

Watching Our Selves: Fitness and Mindfulness as Practices of Self-Monitoring in Britain

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Introduction: An inverted gaze

If you could all please check in [referring to the digital screen on the wall]. Now, we are also going to check in with ourselves. We will move in stages through the body, in micro-movements of observation. Scan your body from head to toe. Scan your mind. You are taking a mental note of your body and mind, of yourself: what are your thoughts, feelings, and needs today? Just watch yourself without judgement.

(Mindfulness session, April 2022)

Surveillance can impart an understanding that others are observing and watching. It is a concept enmeshed in ocularcentric ideas: the all-seeing eye, the few observing the many, the state of being seen and inspected. The very notion of surveillance conjures for many an ‘Orwellian’ world in which one becomes visible before a hostile gaze (Peacock et al, 2023). This chapter explores an inverse scenario of surveillance in which people watch themselves. The short opening vignette of this chapter offers a glimpse of a human capacity to do so, which is now taken for granted in many parts of Europe and elsewhere, where ‘health’ is actively sought. Everyday acts of observing oneself can be seen to extend quite broadly now in Britain; I refer here to such practices as modes of self-monitoring.

The empirical material on which this chapter draws was gained through anthropological fieldwork in the UK, carried out among mental health and fitness advocates and practitioners.¹ As part of the fieldwork, I attended digital health conferences and mental health workshops that promote monitoring technologies in the form of smartphone apps and wearable devices. I attended yoga classes and mindfulness courses, and became an avid gym-goer. My fieldwork thus involved some mode of ‘auto-ethnography’. I wore a self-tracking watch (Fitbit) for over two years, and used several mental health and fitness apps; and I immersed myself as much as possible in ‘online communities’ on social media that advocate, and form part of, these activities. The details presented in this chapter are considerably condensed from this fieldwork. In the following paragraphs, I highlight two contexts – fitness and mindfulness – where self-monitoring is enacted in the pursuit of health, albeit, as we shall see, in rather different ways. I use these ethnographic contexts to suggest that self-monitoring constitutes ‘health’ as a particular temporal object, as people are learning to keep ‘it’ in check under a vigilant gaze. At the same time, particular notions of selfhood come into view.

We might take ethnographic note from the outset that ‘vision’ features as an ideal central to practices of monitoring. The state of being able to see also figures more broadly as a conceptual language in academic disciplines, influenced by ideas inherited especially from the Enlightenment, with ‘light’ as a condition for the clear-eyed, scientific vision – what historians of science have called ‘epistemologies of the eye’ (Daston and Galison, 2007). Much has already been written about the historical, political, and aesthetic preoccupations with spectatorship, sight, and vision in surveillance studies and in anthropological studies of science (see, for example, Lynch and Woolgar, 1990; Goodwin, 1994; Lyon, 1994; Grassani, 2009; Frois, 2013).

In this chapter, I focus on two interrelated modes of seeing: one that invites an anthropology of surveillance to examine practices of ‘watching over ourselves’, and one that seeks to hold this very vision of our ‘selves’ up for ethnographic inspection.² In what follows, the surveilling gaze has, in an important sense, been inverted – turned inwards – as we are increasingly encouraged and required to watch our selves.

Health monitoring and the body-self

While efforts to monitor ourselves and others are not historically new, what is novel about present-day practices of monitoring is the highly technoscientific and digital forms they assume. Over the past two decades, digital self-tracking has become increasingly more common as an everyday practice of self-monitoring. Indeed, digital technologies have transformed the very mode of self-monitoring, replacing diaries with digital watches for instance. Scholars in digital humanities and related fields have explored various aspects of digital

self-tracking, with a focus especially on the politics of digital culture and data sharing, and the quantification of health and bodies (see, for example, [Gregory and Bowker, 2016](#); [Neff and Nafus, 2016](#); [Ajana et al, 2022](#); [Kent, 2023](#)). Although social anthropology has been a relative latecomer to these debates, there are notable ethnographic accounts of self-monitoring in contexts of healthcare and everyday life (see, for example, [Lynch and Cohn, 2016](#); [Trnka, 2016](#); [Ruckenstein, 2022](#); for a review, see [Nim, 2019](#)). There have also been calls from within surveillance studies to examine ‘how the self is enacted, negotiated and maintained in an environment of increasing and elaborate tracking’ ([Timan and Albrechtslund, 2018](#), p 854). While self-tracking has become an established area of research in the social sciences, ethnographic treatment of the ‘self’ at the centre of monitoring is often absent.

