

The piety of optimization: The rhetoric of health awareness in ParticipACTION and Fitbit

Health
2023, Vol. 27(1) 3–19
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DOI: 10.1177/1363459320988886
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Abstract

This article uses the tools of rhetorical study to investigate how health awareness, as both a concept and a set of beliefs that reinforce ideals of health, permeates everyday life and affects ways of being. I explore how health awareness is communicated through both public health and commercial marketing campaigns, and argue that as the sources of information change, so too do the ideas of health that we are asked to be aware of. Through an analysis of the websites of ParticipACTION, a publicly funded health and fitness campaign, and Fitbit, a corporation that produces wearable technologies, I show that these organizations provide their audiences with instructions for self-conduct in the pursuit of health through the piety that time is a resource to be managed. Through this piety, ParticipACTION and Fitbit's websites each reify an altar of health where health is represented as a socially and physically fitter (optimized) self, always just out of reach and attainable in the future. I conclude with a call for critical descriptions of health awareness to move beyond the explanatory power of neoliberalization of health, and turn to the work of Rachel Sanders, Annmarie Mol, and Donna Haraway as possible avenues for resisting optimization.

Keywords

Fitbit, neoliberalization of health, optimization, rhetoric of health and illness

The Fitbit, and other wearable activity monitors, are increasingly understood as devices of self-surveillance, self-responsibility, and self-management (see Lupton, 2012, 2014, 2016). Fitbit devices and their data collection are often invoked in discourses of meritocracy as users try to “get ahead” (Thompson, 2016), while others argue that such devices

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participate in training people to be good consumers and biocitizens (Fotopoulou and O’Riordan, 2017; Millington, 2016) and encouraging fat panic, normative femininity, and patriarchal beauty standards (Sanders, 2017: 39–42). As these studies show, Fitbit users are often held personally responsible for managing their own health. Moreover, as users are encouraged to share their data through online communities (Lupton, 2012), users are increasingly responsible for monitoring others’ health by comparing posted fitness goals and results, and participating in motivating or encouraging online discussions (Rainie and Wellman, 2012). What I wish to contribute with this article is to explore, through a rhetorical lens, how wearable technologies are not only devices of self-surveillance, self-responsibility, and self-management, but are also artifacts of health awareness. And as I show, as artifacts of health awareness, their marketing relies on many of the same rhetorical appeals—specifically, rhetorical pieties—as a Canadian public health and fitness campaign, ParticipACTION.

Health awareness is not limited to the realm of public health campaigns. In this article, I will nuance broader health awareness as a series of temporal and epistemic orientations, increasingly mediated through technology, affectively charged, and extensively commodified. By analyzing together the websites of a publicly-funded health and fitness campaign and the marketing websites of wearable technologies, I show that these organizations provide their audiences with a sense of how to conduct themselves in the pursuit of health, where health is represented as a socially and physically fitter (optimized) self,¹ always just out of reach and attainable in the future.

ParticipACTION and Fitbit both rely upon and reinforce what this article calls the health awareness orientation of Optimization.² This orientation promotes an ideal health state understood as temporally distant and expansive, and as “more than”: one can always be faster, earlier, and fitter. The ideal of health promoted through the orientation of Optimization, then, is always just out of reach—an endlessly expanding, moving target. The “Pieties of Optimization” are the specific values announced by ParticipACTION and Fitbit that provide a sense of how to achieve this ideal health. Although Optimization has many pieties, in this article I focus on one: that time is a resource to be managed. I argue that the health awareness orientation of Optimization has a complex and deeply ambiguous influence on understandings of ourselves and our relationships to our health futures. As I will discuss in greater detail below, I also argue that an adequate description of this influence needs to move beyond the totalizing explanatory power that the concept of the neoliberalization of health has exerted on the critical literature. After I situate my work in the context of Rhetoric of Health and Medicine, I move to a critique of health-studies arguments that end, rather than begin, with a claim about neoliberalism. I then explain the concept “optimization,” which leads to my analysis of the ParticipACTION and Fitbit websites.

