauvoir, 1992). The book inspired me to think about ageing. So my original plan was to take a similar perspective on ageing in my gradu. After attending the seminar I ended up having a biopolitical perspective on ageing. I found suitable material from the www-page of WHO (World Health Organization) via the pages of UN (the United Nations) and decided to make a content analysis about that.

Actually I was interested about the topic of ageing much earlier on because of my summer work experiences in the nursing homes in Stockholm, Sweden. When taking care of the old people I started to think about ageing and the position of the old people in the society. Of course the situation is a lot different for the people in the nursing homes than for the old people outside of them. There are some similarities though that I discovered when I was doing the reading for my gradu. When thinking about governing the body and its use the nursing homes are a perfect example of that. Especially when I was reading Michel Foucault´s *Tarkkailla ja rangaista* (*Discipline and Punish: the Birth of the Prison*) (1980b) I discovered some similarities to the nursing homes. With the help of the biopolitical perspective it´s possible to see similarities in the control of the bodies inside the institution, for example in the nursing home, and outside of it. Both of them are following a specific behavioral pattern: one must eat, sleep and exercise at certain times (see e.g. Foucault 1980b about the discipline in the prison).

When it comes to the question whether Foucault actually said anything about the position of the older people or not the answer is yes, and no. I read an article which was an interview of Foucault by Robert Bono, the representative of CDFT-union (a labour union) (article: Foucault 1995, 87-106). According to Foucault the old people have become a significant group in the society. They have the economic power to consume and travel. Foucault admits

that he has been a bit prejudiced about what has been said about the status of the old and about their segregation from the society. He thinks that people are being sensitive because this is a new situation. The old people used to be kept at the homes of their relatives. This caused a feeling of dependence. The old were treated as a burden. Today they have pension which supports them. (Foucault 1995, 105.) After reading this interview I thought that it could be a bit problematic regarding to my gradu. I still think that I can use the theories. The situation today is different when comparing to the time of the interview. In addition to this I find the theory suitable for my material.

At this point I should tell a bit more about my perspective and legitimize my research. First of all I think that ageing is a very interesting phenomenon. Ageing of the society is currently a hot topic. One thing that makes the topic current is that the year 2012 is the "European year for active ageing and solidarity between generations" (europa.eu). One could ask why I didn´t use EU as the source of my primary material: one reason for my choice was that WHO is a bigger organization, the other is that I found the policy framework of WHO more analyzable.

The affect of ageing to the demographics and social security makes it a very actual topic. The changing demographic has an effect on the welfare systems (Social Security): "The "crisis" of Social Security is founded in and driven by demography" (Morgan and Kunkel 2001, 71). Ageing population effects on the dependency ratio; in ageing societies the health care money is used in different way (Morgan and Kunkel 2001, 71- 90). Dependency ratio is connected to the concept of the retirement. Retirement is regarded as a rather new invention (the close of the nineteenth century (ref. Quadagno, 1982)) which required certain social conditions, for example longevity and economic surplus (Morgan and Kunkel 2001, 277-280 (about longevity: ref. Atchley, 1976)). The ageing in itself is not a new thing. The thing that is rather new is the global ageing (Phillips, Ajrouch and Hillcoat- Nallétamby 2010, 122).

I will talk about the terms third and fourth age in my gradu so I think that it is necessary to write more about them. Age-wise the third age is said to start from the age of 60 and the fourth age from the ages of 75-80 but the line between the ending of third age and the beginning of fourth has variations on the individual level, there is still a debate going on about the time of transition from the third age to the fourth one (Phillips, Ajrouch and Hillcoat- Nallétamby 2010, 214). Third age has been associated with retirement by the life-course perspective but this is not that clear anymore because of the onsets of the retirements are changing (Phillips, Ajrouch and Hillcoat-Nallétamby 2010, 214 (ref. Young and Schuller

1991)). The division (characterization) of the life course to four different ages is connected to Peter Laslett, historian (Phillips, Ajrouch and Hillcoat-Nallétamby 2010, 215; see also Jyrkämä 2005, 354). Laslett connects personal fulfilment to the third era of the life (third age), death and dependence he links to the fourth life stage (fourth age) (Laslett 1989, 4-5). It thus seems that the discussion is still on about the characterization of the different age groups. The problem seems to lie in the changing "life courses". People are more difficult to classify in clear and simple classes. This is so even in the case of age.

The meaning of the third age has grown because of the expectations of the retirement and the freedom offered by that (Julkunen and Pärnänen 2005, 176-179). When talking about ageing and retirement the question of the third age and the representatives of it come to picture. Third age can mean a new beginning in the form of a retirement (Julkunen 2005, 293). This can also be uncomfortable (Julkunen 2005, 293 (ref. Julkunen 2003, 226-230, 244-249; Julkunen & Pärnänen 2002)). Jyrkämä also writes about the uncomfortable experience when ageing. We are expected to be active during the third age. Being active can become a moral responsibility or a norm of ageing. To be able to be good one has to be active. (Jyrkämä 2005, 355.) At this point it´s time to take the activity perspective into the picture. Based on this literature (e.g. Julkunen 2005; Jyrkämä 2005) it seems that activity is the culture of the third age in the current society.

Also Julkunen talks about the active ageing and its reasons. European Union has a strategy of increasing the employment level of the ageing people, for example via later onsets of retirements. (Julkunen 2005, 275.) To the background of this the ideology of active ageing has been produced (Julkunen 2005, 275 (ref. Walker 2002)). In the strategy of Lisbon (2000) the status of older workers is redefined. Especially the baby boom generation is going to be the goal of this new policy of EU (Julkunen 2005, 275 (ref. Chassard 2003)). At the moment the conversation about retirements (or their later onsets) is focusing in the long-term trends and the unique inter-generational conflict affected by the baby boom generation. (Julkunen 2005, 275). So based on the talk about the dependency ratio and the maintenance of the welfare systems it´s obvious that there is a connection between ageing and economy. One can suggest that the reason of keeping the older people active via the concept of active ageing is the economic pressure. Greenberg and Muehlebach connect the anti-immigration atmosphere to the active ageing perspective as one of the factors (Greenberg and Muehlebach 2007, 190-194). I agree with them when it comes to this connection. There are also other reasons for the active ageing about which I will talk about more in the analyzing chapters.

There thus exists research about active ageing. So why is it important to do more research about that? I think that the ageing of the societies has a massive affect on our future lives and I´m not only talking about the economic impact and dependency ratios. The talk about active ageing is about the whole population. Ageing is something that happens to all of us (Morgan and Kunkel 2001, 1). Only the universal character of ageing is a good enough reason for people to be interested about the phenomenon. There are features in the policy framework that reveal that the policy framework is not targeted only for the older population. (This part is based on my interpretation.) The life-course perspective makes it a framework that is targeted to the whole population. Also Stephen Katz mentions the life courses (Katz 2005, 189-193). I also think that it is important to analyze the policy framework of WHO (World Health Organization). It is a global organization and same principles are thus adjusted on the global perspective.

In the introduction chapter it is also important to represent the research question (and the possible sub-questions). The actual research question of my work is *What does the concept of active ageing mean from the Foucauldian perspective in the policy framework of the World Health Organization?* One of my original ideas was to simply ask "What is active ageing?" until I realized that there was a chapter with that headline in the actual policy framework so I thought it wouldn´t be a good idea to ask that question. It is also really important to add the Foucauldian perspective in the question. I think that is my main perspective upon which everything else is linked to. With this "everything else" I mean the other perspectives of my thesis, for example the social gerontological one. Of course it is an independent area of science but in my thesis it is first of all secondary to the Foucauldian perspective and I also see it through that perspective.

When it comes to Rose the situation is more difficult to explain because he doesn´t regard himself as a Foucault scholar (Rose 1999, 4-5). I think that my analyzing chapters are so tied up to the Foucauldian terms that I have to use the term even though one of my main theoretician doesn´t regard himself as a member of the actual school. I thus base my arguments on the terms not on the actual theoreticians. The same goes with Gilles Deleuze to whom I refer in the last analyzing chapter about "The Control Society of Active Ageing". Perhaps it would be more correct to add "Deleuzian" to the research title but as Deleuze writes, Foucault saw the coming of the control society and I agree with him on that (Deleuze 1995, 178). The perspective of my gradu is thus mainly Foucauldian even though I have other theoreticians in it.

I also have to mention the World Health Organization (WHO) because there exists research about the active ageing so it is not as legitimate to ask only that. I haven´t found any analysis about the policy framework of WHO so I think it is sensible to study that. The perspective of the WHO on active ageing might also be different from the other perspectives about the concept. WHO is a big international organization with 194 member states (WHO 2012). Its size and prestige might have an effect on its rhetoric about active ageing. It´s a different thing for a big international actor to say its opinion about something when compared to smaller actors with less prestige and publicity.

During the gradu process I started to think about the other questions I might have when it comes to my research. With these I mean the other questions in addition to my actual research question. I wondered whether I do need those. I ended up having them after realizing that my analyzing chapters actually include them already. So here they are: *What features does the subject of active ageing have?* With this I mean that what kinds of people are regarded as ideal ones within the policy framework. The second one is: *How are the subjects governed in the system level?* And the third one is: *Who is using the power (where is the sovereign)?* The fourth question is: *What is the society like in the system of active ageing?*

According to Palonen nothing is protected from the political aspect. Every phenomenon might or might not have a political aspect in it. Palonen writes that this aspectual perspective to politics requires interpretation. (Palonen 1988, 19.) I think that Foucauldian perspective offers a perspective and tools of interpretation to the policy framework of WHO that has a political aspect. I am questioning the meaning of the policy framework with the help of my theoretical framework. Some might still ask whether there is enough problematization within my research. I think that with the help of the Foucauldian perspective it is rather easy to see that the aim about healthy older people is not that innocent as it sounds. The reasons behind achieving this goal are connected to demographic change, economic crisis and strengthening the image of the right way of living. One of the things is the role of the neoliberalism and its affect on the division of responsibility between the society and individuals when it comes to health: the individuals are getting more responsibility of their health via "responsibilisation" (Osborne 1998, 185-186). So the perspective that I have chosen is a critique towards the policy framework. The motive is not simply to oppose the policy framework but to look for motives behind it. In this I refer to Foucault´s comment about critique: "It is a challenge directed to what is" (Foucault 1991, 84).

I think it is also rather important to explain what I have written. With this I mean that I try to make it clearer to the reader (and also to myself) what´s going on in each chapter. So the meaning is not to underline and repeat but to explain and reflect. In the introduction chapter (chapter 1) I represent the origins of my gradu and the earlier research that has been done about the active ageing. I also represent my material which is the policy framework by World Health Organization and the methodology that is the content analysis that is guided by theory. With the help of these two and with the theoretical framework I also explain what I have done to the material during the analyzing process. So introduction works as a representative chapter about the different pieces of the research: material, theory and methodology.

In the second chapter about the subject of active ageing I will describe the subject and its features with the help of my theoretical framework. The third chapter is more about the governing and policing of the collectivity and public in the case of active ageing but the idea behind of those both is the governmentality. Subject is a necessary part of this and that´s why I thought it would be sensible to give it a chapter of its own. The fourth chapter is trying to answer to the question of who is governing and also about the nature of power within the concept of active ageing. In the fifth chapter I will state that the society of active ageing is a control society (term by Deleuze 1995). I hope this short introduction will help the reader to follow my writing. In the conclusions I answer to my research question (and sub-questions) and try to add my gradu to a wider context.

1.1 About the Earlier Research

I decided to represent some essential researches that have been done about the active ageing. These pieces of work do support me in my arguments but they also made me to search for originality in my own text. Their works have thus set me the lines within which I can find my own path of ideas and conclusions.

One of these earlier researches is the book *Generations and Globalization: Youth, Age and Family in the New World Economy* (Cole and Durham (eds.) 2007) and especially the chapter 7 “The old world and its new economy: notes on the “Third Age” in Western Europe today”. Because of its demographic situation Europe is redefining the old age. Older people are called to work and knowledge economy is discussed about. Because of the anti-immigration atmosphere Europe is looking for the solution from its population. Active ageing and delayed retirement are favored by the press and policy makers. (Greenberg & Muehlebach 2007, 190-194.)

The old people are offered a more active role. Age and aging are being discussed and old images of them are being criticized. The inevitable aging and its consequences are sort of ignored when new kinds of lifecycles are developed. (Greenberg & Muehlebach 2007, 194.)

The key terms of these new life cycles are activity and rebirth (Greenberg & Muehlebach 2007, 194 (ref. Moody 1993; Laslett 1991)). EU is trying to represent aging as a new beginning and as a chance for a new career. Still capable third age have to activate themselves for the solidarity towards the fourth age (not able to activate anymore because of illnesses etc.). This is also regarded as a personal responsibility. (Greenberg and Muehlebach 2007, 194-199.)

The knowledge economy is based on education. Life-long learning is in an important role even as a human right as argued by EURAG which is a Western European organization for the elderly (Greenberg & Muehlebach 2007, 202 (ref. Stadelhofer 2001)). Also flexible retirement and access to work are not seen as management but as human rights with which these topics are naturalized and legitimated (Greenberg & Muehlebach 2007, 201-203). So human rights are strongly connected to individual economic independence (Greenberg & Muehlebach 2007, 203 (ref. Durham 2007)).

The bodies of the old people are connected to the political and economic changes. Discussion is going on about the basic question of life, for example life cycles and illnesses. Active aging and delayed retirement are seen as an option for the old system (welfare-state solution with its own intergenerational relations). (Greenberg and Muehlebach 2007, 208.)

This article connects the active ageing to the economy which I have also taken into account. It´s an important aspect that cannot be ignored. The article helped me a lot by giving new ideas and support. It also made me to refocus a bit when it comes to my own research.

One researcher that I find very valid for my gradu is Stephen Katz and the book *Cultural Aging: Life Course, Lifestyle, and Senior Worlds* edited by him. I got this book when I was already writing. Katz also refers a lot to the work of Michel Foucault. He does this for example in the chapter three "The Government of Detail: The Case of Social Policy on Aging" that he has written with Bryan Green (Katz and Green 2005, 53-69).

Katz and Green discuss the concept of governmentality with references to multiple theorists that have written something about the concept. They also represent the critique that the concept has received. All this is done in the relation to papers on social policy in American

politics (ref. the United States Senate Special Committee on Aging, *Developments in Aging* (Katz and Green 2005, 61)) (Katz and Green 2005, 53- 69.) So the setting is rather close to the research setting of my gradu.

All in all the articles in the book support my arguments about active ageing within the policy framework of WHO. For example the chapter five: "Critical Gerontological Theory: Intellectual Fieldwork and the Nomadic Life of Ideas" (Katz 2005, 85-100) by Stephen Katz gives rather important points of view to my gradu. He writes about the multidisciplinarity and gerontology; according to him despite the rhetoric about the connection of multidisciplinarity and criticality within the study of gerontology it is more likely that the critical thinking about ageing is limited because of the multidisciplinarity (Katz 2005, 86- 87). I agree on this one. For example in the book *Gerontologia* (edited by Heikkinen and Rantanen) the idea of lifelong learning was discussed rather uncritically (Tikkanen 2003, 408- 417). The article by Tikkanen gave the impression that the topic hadn´t been thought of in a critical way at all. When it comes to the connection between neoliberalism and gerontology and on the research about that connection, according to Katz a lot of gerontological research is done about the responsibilization of the old people and the impact of neoliberalism on that (Katz 2005, 99 (ref. Katz 2000a)). So I think that my research belongs to this school, except in the field of political science.

He also writes about activity and its position in the field of gerontology in the chapter seven "Busy Bodies: Activity, Aging, and the Management of Everyday Life" (Katz 2005, 121-139). According to Katz "The association of activity with well-being in old age seems so obvious and indisputable that questioning it within gerontological circles would be considered unprofessional, if not heretical" (Katz 2005, 121). According to him activity is seen as a universal "good" (Katz 2005, 121). I agree on this with him. Being active is taken as a self-evident good. Everyone has to be active, including the old people. He also talks about the activity and disengagement theories and the battle between the supporters of those theories (Katz 2005, 124- 125).

The research settings by Katz might seem rather similar to mine so there is a need to explain why my research is still different and thus has its place. First of all, my material is different. I´m studying the policy framework of WHO. Second, I am going into the details when it comes to the concepts of subject and governmentality within active ageing. I also connect Deleuze´s theory about control society to the concept of active ageing. The question about the

network of power and discourse in the case of active ageing is also rather original. These aspects grow the distance between Katz´s work and my gradu and thus legitimate my research setting.

1.2 About the Material

The primary material is "Active Ageing: A Policy Framework" by World Health Organization. The whole paper is 60 pages long (with the references etc). According to the paper its purpose is to give answers to the question like "How do we help people remain independent and active as they age?" and "Will large numbers of older people bankrupt our health care and social security systems?" (World Health Organization, Active Ageing: A Policy Framework 2002, 5). According to the paper the framework targets the governmental decision-makers, the private sector and the nongovernmental sector (so all the instances who are responsible of the programmes and policies on ageing) (WHO 2002, 5).

When doing the actual analyzing process it´s important to confine. With my material this was unsurprisingly difficult. There are so many interesting factors within it, for example the presence of China (WHO, 11). Still one cannot research everything. I have to make choices based e.g. on my theory. Taking the case of China or other examples about specific countries to my material would cause some serious expansion.

About the problem with confining: women were represented in the material in a rather great scale. That is why I just couldn´t ignore the gender-aspect. The same goes with culture. I think I have to compromise. This means that I´m going to say something about those matters. I know that it is better to say more from less but in this case I think it´s better to say less from some aspects. This is going to work with the help of my theory. My hypothesis (in the context of my material) is that the women and the old are already under biopolitical pressure that is acknowledged by the policy framework of WHO. This doesn´t remove the fact that the framework itself is creating a biopolitical pressure. This can be affected by the paternalistic attitude towards developing countries and women. I base these hypotheses on the books that I have read, especially on the work by Michel Foucault.

I´m aware that the material is already divided to chapters that are describing the ageing of the world and to the chapters that are telling about the policy framework. I think that it´s still relevant to go through the whole material. Aspects that affect to the concept of active ageing are found in the whole material. The material has its own classification and list of contents

which I´m not going to use. This is basically because of my method that doesn´t allow to use ready-made divisions. Using the chapters and classifications of the material wouldn´t support my research process. I had to classify and analyze the text by myself.

In the text I use the word "material" and page number when referring to the material, for example "material 54". I was considering adding the number of the row with the page number but I thought that the page number would be clear enough. I will refer to the material with the word material but also as policy framework or as WHO. Anyway, I will make sure that it is easy for the reader to understand when I´m talking about the material.

1.3 Method

As a method I use content analysis. According to Krippendorff´s definition "Content analysis is a research technique for making replicable and valid inferences from data to their context" (Krippendorff 1986, 21). He continues that content analysis is as a method capable to cope with large volumes of information. It is also sensitive when it comes to context. Also the material that is not structured is accepted by it. As a research technique it is unobtrusive. (Krippendorff 1986, 29-31.) When it comes to content analysis there are three options to choose from: theory-based, material-based and analysis guided by theory (Tuomi and Sarajärvi 2012, 108-120). At first I decided to choose the material-based analysis. My current choice is content analysis that is guided by the theory. I made this decision because it was rather difficult to avoid the impact of the theoretical framework to the analyzing process after studying it for several months. According to Tuomi and Sarajärvi it´s widely accepted that the thoughts are connected to theories, this thought is based on the idea that there are no observations that are purely objective (Tuomi and Sarajärvi 2012, 96). According to Tuomi and Sarajärvi the content analysis that is guided by the theory proceeds like the material-based one but the difference lies in the linkage of the theory, so the theory is put in at some point in the content analysis guided by the theory (Tuomi & Sarajärvi 2012, 117).

The way in which I do the analyzing process is the following: first I asked four questions from the material. I had to have some questions for the material so that I could get something out of it. These questions had to be as simple as possible. The process is like an interview: the target can´t be expected to know anything about the possible connection between active ageing and Foucault´s theories which is why it has to be asked about something that it is familiar with, about its interior. So here are the questions that I asked from the material: What

does the material regard as a good thing? What does the material regard as a bad thing? How does the material talk about the old people? To whom is the material targeted to?

Before I asked the questions I decided to leave out the pictures from my material. I was thinking whether to include the pictures that are referred to in the text to my gradu. I find the text informative enough. So even though there might be a reference to a picture the text gives a good explanation about the picture. This is the reason why I find it unnecessary to include the pictures to my analyzing process. The other reason is that I´m doing an analysis that is based on the text; content analysis doesn´t give any tools to analyze pictures. I also left out some concepts. With these concepts I mean a list of defined words ("Some key definitions" (WHO, page 13)) that were worth to research independently. This list is on the page 13. The third thing that I left away is the "WHO and Ageing"- chapter (WHO, page 54). This is because I first and foremost study the concept of active ageing, not WHO and ageing in general. So what interests me is the concept and it´s not in the main role in that page. I also left out the examples. With this I mean sentences which were describing certain countries or health care systems. If using those I should be more aware of those countries. Studying those countries would expand my thesis massively. The target of my research is not ageing in certain countries, but the concept of active ageing.

So after asking the questions the material was already divided to four parts. The basic unit is a sentence although there are some cases in which I have divided a sentence to give an answer to two different questions. These cases of division are rather rare in my gradu. According to Tuomi & Sarajärvi a basic unit can be for example a word, several sentences (as a thought) or a sentence (Tuomi & Sarajärvi 2012, 110 (ref. Polit & Hungler 1997, Burns & Grove 1997). Some sentences did give an answer to more than just one question. In this case I underlined the sentence that belonged for example to "how does the material talk about the old people"- part and simply marked it like "also in the "positive things"-part".

After asking the question the material had grown (because of the double-answer effect). After this I "simplified" the material (which was now in four sections). This simplification was tought in the book by Tuomi and Sarajärvi; the idea is basically to make the sentences simpler (Tuomi & Sarajärvi 2012, 110). This procedure helped with the further classification of the material. The meaning was thus not to manipulate the material but to help with the classification process. First I doubted whether I should do the simplification at all but I

decided to do the process as said in the book (or the way I interpreted the use of the method). Technically I just wrote the simplification next to the actual sentence in a thicker font.