A few general points on the history of monitoring in Britain are important to highlight.³ Practices of what we might now want to recognize as ‘health monitoring’, have historically played a key role in constituting not only surveillable spaces and times, but also visible and measurable persons who were ideally reflexive and accountable selves. It is primarily through the development of European medicine (particularly anatomy and epidemiology) and the ‘psy’ disciplines (psychoanalysis, psychology, and psychiatry) that we have inherited certain salient models of human corporeality and interiority ([Danziger, 1997](#); [Robb and Harris, 2013](#)). It was for instance within ‘the clinic’ in the historiography of madness, as outlined by [Foucault \(1973, 1988\)](#), that the ‘inner life’ of the person was constituted as an object of observation and intervention.⁴ Genealogies of selfhood in Europe ([Rose, 1989](#); [Taylor, 1989](#); [Danziger, 1998](#); [Vidal, 2011](#)) have since traced the formation of the psychological subject – the individuated self, comprised of emotions, thoughts, and behaviours, complete with reflective consciousness, intention, and choice – as the constitution of a particular vision of human interiority. Ethnographically, many people now perceive and talk about such an interiority as a matter of ‘mental health’ ([Bruun, 2023b](#)).

In many parts of the world, the category of health is constituted around the twin discourses of mental health and physical health, with disciplinary divisions and specialisms wrought between notions of ‘the body’ and ‘the mind’. The bifurcation of the human into the mental and the physical, the psychological and the physiological, took shape within specific historical circumstances in Europe, influenced by new ideas and regulations of boundaries and bodies in the early modern period, the practice of anatomy from the seventeenth century onwards, and the rise of the psy sciences in the nineteenth and twentieth centuries. With new scientific objectivities ([Daston and Galison, 2007](#)) and the formation of the welfare state ([Fraser, 1984](#)), bodies were further reified as objects of ‘hygiene’ and ‘health’, which could be intervened upon not only medically with drugs or surgical instruments, but also through social and psychological interventions. By the twenty-first

century, all the changes in understandings of bodies effected by anatomy and medicine (McDonald, 2014) – with practices of dissection, opening up bodies, cutting and seeing, and a range of attendant biotechnologies – have rendered bodies amenable to observation in particular ways. Concurrently, a range of human interiorities – whether construed as ‘the mind’, ‘the psyche’, ‘the unconscious’, ‘personality’, or ‘subjectivity’ – were problematized as observable and measurable, not only in clinical settings but in schools, prisons, the military, and the family, thereby ‘inventing our selves’ (Rose, 1996). New technologies of introspection (Coon, 1993) were crucial in standardizing and making visible and workable this human subject.

We can note an important connection here between the invention of new observational technologies in the twentieth century, and the development of ‘psy’ technologies of the same period – both assume an otherwise hidden subject that becomes available for inspection. Psychological practices of inspection and introspection informed a new conceptual and material order of observing and of being observed. And vice versa: technologies of surveillance appeared to confirm assumptions about concealment and opacity intrinsic to human psychology. In the wake of two world wars, health monitoring in Britain was reinforced by the possibility of technological mass observation (Malinowski, 1938) to build a ‘strong’ and ‘healthy’ nation and economy – a vision that was key to the foundation of the National Health Service (NHS) in 1948 (Foot, 1975; Busfield, 1998). Through new regulatory structures in public health, disease prevention, healthcare provision, and other innovations owed in part to epidemiological science, the monitoring of ‘national health’ was constituted more generally as a matter of health *surveillance*. During the twentieth century in Britain, then, the monitoring of publics and populations, and of the private self, emerged as mutually constitutive modalities.