Rhetoric of health and medicine

To understand how health awareness persuades us to think and act in particular ways, I adopted a rhetorical perspective. As rhetorical critic Happe (2013) states, “A rhetorical perspective attends not only to shared beliefs across multiple discourses but also the inner workings of the texts that form them” (p. 15). I place my work within the growing

interdisciplinary field of Rhetoric of Health and Medicine (RHM). RHM scholars engage with a range of rhetorical theorists to understand, for example, what assumptions are implicit in particular claims, what values are being used to persuade, and what influence a speaker's character may have on an audience's reception of information. Borrowing from Scott and Melonçon (2018), Derkatch and Segal (2005), and Segal (2005, 2009), I understand RHM as scholarship characterized by three key qualities: it focuses on the persuasive elements of health and medical discourse; it asks "prior questions" (Segal, 2009: 288); and it is methodologically mutable (Scott and Melonçon, 2018: 5; Segal, 2005). First, by focusing on the role that persuasion plays in health and medical discourse, RHM recognizes the role of rhetoric in shaping the way we understand ourselves as ill, or not, or healthy, or not. Second, RHM asks "prior questions." Prior questions, Segal (2009) explains, are questions prior to those typically asked by health researchers: "In the case of cosmetic surgery, for example, before we ask the more obvious medical/health questions—for example, 'How can it be performed most safely?' and 'Should it be covered by health insurance plans?'—we might ask, 'How are people persuaded to see themselves as improvable by cosmetic surgery in the first place?'" (p. 228). Third, when I say that rhetoric is methodologically mutable, I refer to the flexibility of rhetorical-critical methodology, something Segal (2005) describes as "an intentionally underspecified procedure, with certain characteristic interests, for the study of persuasive elements, in a wide range of texts, especially in the realm of social action or public discourse" (p. 10). I also borrow from Scott and Melonçon (2018), who note that RHM scholars demonstrate "a willingness and even obligation to pragmatically and ethically adjust aspects of methodology to changing exigencies, conditions, and relationships" (p. 5). Indeed, Burke (1973) recommends such an approach to rhetorical critics, advising them to "use all that is there to use" (p. 23).

This article asks a "prior question": I precede the question, "How can health awareness about fitness be more effectively communicated?" with the question, "How are people persuaded that health awareness about fitness is important in the first place?" To explore this question, I apply Burke's (1935) concepts of "orientation," "altar," and "piety." I extend this framework to health awareness, ideals of health, and specific values promoted by targeted health messages. I characterize health awareness as a series of orientations, each orientation contains an ideal of health (altar) and beliefs that provide a sense of what is pious to do in pursuit of this ideal (pieties). Different health awareness orientations provide different bundles of judgments of what health should be and how to attain it.

Rhetorical study provides an invaluable set of tools for describing what it means to be aware of health, and for tracing from where health awareness messages originate. As I show, health awareness messages are not limited to non-profit, public health, or governmental sources. When, at the beginning of this project, I started thinking about health awareness, I began to notice that I had regularly been urged to be aware of my health by a variety of commercial organizations, often unexpectedly, as it was not clear how exactly these organizations related to health. When I walked past a billboard on the side of the road, SunLife Financial offered to assuage my worries about type 2 Diabetes by encouraging me to take an online test. An ad in the window of a corner store implored me to be aware of vaping, since "Vaping is legal but we can't talk about it."³ I began noting—riding

on the bus, browsing the Internet, watching television, listening to the radio, walking down the street—whenever I was urged, explicitly or implicitly, to be aware of *something*. I responded to these prompts by visiting websites, watching promotional videos, and ordering free brochures. As I gathered this corpus of health awareness materials—websites, videos, discussion forums, brochures, and others—I noticed not only that the materials were authored by non-profit and corporate bodies⁴ alike, but also that there was a consistency in the kinds of messages—for example, implicit definitions of health and strategies for its achievement—across these sources.

My analysis, then, focuses on a comparison between the targeted health messages of non-profit public health campaign, ParticipACTION, and corporate entity, Fitbit. The first is a Canadian non-profit organization, and the second, a transnational tech company. I have selected these two apparently disparate organizations, because each is a dominant iteration of its class: ParticipACTION is one of the longest-running and best-established health and fitness non-profit organizations in Canada; Fitbit is one of the most successful wearable-tech companies. It is precisely because of their differences that I have selected these sites for comparison: because they differ in so many respects, I can more readily trace specific pieties of Optimization in their messaging and show that these pieties circulate broadly. I analyze ParticipACTION and Fitbit's websites, approaching each as a locus of rhetorical pieties. ParticipACTION's website, designed for a general audience, provides up-to-date information about fitness campaigns and the organization itself. Fitbit's website provides product information, downloadable materials about their corporate wellness program, and a blog, each to sell a product. I identify ways that ParticipACTION and Fitbit promote values towards their particular ideal state of health, and I identify places where each website provides its audience with implicit or explicit instructions to secure a healthier future and reinforces beliefs about appropriate worship. In each case, health is represented as a future-oriented, socially and physically fitter state, properly pursued by changing behaviors related to movement and time. The differences in the kinds of sources (and by extension, the motivations of each) allow me to more easily able to trace the specific pieties of the health awareness orientation of Optimization.