After this was the time to do the classification and form the sub-classes from the material. This was explained with the help of a picture on the page 111 (Tuomi & Sarajärvi 2012, 111). I did it by looking through the simplifications and simply putting together the ones that were similar, for example the ones that were talking about the importance of research. Of course this was affected by intuition. I didn´t think the process of classification when I was doing the simplification. This caused the fact that some sub-classes were rather abstract (e.g. preventability) and some of them were more concrete (like research). Of course it is a matter of interpretation whether something is regarded as abstract or concrete. The other causation was that some sentences which were already in the "preventability"-class (included the word "to prevent" e.g.) were also talking about the importance of the research.

This might make the analyzing process look like illogical following of intuitions. The main reason for this is that the material was not (unsurprisingly) organized in nice, clear pillars of concepts and topics. Instead all the things were lapped and mixed. So it was difficult to find any sensible classes to search. Of course the solution might have been to use more time in the process but I do not think that this had led to any better results. At some point one just has to do the decisions and do the work.

After the formation of sub-classes (37 of them) it was time to form the upper classes. I made this with the help of the page 112 in Tuomi & Sarajärvi (Tuomi & Sarajärvi 2012, 112). This was done in the same principle as the forming of the underclasses – by searching for similarities. For example the sub-classes "consumer protection", "human rights" and "safe environment for the housing" form the upper class "the older people as the target of protection". Again the problems are similar when comparing to the process of forming the sub-classes. Some classes were able to fit to multiple upper classes which gave me the responsibility to choose. There were also mistakes that I noticed afterwards when I was in the writing process. With these mistakes I meant that I noticed that some sentences were placed in the wrong sub-classes which I find rather human mistake. At that point I simply put them to sub-classes that were better for them.

The last classification was the forming of the main classes (so the concepts). This is advised on the page 112 (Tuomi & Sarajärvi 2012, 112). At this point it was time to put the theory in. I use the content analysis guided by the theory. In this version of the content analysis one

does the research based on the material but puts the theory in at some point (Tuomi and Sarajärvi 2012, 117). So I made the decision to put the theory in at the forming of the main classes. First I had to decide which ones are the theoretical concepts that I´m interested in. At this point I found out the problems of my theoretical framework: it is not divided in clear sections which would make the classification easier. Same goes with my material. I am aware of the "fact" that the world is not constructed in this way either. Both my theoretical framework and my material are pierced by certain themes in a "horizontal" way (like governmentality which deals with everything in my theory; or health in the material). So why didn´t I choose to classify the material and theory according to those themes then? The answer is: the themes were not easy to follow and also rather difficult to define sometimes. I made the decision to make a certain "vertical" classification and simply deal with it. I need something upon which I can build the construction – I simply have to handle the rambling elements when I do the writing.

After the classifications I had four concepts under which the material was organized: governmentality in the case of active ageing, the subject of active ageing, network of power and the active ageing and the control society of active ageing. So these concepts are based on my theoretical framework. After this I was ready to start the writing process.

I am aware that there are also some aspects in the material that are needed more interpretation in the analyzing process than the others. One of these things is the connection between the active ageing (in the policy framework) and the activity theory which is a social gerontological theory (about the activity theory, or "Activity theorists", see for example: van Berlo 1996, 245). Of course the analyzing of the material is all about interpretation. I still feel that I am responsible to explain this connection of active ageing and activity theory from the perspective of my method. One reason to this is that I think that the content analysis helped me to classify and organize my material it didn´t really offer me any tools to do the interpretation. Tuomi & Sarajärvi refer to Grönfors´s argument that with the help of content analysis it is only possible to organize the material for the making of the conclusions (Tuomi & Sarajärvi 2012, 103 (ref. Grönfors 1982, 161)). This is also something about which the researches made with the help of the content analysis are criticized (Tuomi & Sarajärvi 2012, 103). My stance in this is that I don´t expect my method to do the analyzing process; that´s the job of my theoretical framework. In the case of the connection between the active ageing and activity theory this might be regarded weak methodology-wise.

Because of the ponderings of the former chapter I think it is sensible to refer to something about how to read politically and in that way to support my choices in the interpretation. In this I refer to Kari Palonen. According to him interpretation emancipates the reader from the illusion of "knowledge" and gives space to the multiplicity of views (Palonen 1988, 16). Palonen also states that one cannot choose either textual or contextual way of reading. These ways of reading need each other. Contextual reading observes the things outside the actual text. Textual reading observes the text as it is. (Palonen 1988, 61.) So based on these arguments of Palonen I would say that I am following the principles of interpretation and textual and contextual reading in my analyzing process. I am reading the text based on itself and also taking into account the context (World Health Organization). Interpretation and contextual reading help me to see the similarities between the activity theory and the active ageing and look for the reasons for this possible connection.

1.4 Theoretical Framework

There are some elements in my theoretical framework about which I find it reasonable to discuss before I represent the actual analyzing chapters. The basis of my theory is the interpretative, postmodern, post-structuralist and Foucauldian perspective to the social sciences (based on: Bevir and Rhodes 2002, 131-139; see also Fox 1998, 31 (ref. Valverde 1991, 184; Lupton 1994, 5)). The main theoretician in my gradu is Michel Foucault and his work. I might have to use the term neo- Foucauldian because of the big role of Nikolas Rose (and Miller) in my theoretical framework. Miller and Rose are connected to the neo-Foucauldian school by Marinetto (Marinetto 2006, 46-48). As I already mentioned according to Rose his relation to Foucault´s work is more, empirical, more inventive and looser. According to Rose Foucault´s thoughts about the government are good as a starting point but he doesn´t regard himself as a Foucault scholar. (Rose 1999, 4-5.)

Gilles Deleuze and his idea about the control society are in an essential role in my gradu. One of the analyzing chapters, the fifth chapter about the control society of active ageing, is based on this thought. I refer to many writers that refer to Foucault in their works. I read these articles for example in the books *Foucault and Lifelong Learning: Governing the Subject* by Fejes and Nicoll (eds.) (2008) and *Foucault, Health and Medicine* by Petersen and Bunton (eds. (Foreword by Turner, Bryan S.)) (1998). I think that the interpretations of those writers helped me to form my interpretations about Foucault´s texts. The reason I would like to prefer the term "Foucauldian" is that I use his thoughts and concepts as the basis of my

interpretation. This doesn´t mean that I´m not aware of Rose´s and Miller´s (or anyone else´s) possible connections to different schools of thought.

So the basis of my theoretical framework is the post-structuralist (the term: Bevir and Rhodes 2002, 137), Foucauldian perspective to social sciences. Foucault´s perspective on biopolitics and biopower can be said to be the ground-rock of my gradu. The reason I talk more about concepts like governmentality in my analyzing chapters is that Foucault doesn´t highlight the word "biopolitics" so much. He draws definitions about it but he is using a wider set of terms, for example discipline, body, to govern, governmentality and subject (see for example Foucault 1980a; 1980b; 1990; 1992; 2008; 2010a). From my point of view these settings create his definition of biopolitics. Of course there are certain books in which he uses the words biopolitics and bio-power. One of them is *The history of sexuality. Vol. 1, An introduction,* in this book he writes that in the development of capitalism bio-power had a big role; the control of bodies and populations was necessary to make the economic processes and productive machinery work - the connection of these made the capitalism work (Foucault 1980a, 140-141).

The way he writes is really history-based. He describes the historical evaluations and continuities and with the help of them he creates his theories. He describes how the knowledge about something is born and developed, this can be seen for example in his book *Madness and Civilization: A History of Insanity in the Age of Reason* (Foucault 1988). So based on my reading, I would interpret that governmentality is a biopolitical method. It is answering more to the question of how (the governing is working). According to Fontana and Bertani the question of how was important to Foucault when it came to studying power (Fontana and Bertani 2003, 274).

I mentioned biopolitics earlier. In his article "Understanding the mechanisms of neoliberal control: Lifelong learning, flexibility and knowledge capitalism" Mark Olssen refers to Marshall´s concept of busno- power which is a neoliberal type of bio-power. Individuals are constituted as autonomous choosers of their own lives within busno- power. (Olssen 2008, 42 (ref. Marshall 1995, 322).) Active ageing could represent this type of bio-power.

I think about governmentality as a method of power. It is answering to the question of how the governing is done. Subject is related to this; subject makes the governmentality possible. Subject is the governed. (interpretation based on Fontana and Bertani 2003, Foucault 2003; 2008; 2010a, Miller and Rose 2008; Rose 1989; 1999.) I think that the concepts of

governmentality and subject are the most powerful factors when thinking about the possible answers to my research question. Those concepts are helping me to understand questions like health and authority of experts. The terms governmentality and subject are connected to the way the policy framework is intervening to the lives of the aged.

Parrésia is also an important term when it comes to my gradu. According to Foucault it is usually translated as free-spokenness (Foucault 2010b, 43). According to Foucault the word has a double articulation: "– –*parrésia* is in actual fact what the city needs in order to be governed, but it is also what must act on citizens´ souls so that they are the citizens they should be, even in the well governed city" (Foucault 2010b, 206). It thus seems that parrésia is something that connects the subject and the governing of her/him (Foucault 2010b).

One important concept of my gradu is discourse. I have to admit that it took me a rather long time before I understood its meaning (or at least I think that I have a clue about it at the moment) in the foucauldian thinking. It has an essential meaning when it comes to knowledge and the production of it. According to Edwards the domain is defined and the objects of knowledge within that domain are produced by the discourse (Edwards 2008, 23). I think Andreas Fejes, referring to Olsson and Petersson, explains the concept of discourse well when he writes that in the discourse of life-long learning the whole society (of Sweden) can be regarded as a learning society (Fejes 2008, 97 (ref. Olsson and Petersson 2005)). So in the discourse of active ageing the whole society is construed as an active society, no other options are recognized or accepted.

The other part of the theory is the social gerontology. It has a special role in my gradu. I use it both as a descriptive device but I also see it as a goal of analysis. It doesn´t have the position of primary material though but I read the (social) gerontological texts in a rather critical way. The reason for this is the activity theory (e.g. van Berlo 1996, 245). The activity theory is rather similar to the idea of active ageing. I think that the thoughts of Stephen Katz (Katz 2005 (ed.)) have supported this interpretation. He doesn´t directly say that these are connected but according to him:

> First, as intellectual capital, activity continues to extend the disciplinary flow between gerontology and old age by coordinating sociological theories, research subjects, academic expertise, and ethical concerns. Second, as professional capital, activity continues to frame the relationships between the experts and the elderly because of what it connotes: positive, healthy, independent lives. (Katz 2005, 126.)

So it could be said that the activity paradigm is ruling the current culture of ageing and its study (based on Katz 2005). Programs like active ageing are examples of this.

When it comes to my analyzing chapters and their theoretical solutions there´s a need for some extra explanation. First of all I have made a division to individual (subject) (e.g. chapter 2) and the society (chapter 3), to small and big networks (or micro and macro) (chapter 4). Based on Foucault´s work it can be said that the governmentality of the system and the individual are linked and dependent on each other but I think it is important to describe and discuss the governance of those also separately. This will improve the overall understanding. For example in the 4th chapter about the network of power and active ageing I have made the division for that reason. It will help me to understand the question: Who is using the power when it comes to the active ageing and WHO? I think the answer is not that simple as the World Health Organization.

It can also be confusing to the reader to understand what kind of society I am describing. Is it a society based on discipline or on control? As I argue in the last chapter the society of active ageing is based on control. As Deleuze said, Foucault saw the coming of control society (Deleuze 1995, 178). So I think that even though he talks mainly about discipline (e.g. Foucault 1980b) it´s possible to use his thoughts about, for example about governmentality, also in the case of control societies. Deleuze describes that for example in the case of education the continuing education is going to replace the school in the control society (Deleuze 1995, 179). These pupils of continuing education must be governed so that they can be educated continuously (based on Deleuze 1995). Similarly the subjects of active ageing must be governed so that they can follow their regimen through the life course. I thus think that the idea of governmentality is not totally tied to discipline; also the system based on control needs it.

When it comes to the anti-ageist attitude of the policy framework (e.g. material 46) it is rather interesting that the framework itself creates a norm based on activity. When there´s the norm there are always also those who are not following the norm (like the mad in Foucault 1988). Foucault talks about normalization and state racism in the book *"Society must be defended": lectures at the Collége de France, 1975-1976* (Foucault 2003). The normalization leads to the question of State racism (Foucault 2003) in which the society itself is the target of racism (or parts of it). State racism is internal racism. It means permanent purification. When it comes to

social normalization internal racism (State racism) is one of its dimensions. (Foucault 2003, 62.)

When talking about State racism Foucault is comparing the Nazi Germany and Soviet State. In this comparison he shows that racism is targeted to the "bad part" (non-essential part) of the population. The non-essential part is defined in different ways in different systems. (Foucault 2003, 80-84.) I link this to certain type of ageism. Because the ageing people are not regarded as useful parts of the society they are facing acts of normalization. Being active is the norm. Everything but that is regarded as abnormal. My thought here is that maybe active ageing is a method of normalization (see: Katz 2005, 121 about the "universal 'good'"). That would make it "ageist" in a way. The reason I mentioned this here in the theoretical framework is that this is about the whole idea of active ageing. Although the negative attitude towards age-based discrimination is represented in the chapter four, "The network of power and active ageing", as part of the variations of the old people, I don´t see the state racism as part of the idea of network of power. I think this is something that goes through all of the analyzing chapters. That´s why it´s important to represent it in the chapter of theoretical framework.

2. Subject of Active Ageing

In this chapter I write about the subject of the active ageing (policy framework by World Health Organization (WHO)). So I represent the anthropology of the subject of active ageing. The purpose of this chapter is to answer to the question: What features does the subject of active ageing have? I have to describe the general nature of the subject first then I´ll move to the regimen of the subject. That will explain the "agenda" of the subject that will help to understand the purpose of the features. This leads to the understanding of the wanted subject which again helps to discover the society in which the subject lives and the methods of governmentality that exist in that society (chapter 3.). So to be able to understand the governmentality in the systemic level in the society of active ageing, it is important to study the subject of active ageing.

2.1 About the Concept of Subject

It´s important to discuss about the subject because it is an essential part of governmentality. Governmentality creates certain subjects. Subjects with certain features are needed so that effective governmentality can be exercised. Neoliberalism is a political rationality which seeks to create a certain subject to be governed, homo economicus. (based on: Foucault 2008, 2010a; Miller and Rose 2008; Fejes and Nicoll (eds.) 2008.) I will not concentrate to the homo economicus here. It is just a model of the subject to which I might compare the subject of active ageing. Of course it is a highly relevant part of the neoliberal rational; the homo economicus (see: Foucault 2008 about homo economicus) can even be seen as the wider discourse because of its status as the subject of neoliberalism. With this I mean that the subject of active ageing can be seen as a sub-subject to the homo economicus.

Subject has the features set by the ongoing system. Power has an effect on what kinds of subjects are produced (Reid, lectures 26.01.2012). According to Turner´s interpretation of Foucault, power exists via practices based on discipline which produce certain kinds of individuals (and also cultural arrangements and institutions) (Turner 1998, xii). It´s easier to create subjects than set the wanted features to the objects of power afterwards. Subject is the object of power but it also has to be autonomous, active agent. The subject has to be free to be able to be governed in the most effective way. (Foucault 1990, 1992, 2008, 2010a; Miller and Rose 2008; Fejes and Nicoll (eds.) 2008; Rose 1999; Edwards 2008.) So subjects are not just objects of power; they are not oppressed (Edwards 2008, 23- 26). According to Miller and

Rose: “Power is not so much a matter of imposing constraints upon citizens as of ‘making up’ citizens capable of bearing a kind of regulated freedom” (Miller and Rose 2008, 53).

This idea of power over life, bio-power is linked to the idea of regimen. It´s more effective (for the current economic system) to make people govern themselves as subjects than use resources to a governance system based on violence (see Foucault 1980b). It´s better to have subjects which are equipped with certain ways of self-control and self-knowledge. In that way the amount of governance doesn’t diminish, it increases and becomes more total. According to Edwards´ interpretation on Foucault it´s good to have active subjects that are capable of action so that discipline and thus power that works through it can work (Edwards 2008, 23).

At this point I think it is sensible to refer to Foucault´s description of the madman in the asylum in which they were forced to become aware of themselves. In this way she/he lost the status of the object that is purely observed. In a way this freed them but also caused that the liberty of madness was lost. From that on they knew the truth about themselves and became responsible of that. They became their own objects. (Foucault 1988, 264-265.) I think that this “one´s own object” (see: Foucault 1988) is a good definition of the subject. One has power to oneself but is responsible because of that at the same time. In the case of active ageing the old people (and people in general) are sort of forced to be aware of their state of vulnerability and experience. In that way they are given the power to participate. This requires the regimen of healthy, active lifestyle. They cannot be passive. Or they don´t need to be passive. These last two sentences show the paradox. Foucault wrote that the madmen lost the freedom of madness (Foucault 1988, 265). Similarly the old people lost their freedom of passivity and thus the status of the other; perhaps the being other sometimes has a liberating factor. The other is somehow excluded from the rest of the society but this exclusion can also mean liberty (like the madmen in Foucault 1988). Like in the case of the old people: instead of pushing them to passivity and resting they are wanted to remain as active and healthy workers.

I interpret that there are as many subjects as there are power structures and discourses; the madman and the subject of lifelong learning and why not the subject of active ageing are examples of this. They are different but in a way comparable because they are following the same logic of network of power and linkage to the context. (based on e.g. Foucault 1988; 2003; 2008; Fejes and Nicoll (eds.) 2008.) With the help of the writings of Rose (and Miller) it´s possible to say that different rationalities (neoliberalism, welfarism etc.) need different

subjects. Neoliberal subject is not like the subject of welfarism. (Miller and Rose 2008, Rose 1999; see also: Rose 1995, 26 about welfarism.) I will discuss about the power structure of active ageing and its subject.

2.2 The Regimen of the Subject of Active Ageing

The Policy Framework of Active Ageing prefers certain lifestyle and behaviour. I think that these preferred models of behaviour represent the regimen of the subject. The concept of regimen comes from the work of Michel Foucault, especially from the volumes I, II and III of *The History of Sexuality* (Foucault 1980a; 1992; 1990). First I´m going to write about the more "concrete" parts of the regimen, for example diet, and then move on to the more abstract ones, for example autonomy. Of course this classification is based on my interpretation about concrete and abstract.

The subject is not allowed to smoke. Smoking causes multiple health problems, for example it increases the risk of lung cancer (material 22). It´s important to prevent people from smoking (material 23). The material doesn´t only talk about the controlling of the older people´s tobacco use. As its focus are the age groups from childhood to adulthood. (material 23.)

> Therefore, efforts to prevent children and youth from starting to smoke must be a primary strategy in tobacco control. At the same time, it is important to reduce the demand for tobacco among adults (through comprehensive actions such as taxation and restrictions on advertising) and to help adults of all ages to quit. (material 23.)

The subject of active ageing has to be physically active. According to the material the inactive people should be encouraged to more active life when ageing (material 23). Inactive people are recognized: "Despite all of these benefits, high proportions of older people in most countries lead sedentary lives. Populations with low incomes, ethnic minorities and older people with disabilities are the most likely to be inactive." (material 23.) It´s also important to create environment that supports the active living and is safe for that (material 23- 24). The policy framework recommends policymakers to support healthy weights and improved diets in older age, this can be done with the help of information (material 48).

> Eating and food security problems at all ages include both under-nutrition (mostly, but not exclusively, in the least developed countries) and excess energy intake. In older people, malnutrition can be caused by limited access to food, socioeconomic hardships, a lack of information and knowledge about nutrition, poor food choices (e.g. eating high fat foods), disease and the use of

> medications, tooth loss, social isolation, cognitive or physical disabilities that inhibit one´s ability to buy foods and prepare them, emergency situations and a lack of physical activity. (material 24.)

So when talking about food security and eating the material pays attention to the different status of the developing countries (e.g. malnutrition) (material 24). But I think that the focus is more on the choice-based problems. With this I mean that the malnutrition is discussed more as a problem based on the lack of information (e.g.) than on the lack of the actual food.

The policy framework also recommends people to keep their natural teeth (material 24). WHO wants to control the use of alcohol (material 49). The metabolism changes and alcohol-related injuries are taken in to account. The same goes with the use of medications (material 25.) The policy framework wants the people to be educated about the wise usage of medications (material 49).

So far I have represented the more concrete features of the regimen. Now I will write about the less concrete features. The policy framework wants to promote active and healthy ageing (material 2). "The word active refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force"(material 12). So WHO wants people to be active in many ways. Staying active and healthy is also a necessity (material 6).

According to WHO "Being active can help older people remain as independent as possible for the longest period of time" (material 23). So being active is in the connection with independence. Independence is regarded as important factor. In the page 51 the concept of self-care is mentioned. According to WHO social service and health professionals should support self-care among ageing people (material 51). People are also wanted to improve their health and to take control over it: "Health promotion is the process of enabling people to take control over and improve their health" (material 21). I think these things refer to the fact that people are wanted to take more responsibility of their lives.

Active living is also connected to the social life and mental health (its improvement): "Active living improves mental health and often promotes social contacts" (material 23). Being mentally healthy is important feature of the subject of active ageing. One has to remain sane. Being social is also regarded as a wanted feature. One cannot be alone and isolated. The policy framework talks about the old as flexible and creative, how they do and can remain as such (material 29). This sounds like the usual features when it comes to the ideal worker.

So here are the basic features of the subject of active ageing. The regimen consists of the following features: no smoking, healthy eating (no excess energy intake or malnutrition), sensible use of medications and alcohol, physically active life, generally active life, independence, flexibility, creativity, mental health and social life. Next I will describe the causalities of these based on the material. Why is it important to follow the regimen of the active ageing according to the material?

One group of the consequences of the lifestyle (regimen) is the NCDs (noncommunicable diseases), for example heart disease and diabetes (material 16). According to the policy framework the risk of getting these diseases begin early in the life and the risk increases with ageing (material 16). For example physical passivity, smoking and bad diet can increase the risk of getting NCD (material 16). It seems that to be able to avoid illnesses it´s important to follow a certain regimen. NCDs are also the cause of multiple deaths (material 16).

The subject of active ageing has to follow a certain diet (material 24) and be physically active (material 23). These lifestyle choices do affect on the health of the subjects which is an important thing for the WHO to govern. NCDs (noncommunicable disesases) get rather lot of attention in the material (e.g. material 16) while the infectious diseases are not mentioned that much at all.

I mentioned mental health as part of the regimen. It´s also a consequence of active living (material 23). Same goes with independence (material 23). This may raise questions about the quality of my classification (in the case of regimen and consequences). I think these are all quite overlapping concepts and that feature makes them difficult to classify.