When we leap into the twenty-first century, the proliferation of digital monitoring technologies reflects broader trends in contemporary British public health, which has seen a rapid increase in digitalization of health surveillance. In 2013, for example, NHS Digital was launched as the central regulatory body of the monitoring for public health data in the UK. The effects of the COVID-19 pandemic have further intensified practices of digital health surveillance, as well as offered a moral rationale to justify them. Health monitoring now extends across the NHS in a way that not only involves operational observation through recording and checking but constitutes new practices of ‘datafication’ that provide and regulate digital services, which in turn produce clinical and economic accountabilities (Ruckenstein and Schüll, 2017; Hoeyer, et al, 2019). The extensive use of health monitoring technologies – in settings ranging from hospitals, clinics, and care homes to gyms, workplaces, and households – has encouraged this vision of digitalization and datafication, and is also a product of it.⁵

Fitness and monitoring: becoming a healthy body

Gyms and fitness classes are important settings in which health and wellbeing are sought through self-monitoring. These are also contexts wherein the body of the gym-goer is shaped by, and aligned with, prevalent understandings of what a healthy body should look and feel like. Becoming a healthy body demands specific proprieties in relation to time, as 'health' emerges as a particular temporal phenomenon that must be kept in check, constantly and vigilantly.

During one conversation with James, a self-tracker I got to know through a running group, he describes how wearing a digital watch allows him to watch himself. He compares health monitoring through his Fitbit watch to a 'second pair of eyes'; one that enables him to observe his progress, not only in the gym and during exercise, but more generally in life. 'I can't sleep without my watch', he says laughing, 'you see, tracking my sleep patterns is essential to how I go about my day and prepare for the next sleeping phase.' He explains how getting just the right amount of sleep – not too little but not too much either, 'about 7–8 hours' – is one of the most important factors, together with a varied diet and exercise, to becoming a healthier, stronger self. 'Not only do we build muscles during sleep, but we also process our stresses and worries, our emotions and thoughts', he explains. 'If you want to look after your body, you have to be good at managing time well.'

On this and other occasions, users of Fitbits and similar devices align the notion of a healthy body and mind with a capacity to monitor time. It is therefore common to talk about health as a matter of routines and habits. One has to cultivate habits of working out, consistently over time, with 'rest days', 'meal prep', and 'sleep' all part of the weekly schedule. Healthy routines are perceived to be a result of a disciplined ability and willingness to make use of time in a particular way. People in turn talk about digital monitoring technologies as a means to facilitate self-discipline. 'My clients often object that they don't have enough time to work out', Erica, a gym instructor and health coach, says. 'But everyone's got time, you've just got to manage your time better.' She explains that this is where wearables like Fitbit come in useful, showing your progress, nudging you to go to bed at consistent times, drink enough water, walk enough steps, and so on. For Erica, it is an important tool of time management.

When using self-monitoring watches like Fitbit, people learn to pay attention in particular ways to what their body-self is made of. Self-tracking devices display a range of colourful diagrams, statistical graphs, and other visual representations, based on the user's 'health data'. Multiple bodies are generated and brought together in the digital interfaces of these technologies, through a broad range of representational features from animated stats, point scoring, and other numerical depictions, to encouraging slogans, emojis, and

images. Using smartwatches to monitor health means being able to ‘make sense of all the data’ that the device generates. ‘It takes discipline and time’, we are told in the fitness classes. We are invited to understand discipline as ‘consistency over time’, with the implication that through continuous and consistent practice one cultivates a disciplined relation to one’s body and mind which leads to a healthier life. We are learning to develop and maintain ‘routines’ as an essential component of self-monitoring. ‘Health’ is thus bound up with notions of time and its enactment. Becoming a healthy body means becoming a timely body.

However, ‘becoming a healthier self’ is not simply a case of ‘applying’ technology to an end. Rather, healthy body-selves emerge as constantly in the making. Health is conceived as a distinctly temporal phenomenon. ‘Being healthy *is a journey*’, James stresses in our workout sessions, ‘you are on a fitness journey to become the best version of yourself’. He elaborates: ‘Of course, we all have certain health goals – gaining or losing weight, getting stronger, feeling mentally well, etc – but it’s really the journey that matters. Keeping ourselves healthy takes continuous effort and time.’ Comprehending health as laborious means that the language of ‘patience’ is not uncommon either as people strive to attune themselves to specific vital rhythms.

