

# Index

*Note:* Page numbers followed by “n” with numbers indicate foot notes.

- Accelerated society, 4, 83, 118, 151
- Acceleration, 72, 107
  - of pace of life, 72
  - of rhythms of life, 107
  - of social changes, 72, 107
- Ad-hoc services, 93
- Adapted physical activity (APA), 140
- Adapted physical exercise (APE), 140
- Adherents, 73
- Age compression, 31–32
- Age extension, 32
- Age of anxiety, 106, 109, 124
- Aging, 6, 31, 133–138
  - mitochondrial-free radical theory, 43
  - population, 143
- AIDS, 146
- Alcoholism, 49, 135
- Algorithms, 23–26, 103
- American College of Sports Medicine (ACSM), 138, 149
- American Medical Association (AMA), 138, 149
- Amish community, 73
- “Anomie”, 106, 131
- Anxiety, 122, 123, 130
  - age of, 106, 109, 124
  - between loss of tradition and social acceleration, 105–107
  - in risk society, 107–110
- Apple Health apps, 141
- Apps, 103, 125, 152
  - Diet apps, 152
  - digital meditation apps, 110
  - DoctOral app, 98–99
  - foster medicalization of mood, 66–69
  - free trial, 131
  - gamification in, 3, 33
  - health apps, 126, 152
  - interactions with, 122–123
  - MapMyFitness apps, 141
  - meditation apps, 152
  - Mental health apps, 152
  - self-tracking apps, 66–67
  - stores, 110
- Atlas.ti, 114
- Attention, 111
- Attention Deficit Hyperactivity Disorder (ADHD), 49, 66
- Barker’s analysis, 123
- Bedside Medicine, 96
- Behavioral economics, 10
- Bills, 21
- Bingo, 112
- Bio-conservative attitudes, 76
- Biological-evolutionary perspective, 136
- Biomedical
  - complex, 48
  - language, 145
  - lexicon, 145
- Biomedicalization, 53
- Biomedicine, 152
- Bipolar disorder, 66
- Birth of the Clinic, The* (Foucault), 95, 97
- Black Future Social Club (BFSC), 23
- Bleisure, 30
- “Blister” function, 141
- Body perception, 129–130
- Bureaucracy, 89
- Bureaucratic surveillance analysis, 89
- Burnout Society, The* (Han), 73–74
- Calculating power, 22
- “Calculating selves”, 23
- Capital-intensive surveillance, 89

- Capitalism, 52, 131
  - infant ethos of, 29–33
  - infantilizes consumers, 31
- Career management, 44
- Caries, 60
- Cholesterol-lowering drugs, 57
- Chronic conditions, 133
  - families, 134–135
  - inevitable growth of healthcare costs, 135–137
  - overall decrease in PA, 137–138
  - western society, 133–134
- Chronic diseases, 134
- Chronic fatigue, 62
- Chronic-degenerative diseases, 134, 148
- Citizen score, 22
- Clinical medicalization, 152
- Co-morbidity proliferation, 65
- Co-operational gamification, 34
- Cognitive psychology, 10
- Command-and-control government model, 11
- Computer Assisted Qualitative Data Analysis Software, 114
- Computer–human interaction researchers, 39–40
- Conceptual medicalization, 6, 52, 56–57, 70, 123, 145, 149, 151–152
- Consumerism, 57
- Consumers, 54–55
- Consumption habits, 21
- Contemporary social media platforms, 91
- Content analysis, 117, 122
- Corporate management, 78–79
- Corporate tracking, 100
- Corporate wellbeing, 100
- Credit cards, 21
- Credit score, 27
- Critical thinkers, 2
- Cultural and structural inertia, 74
  