Alcohol can cause injuries and falls (material 25). So the use of alcohol is important to keep at a sensible level so that one is able to avoid alcohol-related injuries. So when one follows a regimen that doesn't include massive amounts of alcohol, it´s possible to avoid certain risks in life. This could lead to the conclusion that the right lifestyle, regimen offers security to the subject.

According to the material, lifestyle behaviours (like personal coping skills, network of friends and not smoking etc.) can modify the influence of heredity on the onset of disease and on functional decline for many people (material 26). So like I said in the earlier paragraph, the following of certain regimen creates a safer environment.

The framework of WHO also argues that certain lifestyle choices (healthy eating, physical activity etc.) also in older age can extend longevity and enhance one´s quality of life, prevent functional decline and disease (material 22). Longevity and quality of life also belong to the consequences of healthy regimen. One is able to live longer and lead a happier life. The avoidance of diseases and functional decline are again mentioned. One has the possibility to live in safer and happier environment when following the right regimen.

The policy framework states that ageing per se doesn´t cause declines in cognitive functioning. The actual factors may be for example illness, behavioural factors or social factors (loneliness etc.) (material 26). So ageing does not get the most of the attention. Things "in the background" are more in focus, like lifestyle. The same goes with the disabilities and falls (talking about preventability). The focus is in the background: "But disabilities associated with ageing can be prevented or delayed" (material 35). Or when talking about falls among older people: The policy framework states that usually the falls happen in the home environment; it is possible to prevent them (material 28).

I would classify the quality of life (e.g. material 42) as part of the regimen of the subject of active ageing. Earlier I classified it to the chapter about the network of power. After some rethinking I realized that it is also one part of the regimen. Policy framework asks: "As people are living longer, how can the quality of life in old age be improved?" (material 5). So it is an important goal that has to be included to the subject. The policy framework thus requires that the quality of life of the people with chronic illnesses and disabilities has to be improved with programmes and policies (material 47).

The subject also needs to avoid chronic conditions for as long as possible. The policy framework argues that quality of life is improved when chronic conditions are cared. According to WHO the delay of these conditions until very late in life is still a better option. (material 42.)

Now I will write more about the theory to help to analyze the material that I have represented above. If the piece of theory is linked to a special part of the material, I will mention about it (e.g. I refer to the …part of the material). That will hopefully make things clearer. I will start with Foucault´s techniques of the self and regimen (Foucault 1992) that fit to the most parts of the material and help to explain them from the Foucauldian perspective.

The techniques of the self (Foucault 1992, 10-11) are needed so that people can follow a certain regimen and thus be governed in the method of bio-power. This idea is presented in the *The History of Sexuality. 2, The Use of Pleasure*. Foucault writes that the history of "ethics" (history of the practices of the self and a history of the ways of moral subjectivation) is a history of the way in which people have to become subjects of a moral conduct. This is connected to the individual´s relationship with the self and self-knowledge. (Foucault 1992, 29.)

According to Foucault, in the Greek thought it was important for a subject to follow the rules of regimen. The regimen was not only related to the body (sexual behavior, diet), the harmony of the soul was equally important. The regimen was supposed to help people to adapt in different situations. The following of the regimen helped to form a proper subject that took care of his body. The regimen set principles to the subject´s soul. Foucault writes that diet was thought as a relationship between oneself and one´s body, not as an obedient relation to some authority. It was still necessary to listen to the ones that had a better knowledge about the right regimen. According to Foucault this relationship was supposed to be a persuasive one. The individual was not supposed to be oppressed or passive. With the help of the expert´s advice it was easier to develop the relationship to one´s body. (Foucault 1992, 101-108.)

Also details are important (as in the case of teeth (material 24)). Details are an important part of the governmentality. Details and discipline do have a connection. Discipline is also needed with governmentality. One can manipulate the bodies, connect them to the machine of power and make them obedient and useful with the help of discipline. Discipline is all about details, classification and schedules. (Foucault 1980b, 156-179.) So the total governance is possible only when as minor things as the teeth are taken into account in the system of active ageing. When it comes to the policy framework of active ageing, I think it is a sort of regimen. It gives instructions for example about diet and exercise that seem rational and good.

The conduct of conduct is connected to this idea of regimen. One has to have a certain relationship with one´s body. One has to govern oneself to be able to govern other bodies. In the network of power the governance of the self and therefore the possibility to govern others are linked to each other. This is the idea of the conduct of conduct. (about conduct of conduct: Nicoll and Fejes 2008, 9-10; Rose 1999, 3.) There is a network in which one exercises power.

In this network everyone is the ruled and the ruler. (Foucault 1990, 87.) (I will come back to this later.) So maybe the idea of the framework is not simply to govern from above. It just

represents rational ideas for people to follow. When one subject becomes active and healthy he/she can spread the word. Spreading the word is rather easy when one has the word of WHO and the ideals of social gerontology on one´s side (the expert effect). As a regimen it includes also other things than health (following its ancestors), e.g. lifelong learning. The policy framework of active ageing works also as a way of optimizing ageing. According to Rose the problem of optimization of life itself is the focus of the current field of biopolitics (Rose 2007, 82).

At this point I have to explain the slight overlapping when it comes to the network of power. In this theory part I also mentioned network of power and lifelong learning that also are parts of the other main chapters of my thesis. The reason to this overlapping lies in the material and in the theory. I think that lifelong learning is one feature of the control society. Learning doesn´t happen in certain places (see: Deleuze 1995) and at certain age any more (well, most of it happens but the situation is changing). It´s also part of the regimen of active ageing; one must take care of one´s body with the help of the right kind of diet and exercise but it´s also important to take care of one´s soul via learning for example.

The idea about the network of power is so wide that it has to be discussed in its own chapter. It is also connected to the subject and its regimen as I explained above. It´s also part of my interpretation of Foucault (and most probably the interpretation of many others). I think that his different ideas do have some kind of a connection to each other. That´s why overlapping is an inevitable consequence.

Back to the actual analysis: In the context of active ageing one of the key concepts is taking the control over the health and improving it by the people themselves (referring to the material 21). So when people are taking control over their health they are given responsibility and thus power. They are given the chance to govern themselves. At the same time they are not completely powerful; someone (WHO in this case) has given the idea of "health" to them. Power is moving through the different actors (experts, WHO, people) leaving them not the targets, or owners, but the relays of the power (interpretation based on Foucault 2003, 29).

Instead of oppressing it´s important to make the personal goals of subject and the goals of the company (for example) meet. Rose writes the personal fulfillment of the worker (via work) has to be connected to the success of the company. (Rose 1989, 56.) It´s possible to govern "free" individuals without offending their formal autonomy - this happens by translating the calculitative technologies and authoritative norms to personal decisions and values (of

individuals) (Miller and Rose 2008, 42). In the case of the ageing population it´s important to give them the feeling that they are autonomous and free when they are following the regimen of active ageing. Quality of life and longevity are seen as the products of active ageing which are also preferable goals to the subject. While the subject gets the win-feeling of living longer and healthier, the system gets a more productive, more controllable subject.

When it comes to the control and self-care; I think that it is a sign of the connection between health policy and neoliberalism. In this I refer to the part of the material in which it talks about independence (material 23) and taking control over one´s health (material 21). Osborne writes about the effect of neoliberalism on health (policy). One of the phenomena is the "responsibilization". This means that the whole system has embraced responsibilization as functioning method, for example being the entrepreuner of one´s own health is the responsibility of a patient. (Osborne 1998, 185-186.) According to Rose the current politics of life is characterized by responsibilization, autonomization and marketization in advanced liberal democracies (Rose 2007, 4).

According to Rose the state still has some responsibility of the health of the nation. He continues that the individual responsibility has increased with the rise of the industry of private health insurance. This makes every individual an active partner when it comes to health issues. (Rose 2007, 63.) The increasing responsibility is also seen in the patient- doctor relationship. Rose writes that the patients must be active (like an ally for the doctor) in the current medical practice, they must carry their part of the responsibility of their well- being (Rose 2007, 110). I think that the idea of removing the process of ageing is in the connection with the active ageing (and responsible patienthood) which, in a way, is trying to set a certain form to the lifestyle of the aged. Retirement is not self-evident anymore (about which I will continue in the next chapter). Why to maximize the human potential biologically if not to combine it with a regimen like the one of active ageing?

So here the subject of active ageing has to be more in charge about her/his own health. Health care is no longer concentrated on few spots (public health centres etc.) but it has been spread to the wide area of actors, subjects. This means that every subject is primarily her/his own health care provider (Osborne 1998; Rose 2007 (about the responsibility of the patient)). The subject has to take care that she/he ages well and stays as independent as possible.

Independence is of course linked to the idea of "spreading the responsibility of health" to the independent, autonomic subjects. I think that also the talk about quality of life and avoidance

of chronic conditions (material 42) is part of the ideal of autonomy and independence. Quality of life is seen as the goal for the subject. Avoiding the chronic conditions is an important factor; one has to be able to look after oneself. So what if it´s not just about independence and quality of life but about the responsibility to stay fit? In this case the quality of life is just an inducement for people in the game of remaining as independent as possible.

I think that the being in charge and taking responsibility is in the connection to the talk about NCDs (for example: material 16). The NCDs and their causes get more attention than infectious diseases (material). I think the reason to this is the nature of the subject of the active ageing. The point is not to worry about things that the subjects cannot control that much. If there is a will to create a subject it has to be built around factors that can be controlled by the subject. Diet and exercise do belong to these factors. They also have an effect on the NCDs (e.g. cardiovascular diseases). So the message is: If you want to avoid certain illnesses, do live like this. At the same time one happens to become a useful subject to the system. A subject that is capable to stay healthy and is able work until he/she dies. In this case the expensive retirement-phase can be avoided. People are kept as healthy and functional as possible for as long as possible. This is legitimized with the message of quality of life that is represented as the wanted goal for an individual.

People are sort of in charge of themselves but at the same time they are ruled by the bigger system. They are masters of themselves but someone is also their master. This can be seen in the material. For example: “At the same time supportive environments are required to ‘make the healthy choices the easy choices’” (material 17). Here one can see the network of power. WHO is giving the advice to create supportive environments for the old people. Supportive environments are created by the more local levels of power, for example the states. These local levels of power are thus governing the bodies of the ageing population via the supportive environments. Supportive environments make it possible for the old to make the healthy choices and thus get the feeling of control. Supportive environments and the control of NCDs help to understand the character of the society of the active ageing. Referring to the earlier references and analyses, the purpose seems to be that people need to stay functional and able for as long as possible. This requires a supportive environment. Security is also one of the key words. When following a certain regimen one has the possibility to live in secured environment and enjoy longevity and quality of life.

“The power of the system” can be seen when talking about the inactive subjects. The passive subjects are recognized (material 23). I refer to Rose and interpret their position as the usual suspects. According to Rose there are two ways of the conduct of conduct: the one for the majority, so for the ones who can be in charge, and the one for the minority, so for the part of the population that is outside of the civility regimen. For the majority the conduct of conduct happens by offering rational options for the individuals. The minority can be called the “usual suspects”, for example the drug user or the lone parent can belong to this group. This group of people is getting special attention and is the goal of extensive interventions. (Rose 1999, 88-89.) Those subjects are representing a group of people which is not following the norms of the system (interpretation based on Rose 1999).

When it comes to the inactive subjects one can also refer to Foucault´s *Tarkkailla ja rangaista* (*Discipline and Punish: The Birth of the Prison*) and its description about the reasons to punish. When describing the disciplinary system Foucault states that one of the features of discipline is that it´s creating positive efficiency. One must be efficient so that time (which is given by God and paid by people) is not wasted. So it´s important to control also time. (Foucault 1980b, 156-179.) So being inactive is wrong. The same goes within the society of active ageing. The subjects that are not active are not in a big role in the policy framework. Fejes writes about the life- long learning and states that the people that are not learners and thus the “others” are excluded (Fejes 2008, 87). According to Fejes, “By creating a normalized adult, an exclusionary practice is created where the “other” is constructed” (Fejes 2008, 89 (ref. Fejes 2006a, b). In the case of active ageing the inactive individuals are excluded. In this case the exclusion doesn´t mean that they are free from attention, vice versa. They are just not described as well as the active, ideal subjects in the policy framework.

In the system of active ageing the subjects have to be active in every possible way, not just physically or economically. The passive ones are categorized to certain groups (material 23). This means that attention has been paid to them. They are being studied and with the help of knowledge they can be governed. So in the subjects that are following the regimen of the active ageing get the treatment of the majority, they are offered rational options etc., while the inactive ones get special attention. If comparing the subject of active ageing to the subject of neoliberalism, homo economicus, similarities can be found. Foucault represented and analyzes the thoughts of Becker (a neoliberal thinker) in the lecture that was held 28. March 1979 (Foucault 2008, 267-289). Foucault writes that homo economicus is an active economic subject that is striving towards his/her own interest and it is necessary that he/she is left alone

to do so (Foucault 2008, 270). "*Homo economicus* is someone who accepts reality" (Foucault 2008, 269). In the case of the subject of active ageing, she/he also needs to be left alone to be obedient while the more intensive attention is focused on the usual suspects, the inactive ones.

In the page of 26 WHO talks about the reasons behind the lack of cognitive functioning. The reasons to blame are others than ageing per se. The interest lies in the lifestyle choices (material 26.) This produces the conclusion that instead of ageing the whole life has been medicalized, the attention has been focused on the lifestyle choices of the people. The disengagement theory (advocated by Cumming and Henry 1961) is said to have gained contribution from medicalization and problematization of the old age (Phillips, Ajrouch and Hillcoat- Nallétamby 2010, 205). If this is the case, one can also interpret that the activity theory and thus active ageing are benefitting from the medicalization of the life course.

There are examples of medicalizations in the history (Turner 1998, xii). One of these is the menopausal woman (Turner 1998, xii (ref. Lock 1993)). The menopausal woman can be seen as an example of an identity that is produced by a discourse of subjectivity and targeted by normalization and medicalisation (Turner 1998, xii; see also Foucault 1980a, 27-39). Armstrong talks about death and its meaning (based on the ideas of Foucault) in the chapter "Foucault and the Sociology of Health and Illness: A Prismatic Reading" (Armstrong 1998, 15-30). Armstrong writes that according to Foucault post-mortem and hospital medicine caused that death became a pathological case in the nineteenth and twentieth century. Until that (in the eighteenth century) it was considered as a natural thing. (Armstrong 1998, 22.) According to Foucault the medicalization of behavior is connected to the normalization and discipline. With the help of science these are actually working against the system of sovereignty; medicine and its development had an impact on this. (Foucault 2003, 39.) I think that active ageing works like this; it has to be accepted because of the scientific status. Deborah Lupton is criticizing the medicalization critique in her article *Foucault and the medicalisation critique* (Lupton 1998, 94-110). She argues that the activity of gaining power from doctors by getting more information about medicine might backfire because even though the clinical medicalization might be avoided the whole life of an individual would be medicalized for example with the help of exercises, diets. (Lupton 1998, 107).

So I think that instead of medicalization, there is demedicalization going on in the case of ageing, or to be exact: in the case of active ageing. So the paradox described by Lupton (Lupton 1998, 107) has already happened. In the case of active ageing the specialists, social

gerontologists, still have a major role. I think that if the medicalization would focus on the ageing the aged would be "turned aside" from the society just like in the case of disengagement theory (see: Phillips, Ajrouch and Hillcoat- Nallétamby 2010, 205 about disengagement theory (ref. Cumming and Henry 1961) and medicalization). Now they are actively drawn in to the society. Instead some lifestyle behaviours are turned aside, for example smoking and passivity. I take this as a sign of the medicalization of the life course.

I think this demedicalization of ageing and medicalization of the whole life is in the connection with the talk about preventability. Preventability of disabilities and falls are the things to which I refer on this one (material 35 and 28). The thought behind this connection between demedicalization and preventability is that we are not supposed to have a period in life during which we are more vulnerable and more at risk. This will be allowed only for the children and for the representatives of the fourth age (see Laslett 1989 about the term Fourth Age). Instead we ourselves and the society can keep the whole thing in control all the time. It´s possible for us as subjects to follow a regimen that helps us to avoid the negative aspects of ageing. This happens with the help of governmentality in the system, or structure (which is not allowed when talking about Foucault but I think that he has certain structural ideas). This overlaps with the thought about the control society (by Deleuze 1995) about which I have a chapter. Preventability and supportive environments are also in the connection; they are part of policing of the public (places) about which I will write in the chapter "The governmentality of the society of active ageing". I think that methods like preventability and supportive environments are needed when the subjects are needed to behave and live in a certain way. This means healthy and active behavior and long and productive living. It definitely sounds like Foucault´s bio-power (Foucault 1980a). The bodies and ways of living are controlled and connected to the machine of power in the name of economically efficient consequences (Foucault 1980a, 140-141).

When talking about the idea of regimen the policy framework of active ageing certainly offers one. It gives advice to be active and healthy among other features. The subject of the active ageing has to be independent, healthy and active. I interpret that those features are part of the regimen of the subject of active ageing. The subject has to take care of him/herself and be in control of his/her life. The regimen is also targeted to a wider public than just the older people; this is the situation for example in the case of smoking. This tells more about the nature of the policy framework; its purpose is not only to control the older people but the whole populations. Longevity and quality of life are can be seen as prizes of following the

right regimen. The society has to make sure that these goals are achieved; I will write more about that in the third chapter.

2.3 The Working Subject of Active Ageing

The importance of work and the age of pension are linked also to the governmentality of the system (not just the subject). I still think that it is important to discuss about it also in this chapter. Work is part of the regimen of the subject of active ageing. It´s one way for the subject to govern herself/himself. The reason for the separation of this chapter from the regimen-chapter is that I think that work is something that is more system-based. With this I mean that the text about work and pension is targeted more to the policymakers. Of course the whole text is targeted to the policymakers, and other actors, but for example the health issues were more directed to the bodies of the old than the work issues that were mostly targeted to the labour market or other larger actors.

According to the material the policies of active ageing are needed to give people a chance for work according to their preferences and capacities when ageing. These policies are also needed for the delay or prevention of chronic diseases and disabilities that are costly to the health care system and individuals. (material 9.) So it´s important to have the chance to work when growing older. The policies are needed to keep people healthy so that the costs don´t rise. There are thus economic reasons for people to stay active and healthy. Here the message is aimed to the representatives of the bigger systems, for example states and cities. At the same time, being healthy requires individual action and governance. The connection between healthiness and continued work is clear: "People who remain healthy as they age face fewer impediments to continued work" (material 17).

The systems, public policies, are blaimed about the current situation of early withdrawal from the working life. The policy framework requires change; especially in the situation of large numbers of older people with good health (or as said in the material on the page 17: "fit for work"). The change would help to deal with the social care and medical costs and with the costs of income security schemes and pensions. (material 17.) The message for the representatives of the public policies is rather clear: keep the people healthy and able to work. That is the only way to deal with the costs. Again the speech is targeted to the policy makers. Still, the final "staying healthy" part belongs to the subject and her/his body.

Older workers are seen as a positive factor for their countries: “Nations with declining working- age populations will be able to draw on older experienced workers and industries will be able to grow as they serve the needs of older consumers” (material 43). This sounds like the ideal solution of the active ageing policies: healthy and active workers joining the labour force.

Also in the case of work the demedicalization of ageing can be seen: “Studies have shown that employment problems of older workers are often rooted in their relatively low literacy skills, not in ageing per se” (material 29). This time the medicalized area is education. According to the policy framework in addition to unemployment illiteracy and low level of education are associated with increased risks of death and disabilities among people as they grow older (material 29). This creates a link to the lifelong learning.

The material recognizes the different situation in developing countries and the different position of women. Some women cannot attend to paid employment because of their caregiving role that is unpaid (material 20). WHO thus recognizes the biopolitical affect of the local authorities to women´s bodies. The lower social status is recognized rather many times in the material.

According to the material the older people are often engaged in heavy work in the developing countries (material 24). I think that this is also related to the recognition of the local biopolitical power to the bodies of the old people. Of course, this “biopolitical power” in this case is totally my interpretation about the matter based on the theory that I have read (especially Foucault).

The thing that glues the working individual and the public system of work together is the health (see for example: material 17). The state of the subject`s private health makes it possible to work or not to work. In this I refer to Foucault´s description about the relationship between bodies and economic processes: Foucault writes that in the development of capitalism bio-power had a big role; the control of bodies and populations was necessary to make the economic processes and productive machinery work - the connection of these made the capitalism work (Foucault 1980a, 140-141).

Work and health belong to the regimen of the subject of active ageing. When it comes to the relationship between the system and the subject (as I mentioned above); the subjects, here the older persons, are the objects of public policies but at the same time they have to be active

which means the staying healthy and able to work (interpretation based on Rose 1999). The subject is not just an object of power. Subjects have to be capable to act so that the discipline, as the form through which the power is exercised, is able to work. The aim of governing is not to be oppressive. Instead it works through the active subjects that are supposed to work on themselves via (for example) reflexivity and reflection. (Edwards 2008, 23-26.) So subject is the object of power but still active. So the nature of subject is kind of the "paradox of freedom". People are the subjects of freedom. They need to govern themselves and they need to be governed at the same time. (Rose 1999, 61-66.) While the behavior is regulated the freedom to choose is supported under the neoliberal rule. This freedom to choose is also the basis of neoliberal government. (Nicoll and Fejes 2008, 13.)

The optimistic attitude is related to the character of governmentality. Miller and Rose talk about the programmatic character of governmentality. Governmentality thus has an optimistic view that it is possible to program or reform the reality. (Miller and Rose 2008, 29.) When it comes to my primary material, I think that the ageing population is recognized as a programmatic reality (see for example: material 43). It is a problem, for example in the form of the lack of work force, to be fixed with the help of active ageing. Governmentality is the method of this kind of policy-making also in the case of the policy framework of the WHO: active ageing is seen as the method with which the future problems of the labour market can be fixed.

When it comes to the working subject of active ageing, the society (or the system) is more in charge. I will talk more about the policing in the next chapter. Its responsibility is to practice policing so that the older population has the possibility to work and be a contributive part in the society. This continues the theme of preventability and supportive environments. They are needed to help the older people to practice self-government.

The gluing material is health. Healthy older people are seen able to continue in the workforce. Remaining in the workforce is important otherwise the costs of ageing would be too expensive. So health is the factor that separates the public and private, it´s like sexuality in Foucault´s work (see: Foucault 1980a; 1992 and 1990).

Health also connects the issue of work to this chapter. It´s a factor that can be governed by the system, the final decisions are still made by the individuals, subjects. That´s why it´s important to create surroundings, situations and cultures in which it is easy to practice the regimen of health.