In anthropological terms, becoming a healthy body can be understood as a dynamic process of learning to embody, and be affected by, a particular ‘environing’ world (Toren, 2019). Bodies and their surroundings co-constitute one another. The material training environment of the gym, including all the environing technologies – from the heartbeat-tracking smartwatch to the calorie-tracking app – are shaping, quite literally, the bodies they simulate. The body of the gym-goer must in turn render itself amenable to the corporeal technologies (‘gym equipment’ for instance) that surround it. Over time, the person acquires a particular body-self shaped by the conceptual and practical engagements with machines, movements, and mirrors; and by wearable devices, fitness apps, protein shakes, weights, meals, and a range of other working objects – all of which become part and parcel of what it means to be healthy.⁶ As in other areas of skilled learning (Grasseni, 2009; Latour, 2004; McDonald, 2014), this involves an affective engagement of all environing bodies, both those physically present in the gym, and those digitally and visually mediated by health technologies.

Mindfulness and monitoring: being (in the) present

Practices of watching – whether through digital technologies, exercises or therapeutic techniques – invite people to monitor their selves in particular ways. Self-monitoring necessarily reifies ‘the self’ as an object of observation. Paying attention on purpose to the workings of ‘the body’ and ‘the mind’, is commonly experienced as a caring activity. For those practising

‘mindfulness’ – and many do – this is already a familiar practice of watching, in which one learns to cultivate a particular ‘detached’ perspective on thoughts, feelings, and bodily sensations. Mindfulness is offered as a psychological therapy in England through NHS Talking Therapies (Bruun, 2023a), but is also practised in a variety of ways outside clinical contexts (Cook, 2023), in everyday circumstances of self-care for instance, wherein the cultivation of ‘mindful awareness’ through meditative exercises, breathing techniques, and body scans is considered to have a positive impact on the practitioner’s wellbeing. Several mental health apps recommended by NHS England promote mindfulness (mobile apps like Headspace and Be Mindful), and smartphones like the iPhone have inbuilt mindfulness features. Mindfulness-based smartphone apps are typically designed to remind and encourage users to practise mindfulness through guided meditations and reflective breathing exercises – ‘mindful minutes’ – throughout the day. These apps are often used in tandem with courses and sessions that form part of a person’s health routine, as part of yoga classes for instance.

In one mindfulness course, we are invited to participate in ‘guided meditations’ as one of the central techniques for improving mental health. Mindfulness meditation is also presented in more general terms as a way of learning to ‘be more present in your life’. We are assigned various exercises that form part of our homework between sessions. We are told that it is through continuous practice that we can begin to develop ‘a healthier relationship with ourselves’, through ‘cultivating a new way of observing our “thinking mind”’. In the first of eight sessions, we are introduced to the therapists who will lead them. Two instructors are clinical psychologists, and the third is a nurse who recently qualified as a mindfulness therapist. Marie, one of the psychologists, begins: ‘Mindfulness is very uncomplicated, you can do it anytime and anywhere. It is a way of thinking and a way of being.’ She goes on to describe how mindfulness means paying attention in the present moment, ‘attentionally and non-judgmentally’. In this course, as in other mindfulness workshops I attended, the instructors tell us that mindfulness is about realising that ‘thoughts are just thoughts: I have thoughts, but I am not my thoughts’.

Drawing on particular strands of East Asian Buddhist philosophy (see McMahan, 2008; Cook, 2023), mindfulness as a mental health practice teaches a notion of selfhood which is not reduced to, or composed of, the ‘thoughts’ or ‘cognitions’ that are seen to pass through a ‘thinking mind’. Thoughts are described through spatial metaphors as people learn to attend to them like ‘clouds in the sky’. Clouds come and go; they are ever-changing. During these sessions, we are gradually introduced to exercises that affirm how, although one might experience the mind as having thoughts, ‘it’ – the mind – is not its thoughts. Rather, thoughts, like clouds, can be observed. This requires the position of the self as a ‘detached observer’, we are told; people are encouraged to see their thoughts as merely ‘mental events’, as

opposed to ‘a reflection of the self’. Marie continues, ‘We can watch our thoughts, acknowledge them compassionately, and then gently let them go’. Through this metaphorical language of watching passing clouds, participants progressively learn to see thoughts, in Marie’s words, as ‘not really real’.

Negative thoughts are, by contrast, the product of the ‘auto-pilot mode’ of a mind out of sync: the fearful, insecure, lazy, perfectionist, or self-deprecating parts of a person perceived to have emerged somewhere during one’s life course. Being caught up in thoughts is frequently explained as an effect of a ‘doing mode’ of mind as opposed to a ‘being mode’. We are learning then to ‘be’ with our thoughts, feelings and sensations, rather than ‘do’ them (for example, reacting to, or acting on, negative thoughts).