Beyond neoliberalization

One effect of this article's focus on optimization is to look beyond the notion that health and fitness campaigns are a symptom of the neoliberalization of health (see Fotopoulou and O'Riordan, 2017; Fullagar, 2009; Lupton, 2012, 2014, 2016; Millington, 2014, 2016). As Stewart (2007) writes, "The terms neoliberalism, advanced capitalism, and globalization that index this emergent present, and the five or seven or ten characteristics used to summarize and define it in shorthand, do not in themselves begin to describe the situation we find ourselves in" (p. 1). These terms, Stewart explains, do not adequately capture the ordinary affective textures of everyday life and instead describe totalizing systems in which we are always already immersed. According to Stewart (2007), even if these terms refer to forces that are real and pressing, when we describe our current moment through totalizing systems, the result is too overwhelming to be ameliorative. Instead, she proposes that neoliberalism, advanced capitalism, and globalization be

imagined as a “scene of immanent force” and not as “dead effects imposed on an innocent world” (Stewart, 2007: 1). To reframe neoliberalism as scene rather than conclusion is not to deny its impact on lived experiences. Our current moment is characterized by an increase in the centrality of the market, a decrease in government intervention, and an emphasis on consumer choice, each of which impacts our relationships to health: patients are reframed as consumers, health is represented as a commodity, and health services are increasingly privatized and individualized (see, Jette et al., 2016; Petersen and Lupton, 1996; Rose, 2007).

ParticipACTION and Fitbit are each complicit in the ongoing neoliberalization of health (for ParticipACTION see Drover, 2014; MacNeill, 1999; for Fitbit see Lupton, 2014, 2016, 2017; Millington, 2014, 2016). Fitness campaigns and wearable technologies encourage individuals to take responsibility for their health: among other things, fitness campaigns encourage a specific amount of recommended exercise per week, and wearable technologies explicitly facilitate the tracking and recording of this exercise. Both campaigns and tracking technologies frame physical activity as a choice—to exercise or not to exercise—and, in turn, activity takes on a personal and moral responsibility in which diseases associated with poor fitness (such as obesity, diabetes, heart disease) become understandable through the rhetoric of choice⁵ and risky behavior.⁶

Stewart’s provocation—that the terms “neoliberalism,” “advanced capitalism,” and “globalization” do not adequately describe our emergent present—highlights a pattern in Critical Health Studies, in which thoughtful and specific analysis by a critical health scholar moves towards the now-familiar conclusion that health messaging (including health education and other terms that stand in for health awareness) is not merely educational, but participates in the neoliberalization of health. Through the lens of neoliberalism, critical health scholars have analyzed health communication about the obesity epidemic and fatness (see LeBesco, 2010; Jette et al., 2016), fitness (see Ayo, 2012), healthy girls (see Smith and Paterson, 2018), fitness apps (see Fotopoulou and O’Riordan, 2017; Lupton, 2014, 2016, 2017; Millington, 2014, 2016), and diet (Otero et al., 2015). Many of these critical engagements conclude with arguments that health messaging makes individuals responsible for their health states, frames health as the inevitable result of good or bad choices, and obscures systemic and institutional barriers to—and social determinants of—health. While I agree that public health messaging often reinforces the neoliberalization of health, I also share Stewart’s uneasiness concerning the centrality that this term plays in shaping contemporary analyses. A conclusion that we live under a totalizing system is not always immediately helpful—rather, it has the potential to overwhelm and to make ameliorative action appear futile. Rather than *concluding* that fitness campaigns and wearable technologies are symptoms of neoliberalism, perhaps understanding neoliberalism as the scene upon which our lives play out will provide us with a more manageable course of action, or at least the possibility of inciting change. As I detail in the conclusion of this article, Annemarie Mol’s (2008) idea of a “logic of care” provides one course of action. As Mol suggests, we might act in the present to strive after as much health as one’s situation allows.