2.4 The Active Subject

Here I will combine the two former sub-chapters, the regimen of the subject and the working subject (of active ageing). I will also explain more the terms that I have chosen, the subject of active ageing and the society of active ageing.

First of all I think that work belongs to the regimen of the subject of active ageing. As I listed earlier, the basic features of the regimen are: healthy eating (no excess energy intake or malnutrition) (material 24 and 48), no smoking (material 23), sensible use of medications and alcohol (material 25 and 49), generally active life (material 12), physically active life (material 23), mental health (material 23), independence (material 23), social life (material 23), self-care (material 51), flexibility and creativity (material 29) and work (e.g. material 17). Being active is seen as an important thing.

At this point I will bring in the perspective of social gerontology and also its critical representatives. It is possible to connect the Foucauldian idea of regimen (about which I talked about earlier) with the activity theory of social gerontology and with Katz´s concept of busy bodies (also affected by Foucault). The list above is the regimen of the subject of active ageing. It is a list of preferable lifestyle choices; activity is one of the most important among these.

Ad van Berlo´s article "Technology and Social Participation: Needs Assessment in the Senior Citizens Technology Centre" represents the theories of the social aspects of ageing: activity, disengagement and continuity. I will refer to him, because I think he describes well the basic features of the theories. (According to Jyrkämä these are the traditional theories of social gerontology (Jyrkämä 2005, 356 (ref. Jyrkämä 2001)).) The withdrawal between the old people and the society is found inescapable by the proponents of the disengagement theory. The individual should lead active life as long as possible according to the activity theory. There must be new roles to replace the ones that the ageing person gives up. According to the continuity theory the former habits and experiences do have an effect to the contemporary lifestyles of the people that are older. Ways to behave also continue through the life. Van Berlo states that these theories have differences: these appear in the amounts of which they are prescriptive or descriptive. Prescriptive describes what people are supposed to do. Descriptive means what people really do. (van Berlo 1996, 245.)

I think that the activity theory as a lot in common with the concept of active ageing which is why I will concentrate more on that. In the book *Key concepts in social gerontology* by Phillips, Ajrouch and Hillcoat-Nallétamby it´s argued that ageing was seen as social and individual problem from the late 1940s to the 1960s which was the first period in the theory development (Phillips, Ajrouch and Hillcoat-Nallétamby 2010, 205 (ref. Phillipson and Baars 2007)). The disengagement theory that based on a functionalist paradigm was advocated by Cumming and Henry (1961). Its development was supported by the medicalization and problematization of old age. (Phillips, Ajrouch and Hillcoat-Nallétamby 2010, 205.)

The "activity theory" lays alongside the disengagement theory (Phillips, Ajrouch and Hillcoat-Nallétamby 2010, 205 (ref. "activity theory": Havighurst, 1957)). It also has its roots in a functionalist-structuralist paradigm. Both of these theories got lots of criticism. The activity theory was still more popular when it came to its application. These theories had an effect on later theories within gerontology. (Phillips, Ajrouch and Hillcoat-Nalletamby 2010, 205.)

According to Katz the importance of activity to healthy adjustment (the process of it) in old age was emphasized by the gerontologists in the 1950s. The ideas about activity were consolidated into a theory of activity by the critics of the disengagement theory during the 1960s and 1970s. This theory championed the retired life as mobile, healthy, busy and creative. (Katz 2005, 125.) So the activity theory was formed with the help of its supporters and the critics of the disengagement theory. Disengagement theory lost the competition in this gerontological field (Katz 2005, 125). The activity theory thus dates back to the 1950s (or the ideas of it) (Katz 2005). The question might arise whether this theory is too old to be valid.

According to Jyrkämä there have been some thoughts whether the disengagement-, activity- and continuity theory (that is produced as a counter reaction to the first two ones) have lost their timeliness and meaning; he continues that this is not the case. These theories and their areas (of problems and phenomena) are still valid. (Jyrkämä 2001, 296.) So based on this one could interpret that being active is still a valid theme in the process of ageing.

When it comes to the critics of the activity perspective, Katz argues that David Ekerdt is one of them (Katz 2005, 125). Ekerdt created the theory of busy ethic (Katz 2005, 125 (ref. Ekerdt 1986)). Busy ethic legitimates the life without work, e.g. retirement. This is important in a society in which work is a virtue. Work ethic basically consists of values and believes. It´s roots are in Calvinism in which the goal of virtuous life was to get close to God and heaven.

(Ekerdt 2006, 253-254.) The paradox was that the ones to go to heaven had been decided beforehand (Weber 1980, 70-81). This was turned in 19th century towards more earthly goals: work and money. So basically the idea is to keep oneself busy after the career. In this way the leisure time that is possible because of the retirement and the income without work are legitimated. (Ekerdt 2006, 254-259.)

Busy ethic refers also to authorities. Two ethics give it a moral force among people. These are the maintenance of health and work ethic. (Ekerdt 2006, 258-259.) This continues the idea of regimen also within the busy ethic. Health and work seem to be the important factors in the current regimen.

I add Stephen Katz as one of the critics of the activity theory. His work is also affected largely by Michel Foucault (interpretation based on Katz´s (ed.) book *Cultural Ageing: Life Course, Lifestyle and Senior Worlds*, 2005.) He has a term for the continually busy living: busy bodies. According to this term the bodies must be busy bodies so that they can be functional (Katz 2005, 130).

When it comes to my material of the policy framework of active ageing by WHO, I think the busy bodies by Katz have become the main goal of ageing politics. Being active is regarded as a good thing. Of course WHO represents reasons for being active, one gets to live longer and healthier and have a better quality of life. I agree with Katz in his interpretation about the effect of neoliberalism and its anti-welfarism (Katz 2005, 136). The promotion of positive activity is in the connection to the problematization of the older bodies (Katz 2005, 136). So it is possible that activity theory has connections to the active ageing- policy framework. They both are also following the regimens of busy ethics (Ekerdt) and busy bodies (Katz). I argue that the similarity between the active ageing framework and activity theory is way too striking for just being a coincidence. Active ageing and its neoliberal agenda of spreading the responsibility of health has invaded the WHO as well.

3. The Governmentality of the Society of Active Ageing

In this chapter I will describe the governmentality from the "macro-perspective". The previous chapter was about the individual, subject and her/his self-governance in the discourse of active ageing. This chapter is more about the policing, shepherd and the flock-kind of governmentality and programming (like described in Foucault 2010a) in the case of the system of active ageing. In this chapter I will answer to the question: How are the subjects governed in the system level? I talked a bit about policing and the programmatic character of the governmentality in the previous chapter because they are tightly linked to the subject (based on Foucault; Rose) but this chapter is more focused on that issue.

3.1 About the Concept of Governmentality

I will give a short description about the concept of governmentality before moving on to the analyzing process. Based on the literature, I understand governmentality as a way to achieve a certain goal, as a method of governing. In governmentality the people are the subjects that are carrying certain features that make them possible to be governed. These features are set by the system that is in power. (Foucault 2008; 2010a; Miller and Rose 2008.) Power has an effect on what kinds of subjects are produced (Reid, lecture 26.01.2012). The origins of governmentality lie in the guidance of the soul (Christian thinking) and it means the ability to govern people (Foucault 2010a, 164-165). According to Rose: "To govern is to act upon action" (Rose 1999, 4). The people´s capacity to act can be utilized for one´s own aims when it is not crushed but acknowledged (Rose 1999, 4). Of course I have to acknowledge the possible difference between the words to govern and governmentality in here.

To explain the separation of the governmentality and the subject of active ageing I will refer to Katz and Laliberte-Rudman´s article "Exemplars of Retirement: Identity and Agency Between Lifestyle and Social Movement" (Katz and Laliberte-Rudman 2005, 140-160). They talk about the two basic terms of the foucauldian- inspired governmentality school of thought (e.g. Rose belongs to it) (Katz and Laliberte-Rudman 2005, 146.) These are the *practices of the self* and the *technologies of government*. (Katz and Laliberte-Rudman 2005, 146.) The ideal identities that best express the fit between personal and political goals are made practicable and described by the *technologies of government* (Katz and Laliberte-Rudman 2005, 146 (ref. Burchell 1993; Dean 1999 and Rose 1992). These technologies are needed in the case of individuals that are at risk of dependency and who are wanted to be turned to active entrepreneurs of the self; this responsibilization and autonomization happens when the

technologies of government operate through the *practices of the self* (Katz and Laliberte-Rudman 2005, 146 (ref. Rose 1993; 1999)).

So based on this article, I would say that in the case of active ageing in WHO the subject and the governmentality of the system can be separated. They are still in a tight connection and are necessary to each other. There must be some goals set by the governors that are for example WHO and the researchers. These goals are made ideal by the methods and technologies of the governmentality, policy framework of active ageing, and set to the body of the subject that is the ageing person, human being.

3.2 The Vulnerable Subject of Active Ageing

The policy framework offers a picture of the ideal subject of active ageing that is active in every possible way and healthy. The WHO program also says that the old people can be vulnerable and have disabilities. The reason I talk about this in the chapter of "The Governmentality of the Society of Active Ageing" is that I think it is a matter of policing the public places (see Foucault 2010a).

One thing that makes the older population vulnerable is loneliness. This overlaps with the subject perspective (the subject of the active ageing as a social being) but it is also linked to the policing of the public environment. WHO states that loneliness and social isolation in older age are connected to degradation in both mental and physical well being (28). Loneliness is seen as a threat for the well being of the older people.

> Increase the awareness and sensitivity of all health professionals and community workers of the importance of social networks for well being in old age. Train health promotion workers to identify older people who are at risk for loneliness and social isolation. (material 51.)

The differences between genders are recognized. According to the material men are less likely to have social networks that give support in most of the societies. In some cultures the position of the widowed women is vulnerable. (material 28.) There are also differences between cities and rural areas: "Urbanization and the migration of younger people in search of jobs may leave older people isolated in rural areas with little means of support and little or no access to health and social services" (material, 27).

The old people are seen as a vulnerable group in many ways (in addition to loneliness (material 28)). They are vulnerable to pollution, also the young people belong to this risk group (material 20). They are also vulnerable to crimes like assault and theft, especially when

living alone (material 29). Older people are very fragile the risks of poverty (disabilities, bad health) (material 30). They are also vulnerable in conflictual times (material 27). Older people have to be acknowledged as a vulnerable group when it comes to access to safe foods, clean air and water (material 28).

Disabilities can make an older person vulnerable. They are linked to the independence: "An older person´s independence is threatened when physical or mental disabilities make it difficult to carry out the activities of daily living" (material 34). WHO requires programmes and policies that help to reduce and prevent the burden of disability in older age; these policies are needed in both developed and developing countries due to the ageing populations (material 36). WHO pays attention to the disabilities in hearing and vision; aids and care are required for those disabilities (material 47). Also the connection of injuries and disabilities, and the higher risks of the old people when comparing to the young population, is recognized. Risks for the old people are more severe, here are some examples: more disabilities experienced, higher risk of dying and longer hospital stays. (material 28.)

Infectious diseases are not in such a big role as the noncommunicable diseases (NCDs). They do get some attention though. According to the material the control of the infectious diseases still needs resources (material 34). HIV and AIDS are noticed. Especially the information about the disease (diseases) is required. (material 34 and 48.)

I discussed about the health topic already in the chapter about the subject. So there are some overlappings in this case also. Although I think that health is such a broad aspect when it comes to active ageing that it is divided to the responsibility of the subject and to the responsibility of the external powers. With the latter I mean that the environment, society, has to be governed in the way that it is possible for the subjects of active ageing to carry their part of the responsibility.

WHO describe the policy framework and its relation to health with the following: "It approaches health from a broad perspective and acknowledges the fact that health can only be created and sustained through the participation of multiple sectors" (material 5).

Health has a rather wide meaning in the context of active ageing of WHO:

> "Health" refers to physical, mental and social well being as expressed in the WHO definition of health. Thus, in an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status. (material 12.)

Mental health is also mentioned in the connection with the suicide rates among old people and with the under-diagnosis of mental illness (material 22 (ref. WHO, 2001a)). Part of the wide understanding of health is the argument that to improve the health of the population wide range of actions are needed within the public health. According to WHO health is more than the basic health services. (material 55.)

WHO recognizes the changed disease pattern in the world. The direction is towards chronic diseases which requires change in caring services to a comprehensive and coordinated continuum of care from the "find it and fix it" model of care. (material 21.) Continuum of care is also mentioned on the page 49: "***1.3. Develop a continuum of affordable, accessible, high quality and age- friendly health and social services that address the needs and rights of women and men as they age***" (material 49).

WHO recognizes the political nature of the funding solution of health system. It still prefers pre-payments on health care, in the form of social security, insurance or taxes. (material 42.) WHO supports the principle of financing in the fair way that ensures that the financial burden is shared in a fair way and it also ensures the equity of access regardless of ethnicity, sex or age (material 42 (ref. WHO, 2000a)). Although WHO requires that effectiveness of health care should be improved (material 42).

WHO states that active ageing (information) needs to be incorporated into training programs and curricula for all social service, health and recreation workers as well as architects and city planners. The essential principles in old-age care should be included in the training of all nursing and medical students and other professions of health. (material 39.) Active ageing thus has to be included to the system.

One important thing in the case of the professionals (and professional caregivers) is their attitude. It has to be respectful and empowering. (material 37 and 39.) Paternalistic attitude is regarded as devastating (material 39). (I will mention this also in the chapter about the network of power in its subchapter about the research and specialists.)

The subject of the active ageing thus has the vulnerable side. That is why it needs certain methods to make her/him feel safe. One of these is consumer protection. According to WHO the consumers need to be protected from unsafe treatments and medications (material 53). The older consumers must also be informed about products like the "anti-ageing" (term used by the policy framework, material 40) products and about their false arguments (material 40).

The older population needs safe housing to prevent injuries (material 27). The same goes with the public environment that has to be age-friendly (material 47).

The WHO paper also emphasizes older people´s human rights (material 13). It judges the stereotypes (material 20). Discrimination is also disapproved (material 21). The material recognizes the double-impact in discrimination, e.g. age and gender (material 40).

Poverty needs to be reduced by the policies of active ageing (material 30). Poverty and poor access to health care services are usually connected (material 38). Poverty is also recognized as a factor that reduces the functioning of the older person (material 30 (ref. Guralnick and Kaplan, 1989)). This is due to the poor access to adequate housing, health care and proper food. This happens if the person is alone (or lives in the rural areas), poor and usually female. (material 30.) Poverty has an effect on the person´s health (material 47). So the poverty is related to the functioning of the person.

One factor (that I already talked a bit about) is the elder abuse. Elder abuse includes financial, physical, psychological and sexual abuse. Also neglect can be included. (material 29.) Large scale of actors (for example health and social service providers, advocacy organizations) need to be included to deal with this problem (material 53).

The policy framework admits that people develop diseases when they age. According to the framework people are at growing risk of developing diseases as they grow older despite best efforts in disease prevention and health promotion. (material 21.) Especially in the very old age (that is reached more likely by women) people suffer from many health problems and disabilities (material 40). The environment and behaviour still get the majority of the responsibility (material 26). The material refers to Gray (1996) and argues that because of their longer lives, older people have been exposed to environmental, behavioural and external factors that cause illnesses for a longer time than the young people which is why they get sick more often when comparing to the young people (material 26 (ref. Gray 1996)).

The policy framework suggests compensation in the case of natural declining. For example in the case of declining cognitive capacities (that include for example memory) the compensation can happen with the help of experience and knowledge. (material 26.) The attitudes of the societies are also blamed: if the ageing is blamed because of some symptoms of the disease, the treatment services and prevention are less likely provided (material 20). The policy framework requires measurable, gender-specific goals for the improvements in the

older people´s health status and in the diminishing of disabilities, chronic diseases and premature mortality when ageing (material 47).

The policy framework recognizes the lower position of women in many societies (material 20). It also argues that men do lead a more hazardous life that has its consequences, early death or injuries (material 20).

Now I will represent the theory to this piece of material. The following themes are represented in this piece: vulnerability (loneliness, pollution, violence, conflicts, disabilities) (e.g. material 28), infectious diseases (e.g. material 34), public health and it´s wide and changing character (e.g. 55), safe housing and marketing (e.g. 27 and 53), the human rights of the older population and avoidance of stereotypes and discrimination (e.g. 13), poverty (e.g. 47), elder abuse (e.g. 29), and natural declining (and compensations to it) (e.g. 26). Some of the themes can be combined, for example the elder abuse can be connected to the theme of vulnerability.

In the case of vulnerability (as a theme) the disabilities and independence (or the lack of it) are connected (material 34). So dependence is seen as a sort of consequence of the vulnerability. This interesting feature will be notified in the analyzing process.

I will start the theoretical part with Foucault´s shepherd and the flock. According to Foucault governmentality means the ability to govern people. The origins of governmentality are in the idea of the guidance of the soul, shepherd and the flock (started from the pre-Christian, later Christian East). The idea is to lead the souls (the sheep) towards the salvation. The shepherd has to keep an eye on (know) his flock and every individual in it. He has to count them and take care of them. (Foucault 2010a, 127-181.) I would interpret that Foucault´s shepherd has to know his flock very well (interpretation based on Foucault 2010a). Governmentality is like a structure that exists everywhere in the society. In the network of power governmentality is a way to lead people. According to Osborne´s interpretation practices, not institutions, are the things which governmentality is about (Osborne 1998, 176).

When it comes to knowing the target of power, or flock, Foucault describes its importance in *Discipline and Punish: The Birth of the Prison*. According to Foucault for the governor to be able to govern one´s people (subjects, sheep etc.) it is necessary to know them. The political technology of human body consists of knowledge about the body and control. The direct subjection of the body is not necessary; there can be a “higher level” in which one can govern

the bodies. Knowledge and power are connected to each other. (Foucault 1980b (*Tarkkailla ja rangaista* (*Discipline and Punish*), 33-35.)

According to Turner´s interpretation governmentality is a mechanism which controls and regulates populations via security (as a device). The triangular relationship between government, sovereignty and discipline was presented by this system of power, governmentality. It came out in the eighteenth century. (Turner 1998, xiii (about the term governmentality ref. Foucault 1991).) Even though Turner says that governmentality emerged in the eighteenth century, my interpretation (based on the *Turvallisuus, alue, väestö* (*Security, territory, population: the history of governmentality)* by Foucault 2010a) is that the idea can be traced back to the earlier history.

Miller and Rose refer to Foucault´s thought of governmentality. According to Foucault the term sought to pay attention to a particular way of acting and thinking embodied in all those aims to know and govern the health, happiness and wealth of populations. (Miller and Rose 2008, 26-54 (ref. Foucault).) Miller and Rose also talk about the three families of governmentality: classical liberalism, welfare society (welfarism) and advanced liberalism (Miller and Rose 2008, 17-18). Rose also talks about governing that according to him should be understood as a perspective, not as a theory or as a concept (Rose 1999, 21).

One example of governmentality is the governing in the neoliberal way. According to Foucault either Adam Smith or how to get a space that is empty and free are not what neoliberalism is about. Within neoliberalism the government practices intervening politics and is active. (Foucault 2008, 131-133.) The goal of the intervention are the conditions of the market while the mechanisms of the market economy have to be left untouchable (Foucault 2008, 138 (ref. Eucken, W. *Grundsätze*, Book V, ch. 19, p. 336). Foucault continues that it´s necessary that the market is made possible. The society has to be intervened. So the governing (in the case of neoliberalism) has to affect on people that are the market. Foucault states that policy of society is the construction that is wanted by the neoliberals. The effects of the market must not be intervened by the government. Social policy has to be private; people have to survive on their own. (Foucault 2008, 145-147.)

> The problem of neo-liberalism is rather how the overall exercise of political power can be modeled on the principles of a market economy. So it is not a question of freeing an empty space, but of taking the formal principles of a market economy and referring and relating them to, of projecting them on to a general art of government. (Foucault 2008, 131.)

So here are some of the features of the governmentality represented above: knowing and leading to salvation, interpretation practices, mechanism, security, knowing and governing the health happiness and wealth of populations. To be able to practice governmentality is important to know the subjects that are governed. The motive to know and govern the subjects can be a good one, e.g. the welfare of the population. Security works as a device in this process (e.g. creating safer environment to the population). While governmentality is practiced by the governors it also is rather mechanism- like method. Rather than just existing in the society it makes the society possible. (based on: Foucault 2010a; Turner 1998 (ref. Foucault 1991); Miller and Rose 2008; Osborne 1998.)

I will write more about Foucault´s shepherd and the flock (Foucault 2010a) which I think is the most clarifying definition of governmentality. It explains the role of the shepherd (the governors, system, society) very well. The leading to salvation- part can be understood as creating safe environment or stable social structures for the population so that it can flourish and be as functionable as possible (Foucault 2010a). With this I mean the connection, or uniformity, between the happiness of the population and the happiness of the "state police" (see Rose 1989, 56 about the aligning of the wishes of the worker and the ones of the company). So for society to function well it is more efficient, at least in certain production systems, to police the people via their behavioural manners and bodies than via violation. Of course violence can also be seen as a method related to the body but in certain production systems it´s not sensible to violate the body (e.g. workers). Like Foucault describes in *Tarkkailla ja rangaista* (*Discipline and Punish*) the methods have changed, pure violence is not as self-evident as a method of punishing as it used to be; punishing methods also tell something about the way the society is governed, policed (Foucault 1980b).

In the case of active ageing (policy framework) by WHO the WHO is the shepherd that has to lead its flock towards the salvation. In this case the flock means the whole population, not just the old people. The reason to this interpretation (coming later in the future chapters) is that when talking about the ageing process the target is the whole life course, not just the state of being old. Life course is the matter of whole population so the flock to look after is rather large.

WHO leads the people to health via continuum of care (referring to material 49). This piece of material is also linked to the fact that there are multiple shepherds (referring to the imperative-form "Develop — —" (material 49). So there is a group of actors governed by the WHO that

are governing the old (or more accurately: the people). This is linked also to the network of power (Foucault 1990, 87; 2003, 29) about which I talked a bit earlier and will talk more later. So there are multiple actors but WHO offers the rationality of active ageing.