Mindfulness practitioners describe negative thoughts as ‘internal critics’, and it is through learning to practise a decentred perspective, observing intentionally and non-judgementally, that one will eventually be able to recognize thoughts as *just thoughts* – as experientially distinct from a sense of self. As we reach ‘the head’ in these guided meditations, we are asked to observe our thoughts with ‘detached curiosity’, to just allow them to be there – ‘it is OK: I have thoughts, but *I am not* my thoughts’, Marie repeats – watching our negative thoughts pass by like clouds and finally disappear. When participants describe themselves as ‘having a thought’ in these terms, they are experientially confirming an important model of mind implicit in mindfulness practice: thoughts are distinct from the mind; they are not ‘real expressions of who you are’.⁷

In other sessions, they guide us through meditative exercises to ‘sense’ different body parts through ‘mindful breathing’ and ‘mindful attention’, travelling from the feet on the ground to the top of our heads – a technique sometimes referred to as ‘the body scan’. As we are ‘scanning’ each body part, the therapist ‘guides’ us to distance ourselves from any ‘worries’ and ‘distracting thoughts’, by reminding us to constantly bring our attention back to breath: ‘Once again, if you notice your attention wandering, just make a mental note of where it’s going ... and when you do that, just very gently, then, bring your attention back to this moment as you are sitting here.’

The therapists remind us that breathing is with us all the time, even though we may not be aware of it. They instruct us to ‘focus on the breath’, and if the mind is felt to wander off, ‘bring your attention back to it like an anchor’. Marie’s colleague adds, ‘when our mind is very active or we feel anxious and depressed, we can always bring our attention back to our breath, and thus become aware of ourselves’. A healthier body-self is thus felt to come into view through modes of deliberate and watchful observation (‘mindful awareness’). ‘Breathing’ underlines the inherently temporal dimension of this mode of self-monitoring.

In all of this, through what one of the teachers described as ‘micro-movements of observation’, we are simultaneously taught to keep the

self under control. In the mindfulness sessions, as in the digital spaces of mindfulness apps and online programs where similar practices of self-care are enacted, ‘the self’ must be kept in check. Those practitioners who go on to progress through these sessions, gradually come to embody new sensibilities of detachment, which some see as the source of a renewed engagement in the ‘immediacy of life’ (Cook, 2015, p 220). For many people, practising mindfulness, after all, is about learning to be (in the) present. ‘Mindful moments’ must therefore also be understood, in an important sense, as an embodied practice of watchfulness or vigilance. The self-monitorial ideal that guides mindfulness turns on the possibility of experiencing the rhythm of life itself as a matter of careful observation.

Attuning to vital rhythms

In the training environment of a gym, bodies are shaped by different temporal rhythms through varied practices of self-observation and self-inspection. A broad range of monitorial media are consulted, both ‘analogue’ and ‘digital’. Videos, images, and texts on social media like Instagram and TikTok show users how to live a healthy life: how to manage time, develop good routines, how to exercise, what to eat, when to eat, when to sleep and how much. They show how bodies should move, feel, and look like (or not), and much else besides (see Kent, 2023).

James tells me that I need to rest more in the squat position, ‘Drink your morning coffee like this’, he says, demonstrating the position. ‘Just 10 minutes of squatting a day will do’, he suggests. ‘You see, it’s the natural resting position of the human body.’ Others are informed they need more ‘natural light’, going outside straight after waking up to ‘kick-start your natural body-clock’. In a workshop on better sleep and how to boost energy levels, Erica teaches how getting enough natural daylight has a profound impact on our ‘Circadian rhythm’. She elaborates, ‘Exposure to sunlight in the morning (even on cloudy days as we live in England) helps set your Circadian rhythm for a healthy day’.