- Data-driven approach, 101
- “Data-driven life”, 10, 26, 125
- Data-driven research, 23–26
- Dataveillance, 5, 91–93
- Datification, 93, 101
- De-politicization, 11–12
- De-stressing function of app, 123
- Deceleration, 72, 83
  - functional, 83, 110, 127
  - intentional, 74
  - oases of, 73
  - unintentional delay, 73–74
- Demographics, 146
- Depression, 66
- “Deregulatory state ideology”, 58
- Design standards, 16
- Diagnostic and Statistical Manual of Mental Disorders (DSM)*, 4, 12, 63
  - and quantified diagnosis, 59–63
- Diagnostic psychiatry, 12, 63
- Diet apps, 152
- Digital health, 104, 143
  - approaching surveillance through sociological theories, 85–90
  - dark side of, 99
  - digital surveillance, 90–93
  - m-Health, 100–101
  - self-entrepreneur, 101–102
  - self-tracking practices, 99–100
  - softening of self-surveillance, 97–99
  - studies, 2
  - and surveillance, 94–97
  - vitality, 102–103
- Digital meditation, 118, 121, 123, 125–127
  - apps, 110
  - questionnaire, 153–156
- Digital solidarity, 141–143
- Digital surveillance, 90–93, 102
- Digital technologies, 91, 98, 104
- Digital therapy, 5–6, 123–124, 126
- Digitalization, 31, 40, 43
  - wellness, 141
- Disciplinary institutions, 91
- Discomfortness, 47, 63, 73, 105, 119, 123

- Disease, illness, and sickness (DIS), 59–61
- Disease mongering, 4, 53–55
- “Distant governance”, 16–17
- DoctOral app, 98–99
- “Domestication” of individuals, 87
- Driving habits of person, 99
- Dynamics of health systems, 143
- Dynamization, 72
- Economic forces, 53–54
- EIM Global Health Initiative, 139
- Emilia–Romagna Case, 140
- “Emotion-risk assemblage” theory, 43
- Emotional capital, 147
- Endoptikon, 3, 39–45
- Entrepreneurial governmentality, 81
- Entrepreneurial subject, 81
- Epidemic of mental disorders, 63–66
- “Eschatological” scenarios, 33
- Ethical attitudes, 76
- Eurobarometer, 137
- European Initiative for Exercise in Medicine (EIEIM), 139
- Evidence-based governance, 11
- Evidence-based medicine, 19, 151
- Exercise is Medicine (EIM), 6, 138, 144, 149
  - chronic conditions, ageing, and cost of physical inactivity, 133–138
  - digital solidarity, 141–143
  - evolution, 138–139
  - fostering positive digital medicalization, 143–147
  - PA as therapy, 140–141
  - prescribing pills of exercise, 138
  - spillover effects of fitness, 147–148
- Extimacy, 43–45
- Facebook, 34, 44, 92–93, 97
- Fibromyalgia, 62
- Financial algorithms “make decisions”, 10
- Financial capital, 147
- Fitbits, 102
  - watches, 141
- Fitness, 146, 148
  - fitness-tracking devices, 100
  - spillover effects of, 147–148
- Forced labor, 86
- Foucault’s picture of control, 86
- Foucault’s treatment of surveillance, 88
- Fox-effect, 32
- Fractal geometry, 98
- Framing, 3, 39, 68, 70
- Functional deceleration, 74, 83, 110, 127
- Futile diagnostics, 55
- Games, 1, 3, 35–37, 68
- Gamification, 1–4, 33–35, 99, 146, 152
  - features, 112
  - governmentality and endoptikon, 39–45
  - of HS, 112, 113
  - infant ethos of capitalism, 29–33
  - philosophy of Jane McGonigal, 35–39
- Gamification and future of education*, 1
- Garmin watches, 141
- Generational misfortune, 30
- Genetic predisposition, 55
- Globesity, 6, 136
- Google Form, 114
- Google Play, 110
- Google search engine, 1
- Governmentality, 39–45, 78, 80
  - entrepreneurial, 81–82
- Gross Domestic Product (GDP), 22
- Grounded theory, 25–26
- Headspace app (HS app), 110–111, 123, 126
  - quantitative analysis, 114–117
  - and research-design, 110–114
- Health
  - apps, 126, 152
  - behavior change, 2
  - care realm, 34
  - IQ, 102
  - management model, 100
  - and surveillance, 94–97