ParticipACTION’s website exemplifies neoliberal health philosophies by encouraging healthy citizenship through a cultivation of a national identity and encouraging fitness in the name of the nation. The campaign’s slogan, “It’s time for Canada to sit less

and move more” (ParticipACTION, 2019), and the site’s celebration of Canada 150 (Canada’s 150th anniversary as a nation), encourage website users to move their bodies in “150 uniquely Canadian activities” (ParticipACTION, 2019). Website users are offered a list, generated by Canadians, of 150 activities, including hockey, lacrosse, and basketball, but also activities not traditionally considered sports, such as slacklining, tree planting, and circus arts (ParticipACTION, 2019). By inviting users to “[g]et active like a Canadian,” ParticipACTION’s website exemplifies neoliberal ideas of the healthy citizen by inviting its audience to undertake their personal fitness for the good of the nation, and simultaneously constructs an audience of Canadians aspiring to be more fit.

While ParticipACTION participates in the neoliberalization of health by cultivating healthy-citizenship, Fitbit participates in the neoliberalization of health by commodifying and monetizing health. For example, Fitbit offers a service called “Corporate Wellness” where health is equated with earning potential. Fitbit (2015) advises businesses to “keep employees happy, healthy and engaged by creating an effective wellness program with Fitbit.” By investing in wellness (in this case, investing in Fitbits for employees and a database to oversee employee activity), employers are invited not only to “improve employee health status” but also to “increase employee productivity” (Fitbit, 2015). In a pamphlet explaining how the “wellness experience” works, Fitbit outlines a four-step process, as follows:

1. Fitbit creates an e-commerce experience where employees can choose their tracker.
2. Fitbit applies employer contribution, collects payment and ships the trackers directly to the employee.
3. Employees are instantly invited to enroll in your program during tracker setup.
4. Employees can track their progress and support each other on your program’s dashboard. (Fitbit, 2015)

The logic of this program relies on the illusion of choice: employees choose their Fitbit tracker, are encouraged to sign up, and participate in a workplace culture of fitness, support, and teamwork. In other words, employees are offered the choice to be healthy or not, productive or not, and a team-player or not. Here, the rhetoric of choice obscures coercion, as the refusal to participate in Corporate Wellness may be equated with poor judgment and irresponsibility. This exemplifies what Lupton (2016) calls “pushed” self-tracking (p. 153), where participation in self-tracking is framed as a choice, but the impetus to track comes from an external source. Or, in a more sinister interpretation, this could constitute “imposed” self-tracking (Lupton, 2016: 153) where self-tracking is designated as mandatory by an authority. Participation in corporate wellness becomes a marker for identity, particularly normal/healthy and pathological/unhealthy. As with other forms of neoliberalization of health, these identity markers can lead to discrimination and exclusion of those who are unwilling or unable to participate in activities deemed healthy (Petersen and Lupton, 1996: 25). Neoliberalization of health, and with it the responsabilization and individualization of health, becomes further complicated when participation in healthy behaviors becomes conflated with job performance.

Physical fitness campaigns and activity trackers clearly instance the neoliberalization of health and as such, lend themselves easily to arguments about personal responsibility,

choice, and productivity. However, I suggest that by defaulting to such conclusions, we risk sidelining other lines of inquiry. For example, by understanding neoliberalism as the scene upon which self-responsibility and self-government are already entangled with issues of fitness, physical activity, and wearable technologies, I am able to turn my attention to pieties of Optimization and explore the ways that organizations like ParticipACTION and Fitbit shape our understandings of not only health, but also time and ourselves.