WHO recognizes that its flock has its vulnerabilities, e.g. they do develop illnesses (material 21) and are vulnerable to pollution (material 20). These belong to the reasons why the flock of active ageing has to be led towards salvation that is health and activity. This again reveals the optimistic and programmatic character of the governmentality; the reality is seen possible to fix (Miller and Rose 2008, 29). Even though there is (for example) declining cognitive capacities they can be compensated with the help of knowledge and experience (material 26). The policy framework of WHO sees ageing as a fixable reality (interpretation based on Miller and Rose). There can be problems that are related to ageing but they can be fixed. This shows the changing attitude about ageing cultures: there has been a transition from stereotypes of disease and decline to activity and independence (e.g.) (Katz 2005, 16). So even in the case of diseases and decline it is possible to change them to health and activity.

One thing that WHO is concerned of is the premature mortality when growing old (material 47). Why is it so important to stay alive? This can be explained with Foucault´s idea about power over life that fosters life that started in the seventeenth century (Foucault 1980a, 138-139). This was important for the economic and reproductional reasons but also because of the fact that a human body cannot be governed after its death. In death it achieves privacy. (Foucault 1980a, 138- 139.) The bodies of active ageing can be also young because the active ageing is more like a project for the whole life course. The old bodies are also valuable to keep alive because when they are active they are also useful for the work force and thus important for the economy. One cannot die if there is a chance to be useful in the society of active ageing.

The policy framework of active ageing shows one of its connections to neoliberalism when it requires consumer protection for the older consumers (referring to material 40 and 53). Foucault argued that neoliberal government is not as small as possible, instead it´s practicing rather intervening politics to the population. It seeks to create the market not to affect on the consequences of the market. (Foucault 2008, 131- 147.) So the government is very "big" after all, governing the living subjects to transform (and maintain) them to the market requires a big machine of power (interpretation based on Foucault 2008). Of course the whole program

is about creating the market. Special consumer protection pays attention to the vulnerable nature of the ageing population.

The problem with the previous thought is that the consumer protection can be interpreted as intervening to the consequences of the market which doesn´t belong to the ideals of the neoliberal governing (Foucault 2008). I explain this with the thought that if the neoliberal ideals of the active ageing are wanted to be achieved there have to be some compromises. This is based on the relationship between knowledge and power (Foucault 1980b, 33-35). WHO knows that the subjects are in the risk of vulnerability also when it comes to consuming. That´s why it practices politics that pays attention to the features of the older people as the consumers. In this way they can be included to the market.

According to Foucault the situation has changed in the case of the old people. They are no longer kept at home; they have become a significant group in the society. They have economic power to consume and travel. (Foucault 1995, 105.) The older population is way too large and thus powerful group to be turned aside from the market. If the market loses them they will be lost from the network of power as well. So keeping the older population as active consumers is also a matter of power. (The whole material can be regarded as keeping up the market forces.) Especially now when the population is ageing it´s impossible to think about a situation in which a rather large part of the people are regarded as unimportant. Of course this argument can be criticized: a large part of people is regarded as unimportant already.

Governmentality can be seen also in the way of simply achieving the health and happiness of the population (Miller and Rose 2008, 27 (ref. Foucault)). The population is the main goal of the governing. To govern is not the only aim though, also the well-being of the population is important. The devices to govern must come from the population to avoid the extra attention. The population is both the device and the goal of the governing. (Foucault 2010a, 112.) So governmentality (governance) is needed to make it possible for the people to live, reproduce and also to produce (interpretation based on Foucault 2008; 2010a).

In the case of the society of active ageing it seems that it is important to acknowledge the special nature of the governed population, or at least the older part of it. Even though the ideal subject of the active ageing is active, healthy and independent, it has to be acknowledged that she/he can also be vulnerable in many ways. This requires a certain kind of policing that makes it possible for the subjects to follow the regimen of active ageing. So the governmentality of the public is rather supportive.

So maybe the whole point of the governmentality is the happiness of the older population (Foucault 2010a) also in the case of active ageing. It is possible; the people that have planned the policy framework of active ageing can mean the best for the old people and for the whole population. They have also taken into account rather many aspects like the respect of the professionals (see: material 37 and 39). People can mean the best but they may not know what is affecting on them. The "best" may (and probably) is given from outside. At this point it´s time to talk about the rationalities.

According to Rose neoliberalism is a political rationality. It is something in the name of which things are done. Rose also states that neoliberalism is not a designating epoch. It´s more like a way (or multiplicity of them) to rationalize the nature for the styles of governing and the exercise of power. (Rose 1999, 28.) According to Miller and Rose the principles or ideals to which government should be directed are considered by the political rationalities. These might include things like equality or freedom. (Miller and Rose 2008, 58.) So I would interpret based on Miller and Rose that political rationalities can be seen as the things that are the goals of political technologies; these are also put in the practices of the self of the subjects (see Miller and Rose 2008; Rose 1999).

> Political rationalities are discursive fields characterized by a shared vocabulary within which disputes can be organized, by ethical principles that can communicate with one another, by mutually intelligible explanatory logics, by commonly accepted facts, by significant agreement on key political problems (Rose 1999, 28).

According to Rose the relations of translation are not simple between governmental technologies and political rationalities. Hybrid and heterogeneous features do belong to the character of the technologies of government. As expressions of moral principles they cannot be. The techniques of the conduct of conduct are important to them to lean on. (Rose 1999, 190.) As I wrote earlier, according to Foucault the population is the goal and the device of governing (Foucault 2010a, 112). So the conduct of conduct works within the population through being the governor and the governed, the controller and the controlled (see for example Foucault 1990, 87; Rose 1999, 3 (ref. Foucault)). That is why it is important (and also practical) to use them when fitting the political rationality in the minds of the people. So the using of people as a device (Foucault 2010a, 112) can work like this. This is also the case with my material.

So in the case of my material I think that active ageing leans strongly to neoliberalism (see also: Katz 2005; 18, 121-139) about "neoliberal "active society"" (Katz)). People are wanted to be more responsible of themselves and their health (about responsibilization, see: Osborne 1998, 187-188). So these being active, healthy etc. can also be seen as the practices of the self of the subject of active ageing. Being active and healthy seems to be a wanted goal; those features are not too difficult to sell to people. Neither do they seem bad for the people that plan policy frameworks like active ageing. If something has been accepted as a general good, it is easy to accept as an official good. (Foucault 2003, 39 about the impact of science.) These practices of the self, active and healthy life-style, are connected to the political technologies of the whole society; the attempts to create an age-friendly environment with safe housing and consumer protection (etc.) do belong to the political technologies of active ageing. These political technologies are striving towards neoliberal rationality. This all can sound like strongly hypothetical but I think that Rose´s explanation about the nature of political technologies and political rationalities and the operating of them via the conduct of conduct (Rose 1999) gives a rather logical answer to the question of how this works also in the case of active ageing.

4. The Network of Power and Active Ageing

In this chapter I will talk about the network of power. The theory part of this chapter consists mainly of the texts of Foucault and Rose. I have mentioned the network of power rather many times already. I still find it necessary to talk about it in its own chapter because there are rather many actors represented in the policy framework. The goal is to answer to the questions of who is using the power and who is the target. So the question to answer in this chapter is: Who is using the power (where is the sovereign)? I try to understand and to describe the power/knowledge and the birth of the knowledge within active ageing. This is linked to the question about the user of power.

4.1 About the Concept of the Network of Power

When it comes to the use of power within active ageing it´s rather difficult to define who is actually using the power. The target is clearer: the older population and the people in general (life- course perspective, preparation etc.). But the list goes on: the families, the policy-makers, the health professionals… So after all it is not so easy to define the target either because there are so many of them. Someone is still telling what should be done. But who is this someone? Or is there such a thing?

The outcome that there are so many actors within the policy framework led me to think about possible answers to the questions about the power and the user of it within the policy framework of active ageing. I noticed the word "network" in the Foucault´s book *The History of Sexuality: The Care of the Self* (Foucault 1990, 87). This and the conduct of conduct (Rose 1999, 3 (ref. Foucault)) led me to think about the operating of the power between individuals, subjects of active ageing. Foucault also mentions it as something through which the power works (Foucault 2003, 29). I think that this is the way the power works in the network of active ageing that is formed by multiple actors.

According to Foucault the individuality of power has turned around from the feudal times to the disciplinary power. He writes in his book *Tarkkailla ja rangaista* (*Discipline and punish: The Birth of the Prison*) (1980b) that during the feudal power the most powerful is the most individualistic. The individualism of the powerful people is represented with the help of rituals and ceremonies. In the disciplinary system the power is anonymous and the targets are more individualistic. The individualism here happens with the help of the comparative and

norm-referred actions and unnormal features, e.g. the mad are known better than the normal people. (Foucault 1980b, 217-219.)

In the case of active ageing and WHO the situation is rather similar. The one who is using the power is a bit unclear. Well, we can say that it is WHO. But who are the WHO? All the people in the world? The health professionals? Here the older population is well-known and there is certainly a creation of norm going on, being active. But still there are many actors that are given responsibility and who are thus gaining power: policy-makers, families, professionals and also the old people themselves (e.g. when talking about independence). Nikolas Rose writes about the interaction of multiple actors and the (self-organizing) networks produced by these interactions are the origin of the new type of governance (Rose 1999, 16-17). Perhaps this is the answer to the question about the governor within active ageing.

The concepts of governmentality and the network of power are rather controversial together. What I mean is the shepherd and the flock-form of governmentality in which there is a clear leader. On the other hand Foucault (also refers to Plato: *Statesman*) writes that there can be other shepherds as well, for example the doctors. (Foucault 2010a, 146). When it comes to network it is more about the subjects and their conduct (e.g. Foucault 1980a, 1992 and 1990). The question of shepherd and the flock and the network of power is essential because I have to decide whether I interpret that there is the shepherd that is leading the flock of people (interpretation based on Foucault 2010a).

The other option is that the subjects are the ones with conducts and thus belong to the network of power in which everyone is the ruler and the ruled at the same time (Foucault 1990, 87). When reading the piece or text more carefully it reveals that there is a governor: "Short of being the prince himself, one exercises power within a network in which one occupies a key position. In a certain way, one is always the ruler and the ruled" (Foucault 1990, 87).

It can be thus understood that there is someone in the middle that also has to be ruled though. The ruler, in this case WHO, has to be also ruled. In addition to WHO there can be other shepherds, like medical professionals, that work as shepherds but not in as wide area as the WHO does (see Foucault 2010a, 146). WHO can be seen as a global shepherd and the others as local ones. These are the reasons why I will interpret that both the network and the shepherd-like ruler are needed.

4.2 The Multiple Actors of Active Ageing

I think that participation (and security) and enablement belong to the factors that emphasize the older people´s role as active actors. So power is given to them in a way. The policy framework of active ageing repeats a lot the words: health, participation and security. The words are often represented in that way. When doing the analyzing process, I used the word participation as one of the subgroups under which I collected pieces of material that mentioned that word. That´s why the pieces of material with "health, participation and security" (e.g. material 12) are included in this section. I understand that it is rather interesting that those words are listed together; there must be a reason for that. With my analyzing method it was rather difficult (or impossible) to take them as one group. One of the reasons was the position of the health because it is present in other areas as well and not only in this particular list of words. So health is "under control". I also talked about security in the 2nd chapter about the subject of the active ageing: when the right regimen, the regimen of active ageing, is followed the subject can avoid certain risks like diseases. Security comes in the picture also in the third chapter about "The governmentality of the society of active ageing"; security is created with for example safe housing and human rights. I still have to deal with participation. What does this concept mean in the case of active ageing politics? Next I will describe the different actors of active ageing. I will start with the old people themselves and with the pieces of material that acknowledge their importance as actors.

According to the WHO if the civil society, international organizations and governments enact "active ageing" programmes and policies that enhance the health, participation and security of the old people, it´s possible for the countries to afford to get old (material 6). According to WHO: ***"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age"*** (material 12). WHO also argues that longer life must be accompanied by ongoing chances for health, participation and security, if ageing is to be a good experience. For this vision, the term "active ageing" has been adopted. (material 12.)

So according to the material the health, participation and security are the parts of the active ageing, its three pillars to be more accurate (material 46). WHO also states that countries can afford to age only if the policies of active ageing are followed (ref. material 6). Active ageing is thus seen as the solution and ageing as a problem, as economic problem also (when using the word "to afford").

There are multiple things to which it is possible to participate. WHO argues that when the principles of active ageing are followed, there are more people taking part actively as they grow older in the cultural, economic, political and social parts of society, in unpaid and paid roles and in community, family and domestic life (material 16). ***"2.3. Encourage people to participate in family community life, as they grow older"*** (material 52).

So people need to participate to many aspects of the society, even when they are older. The policy framework emphasizes the acknowledging and minding of the individual preferences, capacities and needs of the ageing people when recognizing and enabling their active participation in for example informal and formal work (material 51).

The policy framework also emphasizes the participation of women in decision-making positions and political life when they grow older. The same opportunities in lifelong learning and education must be offered for both women and men when ageing (material 52.) As noticed also earlier, the WHO recognizes the lower position of women in the society.

WHO sees that the key parts in the social environment are needed so that health, participation and security for the ageing people can be enhanced. These parts (or factors) are the opportunities for lifelong learning and education, peace, social support and protection from abuse and violence. (material 28.) When thinking about the role of the security, or its meaning for the active ageing policies, I think that the following might give some sort of an answer:

> Together with the newly-adopted UN Plan of Action on Ageing, this framework provides a roadmap for designing multisectoral active ageing policies which will enhance health and participation among ageing populations while ensuring that older people have adequate security, protection and care when they require assistance (material 55).

So as I mentioned earlier when talking about governmentality of the society of active ageing, security can be seen connected to the protection and care (when needing assistance). So I would interpret that for example safe housing and safe walking areas might belong to these. "— — when they require assistance."-part (material 55) can also be interpreted as solidarity to the fourth age (about the term, see Laslett 1989, 4), so for those who cannot be active anymore.

Enabling processes are connected to the older people´s participation and function in all parts of the society (material 36). WHO gives many practical examples of enabling environments, programmes and policies. Some of them are related to work: e.g. flexible work hours and

part-time work and modified work environments. These are meant for people who need to care for others with disabilities or do themselves experience disabilities when ageing. (material 36.) Some are related to environment, for example well-lit streets are needed to make it safer to walk (material 37). Some are in the connection with older people´s mobility, for example exercise programmes (material 37).

In addition to enablement and participation, the following groups of material do emphasize the active role of the older population: variations among the old, independence and the old as the contributors. These groups are based on my analyzing and classification process. I will talk about the variations among the old people first.

First of all, to describe "older" people the policy framework uses the age 60 (standard of the United Nations) which might seem rather young in some developing countries and in developed countries (material 4). WHO reminds that age doesn´t define the condition of a person, there are variations. Age-based social policies can be discriminatory. Social policies cannot be based on age alone because of the variations. (material 4.) The recognition of the diversity of the older population and the elimination of the age discrimination are sought by the active ageing approach (material 46).

According to the policy framework dependency, illness and retirement are the things that the old age has been associated with traditionally (material 43). WHO mentions the alarmists who are talking about the people, the amount of which is getting bigger, who leave the work force as "dependent" population (material 43). According to WHO it´s not right to assume that everyone older than 60 belongs to the dependent part of the population (material 43). It mentions the dependency ratio as a limited method that easily categorizes also independent people to dependent ones (material 9). According to the WHO "Indeed, most people remain independent into very old age" (material 43).

The variations are recognized also when talking about the health factor. According to the policy framework it is possible that fewer adults will need costly care services and medical treatment, people will remain healthy and able to manage their own lives when they age and they will enjoy both a longer quality and quantity of life. The factors that make these outcomes possible are the protective factors that have to be kept high. At the same time there´s a need to keep low both behavioral and environmental risk factors for functional decline and chronic diseases. The entire range of social and health services that address the

rights and needs of men and women when they grow older must be offered for those who need care. (material 45-46.)

So the former part refers to the responsibility of the subjects and the governmentality of the environment so that the subjects can remain independent and responsible when ageing. The existence of the part of the ageing population that cannot be responsible anymore and are in the need of care is also recognized. The recognition can be seen also in the following: "Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care" (material 12).

Autonomy and independence are part of the regimen of the subject of active ageing. I think that these features are also related to the fact that older people have to have a position in the network of power. This is why part of the "staying independent"- related material is also in this chapter. Without independence and policies that support the independence the older population might drop out from the network of power.

WHO requires that older person´s rights to be autonomic and independent as long as possible must be upheld (material 53). Policy makers and individuals must regard the maintenance of independence and autonomy when ageing as the key goal (material 12). The environment matters in the maintenance of the independence (material 27). WHO emphasizes the special situation in the rural areas and older people who live in those areas (material 27). In the case of the autonomy and independence the role of the subject via the technologies of the self (or techniques of the self) (Foucault 1992, 10-11) and governmentality of the public via the technologies of the government (Rose 1999, 5) can be seen.

One of the roles of the subject of the active ageing is the contributor and resource. The policy framework mentions the contributive-role for example in the case of informal work (material 32). Policy framework requires a new paradigm: "***It is time for a new paradigm, one that views older people as active participants in an age-integrated society and as active contributors as well as beneficiaries of development"*** (material 43). According to the material this paradigm champions the rights to security and care of the older people that are vulnerable, ill and frail as well as recognizes their contributions (material 43). So the policy framework doesn´t leave the more fragile ones, in this case probably the representatives of the fourth age outside of the program. They are also recognized. It´s still possible for an older person to remain as a contributor to ones community, nation and family even if she/he is ill or retired from work (material 12).

The policy framework argues that voluntary work of the older people is good in many ways, it makes a great contribution to their nations and communities and it increases the psychological well being and social contacts of the old people (material 32). Voluntary work and thus contributions of the old is thus connected to the social networks.

WHO argues that when active ageing is supported there won´t be that many premature deaths in the very productive phases of life (material 16). Old age is thus regarded as a productive period in life (which connects it to the contributions for the society). If one is active one can live longer. It is important for the society to keep the people alive and productive.

The policy framework also argues that the younger family members can participate in the work force more freely because of the older people´s voluntary contributions in the home. These contributions include for example the child-care. (material 43.) This can be seen as a gesture of support to the bigger family.

WHO requires that the enabling models of long- term care and primary health care that recognize the contributions and strengths of the older population must be educated to the social service and health workers (material 50). It also requires to pay attention to the status of women via recognizing their contribution and enabling their full participation (material 52). All in all it can be said that the material recognizes that the old people already are active and contributive. They participate in the society in many ways. This must be supported and recognized by the society (for example material 44). WHO is thus asking for support and recognition from the other actors.

The old are also given an active role for example in creating a more positive image of ageing (with the media) (material 44). With their caregivers, the old people are also wanted to become involved in the planning of active ageing policies and programmes (material 46). They are also wanted as investigators and advisors in the developing of research agendas on active ageing (material 52). So they are offered rather big roles, like the one of the role model for active ageing (material 52). The older population is thus wanted to be involved in the active ageing policies not just as targets but also as actors.

Now I will represent the role of the family that is an important actor within active ageing. It has many roles that are quite different from each other. It´s a caregiver, supporter, it offers a place to live, it gets help from the old and offers help to them and it can also be a source of abuse (material).

When it comes to caring for the old people who need help and assistance, WHO asks in the case of caring of the old people that need it, how we can balance the role of the state and the family in the best way (material 5). Family is seen as one of the caregivers, the others are health and social services as the representatives of the formal health and (old) people themselves via self-care. It´s seen as a challenge to make a balance between these three. (material 37.) Family is said to be the biggest support for the older people (the ones that need assistance) in all over the world (material 30). The ones without family are in the risk of destitution and homelessness (material 30). The closeness to the family (location-wise) is connected to the lack of isolation (material 27). Even though family has many positive impacts, it can also be a source of violence and abuse (material 29). Family gets a rather big role in the caring of the old population as seen in the following:

> Provide policies, programmes and services that enable people to remain in their homes as they grow older, with or without other family members according to their circumstances and preferences. Support families that include older people who need care in their households. Provide help with meals and home maintenance, and at-home nursing support when it is required. (material 50.)

The role of the women is interesting in the policy framework of active ageing and this role is connected to the family. On the other hand their ill health and poverty in older age are linked to their traditional role as caregivers of the family (material 20). There are also sort of worries that they will give up that role. This comes up when talking about the ageing and economics and its factors (material 42). In addition to the family the other factors are the effectiveness of the health care and preventability (material 42). The WHO material gives a rather big role to the families; it says that the willingness and ability of the families to offer support and caring for those members of the family that are older is a big factor when it comes to costs of care (material 42). According to the policy framework the amount of female participation to the work force and the support and recognition of the caregiving role by the public policies do have a big impact on this (material 42). So it is recognized that women do "suffer" from their caregiving roles when they grow older. At the same time they are wanted to stay home to protect the economy. The message is rather controversial. On the other hand it´s all about the support of the society again. Maybe the material doesn´t see the traditional role of the women as problematic but the lack of support for this role by the society.

Now I will move on to the more "official" actors. The policy framework mentions several actors that are given the responsibility to follow the politics of active ageing. These are for example policy-makers (material 5). "It targets government decision-makers at all levels, the

nongovernmental sector and the private sector, all of whom are responsible for the formulation of policies and programmes on ageing" (material 5). So the policymakers, or the decision-makers, can be interpreted as the ones after the WHO when it comes to responsibility. Even though some arguments share the responsibility to multiple actors:

> To advance the movement for active ageing, all stakeholders will need to clarify and popularize the term "active ageing" through dialogue, discussion and debate in the political arena, the education sector, public fora and media such as radio and television programming (material 55).

The governments, private, academic and nongovernmental sectors are also mentioned when it comes to the challenges of ageing (material 5). Also social, health, employment, labour market and education policies (material 16 and materiall 46), housing and finance sector are involved (material 46).

The international and multi-level aspect is emphasized when talking about age-sensitive solutions in the ageing society. WHO lists nongovernmental organizations, academic institutions, member states and private sector to development project (age-sensitivity). (material 55.) WHO sets the final responsibility to the local communities and nations: "Ultimately, however, it will be up to nations and local communities to develop culturally sensitive, gender-specific, realistic goals and targets, and implement policies and programmes tailored to their unique circumstances" (material 56). I think that the WHO recognizes the aspect that active ageing is not that sensitive when it comes to culture and gender in itself. That is why it gives the responsibility of these for the communities and countries. They can follow the principles of the active ageing that is suitable for their societies. That is why it is a framework. It sets the basic goals and guidelines but leaves the final implementation to the local levels.

The actors (groups) I listed above are more institutionalized and easier to define. The next actors I will represent from the material are the different groups of people that are talked about in the material. I think that shows that the policy framework can be officially targeted to the old population but it actually wants to control the lives of all the people that are ageing.