People also engage in non-digital modes of self-tracking, using pen and paper for instance, in tandem with digital technologies, plotting food data into calorie-tracking apps while their watches count steps and heartbeats. At the gym, both analogue and digital technologies of recording take the shape of journaling and note-taking to track routines and to write exercises or ‘gym sets’. All these technologies – watches, apps, wearables, journals, diaries, and so on – condense their own temporal trajectories. As people move through various contexts of watching over their body-selves, from the gym to the mindfulness class, they are learning to attune themselves to a range of temporal rhythms afforded by these monitoring practices. People often explain how they are learning to ‘listen’ to their bodies and minds, often

in new ways. Colourful displays of physiological and mental states at once reify and make intelligible ‘the body’ and ‘the mind’ comprised of structures and functions, patterns, and flows. Sleeping, eating, walking, thinking, and breathing, emerge as quantifiable and visualizable activities through which, by means of careful, day-to-day monitoring, one can adapt to ‘the body’s natural needs’. People speak about this kind of self-monitoring as inherent to the achievement of a healthier life. Health is, in other words, achieved through ongoing efforts to align oneself with vital rhythms.

‘Getting healthy and fit’ is a gradual process of not only learning to inhabit the environment of a gym or fitness class, but also becoming attuned to the temporalities of tracking technologies that are seen, in turn, to align with a ‘natural’ temporality of the human body. Some report how their self-tracking watch aids healthy sleeping patterns, by waking up and going to bed at the same time – consistently, over time. ‘It’s time to get ready for bed!’ is the daily evening reminder from the watch, as it generates sleep patterns based on the data collected during the wearer’s sleeping and waking hours. Such prompts, and the general technological assistance with ‘self-discipline’ that people seek, rely on the user’s disciplined and consistent use of the watch, wearing it while sleeping for at least 14 days a month, preferably over several months. A circularity of data and discipline is apparent in these monitorial endeavours, where one must exercise particular temporal proprieties. One must remember to wear the watch daily, charge it regularly, sync it to the app, self-report when prompted, and so on, in order for the technology to collect enough health data which then in turn produce visual representations of the body-self.

Digital health apps require a range of visual, tactile, and often auditory sensorial engagements on the part of the user. Users are therefore learning to be affected by the app’s ‘environment of expected use’ (Bluteau, 2021), as much as they are required to cultivate particular engagements of their own body-self – through walking, rest and sleep, exercise, meditation, and eating. We can speak here, as many scholars of self-tracking have done, about a ‘quantified self’ (Gregory and Bowker, 2016; Lupton, 2016; Nim, 2019), owed to the technoscientific movement of the same name, and the quantification of bodies in health more generally (Ajana et al, 2022). But there is more going on besides. Apart from quantifying bodies in all sorts of ways, these digital products increasingly offer new ways of *qualifying* the data that the technologies generate. The monitorial watch warrants the reality of a particular model of the body and mind that is already built into the design and operation of the device. This quantification-cum-qualification of ourselves involves a deliberate rendering of data into a symbolic and experiential value that is ideally both culturally and morally meaningful to the users. In other words, the watch devises, very literally, people’s apprehension of their bodies, of themselves. People simultaneously acquire a particular body-self

which experientially confirms the value and validity of the watch and its vital rhythms.

Time and health: objects of control?

The person who strives to live a healthy life is now increasingly encouraged to wear a watch that watches over them. They are encouraged to practise new habits and routines that are seen to make for a healthier life; to eat, exercise, sleep, think, and be in particular ways, attuning to rhythms that promise to transform them for the better. Much of the persuasiveness of digital health monitoring, lies in the technology's promise to optimise the present and future life of its user. Self-tracking watches claim to enable the user to monitor a range of 'bodily' and 'mental' functions. The digital watch, worn around the wrist, capable of monitoring heartbeats and skin surface temperatures, thus underlines a contemporary imperative of everyday vigilance in the pursuit of health goods.

Monitoring technologies must be temporally coordinated with the time cycles of the bodies they assert to watch over. The wearer and the watch are engaged in an ideal act of constant synchronising, which can fail at any time, as body and technology intervene on each other. Thus, bodies are themselves made to cohere with the temporalities of 'human life' presupposed and produced by the device. A technology like Fitbit at once assumes and extends a capacity on the part of the user to 'know' and 'manage' their health. In the process, people's body-selves are constituted as 'always-emergent temporal objects' in which monitoring 'easily develops into a highly systematic and repetitive practice of attaining an empowering experience of control that nevertheless always "flows away"' (Bergroth, 2019, p 204).