Pieties of optimization

“Optimization,” refers to acting in the present to secure the best possible health state in the future. This definition draws on Rose’s (2007) understanding of optimization as the moral responsibility of citizens to secure their best futures, and it also draws on the work of Adams et al. (2009). Where Rose (2007) is primarily interested in how biotechnologies targeting the molecular change what it means to be a biological organism,⁷ Adams et al. (2009) suggest that the scope of optimization is unlimited: “[Optimization] can penetrate to the innermost regions of the body, the outermost regions of the globe, the earliest or latest moments of life, the largest and smallest of measurable things” (p. 256). Optimization is not limited to enhancement at the molecular level, but rather, all things become targets for optimization. Adams et al. (2009) write:

If optimization entails the effort to secure one’s own, one’s family’s, one’s group’s, or even one’s population’s “best possible future,” it also entails the sense that it must be continually expansive in orientation to do so. That is, optimization means not only maximizing one’s chances for a best possible future but also that the pursuit of the “best possible” is legitimately infinite in its scope and always ongoing. (p. 256)

I follow this expanded definition of optimization, and suggest that the rhetorical pieties of Optimization reinforce the ever-expanding domain of health by establishing the piety that time is a resource to be managed.

Time is a resource to be managed

ParticipACTION and Fitbit share the piety that time is a resource to be managed.⁸ That is, they imply a relationship to temporality in which the passage of time is an opportunity to secure goals and to accumulate health, and it is imperative to act immediately to do so. ParticipACTION’s and Fitbit’s users are also urged, in a version of this piety, to intervene early in their children’s lives to ensure their offspring are able to secure their best possible futures. In fact, these sites represent children both as beings with their own health goals, and as beings for whom adults, especially mothers, are responsible. The piety that time is a resource to be managed exemplifies a relationship to temporality that Adams et al. (2009) call an “anticipatory regime” (p. 249). Anticipation describes a forward-looking state where the effects of an anticipated future are felt in the present. Whether or not these futures come to pass is irrelevant, because by anticipating such states and responding to them in the present, their effects are made real. Adams et al. (2009) write as follows:

Anticipatory regimes in their specificity can conjure many versions of the future, but what all speculations share is the orientation towards and claim to the future as that which matters. Anticipation is not just betting on the future; it is a moral economy in which the future sets the conditions of possibility for action in the present, in which the future is inhabited in the present. Through anticipation, the future arrives as already formed in the present, as if the emergency has already happened. (p. 249)

This concept of anticipation applies not only to events or states with a negative valence, but also to desirable events or states, such as having a child or falling in love. What both valences share is a mingling of hope and fear: hope for one outcome, fear of another. As Adams et al. (2009) state, “[T]he anticipatory regime cannot generate its outcomes without arousing a ‘sense’ of the simultaneous uncertainty *and* inevitability of the future, usually manifest as entanglements of fear and hope” (p. 249). The piety that time is a resource to be managed capitalizes on this confluence of hope and fear: hope that optimal health is attainable in the future; and fear that optimal health is out of reach.

Goals—both setting and achieving them—are central to the ways that both Fitbit and ParticipACTION establish the piety that time is a resource to be managed. The differences in how these two organizations represent goals and goal-setting allow this article to form a fuller picture of the piety’s complex relationship to anxiety and urgency. For example, Fitbit’s marketing materials focus on positive goal-setting, and in doing so, cultivate anxiety about negative outcomes and failure. The first piece of text that greets a user on the Fitbit website’s “About Us” page declares, “We’re a passionate team dedicated to health and fitness who are building products that help transform people’s lives. While health can be serious business, we feel it doesn’t have to be. We believe you’re more likely to reach your goals if you’re encouraged to have fun, smile, and feel empowered along the way” (Fitbit, 2020). The transformation Fitbit promises is represented as empowering, because the transformed self is assumed to be an improvement on the present self. The unspecified site of transformation works to address a wide audience, inviting each reader to identify something they aspire to change.

Fitbit also asserts that transformation is more likely to take place if that transformation feels fun and empowering. While exercise can inspire such feelings, this assertion also deflects the experiences of those for whom activity may be painful, difficult, or even impossible. Elman (2018) argues that Fitbit profits from and reinforces the notion that “able-bodiedness is the only natural and desirable form of embodiment or way of life” (p. 3761). She suggests that Fitbit devices have been so celebrated precisely because they promise “continual optimization of bodies, moods, and growth from the gym to the office” (Elman, 2018: 3761).⁹ Here, Fitbit’s advertised transformation is goal-dependent. Optimization involves not only imagining a future state-of-being and believing that this state-of-being is achievable with the proper management of time and the right attitude, but also trusting that transformation will make you feel good.