According to the policy framework one of the important elements for the policymakers to take into consideration is the proportion of people from different age groups, the age composition (material 6). When representing the policy proposals WHO comments that some of the proposals are targeted to old people specifically but some of the proposals are broad and the goal of them are all the age groups (material 46).

The targets of the policy framework are both population groups and individuals (material 12). The determinants of ageing and health are also connected to the nations, families and individuals (material 19). So many more people are involved than just the old people.

Intergenerational solidarity is something that gets a great deal of attention. The need to balance and encourage intergenerational solidarity, age-friendly environments and personal responsibility (self-care) is recognized by the policies of active ageing (material 17). The reason why intergenerational solidarity and interdependence are important features of active ageing is that ageing happens with other people, e.g. work associates, family, friends, so in the context of others. With intergenerational solidarity the material means two-way receiving and giving between the generations and individuals. (material 12.) Ageing thus happens with other people and also in different roles (e.g. work and family), so in the network. It´s also interesting that the policy framework lists the three things (age-friendly environments, intergenerational solidarity and personal responsibility) as important features. It seems that the responsibility of ageing has been shared to three instances: individual that is the subject of active ageing, the society that is governed and policed so that it is age-friendly, and intergenerational solidarity which is part of the network of active ageing.

WHO talks about the new, active paradigm of ageing. According to the policy framework the intergenerational approach is part of this paradigm. The importance of support and relationships between and among generations and family members is recognized by this approach. (material 43.) Again, all the ages are mentioned in the connection to the old people and politics of ageing.

According to the policy framework the traditional view that work is the business of midlife, retirement is the part of old age and learning belongs to the youth and children is challenged by this paradigm (material 44). "The new paradigm calls for programmes that support learning at all ages and allow people to enter of leave the labour market in order to assume caregiving roles at different times over the life course" (material 44). According to the material intergenerational solidarity is supported by this approach. Increased security for people in their old age, parents and children is also provided by this approach. (material 44.) This shows that the policy framework wants to change or even, in a way, delete some roles. There is a desire to change the life course from a one with certain places and roles to a one with more continuous roles. This is a sign of a control society (about the term: Deleuze 1995) about which I will talk more about later. Intergenerational solidarity is also linked to this kind

of an approach. It´s easier to have more continuous (like in control society, see Deleuze 1995) roles when the generations are working in cooperation. The relations between family members and colleagues can be more flexible then.

I define the following actors as the parts of the network of power of active ageing: the old people themselves (e.g. material 51), family (e.g. material 42), research and science (e.g. material 55), specialists (material 50), WHO (material 55-56), policymakers (material 55), the governments, private, academic and nongovernmental sectors (material 5), also social, health, employment, labour market and education (e.g.) policies, housing and finance sector (material 16 and 46), population groups and individuals (material 12), different generations (material 12) and the list goes on. The network that has something to do with active ageing is wide and includes lots of actors which represent different sizes (e.g. individual vs. population) and levels (nations, families etc.). Many of them are represented both as the targets but also as the actors of active ageing policy framework (with the exception of WHO). That is the reason why I want to talk about the network of power in the case of active ageing. I will not talk about all of them because that would be irrelevant. I will focus upon the old people, family, research and science and specialists (in 4.3. about research, science and specialists).

Some pieces of the theory part of this chapter have already been discussed in the earlier chapters. That is because I think that the network of power is closely related to the topics of governmentality and the subject (see e.g.: Foucault 1990, 87). It is difficult to separate those from each other. I try to go deeper to the actual nature of the networks and to the discourse-character of the power (Fox 1998, 37 about Foucault´s discourse).

One aspect is the micro-macro aspect in the network of power. Rose writes about this. According to him one should treat the binary opposition between these two with a bit of suspicion. The differences of the government in the micro and macro level are technological, not ontological. (Rose 1999, 5.) According to his interpretation of Latour the only difference is in the length of the chain: "As Bruno Latour has often pointed out, the 'macro-actor' is not different in kind from the 'micro-actor', but is merely one who has a longer and more reliable 'chain of command' – that is to say, assembled into longer and more dispersed networks of persons, things and techniques" (Rose 1999, 5 (ref. Latour)). Latour wrote that it is possible to make the network stronger or longer (by adding new actors). He uses the example of the butcher´s network as an example about networks. (Latour 1988, 186-187.) So the basic unit for Latour (in this example) seems to be the actor, for example the butcher (Latour 1988, 186)

while I am talking about actors that are networks made of subjects or using words like micro aspect and macro aspect. The reason for this is that I´m relying on Foucault´s description about the power and its functioning in the network of power (Foucault 2003, 29), not so much on Latour´s thoughts, even though I find some elements rather suitable for this analysis, like the network and its length (Latour 1988).

Based on the texts by Rose and Foucault I interpret that the micro aspect is the one based on regimen, self-control (Foucault 1980b; 1990; 1992) and conduct of conduct (Rose 1999, 3 (ref. Foucault)). Then there is the one that I regard the macro-aspect that consists of bigger units, like states and organizations. Power is part of the chain and works as a part of it (Foucault 2003). I would interpret that this chain can be longer (a state) or shorter (a family, community). Instead of micro- actors and macro-actors (Rose 1999, 5 (ref. Latour)) I will talk about micro networks and macro networks in the case of active ageing, so there are both longer and shorter chains (see: Latour 1988 about the length of a network).

These micro networks and macro networks can have their own shepherds, for example doctors or the presidents of the local organizations (see Foucault 2010a, 146), as the centers of their networks (see Foucault 1990, 87). The macro perspective consists of governments, labour unions, nations, organizations etc. The micro one is more difficult to define. If the basic unit is the subject with her/his regimen of active ageing, then what is the micro network? Of course it can be interpreted that the micro network could be the subject of active ageing. One´s own conduct (Rose 1999, 3 (ref. Foucault)) creates the network of a subject of active ageing. This micro network of active ageing consists of the subject´s body and the soul. The both of them have to be taken care of with the help of the regimen; it seems that some things haven´t changed since the Pythagoreans (Foucault 1992, 102- 103). But I think that it´s better to name the families, communities, smaller organizations as the micro networks of active ageing, while the macro ones are the states etc. This might seem rather weak as a definition because of the difficulty of drawing the line between different networks but I think it´s clearer this way.

The problem remains: how to connect these two? Rose writes about the governing of the family (Rose 1989, 200-209) and community (Rose 1999, 167-196). I think these do help to find the answer. The longer chain for the power to circle (see Foucault 2003, 29) is formed of these smaller networks of families and communities to which the subjects of active ageing are wanted to belong. That´s why it´s important to connect people to them: It´s easier to form a

chain of smaller networks like families and communities through which to exercise power than to simply govern from the top. So my hypothesis is that the subjects of active ageing are first of all connected to the micro networks, like families and communities and then to the macro networks like states. I assume that the discourse of the whole thing is the "game of active ageing" (ref. Foucault 2008, 202: "economic game"). I will do the analysis in this order. I will start with the conduct of conduct.

I think that the conduct of conduct (Rose 1999, 3 (ref. Foucault)) fits to both micro and macro networks when it comes to active ageing. The individual subjects of active ageing have to follow its principles and so do the bigger actors, like organizations and families. The conduct of conduct is about guiding other people but also controlling the passions of one´s own, governing one-self (Rose 1999, 3 (ref. Foucault)). I think that the similar idea is in the Foucault´s network of ruling (power). Everyone is similarly the ruled and the ruler. But in this network someone still has a key position. (Foucault 1990, 87.) To be able to function, it´s necessary for the power to be a part in a chain. The networks are not simply places for people to circulate. Individuals can exercise the power and submit to it. According to Foucault they are the relays, not the targets of power. (Foucault 2003, 29.) Fejes and Nicoll refer to this Foucault´s idea of power. According to their interpretation on Foucault power is no one´s property. It is discursive circulating through the networks that are formed by relationships. (Fejes and Nicoll 2008, 6-7.) I think that this fits to the Turner´s interpretation about Foucault´s idea of power. He writes that power is embedded in everyday practices and the whole social structure is pierced by it. (Turner 1998, xii.) So it seems that the origin of the power is rather difficult to find out.

The position of the old people is rather interesting. They are both the targets of the policy framework and also the actors within it. I think this "relationship" is connected to the "health, participation and security" that is repeated in the policy framework (e.g. material 12). Health is something that belongs to the regimen of the subject of active ageing; security too is in the connection to the regimen but it is also about the policing of the environment and the governmentality of the system. Participation is something that belongs to both of these but is still something else. According to the material there are multiple actions to which the older people can participate to (material 16 and 51). The old people are included to the network of power in which they can exercise the power via participating and also submit to it via following certain rules and regimen (interpretation based on Foucault 2003, 29). I think that

this inclusion is important so that the power actually can circulate through them (ref. Nicoll and Fejes 2008, 6-7 (ref. Foucault)).

The older subjects of the active ageing do belong to the families. Families have a big role and they define also the role of the women when taking care of the old people. Family is protecting the old people from loneliness (material 27), it offers care (material 37) but it can also be a source of violence (material 29). The caregiving role of the women is connected tightly to the care given by the family (material 42). I think the talk about the big role of the family is in the connection to the neoliberal thinking of spreading the responsibility to the individuals, in this case to the subjects of active ageing (self-care, material 37) and to the families (material 37). The formal health still has a role (material 37).

I refer to Rose´s writing about the family (Rose 1989, 200-209) in this one. Nikolas Rose talks about the role of the family in the advanced liberal society. He mainly refers to family as a unit that consists of parents and children so he mainly talks about it as a "place" to grow up the children. (Rose 1989, 200-209.) I still think that it is possible to adjust his thoughts to interpret the role of the family within active ageing. According to Rose the modern family is linked in so many ways with political, social and economic objectives that it remains intensively governed (Rose 1989, 208). Rose continues that government acts through the construction of ambitions and pleasures, the activation of anxiety, guilt, disappointment and envy and through the promotion of subjectivities. The subordination of the will and the mechanisms of social control are not the things through which it acts. (Rose 1989, 208.)

> The new relational technologies of the family are installed within us, establishing a particular psychological way of viewing our family lives and speaking about them, urging a constant scrutiny of our inherently difficult interactions with our children and each other, a constant judgement of their consequences for health, adjustment, development, and the intellect. The tension generated by the gap between normality and actuality bonds our personal projects inseparably to expertise. (Rose 1989, 208.)

Rose continues that this way the advanced liberal society and the government of the family can be connected. When the family follows its own goals it works best for the government. (Rose 1989, 208-209.)

I think that the family is seen in a similar way in the case of active ageing. The caring of the old people by the family is seen as a norm. This is a difficult thing to argue against. But it is not as innocent as it might sound. First of all there is a hint in the material that the status of

the women is under a renegotiation and they are wanted to be more available when it comes to caring of the old people (ref. material 42). Of course the status of the women varies a lot in general all over the world and there are huge variations in this status when it comes to the caring of the older family members. The second thing is the sharing of responsibility about the caring of the old people to a wider group of actors, for example to the families. The role of the family is said to be a big one (ref. material 30). This is not regarded as a thing to change. In a way this could be connected to the modernization theory and the criticism it has received (Morgan and Kunkel 2001, 92-93). The basic argument of the modernization theory is that when the society modernizes the status of the old people gets worse. This is connected to the role of the family. The theory has been criticized about a too idealized image about the status of the old people in the nonmodernized societies (for example). (Morgan and Kunkel 2001, 92-93.)

Basically the goal of the family-policy is to make goals of the advanced liberal society and the family to meet so that the governing works best (Rose 1989, 200-209). I talked about this "making the goals meet"-politics in the earlier chapters. I think this is related to the network of power as well. The units of the active ageing: subjects, families, organizations etc. have to be autonomous and independent so that they can be included to the network of power of active ageing. The family has a powerful role also within active ageing. It is said that the family is the biggest supporter of the old people in the world (for the old that need assistance) (material 30). So it makes sense that it has to be included to the network of power. Its desires have to be similar to the ones of the society of active ageing. This puts women in an interesting position. If they are recognized as the "sufferers" of the traditional caregiver role (material 20) and at the same time they are sort of wanted to keep it (material 42) their status remains rather controversial. Anyway families are wanted to get support in the caregiving to the old (material 50) so I would interpret that the role of the women is needed to remain rather traditional.

One of the things that the old people are wanted to take part to is the community (communities) (material 16). In this one I refer to Rose his text about community (Rose 1999). Nikolas Rose writes about communities. According to him they are something through which governmentality can be practiced (government through community) (Rose 1999, 167-196).

> Freed from the necessity to repeat the old battles between left and right, there has been a flowering of arguments which attempt to identify a 'third way' of governing. This is associated with the powers of a territory between the authority of the state, the free and amoral exchange of the market and the liberty of the autonomous, 'rights-bearing' individual subject. Whilst it begs many questions, let us call this space of semantic and programmatic concerns 'community'. (Rose 1999, 167.)

According to Rose after it, the community, is made technical it becomes governmental. (Rose 1999, 175.) Communitarian perspective also recognizes that there are different people and local cultures (like the HIV/AIDS-positives) that can´t be governed in a similar way (Rose 1999, 170-177).

The old people are wanted to be part of the communities (material 12 and 32). It can be interpreted that this is part of the sharing of the responsibility and thus tightening the network of power in the society of active ageing. Perhaps the ageing population could be seen as one community with its own special needs and it´s important that the old people actively participate this community so that they can be governed. This can be done with the help of "government through community" which is a term by Rose (Rose 1999, 176). I think that the better interpretation is that the old are wanted to participate communities near them (of course this doesn´t remove the option about the special "older people´s communities") so that they are tied better to the relationships around them and thus to the network of power. The community can be understood as an area of politics that needs governing style of its own (interpretation based on Rose 1999, 167-196). As I said earlier the communities, as well as the families, could be seen as some kind of micro networks of power in the society of active ageing. These micro networks would help to govern the rather complex network of actors (especially the ones that don´t belong to any clear governmental or market- based groups) that are included to the policy framework of active ageing. To make the ungovernable governable it´s important to govern the communities (Rose 1999) and maintain people as part of them like in the case of active ageing.

So families and communities belong to the mini-networks of the active ageing. States and other bigger actors work with similar principles; their networks are only longer (ref. Rose 1999 (ref. Latour)). These all form a chain so that the power, the paradigm of active ageing, can go through them (based on Foucault 2003, 29). Now I will talk about the whole "game" of active ageing.

When it comes to the overlapping part with the subject of active ageing (the second chapter) it´s mostly about the conduct of conduct. It´s more "economic" for the system that the subject

governs oneself, one´s conduct. (Rose 1989; 1999.) I repeat myself and write again about the regimen, for example one has to lead physically active life (material 23-24) and follow a healthy diet (material 48). These are part of the regimen of the subject of active ageing. These are part of the conduct of oneself in the framework of active ageing. In this I refer to Rose that the conduct of conduct is also about governing oneself (Rose 1999, 3). So one hast to govern oneself. Or is it necessary? I have already mentioned the inactive people (material 23) and connected them to the usual suspects (about the usual suspects: Rose 1999, 88-89). They get special attention from the WHO because they are not following the regimen of active ageing, and thus controlling themselves, and have dropped from the network of power.

I also refer to Virtanen in this one. According to him the new formless forms and institutions of power are born because the old (modern) institutions don´t have the devices to control the new, unclassifiable people. This has happened in the case of knowledge-based work which is not governed in the same way as industrial work. The new forms of power can be called power over mind. (Virtanen 2006, 471-472.)

So I guess the same (the usual suspects (Rose 1999), interventions) goes with the subject of active ageing as with homo economicus (about homo economicus see Foucault 2008). According to Foucault: "*Homo economicus* is the interface of government and the individual. But this does not mean that every individual, every subject is an economic man" (Foucault 2008, 253.) I find this rather confusing. Are the ones that are not economic men (parts of the economic game) the usual suspects (term by Rose 1999) and thus the targets of intervention? Are these individuals still regarded as homo economicuses but as failed ones? So is there a possibility that one can be outside of the network and avoid the intervention?

Maybe Foucault meant that it is possible to not to be an economic man but no one assures that it is possible to avoid intervention in that case. In this I refer to his lecture about the economic game. According to him everyone has to be part of the economic game; no one´s opinion is asked about this. State has to take care that no one is dropped out of this game. The ensuring of non-exclusion is the principle for the function of social security, social regulation and social rule. For example negative tax (a thought of the American neoliberalim) is for those individuals (unemployed, the old etc.) who cannot keep up with the proper consumption level which is defined by the society. So this is not treating the causes of poverty, only the consequences. It keeps the rest of the society functioning within the economic rules. (Foucault 2008, 202-206.) So I would interpret that economic game (Foucault 2008) can function as a

sort of network of power in which everyone has to be. These people are the subjects, the homo economicuses (based on: Foucault 2008).

Foucault says that reality is accepted by the homo economicus; he must be left alone from interventions (Foucault 2008, 270). Homo economicus " — — is the subject or object of *laissez-faire*" (Foucault 2008, 270). Foucault also ponders the relationship between the homo economicus and the invisible hand (by Smith) (Foucault 2008, 278 (ref. Smith 1976)). This hand can be said to function as the invisible conduct of the homo economicus. All the lost ones are taken care of by "the hand". (Foucault 2008, 278-286.) I interpret that all the failed homo economicuses are led to the right path by the hand (interpretation based on Foucault 2008). So it´s kind of an extra amount of conduct for those who are not following the rules. I think that the idea is similar to the Rose´s idea of the usual suspects (Rose 1999, 88-89).

In the case of active ageing the active subjects with healthy lifestyle and busy ethic (ref. Ekerdt) are the ones comparable to the homo economicus (Foucault 2008). These subjects of active ageing must be left alone because they are already doing the right thing. They are the functional parts of the network of power. When it comes to the inactive individuals they are regarded as the usual suspects (Rose 1999) and are thus the targets of interventionist actions. First of all they are already defined and classified (ethnic minorities etc.) and thus known (about the power-knowledge, see: Foucault 1980b).

The next step for the local policymakers is to make an action plan to turn these inactive individuals to healthy and active subjects of active ageing and connect them to the network of power of active ageing in which they have more responsibility (see: Osborne 1998) of themselves and their families (and in which the families have a responsibility of them) (about the family, see: Rose 1989). The aspect that the power circles in the chains and networks of power (Foucault 2003) makes the network of power a rather economic way to govern. The more functional and independent the subjects of active ageing are the less the government has to put resources on the interventionist policies. People thus get more responsibility, like in the case of health and life (see Osborne 1998, 185-186; Rose 2007, 4). But this doesn´t mean that the governing system is invisible and passive, the system is actually contrary to that: eager to intervene and active (Foucault 2008, 133). First they need to be turned to ideal subjects of active ageing e.g. with the help of WHO framework so that their subjectivity can only be maintained (the theme year of active ageing of EU).

In a way this can be seen as an omnipresent government (Foucault 2008). According to Foucault civil society makes omnipresent government possible; they are connected to each other. Omnipresent government is everywhere, it´s unescapable. (Foucault 2008, 296.) In civil society the economic perspective (structure) is connected to the juridicial structure of the government; according to Foucault it is a concept or governmental technology. It makes possible the self-limitation of governmental practice without infringing the need for an omnipresent government or the requirement of governmental generality. The principles of right or economic laws are not broken by the omnipresent government (Foucault 2008, 296.)

The way I interpret this in the case of active ageing is that the principles are sought to be rooted to the society. When this happens the active ageing is part of the civil society and the "official" government doesn´t need to govern it anymore, at least not in an extensive way. Within active ageing the principles of economy and the principles of the right meet (see Rose 1989, 56 about the conforming of the interests of the worker with the ones of the corporation). The need for governance is also recognized; active ageing is still not happening automatically.

When it comes to participation and enablement the framework gives an active role for the old people and thus connects them to the network of power. In the case of the network of power and to the discourse-character of the power it´s reasonable to ask whether anyone is able to connect anyone to it and thus control the network? I refer to Fox who writes about Foucault´s discourse and its connection to power and knowledge. Power/knowledge is anonymous and free-floating and it governs the non-authored and ahistorical discourse. (Fox 1998, 35-37.) The way I understand Foucault´s idea about power, and discourse, is that it´s not linked to anything. It´s not permanently attached to anything which makes the "free-floating" effect; people are "used" as relays. So no one is actually able to catch it actively. (based on Foucault 2003, 29.) So is it possible to something like WHO to catch the discourse and form a network based on that discourse (healthy and active ageing)?

Foucault writes that for example the exclusion of the mad per se wasn´t the necessarily the interest of the ruling class of the bourgeois but the mechanisms that supported this exclusion, for example surveillance, were representing the interests of that class and that had to happen just for a certain moment (so it basically happened because it could happen) (Foucault 2003, 31-33). According to Foucault the mad were not actually cared about by the ruling class but the exclusion was possible at that time, there were the mechanisms for that, and economic and political benefits were produced with that action. So according to Foucault the power over the

mad people was the thing that the bourgeoisie was interested in. (Foucault 2003, 32-33.) So in the case of active ageing the aged are not the people that are interesting but the power over them, or over the whole populations via the life-course perspective, because it is possible and it produces certain utilities, like fewer costs to the economy (or at least this seems to be the hope).

I continue my interpretation about this in the following way: the discourse may float freely (Fox 1998, 37 (ref. Foucault)) and form certain type of thinking but this is not totally independent. It can be governed via the rationalities (about these, see Rose 1999), like neoliberalism which is defining the active ageing, that "choose" the discourses that are valuable to them. Then the ones that use power may notice that the network can be the most economic way to use power and then form one and maintain it. Then the governor remains anonymous (see Foucault 1980b, 218 about the disciplinary system and the anonymity of the power). I also think that this discourse-character of power (see: Fox 1998 (ref. Foucault) about discourse) and the network of power (see Foucault 2003, 29 about the network of power) do have a connection, at least in the case of active ageing. If the knowledge that we have about ourselves and thus the regimen we are following are based on certain discourse, it affects on the network of power that in the case of active ageing is now centered by WHO; on this I lean on Foucault´s text that everyone is similarly the ruled and the ruler (Foucault 1990, 87).

4.3 Research and the Experts

I decided to make a subchapter about this one because of two reasons: one reason is that the theory part that I have for this one is rather long (so it would make the chapter 4.2. a bit too large). The other excuse is that I find this part rather essential. I didn´t write a whole chapter about it because the material didn´t represent the topic that much (so it wouldn´t have been legitimate to make such a large piece of text about it). I find the subchapter as a legitimate "space" for the topic about the role of research and the experts within active ageing. I situate it to this chapter about the network of power because I think that research and the experts do have a big role in the network of power of active ageing.