Yet digital health monitoring may help articulate people's health concerns where these are felt to be muted, offering care for the bodies involved. While not devoid of issues, it is important to highlight that self-monitoring technologies can enable users to achieve epistemic 'certainty', within healthcare contexts where medical uncertainties and inequities prevail. For example, situated within the digital health movement of the Femtech (female technology) industry, menstrual tracking apps have recently become a matter of anthropological enquiry (Ford et al, 2021; Ho, 2023). Sarah Ho has shown how, in what she calls feminist data-imaginaries, personal health data generated by period tracking apps emerge as the solution to medicine's entrenched biases against women in therapeutic encounters. Indeed, the very promise of more Femtech products and the data they will produce are considered to 'free women from "medicine designed for men", improving the state of knowledge of women's health while offering women increasingly personalised care' (Ho, 2023, p 31). Health is also here being sought through disciplined self-monitoring over time, and turns on

the possibilities of constituting time itself – the (a)rhythmic periods of a menstruating body – as an object of monitoring.

Despite empirical differences, health-tracking and mindfulness practices have both gained traction as wellbeing-orientated activities within a cultural and conceptual reality that values careful self-observation on the part of the individual person. Health is understood in both contexts as an effect of ongoing, disciplined practice. The traction of mindfulness lies not only in the scientific framework it has established for itself as a psychological therapy and a mental health practice – although not without contention and problems⁸ – but in its broader metaphor of life as a matter of being (in the) present. A particular temporality of care emerges here that can be seen to complement the use of digital self-tracking devices, wherein both health and time are construed as objects of control. The person engaged in these modes of self-monitoring is encouraged to cultivate an almost activist approach to health, within a now common discourse of resilience and management that finds ethnographic expression in a language of ‘self-care’. In the process, health is constituted temporally through everyday acts of watching over – whether in mindful moments of observing thoughts and body scans, or in the corporeal movements and habits of a body whose full potential lies ever in the future.

A vigilant self and two modes of seeing

We live in a world where body-selves have been historically invented and reinvented through practices of surveillance, and in which new digital monitoring technologies are cementing certain visions of health. Self-monitoring is now part of many people’s daily health regimen as everyday activities of eating, sleeping, work, and recreation have become objects of observation, shaped by ambitions to promote personalized forms of health surveillance. In this chapter, I have explored some aspects of contemporary self-monitoring in everyday contexts of care wherein a healthier life is actively sought. The two contexts of care discussed here – fitness and mindfulness – offer an empirical vantage point from which to anthropologically grasp subtler features of a monitorial imperative that many people in Britain and elsewhere now live by. This is not, however, a case simply of Foucauldian governmentality, although biopolitics has not gone away either. Ethnographically, for many people engaged in everyday self-monitoring, what is at stake is a healthier, happier life.

Acquiring a body-self that has learned to practise new rhythms of sleeping, eating, exercising, and being mindful takes discipline and time – and self-monitoring is now at the heart of what it means to be healthy. In anthropological terms, we might understand this kind of self-monitoring as a distributed process of learning to observe. Yet observation is itself an

embodied practice that relies on eyes that ‘know’ how to watch, and ‘eyes that are only knowing in the right place’ (Candea, 2008, p 209). Watching our selves can thus be understood as a dynamic process of learning to be affected by, and hence ‘see’, connections between a wide range of data, diagrams, numbers, colours, statements, images, and other visual representations, including the very rhythms they claim to represent, which are only significant to those who have acquired a vigilant gaze.⁹ Vigilance comes into being here as the embodiment of self-monitoring.

Part of the appeal that digital health monitoring has for many people lies in the technologies’ visual representations of the user’s interiority, and their power to explain a range of apparently indiscernible psychological and biological ‘functions’ that are seen to make up who we are. The persuasiveness of these digital technologies to render a putatively hidden interiority discernible and workable, owes a great deal to the historical developments of a ‘scientific vision’ and technologies of visualization in science and medicine (Daston and Galison, 2007; Coopmans et al, 2014). There can be a danger in losing sight of other ways of articulating health and wellbeing, however. As we have seen, self-monitoring is inherently reliant on a notion of the human as an individuated, self-contained subject bounded by the skin, comprised of emotions, behaviours and thoughts ready for inspection. This model of the self comes with an assumed human capacity and willingness to observe, and be observed. Put differently, health monitoring hinges on our ability and readiness as humans to make ourselves observable, workable, and recognizable in particular ways in the world we live in and share with others.