While Fitbit focuses on the positive nature of goal-setting, ParticipACTION (2017) reprimands: “Too often we say we’re busy, when we really mean we’re distracted. Distracted from our goals, from our health, and from the life we’d rather be living.” Users are advised to assess their use of time: “How many hours do you spend scrolling through social media? Watching television or Netflix? Checking emails? Conduct a

self-audit: where are you spending your time each day? Try to identify all the activities that when you really think about it, you'd rather spend less time doing. And then replace them with physical activity" (ParticipACTION, 2017). Both Fitbit and ParticipACTION encourage users to act in the present to secure a better future. But where Fitbit promises a seamless optimization of time by merely strapping on a tracking device, ParticipACTION, in passages like these, rebukes its users and urges them to reconceive how they spend their time.

This central difference between Fitbit and ParticipACTION's representation of the relationship between time and goals can be understood through what Lauren Berlant (2011) calls "optimism." For Berlant, optimism is a structure of attachment (a way of relating) that enables the expectation that being near something (whether it be an idea, a goal, an object, a scene, or something else), will help you to become different, this time, in the right way (p. 2). Berlant calls "cruel optimism," the condition of maintaining an optimistic attachment to that thing, even when that attachment impedes the initial aim or is problematic (p. 1, 24). Fitbit's promise is inherently optimistic—a promise of transformation, empowerment, and fun—and at times, cruelly so, as it denies the lived realities of failing bodies or poverty.¹⁰ Whereas Fitbit (2020) promises "to empower and inspire you to live a healthier, more active life," with "products and experiences that fit seamlessly into your life so you can achieve your health and fitness goals", ParticipACTION (2017) offers a less cruelly optimistic approach: "You need to schedule time for physical activity. No matter how much you hustle, spare time isn't going to just appear. You have to make the time". Here, time becomes knowable as a resource that can be optimized or squandered.

The two organizations' shared piety that time is a resource to be managed becomes especially clear through their representations of children. Since optimization itself implies acting in the present to secure the best possible future, children become both a site of intervention in the present and a measurement of success in the future. Lee Edelman (2004) has argued that the figure of "The Child"¹¹ stands in for a collective future, and that we are unable to conceive of a future without this figure (p. 11). Lochlann Jain (2013) builds on Edelman: "The Child gains his potency in his abstract permanence and winsome innocence, in his asexuality, in his disconnection from the market and his prepolitical sensibility" (p. 64). Similarly, Phaedra Pezzullo (2014) argues that children, represented by a collective sense of permeability, vulnerability, and banality, are a crucial site to understand concepts of futurity (p. 17). For all three theorists, and for ParticipACTION and Fitbit, the representational power of the Child invites us to imagine a better future and urges us to act in the present to secure such a future. As Adams et al. note, "[M]anagement of the future within anticipatory regimes requires projecting even further back into younger years, positing the future as urgent in even earlier moments of organismic development" (p. 253).

For Fitbit, children also represent a market opportunity. In the spring of 2018, Fitbit launched a new product, the Fitbit Ace, marketed for children aged eight to 13.¹² According to Adams et al., managing the future requires projecting further back into younger years, recognizing the future as urgent in earlier moments of life (p. 253). While fitness trackers for toddlers and babies may seem like something out of a dystopic novel, if futures must be secured in earlier stages in life, such devices may not be far off. As of

January 2020, the Fitbit Ace 2, whose marketing states it is appropriate for users aged six and up, is available for purchase in Canada. The featured display on the webpage for the Fitbit Ace features two girls, one mid-cartwheel and one mid-run, and reads “Make fitness fun for kids and the whole family with Fitbit ACE!” This initial image exemplifies the ways the entire Fitbit Ace site deploys girls and family to market their product. Seven separate images feature children on the Fitbit Ace site: one image features only a boy, while four of the seven feature only girls. Of the 13 children shown, nine are girls, and four are boys. This gendering of Fitbit Ace, and the visual use of girls’ bodies to market the product, exemplify what Michelle Murphy calls “the value of a Girl” (Murphy, 2017, p. 112).¹³ The very low initial value of the Girl makes her an ideal site for human capital investment, with very high potential returns (Murphy *Economization* 116). The logic of the market, here, underpins the piety that time is a resource to be managed, since acting now, when value is the lowest, suggests a higher “return” in the future. Where, for Murphy, the logic of “the value of a Girl” is particularly focused on first-world/developing-world dynamics, for Fitbit it becomes visible within the context of middle-class North American families.