- Health surveillance
  - health-insurance companies, 104
  - Italian health surveillance
    - initiative, 94
  - and medicine, 96
  - policies, 103
  - public, 94
- Health-related surveillance, 104
- Healthcare costs, 135
  - inevitable growth of, 135–137
- Healthism, 47–51, 97
- Healthization, 50
- Healthy lifestyles, 148
- Heart attack, 62
- Heartbeats, 10
- Hierarchical model, 11
- “Hospital Medicine”, 96
- Human capital model, 147
- Human enhancement, 42–43, 74–78
- Human life cycle, 137
- Human standard, 16
- Humanity, 135
  
- Illness, experienced, 66
- Immutable mobiles, 14
- In vitro fertilization, 75
- “Indicator culture”, 2, 42, 45
- Indicators, 10
- Individual capital, 147
- Individual life cycle, 137
- Inevitable growth of healthcare costs, 135–137
- Infant ethos of capitalism, 29–33
- Infantilization of consumer, 32
- Institutional language, 14
- Institutional medicalization, 52
- Institutional sickness, 66
- Intellectual capital, 147
- Intelligence Quotient (IQ), 22
- Intentional deceleration, 74
- Interactional medicalization, 52, 56–57
- Interactions with app, 122–123
- “Interstitial” activity, 30
- Interveillance, 5, 45, 91
- Intra-actions, 41–42
- iTunes, 110
  
- Junk food, 49, 136
- Justice system, 86
  
- La sorveglianza Passi, 94
- Laboratory Medicine, 96
- The Lancet*, 138
- Learning practices, 33
- “Let’s Move for Better World”
  - initiative, 141–143
- Library Medicine, 96
- Life expectancy, 148
- “Linguistic turn”, 13
- LinkedIn, 93
- Local Health Authorities (LHA), 140
- Lung tumor gene, 49
  
- m-Health, 100, 103
- Machine-learning approach, 24
- Management characteristic, 17
- MapMyFitness apps, 141
- Market surveillance, 88
- McGonigal, Jane, 35–39
- Mechanical solidarity, 106
- Medical dominance, 52–53, 65
- Medical domination, 152
- Medical jurisdiction, 65
- Medical knowledge, 95
- Medical language, 145
- Medical technology, 135
- Medicalization (*see also* Positive medicalization), 3, 51, 97, 144–145, 149
  - apps foster medicalization of mood, 66–69
  - consumers, 54–55
  - drivers, 53
  - DSM and quantified diagnosis, 59–66
  - economic forces, 53–54
  - organization of care, 56
  - and pharmaceuticalization, 56–59
  - technology, 55–56
  - therapy culture and healthism, 47–51
- Medicalized perception of body, 123