In his fictional tale about Nietzsche and Freud, the psychiatrist Irwin Yalom famously noted ‘the horror of living an unobserved life’ (1992, p 55). He describes the therapeutic virtue of living an observed life, of being watched by an other. Observation takes here the form of psychoanalysis, as a therapeutic practice that brings psychological relief when one becomes a subject of the surveillant gaze. Despite the specifically psychoanalytic significance of (and ‘obsession’ with) observation that Yalom narrates, an anthropology of surveillance might note a not dissimilar imperative of our present times to live an observed life. Living is, of course, inherently temporal. The monitoring of the rhythms of life is therefore also about the possibilities and promises of constituting time itself as an object of vigilance. Health monitoring emerges here as an entanglement of care and control (Peacock et al, 2023): it can figure as a mechanism of enforcement or self-governance, for instance, yet also offer a life-sustaining, caring practice that can be extended to self and others.

Finally, watching our selves is also an analytical exercise in learning to see twice. An empirically self-aware anthropology of surveillance invites us to examine practices of watching over ourselves, at the same time as we watch our ‘selves’ emerge as objects of ethnographic inspection. At the

heart of self-monitoring lies an elusive self that is always in the making. It is nevertheless a self that must be kept in check under a vigilant gaze. We will, it seems, be watching our selves for some time yet.

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Notes

- ¹ The main period of full-time fieldwork was carried out between 2022 and 2023 in Cambridgeshire and Greater London. This project received ethical approvals by research ethics committees in the European Research Council (ERC) and King's College London.
- ² 'Holding up for ethnographic inspection' is a phrase owed to Maryon [McDonald \(1986, p 344\)](#).
- ³ In addition to Foucault's often-cited history of panopticism ([1991 \[1975\]](#)), more recent histories of surveillance include [Higgs \(2004\)](#); [Ball et al \(2014\)](#); and [Browne \(2015\)](#). The work of sociologist David Lyon (see, for example, [1994](#)) has been particularly instructive in surveillance studies. For an introduction to the anthropology of surveillance, see [Peacock et al \(2023\)](#).
- ⁴ It is important to note that Foucault, and many of those cited in this chapter, are dealing mostly with the genealogy of the 'western' subject. There are, of course, other histories and formations (see, for example, [Reyes-Foster, 2018](#), on selfhood and madness in Mexico; [Fanon, 1963](#), on the 'psycho-affective' consequences of colonization in Africa).
- ⁵ When studying health monitoring in English-speaking societies, 'technology' tends to be understood as an artificial or computational system, machinery or equipment, and it is common for the 'technological' to be seen and comprehended in opposition to a notional 'human' or 'nature'. We should not take this division and related dichotomies for granted. That is to say, the people under study may well hold theories about themselves and the world in which they live that reify and confirm, in discourse and practice, a division of human and technology, nature and culture, body and mind, and so on; such dualities are ethnographically interesting to the anthropologist. At the same time, we can expand the concept of 'technology' analytically, to encompass a range of practices, bodies, and artefacts ([Mol et al, 2010](#); [Behrent, 2013](#)) – from the analogue to the digital – and their systematization.
- ⁶ For ethnographic studies of mobile health (mHealth), see chapters in [Hawkins et al \(2024\)](#); on the 'digital health self' in the context of social media, see [Kent \(2023\)](#).
- ⁷ The mindfulness therapists I met often discussed a human propensity to conflate thoughts with the self in this way. In my previous research on mindfulness as a psychological therapy practised in the NHS, a separation of thinking from a sense of self was also what patients found most difficult to achieve in practice (see [Bruun, 2019](#)). Some psychologists and anthropologists have theorized mindfulness and related practices as a case of 'metacognition' (thinking about thinking) with interesting results (see chapters in [Proust and Fortier, 2018](#); on mindfulness, see [Cook, 2023](#)). However, the language of metacognition can also be seen to reify its own moral topography of selfhood ([Bruun, 2018](#)).

- ⁸ There are important ethical, clinical, and cultural critiques of mindfulness as a mental health practice; see, for example, Ratnayake and Merry (2018); Van Dam et al (2018); Britton and Lindahl (2019); McKay (2022).
- ⁹ I am thinking here with a varied anthropological literature on skilled vision (Goodwin, 1994; Grasseni, 2009), distributed cognition (Hutchins, 1995), and bodies that are learning to be affected (Latour, 2004; McDonald, 2014).

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