The role of the research is a rather special one. According to WHO the knowledge development activities like evaluation, surveillance and research and the dissemination of research findings need to support the action on all three pillars (health, participation, security) of active ageing (material 55). The people, the private sector and the policy makers etc. need

to have an access to the results of this research (and the language must be clear) (material 55). WHO also wants that a relevant research agenda for active ageing needs to be developed collaboratively by regions, countries and international agencies (maerial 55).

> ***WHO is committed to work in collaboration with other intergovernmental organizations, NGOs and the academic sector for the development of a global framework for research on ageing. Such a framework should reflect the priorities expressed in the International Plan of Action on Ageing 2002 and those in this document.*** (material 55.)

The less developed countries are seen as most in need of the relevant research; it has to be thus supported (material 34). The policy framework also argues: "Scientific advancements and modern medicine have led to many ethical questions related to genetic research and manipulation, biotechnology, stem cell research and the use of technology to sustain life while compromising quality of life" (material 40). WHO thus recognizes the controversial status of science in the case of ageing.

When it comes to the determinants to the health of age groups, especially the old population they have to be understood and known better, the same goes to the interaction between them (material 19). There are for example behavioural determinants (material 22) and determinants that are in the connection to the physical environment (material 27). The life course perspective is mentioned again (material 19). According to the WHO it´s easier to design programmes and policies that work when we understand the evidence about the determinants (material 19). So it seems that it´s important to understand things like behaviour and its affect on the health and active ageing.

The role of the old people is rather big one within research. I will repeat the piece of material that I mentioned earlier because I find it is highly relevant also in this topic. The old people are wanted as investigators and advisors in the developing of research agendas on active ageing (material 52).

The role of the specialists (of health and social services) is also seen in the material. WHO wants that specialist education in geriatrics and gerontology must be provided for social service, health and medical professionals (material 50). All social service and health professionals must be informed about the ways to optimize active ageing among population groups, communities and individuals and also about the process of ageing (material 50-51). The thing that I mentioned already in the chapter about governmentality is the respectful attitude that is required from the professionals (material 37 and 39). I think that it is essential

also when talking about the role of the specialists within the network of power. The specialist role of the WHO is emphasized: "Due to the specialist nature of its work, WHO will provide technical advice and play a catalytic role for health development" (material 55-56).

In the chapter about the subject of active ageing I wrote about the activity theory and its critics (see also Katz (Ed.) 2005). In the governmentality- chapter I mentioned the affect of neoliberal rationality (about neoliberal rationality, see: Rose 1999). Now it´s time to bring them back on the stage. I won´t repeat the whole texts about the active ageing and the rationality of neoliberalism. I am aware that the material doesn´t say directly that the active ageing is similar to the activity theory (why would it). The material about the connection between those two isn´t focused on this chapter but my analysis is more like pondering about the concepts (that are spread to the whole policy framework). The reason they are in this chapter is that the activity theory is connected to the social gerontology and thus to research and science and I think (relying on ideas of Katz 2005, 126) that activity theory and active ageing can be connected. This "path of thinking" is also linked to the role of the specialists and health professionals. Based on Foucault´s and Rose´s ideas I would say that current rationality has an effect what is regarded as the right politics of ageing that is then included to the education of the professionals. I will start with the authority perspective because it fits both to the status of the science and research and to the status of the specialists.

The authority perspective is linked to Foucault´s idea of regimen. It was necessary to listen to the ones who had better knowledge about regimen in the Greek thought. (Foucault 1992, 107.) So the ones with the better knowledge about ageing are the social gerontologists (within WHO). Still the relationship is persuasive (like in the ancient Greek thought (Foucault 1992, 107)). The instructions seem rational and good. This is linked to parrésia about which Foucault talks when describing the political life in ancient Greece (Foucault 2010b). Parrésia is a Greek word that originally means "to say everything" (translation from the text, Foucault 2010b) or this was one among the original meanings)), usually translated as free speech or free- spokennes. According to Foucault even though parrésia comes to the citizens as a discourse spoken from above, it is not the same as the simple and pure exercise of power. It has a persuading character. (Foucault 2010b, 43-104.) "What constitutes the field peculiar to *parrésia* is this political risk of a discourse which leaves room free for other discourse and assumes the task, no of bending others to one´s will, but of persuading them" (Foucault 2010b, 105).

In Foucault´s book *Tiedon arkeologia* (*The Archeology of Knowledge*) he talks about the special status of the doctors. Doctor has always been rather special person in the society. Not everyone can use the medical language. The medical language is also tied to the person (and her/his status) who is using it. The status of the doctors changed radically in the turning point of the 18th and 19th century (in western societies). This happened because of the changed status of the health. Health became one of the economic norms that were needed for the industrialized society. (Foucault 2005, 71.)

In the case of active ageing the status of the social gerontologists (gerontologists) is like the status of the doctor´s. They both are specialists in their own areas. If active ageing gets the status (or has got it) of a norm it will increase the expertise power of certain kind of social gerontologists. With this I mean the ones who have been in the process of developing the concept "active ageing". One thing to think is that how powerful is the political rationality of neoliberalism. What if the ones with strengthening or changing status are not simply the members of a certain specialist group, like doctors in the 18th and 19th century (see Foucault 2005), but those who are also members of a certain political rationality, in this case neoliberalism. To be clearer, neoliberalism may have a mechanism of bringing out the ideas that are favorable towards it. This sounds like the common way within daily politics. The similar effect may have been with other political rationalities, for example with welfarism (see: Miller and Rose 2008, 72 about welfarism).

I think that active ageing is linked to the autonomous and enterprising self, Nettleton writes about this type of self (Nettleton 1998, 220). This self has been formed out of certain types of governance. These forms of governance have leant on "expertise"- the practices and knowledge of the human sciences (especially sociology and psychology). This self is thus not only a product of the New Right ideology. (Nettleton 1998, 220.) The role of human sciences is discussed by Foucault in the *Discipline and Punish: The Birth of the Prison* (1980b). He talks about carcerals (to which I´m coming back later) According to Foucault the carceral continuum is part of the combination of power and knowledge. The power-knowledge combination made possible the birth of the human sciences (or sciences of human beings). A person, of whom it is possible to gain information, is the consequence and the goal of the analytical taking over, controlling and governing. In a way, the controlling system and human sciences are related. (Foucault 1980b, 346-347.) Human sciences produce information, for example about active ageing, which helps to govern people in a more efficient way (interpretation based on Foucault 1980b). In the end this can lead to the taking over of human

sciences as well, like neoliberalism seems to have done to the study of ageing. Who says that they are untouchable?

In the case of social gerontology this is possible because of its young age. Social gerontology is a new area of science (Phillips, Ajrouch and Hillcoat-Nallétamby 2010, 1). Social gerontology has even been said to have remained rather peripheral and weak area of study (in the UK) (Higgs and Jones 2009, viii). The young age of the social gerontology explains why the theoretical setting is still quite contested. With this I mean the arguing whether or not the activity theory is still valid. The theory is seen as valid (see: Hendricks and Powell 2009, 11-12 (ref. Andrews); Jyrkämä 2001, 296). Cavanaugh writes that the disengagement theory and activity theory, and also the debate between them, have had a major impact on the later theories (Cavanaugh 1999, 23). The According to Jyrkämä there have been some thoughts whether the disengagement-, activity- and continuity theory (that is produced as a counter reaction to the first two ones) have lost their timeliness and meaning; he continues that this is not the case. These theories and their areas of problems and phenomena are still valid. (Jyrkämä 2001, 296.) On the other hand this can be viewed as normal argumentation inside the school of social gerontology.

According to van Berlo these theories have differences in the rate in which they are prescriptive and descriptive (van Berlo 1996, 245.) Also Jyrkämä talks about this prescriptive part. According to him especially the disengagement-, activity-, and continuity theory do have two meanings. On the other hand they can be used in the research process when studying the phenomena of the care for the elderly. They can also be used as some sort of everyday theories that legitimize a certain kind of actions and trends within the care for the elderly. (Jyrkämä 2001, 298 (ref. Latimer 1998).) These theories are situated on the individual level. They have a vision of a good way of ageing and how to reach it. They can act as some kind of institutional methods of interpretation that justify certain kind of action in specific situations. (Jyrkämä 2003, 267-268.) If the activity theory is defining the policy framework of active ageing it certainly can be said that the prescriptive affect is great.

The fact that it´s a new area of science can affect on its authoritative status, also in a lacking way, when it comes to its relation to the predominant political rationality. When the number of the old people is growing in the world the need for the experts on ageing grows. At the same time the political rationality of neoliberalism has been developing. A new science might have been affected by the predominant political rationality.

In a way this is related to causal analysis. It studies the way in which the consciousness of the scientists is affected and defined by the political and economic changes and processes. Industrial capitalism needed workforce which caused that health got a social (societal) aspect. Body started to receive appreciation as a device (used for working) and medicine was rationalized like the other sciences. The state took a responsibility of health and its maintenance. It also needed to be controlled by the state. (Foucault 2005, 212.) It´s possible to see the causal relation between the needs of the economy and the effort of modifying the process of ageing. Different ageing culture is needed if the economic growth is the goal to be maintained. (see for example: Greenberg & Muehlebach 2007.)

My goal was (is) to understand what active ageing means (what are its goals and why it has those goals). This chapter is supposed to help to find answers to this question. It gives the answer to the question of where does the idea come from. Based on my material and theory I would say that the rationality of neoliberalism (about the term: Rose 1999) has had an effect to the birth of the active ageing.

When it comes to research that is talked about in the material, WHO wants it to focus upon the principles of active ageing (material 55). So the production of knowledge is wanted to be based upon this concept. This shows the meaning of the relationship between knowledge and power. Like Foucault wrote, knowledge and power are connected to each other (Foucault 1980b, 33-35). The same goes with the understanding. According to WHO it´s necessary to understand the determinants to the health especially in the case of the old age (material 19). In this way it is easier to design programmes (material 19). So when there is more understanding about the old age it is easier to govern it, for example with the methods of active ageing.

WHO has taken (or at least desires to take) over the control of the knowledge when it comes to active ageing. This is important step when it comes to the network. One part of it is the production of the truth that seems to be active ageing. One thing that is interesting is the will to include the old people to the developing of research agendas as active participants, investigators (ref. material 52). I interpret this as tightening of the network of power. When the old people are included to the process it´s more difficult for the WHO to be blamed about discrimination or ageism when it comes to active ageing policies. This production of truth has been affected by the rationality in the name of which things are done (see: Rose 1999, 28 about rationalities). Then there must be local experts and specialists to spread the truth about the active ageing to the public.

The spreading of the truth to the specialists is seen on the pages 50-51 in the material. WHO wants the professionals to be informed how to optimize the active ageing among the people (material 50-51). So WHO wants the professionals not only to know about gerontology and geriatrics (material 50) but it also wants them to be able to spread information of the right kind of ageing: active ageing (material 50-51). The role of the professionals is essential when it comes to the regimen of the subject of active ageing. I refer to Foucault´s thoughts about the advices of the ones with better knowledge in this one (Foucault 1992, 107). The health professionals work in a similar way in the case of active ageing. They are the ones that are giving advice about the right way of ageing and about the regimen that the individual must follow to age well. They are connected to the policymakers (who are the speakers of the rationality) and the public in the network of active ageing (Rose 1999, 132 about the place of the experts). The specialists and WHO are using the parrésia (Foucault 2010b) to persuade the public to obey to the regimen of the active ageing. This discourse of active ageing doesn´t force the people to obey; it thus leaves room for other discourse as well like Foucault says about the parrésia (Foucault 2010b, 105). The ideas that WHO gives seem rational which can make the discourse sound better that the other discourses, for example the one of the disengagement that "lost" the battle to the activity theory (about the relation between the activity theory and the disengagement theory, see Katz 2005, 124-125).

5. The Control Society of Active Ageing

In this chapter I will write about the control society of active ageing. I try to answer to the following question: What is the society like in the system of active ageing? Based on the texts of Gilles Deleuze, Michel Foucault and Olli Pyyhtinen (e.g.) I have come to the conclusion that the society of active ageing is a control society. There are some overlappings again but I will mention about those. All of them are explained twice for a reason. I suggest that there are two levels of control within active ageing: the individual and the society.

5.1 About the Concept of Control Society

Gilles Deleuze writes in his "Postscript on Control Societies" that Foucault saw the approachement of the control society, Burroughs suggested the name "control" to the new phenomenon. According to Deleuze one finishes nothing in the control society while in the disciplinary society one always starts again in the new institution. (Deleuze 1995, 177-182.) This is one of the ideas upon which I have based my interpretation about the control society of active ageing.

5.2 Controlling Ageing – Controlling the Whole Life

One of the important things is the preparation. According to the material: "Men and women who prepare for old age and are adaptable to change make a better adjustment to life after age 60" (material 27). The preparation of the young adults for old age in their financial, social and health practices has to be encouraged (material 52). The adoption of good health practices and the preparation for old age applies for both families and individuals (material 17). When it comes to the behavioral factors, parts of the regimen, one thing to do is to avoid smoking: "A critical message for young people should always be 'If you want to grow older, don´t smoke. Moreover, if you want to grow older and increase your chance to age well, again don´t smoke'" (material 23).

Another term that is repeated in the policy framework is the life course perspective (e.g. material 14). According to WHO the increasing individual diversity with age and the variation among older people are recognized within the life course perspective. The policy framework highlights the meaning of the interventions that foster healthy choices and create supportive environments at all stages of life. (material 14.) The policy framework comments on the programmes and policies of active ageing: The important effect of earlier life experiences on the way that the people grow older that is recognized by the life course perspective needs to

be embraced by the programmes and policies (material 6). The life course perspective, as well as the intergenerational solidarity, is emphasized also in the following:

> Yesterday´s child is today´s adult and tomorrow´s grandmother or grandfather. The quality of life they will enjoy as grandparents depends on the risks and opportunities they experienced throughout the life course, as well as the manner in which succeeding generations provide mutual aid and support when needed. (material 12.)

The question of health is also present in the life course perspective. According to the material it´s important for an individual to actively participate in one´s own care and adopt healthy lifestyles at all stages of the life course (material 22). The risks of NCDs have to be addressed throughout the life course (material 16). The continuum of care is mentioned. WHO wants re-orient the current systems to a continuum of care that is seamless from the one that is now organized around acute care. Disease prevention, the equitable provision of community support, health promotion, the appropriate treatment of chronic diseases and palliative care and long-term care at all stages of life should be included to this continuum of care. (material 49.)

Lifelong learning is an important aspect within the policy framework. "Education in early life combined with opportunities for lifelong learning can help people develop the skills and confidence they need to adapt and stay independent, as they grow older" (material 29). So the lifelong learning is also connected to the independence (material 29). It´s also linked to the full participation of the older people (material 51).

The policy framework wants flexibility throughout the life course when it comes to periods in caregiving, work and education (material 52). Policy framework also states that it would be possible for people to grow old and still participate to workforce with the help of opportunity to dignified work earlier in life. With dignified work the framework means for example proper paying and good environment for working. (material 31.)

The subject of active ageing thus needs to control oneself in the following ways: one must prepare for the old age (e.g. material 23 and 27), the life course perspective is an important factor (can be seen merely as a part of the system-based control but I think that its place is here) that is seen for example in the case of health and healthy lifestyles (material 22). It´s good to be a lifelong learner (material 29). Flexibility during the life course is also a good thing (material 52). I think that the key aspect here is action that happens through the life course. Things seem to have only one beginning.

When it comes to the control that is happening in the macro-scale, it´s mostly about economy and its connection to ageing and health. I start with adherence that was a new term for me. Adherence means (e.g.) "firm attachment" (Kirkpatrick (managing ed.): *Cassel Concise English Dictionary* 1995, 16). The word adhere means for example "to follow" (Kirkpatrick (managing ed.): *Cassel Concise English Dictionary* 1995, 15-16). I interpret that it means the following of certain program or behavioral pattern, for example exercise program.

According to the policy framework poor adherence has dramatic economic and quality of life implications for public health and compromises the effectiveness of treatments. For example the adherence to long-term therapy averages 50 percent in developed countries. The number is regarded low. The situation is worse in the developing countries. (material 25.)

When it comes to ageing and economy (one of the subclassifications of my analyzing process) the attitude is not that negative towards the demographic ageing per se although there is a critical tone for example when talking about the rapid population ageing in the developing countries (material 11). According to the material the population has often aged in a more rapid speed than the socio-economic development in the developing countries (compared to the developed countries) (material 11). It is also recognized that the there will be increased social and economic demands on all the countries as we enter the 21st century caused by the global ageing (material 6). According to the policy framework there will be political and socioeconomic consequences everywhere if the dealing with changes in the disease patterns and demographic imperative is failed (material 45). There are concerns about the effect of the ageing to the health care and social security systems (material 42 and material 43). Active ageing is suggested as a solution by the material: "There are good economic reasons for enacting policies and programmes that promote active ageing in terms of increased participation and reduced costs in care" (material 17).

The overall economy gets other advantages from an ageing population (material 43). The economics of an ageing population is seen possible to handle:

> While there is no doubt that ageing populations will increase demands in these areas, there is also evidence that innovation, cooperation from all sectors, planning ahead and making evidence-based, culturally appropriate policy choices will enable countries to successfully manage the economics of an ageing population (material 42).

The policy framework suggests that the rising health care costs are not likely to be caused by ageing per se (material 42 (referring to research results in aged countries)). The framework

also refers to the OECD (Organisation for Economic Co-operation and Development) data according to which the circumstances that are related to the major causes of the rising health care costs are not related to the demographic ageing (material 42 (ref. OECD)). One of the reasons for rising health care costs is inefficiency (material 42) about which I will talk a bit later. The other thing that has an effect is prevention that is regarded favorable (about which I talked about earlier in the case of subject and preventability) (material 42). Then the other thing that I mentioned is the willingness of the family (and women) to take part to the caregiving (which I talked about in the network of power and the role of the family) (material 42).

Now I will write about the health and economy (one of my subchapters within the analyzing process). According to the framework the medical spending may not increase as rapidly if the people would grow old in better health (material 17). According to the material: "With regard to rising public expenditures for medical care, available data increasingly indicate that old age itself is not associated with increased medical spending. Rather, it is disability and poor health - often associated with old age - that are costly." (material 17.) The framework also states that the prevention of the disease is often less expensive than the treatment of it (material 18). When it comes to disabilities the policy framework says that the savings that are achieved by the decreasing in disability amounts need to be considered and noticed by the policymakers (material 18).

According to the WHO the noncommunicable diseases (NCDs) are costly to the public, individuals and families. The policy framework states that the NCDs become the leading causes of mortality, disability and morbidity as people grow old in all over the world. (material 14.) The developing countries are also included and they are in the situation of the "double burden of disease" (term by the material) (material 33):

> As nations industrialize, changing patterns of living and working are inevitably accompanied by a shift in disease patterns. These changes impact developing countries most. Even as these countries continue to struggle with infectious diseases, malnutrition and complications from childbirth, they are faced with the rapid growth of noncommunicable diseases (NCDs). This "double burden of disease" strains already scarce resources to the limit. (material 33.)

When it comes to the key factors in increasing health care costs the framework lists the following ones: inappropriate use of high cost technologies, payment systems that encourage long stays in the hospital, the building of too many hospitals, inefficiencies in care delivery and excessive numbers of medical interventions (42). WHO wants the social and health

services to be cost-effective, coordinated and integrated (material 21). So the system and the organizing of it do matter. The framework also states that the most of the spending goes to the curative medicine in many countries (material 42). The policy framework continues with ponderings about preventing injuries, physical activity and better diets and other things that could support the avoidance of chronic conditions (material 42) (I mentioned this in the earlier chapters). According to the WHO material the less expensive costs in care services and medical treatment could be the potential consequences of the active ageing policies (material 16).

In the macro scale the system must thus be controlled in a few ways. The adherence must be supported (material 25-26). There must be a global reaction and preparation for the demographic ageing (and changes in the disease patterns) (material 45). The demographic ageing in itself is not the actual cause of the rising health care costs (material 42). The things that do affect are the health of the population (material 17) and the organizing of the health care systems (e.g. material 42) (also the participation of the family (material 42). Based on the material I would say that the focus is not on the factors that can´t be controlled or are difficult to control, like the ageing itself or infectious diseases. The things that are paid attention to are the ones that can be prevented, like NCDs (e.g. material 33). One major thing is the role of the economy. Everything seems to be controlled via it and for it.

I start the theory part of this chapter with Foucault´s carceral system. The starting point of this system was the establishment of the work camp of Mettray in 1840. Mettray was the institution of ultimate discipline that was like a combination of different disciplinary entities, for example school or army. Mettray was the first school of pure discipline. According to Foucault Mettray was the most famous of the institutions that formed the carceral archipelago. It (and its followers) was the starting point for the normalization of normalizing power. The organizing of individual-directed power and knowledge was also started by the establishment of Mettray. This archipelago worked beyond the actual criminal law. This archipelago started from the prison (or near it) and continued to the further surroundings. It consisted of work camps, asylums and agricultural departments (e.g.). (Foucault 1980b, 332-338.)

This carceral archipelago caused multiple effects; one of these was the connection of punishing methods and abnormalities. It also made possible the finding of criminals and tighter connection of them to the society. The system managed to change the punishing system to a natural and legitimate power (or at least lower the tolerability of punishments).

The norm is also one of its creations, or it has affected on it. The amount of courts (judges) multiplies in the form of doctors and social workers. The fifth consequence of this carceral archipelago, and continuum, is its panoptic nature which makes the physical imprisonment and continuous surveillance possible. The fifth consequence includes the aspect of human sciences (about which I talked about earlier). Prison has a strong position in the society. There are some processes though which can affect its position (change it and reduce its power). The other one is the increase of disciplinary networks. This gives some of the surveillance and punishing power to instances like medicine. On the other hand the nature of punishing system changes to a more medical and psychological one. The other process is reducing the benefits of certain form of criminality that has evolved to really closed and controlled one (prostitution). (Foucault 1980b, 339-348.)

The key word is discipline. Foucault describes the network of disciplinary institutions and its effect on society. It´s possible for an "abnormal" person to lead her/his whole life in different institutions because the society wants to minimize the risks of abnormality. (see: Foucault 1980b.) Normality is different in different societies and in different cultures, discourses. The right to define it is a matter of power. The right to define the madness (thus abnormal) shows the power of the psychiatry, I think this is a good example about the power to define. (see Foucault 1988, 1980b.) I interpret that the archipelago of disciplinary institutions described by Foucault (1980b) is one step closer to Deleuze´s (1995) control society.