- Meditation, 110, 111  
   apps, 126, 152  
   bodily changes, 120  
   body perception, 129–130  
   changes in mood, 117–120  
   digital therapy, 124–126  
   interactions with app, 122–123  
   productivity, 120–122  
   relaxing and stressful at same  
   time, 117  
   stress, 126–128  
   as therapy, 123
- Menstrual cycle, 10
- Mental disorder, 58
- Mental health apps, 152
- Mental illness, 129
- Meta-narratives, 106, 131  
   crisis, 151
- Metaphorical language, 146
- Mindfulness, 110
- Misdiagnosis, 55
- Mobile devices, 97
- Mobile-Health (M-Health), 34
- Modern surveillance, 89
- Modern technology, 90
- Modernity, 107
- Modernity, late, 107
- Mood, 129  
   changes in, 117–120  
   tracking, 110
- “Motivation messages”, 112
- Motivational gamification, 34
- Movergy Index, 141
- MOVEs, 142
- “MuoviBo” app, 140
- National Alliance on Mental  
   Illness, 57
- National Health Service, 94
- Natural limits, 72–73
- Naturalization, 13
- Neo-Luddism, 6
- “Neoliberal bureaucratization of  
   world”, 11–12
- Neoliberal subjects, 4, 79–80, 82
- Neoliberalism, 12, 31, 83–84
- Network sociality, 92
- Neuro-chemical processes, 48
- “Neurochemical self”, 129
- “Neutral” conception of surveillance, 90
- New surveillance, 90–91, 93  
   standards and practices, 98
- “Niche standardization”, 16, 18
- Non-communicable diseases, 134
- Non-panoptic theories, 86, 103
- Nosology, 95*n*4
- Numerical thresholds, 10
- Oases of deceleration, 73
- Obesity, 103, 135
- “Obesity epidemic”, 136
- OKkio alla SALUTE* system, 94
- On-exerciser, 146
- Optimization and human  
   enhancement, 74–78
- “Organic” solidarity, 106
- Organization of care, 56
- Organizational characteristic, 17
- Organizational culture, 18
- “Outdoor” function, 141
- Overdetection, 55
- Overdiagnosis, 4
- Overmedicalization, 144
- Panhealthitism, 50
- Panoptic theories, 103  
   of surveillance, 88
- Panoptic theory, 85–86
- Panopticon, 86–87  
   conception of control, 92
- Passi surveillance program, 94
- Performance standard, 16
- Personal Identification Number  
   (PIN), 41
- Personal information, 21
- Personal responsibility, 134
- Personal scores  
   and ratings, 27  
   social classes to, 20–26
- Personnel management, 81
- Pertinent surveillance systems, 88
- Pharmaceutical industry, 57

- Pharmaceutical treatment, 64
- Pharmaceuticalization, 56–59
- Physical activity (PA), 134, 139, 145, 147, 149
  - overall decrease in PA, 137–138
  - as therapy, 140–141
- Physical capital, 147–148
- Physical exercise, 146
- Physical inactivity
  - chronic diseases related to, 142
  - cost of, 133–138
- Physiology, 10
- Political economy
  - of food products, 136
  - of pharmaceutical industry, 57–58
- Positive digital medicalization, 143–147
- Positive medicalization (*see also* Medicalization), 6, 144
  - anxiety between loss of tradition and social acceleration, 105–107
  - anxiety in risk society, 107–110
  - Headspace app and research-design, 110–117
  - meditation as therapy, 123–130
  - meditation relaxing and stressful, 117–123
- Post-Fordism capitalism, 40
- Post-Fordistic economy, 3, 40
- Post-traumatic stress disorder (PTSD), 67
- Postmodern condition, 130
- Postmodernism, 106
- Power, 97
- Pre-modernity, 107
- “Prediabetes”, 55
- Prescribing pills of exercise, 138–143
- Prevention, 48
- Primary prevention, 95
- Procedural standard, 16
- Productive capacity of person, 79
- Productivity, 113, 120–122
- Prosocial emotions, 36
- Protestant ethos, 31
- Proto-clinic, 95
- Pseudodisease, 55
- Psychotherapy, 57
- “Psyculture”, 110
- Public health surveillance, 94
- Public language, 14
- Public sector, 11
- Quantifact, 26, 42
- Quantification rise and power of numbers, 9–15
- Quantified-self (QS), 71
  - optimization and human enhancement, 74–78
  - Self of QS, 78–83
  - social acceleration, optimization, and QS, 71–74
- Quantitative analysis of HS, 114–117
- “Quantitative Self” group, 26
- Questionnaire digital meditation, 153–156
- Rankings, 10
- The Razor’s Edge*, 124
- “Ready-to-use” scientific facts, 13
- Reductionism and proliferation of disorders, 64
- Rehabilitation, 48
- Research & Development (R&D), 4
- Ripple effect, 82
- Risk society, anxiety in, 107–110
- Risk-factor monitoring, 104
- Risk-reduction, 48
- Saver gene, 136
- Science, Technology, and Society (STS), 13
- Secondary prevention, 95
- Secularization, 107
- Self-entrepreneur, 78–83, 101
- Self-management, 17, 78–79
- Self-surveillance, softening of, 97–99
- Self-tracking, 2, 4, 10–11, 14, 98–99, 102, 152
  - apps, 66–67
  - component of HS, 113

- deconstructing standardization, 15–19
- modalities, 67
- practices, 99–100
- from social classes to personal scores, 20–26
- Semantic illness, 66
- Sesame Credit Score, 20
- Shift-work sleep disorder, 62
- Sickscapes, 66
- SkinVision app, 98
- Smartphone technology, 122
- Smartwatches, 100
- Smoking, 135
- “Sociability” score, 42
- Social acceleration, 71–74, 107
  - anxiety between loss of tradition and, 105–107
- Social capital, 147
- Social classes to personal scores, 20
  - algorithms and data-driven research, 23–26
  - citizen score, 22
  - educational sociological case study, 21
  - SCS, 20
- Social connections, 36
- Social credit system (SCS), 20
- Social deceleration, 72
- Social engagement, 21
- Social inequality theory, 136–137
- Social institutions, 107
- Social media, 90
- Social networks, 93, 148
- “Social physique”, 51
- Social system, 61
- Social Wall, 23
- Social-exclusion effects, 3
- Socialization, 33
- Society, 48, 107
  - of control, 87
- The Society of Uneasiness*, 73–74
- Socio-cultural perspective of analysis, 66–67
- Socio-economic
  - causes of obesity, 136
  - characteristics, 24–25
- Sociological theories
  - approaching surveillance through, 85
  - panoptic theory, 85–86
- Sociologists, 41–42
- Sociology, 106
  - of diagnosis, 61–63
- Softening of self-surveillance, 97–99
- Spillover effects of fitness, 147–148
- Sport, 152
- Standard biomedical human, 16
- Standards/standardization, 15
  - deconstructing standardization, 15–19
  - design, 16
  - performance, 16
  - procedural, 16
  - terminological, 16
- Statistical analysis, 114
- Stress, 123–124, 126–130
- SuperBetter app, 35
- Surveillance, 87–89
  - Bureaucratic surveillance analysis, 89
  - capital-intensive, 89
  - capitalism, 93
  - digital, 90–93, 102
  - Foucault’s treatment of, 88
  - health and, 94–97
  - health-related, 104
  - Market, 88
  - modern, 89
  - “neutral” conception of, 90
  - panoptic theories of, 88
  - Passi surveillance program, 94
  - pertinent surveillance systems, 88
  - public health, 94
  - through sociological theories, 85
  - through sociological theories, 85–90
  - traditional, 90
- Surveillance by state, 88
- “Surveillance Medicine”, 96–97
- Syndromization, 12
- Synopticism, 92
- Synopticon, 5, 91–92, 104

- “Tech-enthusiastic” attitudes, 76
- Techno-enthusiastic wave, 101
- Technoenthusiasts, 2
- Technogym app, 141–142, 149
- Technological/technology, 93
  - acceleration, 71, 107
  - convergence, 90
  - solutionism, 5, 101
- Television, 90
- Terminological standards, 16
- Tertiary prevention, 95
- Therapy culture and healthism, 47–51
- Traditional broadcasting systems, 91
- Traditional public health-based approach, 138
- Traditional surveillance, 90
- Transhumanism, 75
- Tuberculosis, 62
- Twitter, 93, 97
- Unintentional delay, 73
- Univariate data, 114
- Video game, 31
- Violent crime, 86
- Vitality, 102
- Voluntary participation of players, 36
- Wearable devices, 100, 141
- Weisure, 29–33, 40, 45
- Wellness culture, 148
- Wellness Enthusiasts, 142
- Western society, 148
- World Economic Forum (WEF), 142
- World Health Organization (WHO), 50, 94, 135
- World Trade Organisation (WTO), 64
- YouTube, 93