According to Deleuze Foucault was one of the first to see the coming of the control societies. Deleuze writes for example about the changing role of education. Continual training is its becoming form. Within this continual training the workers can be also students and vice versa. (Deleuze 1995, 174-175.) Deleuze writes that according to Foucault people were moving from one place (institution) to another, for example from home to school, in the disciplinary society (that existed in the 19th and 20th centuries). All of those places had their own laws and one was supposed to start from the beginning in each one of those, for example at school. In the control societies (the term control: ref. Burroughs) nothing is ever finished. (Deleuze 1995, 177- 179.)

Virtanen refers to Deleuze and his thoughts about the control society. The control society doesn´t close people inside of it. It´s creating environments and means of action. The framework which they create is loose enough so that people can be free within certain limitations. (Virtanen 2006, 228.) Biopolitical economy is not about working time and paid

work. It´s trying to police the whole being here. (Virtanen 2006, 228-233.) Also Olli Pyyhtinen refers to Deleuze´s thoughts about the control society and it´s lacking of starts and ends, there´s the logic of ongoing modification (Pyyhtinen 2006, 445). All these factors leads to the situation that the prison of the body is no more the clinic but the soul. (Pyyhtinen 2006, 446).

So in a way, life-long learning is also a phenomenon of the control society. According to Tikkanen life-long learning is action that individuals practice, in different contexts and in different areas of life, through their whole life. It´s also a guideline for the politics of education and the goal of this policy is to secure the learning conditions for the individuals. (Tikkanen 2003, 408.)

When it comes to the life-course perspective (e.g. material 14) one definition of social gerontology is particularly interesting (from the book *Key Concepts in Social Gerontology*):

> Social gerontology concentrates on the study of the social, economic and demographic characteristics of older people and an ageing population. Increasingly, the focus has been on the life-course approach to ageing rather than the study of old age per se in gerontology. (Phillips, Ajrouch and Hillcoat- Nallétamby 2010, 118 (ref. Johnson 2005).)

Tikkanen´s definition (which is also from a book about gerontology: *Gerontologia* (2003)) and the definition of social gerontology by Johnson (in Phillips, Ajrouch and Hillcoat-Nallétamby 2010) fit to the Deleuze´s description about control societies. Nothing is ever finished (Deleuze 1995, 177-179), for example learning is a life-long process. There are no more certain activities for certain age groups. Something that has been started must be continued through the lifetime. Life-course perspective can be seen as built within the social gerontology.

The idea of control society is seen in the active ageing policy framework. Deleuze talks about the individual´s place or number within the mass in the disciplinary society, this place or number tells the individual´s position (Deleuze 1995, 179). I think that age is one factor that can define this place or identity (described by Deleuze) that one is having in a disciplinary society. For example one can suppose that an old person is retired (in some areas of the world). The active ageing (policy framework of WHO) is one of the methods that are changing this. According to it an older person must exercise, work and learn. So now we don´t have certain life stages for certain activities; we have an ongoing process that doesn´t have an end even when it comes to age.

The risks of the NCDs are emphasized because people usually can affect on those mostly via behavior (diet, exercise). The principles of healthy lifestyle are set to us in the childhood and they must be followed until it is not possible anymore (the fourth age). The roles of the worker, student etc. are mixed and flexible so that everyone can be everything all the time. Of course this everything means only those things that fit to the idea of the society of active ageing and neoliberal principles for example one is not free to be passive (material 23). The certain idea of freedom and its limits (Foucault 2008; Petersen 1998, 194; see also Rose 1999, 87 about the obligation of freedom) are in the connection to the control. The framework of active ageing fits to the Virtanen´s interpretation about Deleuze´s control society. It offers a loose enough framework, subjects within it are free but certain limits do exist. (Virtanen 2006, 228.)

Also the question of human rights can be connected to the talk about freedom and its limits. For example life-long learning and flexible retirement have been connected to the human rights, so they are not seen as management (Greenberg and Muehlebach 2007, 201-203 (about life-long learning: ref. Stadelhofer 2001)). Like freedom, the human rights seem to be related to a certain context, discourse. This discourse is the one of active ageing. The talk about more flexible working environment and caregiving roles belong to this naturalization of certain paradigm, in this case to the paradigm of active ageing. The policy framework creates a suitable reality and its principles that are suitable for the people to follow. Even though the WHO is a health organization there is talk about the economy which shows the effect of the neoliberalism.

The demedicalization of ageing can also be seen (about medicalization: Foucault 1980a; Katz 2005; Turner 1998 (ref. Foucault)). This happens in the system-level for example on the page 17 in the material when talking about the reasons to the rising medical costs. The age is not blamed but the poor health and disability of the people (material 17). So the blame is not in the age that is uncontrollable (by now) but on the lifestyle of the people that can be controlled. So the thing that is under the medical gaze is the whole life not the ageing. The emphasizing of the life course is one sign of this (e.g. material 22). People should prepare for ageing (material 27). So the whole life should be about following a certain regimen and preparing for ageing. The whole talk about the preparation is rather absurd. If the preparation means the following of certain behavior patterns like exercising and healthy diet then what is the difference between preparation to ageing and being an active aged older person? I ask this

because these ways of behavior are already recommended to the subject of the active ageing. In that case we are not only preparing for the old age, we are already living it.

This talk about preparation is rather future- orientated. Olsson and Petersson talk about the knowledge and its connection to the governing and life-long learning in their article "Operation of knowledge and construction of the lifelong learning subject" (Olsson and Petersson 2008, 61-73). They refer to Foucault´s idea of knowledge and knowledge production as the basis of the governing of individuals and groups of people since the 18th century (Olsson and Petersson 2008, 63 (ref. Foucault)). They write that in the current shaping of subjects that are future-orientated the knowledge is in a big role. These subjects have to be active when it comes to governing the society and also themselves. (Olsson and Petersson 2008, 65 (ref. Hultqvist 2006).) I referred to this article in here because of this reference to future-orientation and also because the article is about life-long learning which is also part of the control society from my point of view. In the policy framework people are asked to prepare for ageing (material 27). I think that preparation is action that is future-orientated and thus the subjects of active ageing that have to prepare are future-orientated subjects. Knowledge production about active ageing affects the shaping of the subjects of active ageing. When it comes to the linkage to the control society I think that if someone has to prepare to something that happens in the future, like ageing, this someone has to control oneself constantly. So it is ongoing action that happens through the whole life, not action that happens in a certain period.

6. Conclusions

The purpose of the conclusion is to give an answer to the title and the research questions. It´s also the most original chapter of the thesis. The purpose is not so much to refer to any other writers anymore but to represent one´s own thoughts and set the topic to a wider discourse. My research title, and thus the research question, is: *What does the concept of active ageing mean from the Foucauldian perspective in the policy framework of the World Health Organization?* The "minor" questions are: What features does the subject of active ageing have? How are the subjects governed in the system level? Who is using the power (where is the sovereign)? What is the society like in the system of active ageing? The analyzing chapters are answering to these minor questions. In this chapter I will explain the answers again and then give an answer to the actual research topic. After these I shall discuss the topic from a wider perspective.

My material is the policy framework about active ageing by WHO so my answers about the active ageing are based on that organization. The viewpoint of my thesis is (neo-) Foucauldian so the perspective is rather specific. I think it is important to explain these things so that the reader understands the context of the questions and answers. For example I cannot talk generally about active ageing, or being active, because there is research about that (e.g. Julkunen 2005; Katz (ed.) 2005). If I would explain about that I should refer on him. My conclusions are based on my material and reading. Of course the text always has the contextual side (Palonen 1988, 61). So I just have to accept the fact that all my ideas have their origins, no one is born with an amount of information in one´s head.

I will start with the first sub-question: "What features does the subject of active ageing have?" The subject of the active ageing is not necessarily old. She/he can represent whatever age. I wrote in the introduction chapter that based on the literature it seems that being active seems to be the culture of the third age in the society today (ref. Karisto (ed.) 2005; Katz (ed.) 2005). The age distribution has grown during the analyzing process. The only age groups that might not belong to the ones that have to be active are the representatives of the fourth age. With the representatives of the fourth age I mean the ones that cannot be active anymore and are in the phase of declining (Laslett 1989). They are the ones that have the permission to be outside the subjectivity and the network of power (Foucault 2008: not every man has to be an economic man). They are free in that way.

The subject of active ageing is active in every possible way. This means also working life and voluntary work. The subject is healthy and flexible. Healthiness means a certain body wage, physical activity and healthy diet. Preparation is the feature that widens the subjectivity to cover the other age groups including the older people. If the message is that people need to prepare for the old age, it cannot mean just the ones that regarded as the older people. The adhering of the regimen of the active ageing also offers some benefits, like avoidance of certain illnesses, and gives safety in that way. The subject must not be alone. She/he has to belong to the social networks. Being part of the family and community is a good thing. The subject has to be responsible of her/himself. Autonomy and independence of the subject guarantee that the outside world (read: the society) can change the way of caring of the individual. With this I mean that the society doesn´t have to take care of the consequences of the subject´s lifestyle while it is controlling the way the subject lives.

The subject is free to be active and healthy. Passivity doesn´t belong to the sphere of the freedom and it has to be controlled. Perhaps this can be the reason why the activity theory won the disengagement theory (about the "battle": see Katz 2005, 124-125). It was regarded important to keep people active. Disengagement theory let the old people be passive and disengage from the society (about disengagement theory, see Jyrkämä 2001, 293). This can also be seen as making the old people as other of the society. In a way the other, passive can be free. She/he is free from the principles of activity theory and active ageing.

The second question "How are the subjects governed in the system level?" is supposed to be similar to the first question but at the system-level. The division to individual and system that I´ve made might seem a bit artificial to some people but I think it works well with this research. The question of how is essential (also important to Foucault) because of the nature of power, (Fontana and Bertani 2003, 274) and thus governmentality. It´s a perspective on the ways of taking care of the population in the best possible way (Rose 1999, 21-23). The part of the material that I have discovered within this question is more about the vulnerability of the old people. That also affects on the way the subjectivity of active ageing can be understood. If the policing focuses on the old people can it be said that all the people are the subjects of active ageing? The answer is yes. If the subject does need help in the following of her/his regimen then it is more useful to give that help with governing than let the subject be a drop-out. It´s better to create such an environment in which the subject can lead the active life than just leave the individual alone with her/his possible restrictions and disabilities. Of course the subject of active ageing as itself is already a product of govermentality of active ageing.

The policy framework wants that the environment is such that there can exist a subject of active ageing. The environment here is a rather wide concept. It includes the poverty-level, physical environment, human rights, consumer protection… so basically everything that can be governed from the outside of the subject. If the person is left to be vulnerable she/he cannot be an independent part of the network. The WHO can thus be seen as a police in this sense. It is trying to govern the environment in such a way that the citizens can be happy and flourishing. In this way the WHO would be the shepherd (about the shepherd, see: Foucault 2010a). The question of shepherd, or of the governor, is a rather complicated one in the case of active ageing. At some point I realized that it is very difficult to find the one who is in charge when it comes to the policy framework. Of course one can always say that "well, it´s a program that is found on the web-page of WHO so draw you conclusions based on that fact". WHO thus spreads the responsibility to multiple actors, for example to the old people. This led me to think about Foucault´s thoughts about the power-knowledge, discourse and the birth of knowledge and the role of science (Foucault 1980b; 2005). I think those concepts do offer the answer to the question of who is the governor. This leads to the third question.

Who is using the power (where is the sovereign)? In here I have multiple answers. One of them is that WHO has some kind of a leading role in the case of active ageing (or at least within this policy framework). The other is that the power has multiple centers and thus no one is actually actively using it. The third option is that there is a rationality that is in power when it comes to the active ageing but the origins of the power are difficult to define because of the complicated structure of the power-knowledge and the history of knowledge and the truth about ageing (Foucault). So the sovereign or the shepherd of active ageing remains hidden. Perhaps all the organizations and groups have their own regimens like the subjects of active ageing do; through those regimens they can govern themselves and be governed.

The idea behind the network of power is based on Foucault´s idea of everyone is the ruled and the ruler (Foucault 1990, 87). Every subject of active ageing has to control oneself via the regimen of certain diet, exercise and life-long learning. Similarly they have an effect on the other people. They are following the right regimen of activity and thus setting an example. If the example is not followed, for example if the old people are passive, they will become the usual suspects (term by Rose 1999). In that case they will be studied, classified and targeted by interventionist politics. The WHO program is already an example of those all. Because my material wasn´t collected for example from a community of old people it´s really difficult to say for sure if it really works this way. I can only make interpretations based on my own

material. The other arguments are just based on hypotheses. But I think that the network of the individual subjects could work in this way. If someone is following the regimen set by the WHO that person has some kind of justification to her/his way of life. This justification is thus based on the authority status of WHO. This thought of the authority has its origins in the special status of science and expertise (see: Foucault 1988; 2005) also in the case of active ageing. WHO and activity theory can thus be seen comparable to the doctor within active ageing.

The former was supposed to clarify my idea pattern of the network of power within active ageing. The expert (gerontologist, doctor) justifies the idea, the policymakers are spreading the idea to the local experts (nurses, social workers) who will tell about it to the people. The thing that governs the expertise and knowledge is the political rationality, in this case the neoliberal doctrine that has affected on the culture of ageing with the principles of autonomy, responsibility and activity. This creates a circle-like network. In the individual level the pattern is more web-like. Of course the different kind of organizations and other actors can affect on each other in a web-like way.

The question remains: if the power is working like this in the active ageing, who is the governor? I think that the network is the most efficient way to govern and the character of the power as a circulator in a chain (see: Foucault 2003) explains why it is so difficult to find the real user of power, the origin of the idea. I think that the relationship of the "neoliberals" and the ageing people is similar to the one between the mad and the bourgeois class described by Foucault (Foucault 2003, 32-33). The ageing happens to be possible to govern and there is a reason to govern and control it. The time and place is (and was) right for the neoliberals to have their say on the idea of right kind of ageing.

When it comes to the difficulty of finding the "real user of power" WHO itself is a perfect example of this. I mean, what is WHO and from which parts, actors does it consist of? WHO consists of countries that are the member countries of the UN (WHO 2012, Countries). Of course the organization is governed by someone, something. The supreme decision-making body for WHO is the World Health Assembly (WHO, Governance). There are also lots of people, over 8000, working for WHO; these are for example doctors and administrative experts (WHO 2012, WHO – its people and offices). I had to find some references to look for the answer to my question. WHO thus has its own organization structure. So the leader of the

organization can be traced in a way. After all the organization consists of people that are actors in different levels of the organization. One single leader is thus difficult to trace.

The answer that I am trying to get to the question about the user of the power is not in the structure of the WHO. The meaning of my research wasn´t to discover the organization of the WHO but to research the policy framework about active ageing which is produced by WHO. The framework gives responsibility to different organizations and actors. Those instances get also power with the responsibility. Of course there´s a difference between the giver of the power and the receiver of the power. The one that has the power to give responsibility and power is the creator of the policy framework, WHO. But WHO has also got the idea about the active ageing from somewhere. With this I mean that if WHO is an organization formed of specialists who are just experts using their knowledge for the best of the humanity how come can their framework(s) have an agenda? If this agenda is not created by the specialists there must be an instance that has interests to create such an agenda. Or perhaps there must not necessary be someone behind the active ageing but there has been a need to create such an ideal. Someone or something (organization, think tank) has produced the idea of a good way of ageing. This idea can fit to a certain rationality like neoliberalism.

Political rationality is also produced in a certain way and its creators are also rather difficult to trace. It´s possible that the agenda has been created during a rather long period of time and by several people (see Rose 1999). Political rational can be regarded as a discourse. It is something with which one can authorize one´s authority, something in the name of which things are done (Rose 1999, 27-28). Active ageing fits to the idea of neoliberalism. It seeks for bigger responsibility on individuals and families. The role of the experts and specialists like gerontologists is to work in between these. With the help of their status they can spread the word about active ageing. The role of the WHO is rather special in this one. I think that it is working both as a governor and as a specialist (health). It is spreading the responsibility to a wide web of actors. WHO is a network that has managed to capture the discourse of active ageing. Because of the network- structure of the organization it is difficult to create a counter-discourse.

A counter- discourse might have been the disengagement theory. The fact that it lost the battle with the activity theory (see Katz 2005) fits to the Foucauldian idea of how the discourse and knowledge are created (for example the discourse of medicine, Foucault 1994). The official truth is now active ageing when it comes to the question about the right way of ageing. I think

that if the society is wanted to arrange in a certain way the sovereign, shepherd needs to exist and be able to use the power and thus govern the people, in this case the subjects of the active ageing, in this case the best answer is probably the WHO. So the final answer is that WHO might be the center of the network of active ageing and it is also playing a big part when it comes to the production of the truth when it comes to the active ageing. The truth of the right kind of ageing, active ageing, has not been created only by WHO and thus it is not the only governor. The other governors are as possible to find as the creators of a certain rationality, (see Rose 1999, 27-28) so I guess the finding of those is rather impossible. It seems that it is more essential to know how the truth has born and how the mechanisms of power work than to know the faces, like in the examples of the medicine (Foucault 1994) or prison (Foucault 1980b), also in the case of active ageing.

"What is the society like in the system of active ageing?" is the fourth question. To this my answer is that the society of active ageing represents a control society (see: Deleuze 1995 about control society). In the control society of active ageing the meaning of age is different. Because everyone has to prepare for ageing the lifestyle has to be specific. There is no chance to lead a different kind of life in different stages of life. The subject has to stay healthy, economically prepared and active as long as possible. So there are no starts and ends age-wise. Studying and working are not tied to a certain age. One is free to be flexible and do lots of things. Again the freedom is limited to the specific type of life. One cannot be passive and just be let outside of the society. It´s important to stay "updated".

There is also the aspect of discipline but I think that the policy framework is more about control. This is revealed for example when talking about life course, lifelong learning and preparation. These all give a message of an action that has to continue through the whole life. I think that discipline and control go hand in hand. One has to be disciplined, for example follow a certain diet, and this disciplinary action has to continue from the beginning to the end.

On the level of the society the maintenance of control is as important. Like the individual has to prepare for her/his ageing so it is necessary for the society to prepare for its ageing. This requires the production of subjects with certain regimen and the supporting of them. The age itself is demedicalized. The problems of the economy are not directly seen as caused by ageing but because of the health problems. This is why the society has to control the health of the population during the whole life course of the individuals. It´s important to create a

system that pays attention to the whole life course of the subject not just on specific age groups. The focus is on the health because it is more difficult to control the ageing.

The controlling of the society is again based on the economy. Because of the economy it´s necessary to control. Without control and preparation there will be economic consequences so control is seen as a way to maintain the security and stability.

It´s time to answer to the actual research question *What does the concept of active ageing mean from the Foucauldian perspective in the policy framework of the World Health Organization?* The question is rather simple, it asks a definition. The policy framework itself gives a definition about active ageing but the purpose of this research is not to follow that definition but to study the concept from the foucauldian point of view.

Active ageing offers a regimen for the individuals to follow. The individuals are thus the subjects of the active ageing and they don´t necessary have to be old. The regimen is persuasive so it doesn´t force anyone, it just gives rational advices. In this way it works as the regimen in the ancient Greece described by Foucault (Foucault 1992, 101-108). Foucault describes that the regimen should be understood as a manual to help to react in certain circumstances and not as universal rules (Foucault 1992, 106). So active ageing should offer a regimen to adjust to certain circumstances as well. The difficulty appears when trying to define these circumstances. Is it ageing? Or being more vulnerable? Or circumstances of economic difficulties? I think that at this point the control society- aspect of active ageing comes into picture. The regimen of active ageing offers a regimen that regards the whole life as the circumstances for the regimen. It is also very general when it comes to the geographical circumstances: the same regimen should be adhered everywhere. So the policy framework doesn´t recognize any major differences for example in the different stages of life. This is mainly because of the demedicalization of the age and the medicalization of the whole life. So the medical gaze (ref. Foucault 1994) is focused on the whole life course of the human being, not only on the already aged bodies.

It´s also a question of the control society of active ageing. If the society of active ageing was a system based on pure discipline then the regimen would be more context related. There would be different regimens for a young person and for an old person for example. Because of the flexible roles and life-long activities the regimen has to be a life-long one.

It gives a regimen to the whole system as well. The use of the word "system" is always rather controversial. What "system" is meant? In this case I mean, as wide as it may sound, the economic, social, health, governmental systems internationally, nationally and locally. I have the courage to say this because the policy framework includes such a wide range of actors to the policies of active ageing. It seems that it wants to integrate as many actors as possible to the politics of active ageing. The regimen of the system can be connected to the governmentality and policing of the system. The way the public sphere is wanted to be affects to the art of governing also in the case of active ageing. Preparation is one big thing. Without it there will be serious consequences for example to the social and health systems (according to the material). Age-friendliness is also important. This can mean consumer protection, safe environments or transportation. These all are meant to help the ageing population to stay active and healthy and as part of the network, society.

So what is governmentality in the case of the active ageing within the policy framework of WHO? It is easy to list the wanted features that are regarded as ideal to the society of active ageing. Governmentality is different though. When thinking about the literature that I have read, especially the work of Michel Foucault, I would say that also in the case of active ageing governmentality is about the subject, power/knowledge, policing and shepherding (Foucault 1980b; 2008; 2010a). Foucault was interested in the question of "how" (Fontana and Bertani 2003, 274) then it is sensible to ask "How are people governed in the framework of active ageing?" if wanted to look for answers to the question of governmentality. The answer to the question is: producing the subjects of active ageing, making the environment suitable for the existence of those subjects and integrating as many actors as possible to the framework. One part of the answer is the role of the experts, in this case the experts of health and gerontology. Their role is essential in between the policy makers and the people.

The concept of active ageing within the policy framework of WHO is thus a method of governmentality. Of course the concept is a wider discourse and it operates within wide discourses, like neoliberal economy. The policy framework in itself is a tool. It helps the local, global shepherds to lead their flocks in the challenges of ageing (about shepherd and the flock: Foucault 2010a). The policy framework also legitimizes the concept of active ageing and gives a voice to it. This helps it to get a more valuable status as a concept. So the origins of the concept are again difficult to trace. Perhaps this is a sign of its development towards being a political rationality. With that status it could work as an excuse for certain political actions. At the moment, active ageing seems to be the norm of behavior.

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