Following Murphy’s logic, the Fitbit Ace page urges that the parent and the wider family unit intervene as early as possible to invest in the girl’s future physical and economic success. When the Fitbit Ace website centers the figure of the girl in their marketing, she is often represented as part of a larger family unit. One of the ways that families can support their girls (and less visibly, their boys) is by teaching them about the importance of activity. As one blurb on the page for the Fitbit Ace 2 proclaims, “Fitbit Ace 2 helps parents and their children understand how physical activity impacts overall well-being and health.” Here, the tracker is central to activity, education, and well-being. Fitbit Ace and Ace 2 both suggest that, without the tracking device, children and parents may not fully appreciate the impact that physical activity has on health. Moreover, on the Fitbit Ace and Ace 2 sites, ideal families are connected families—and since Fitbit defines connection as technological mediation, it becomes imperative to intervene in a child’s fitness as early as possible by enrolling them into the family’s app-based self-surveillance. For example, Fitbit Ace is compatible with a family account app, where parents can “check in” by viewing the data collected by their child’s (or children’s) device. This model of surveillance is offered to parents as a positive intervention in family life: the app promises to “let you know if they’re getting the rest they need” and “[c]onnect with your loved ones on your health and fitness goals”. Moreover, Fitbit Ace suggests that a family is not really a family until they are technologically connected via Fitbit devices and what they call the Family Account.¹⁴ Through this account, parents can “control who they connect with in the Fitbit app, and see how active they are each day”. The Fitbit app not only requires a Fitbit Ace to start a Family Account, but the creation of a Family Account is conflated with family itself: to download the app, one must select an icon that says, “Create Family.” In passages like this one, Fitbit defines family through the devices and apps themselves, creating an urgency to track one’s family as early as possible.

ParticipACTION, like Fitbit, emphasizes the importance of acting now to ensure children are physically active in the future. ParticipACTION (2020) suggests “24-Hour guidelines” for people of all ages, including the “Early Years,” ages 0–4. These guidelines emphasize that “best health” is achieved through a balance of moving, sleeping, and

sitting. Guidelines for the Early Years are further categorized: infants (less than one year); toddlers (1–2 years); and preschoolers (3–4 years). Here, parents are urged to make sure that their infants are “being physically active several times in a variety of ways” and that their toddlers and preschoolers have “at least 180 minutes spent in a variety of physical activities” (ParticipACTION, 2020). Each of these guidelines concludes with the phrase, “more is better” (ParticipACTION, 2020). By following these guidelines, parents are encouraged to act now to secure a future for their children with these outcomes:

- Healthy growth
- Better learning and thinking
- Improved motor development
- Higher fitness levels
- Increased quality of life
- Reduced injuries
- Fun! (ParticipACTION, 2020)

Note that these benefits are modified by terms such as “better,” “improved,” “higher,” and “increased.” This modification—in combination with the guideline’s emphasis that “more is better”—highlights health as an ever-moving, ever-expanding target and exemplifies the piety that time is a resource to be managed. In this example, parents are advised to begin monitoring their children’s movements in the early years to secure a future that is better and improved. In ParticipACTION’s guidelines for the Early Years, if *more* means *better*, there is no threshold to cross, no achievement too high. Intervention could always be happening earlier—and cannot happen too late—to secure these better futures.

Conclusion

Taken together, ParticipACTION and Fitbit make visible an orientation of health awareness: Optimization. Each of ParticipACTION and Fitbit promotes an altar of health where health is defined as a socially and physically fitter (optimized) self, always just out of reach and attainable in the future. Each of ParticipACTION and Fitbit relies on and reinforces the piety that time is a resource to be managed. This piety is anxiogenic insofar as they perpetuate a cruel optimism that the future holds a better self. Furthermore, they ignore the possibility of sickness and limited abilities, and the inevitability of ageing, while providing an orientation of Optimization that is, by definition, unachievable. If more movement is always better, and acting now ensures better health later, there is no achievement too high, and arguably, no end to achieve.

Rachel Sanders and Annemarie Mol each offer some possibilities for resisting the cruel optimism of these pieties of Optimization. Sanders, for example, suggests that wearable technologies such as the Fitbit offer opportunities for thinking about the body in a way that aligns with feminist body theories: ¹⁵ “If self-trackers could release themselves from targets tied to corporeal ideals and adopt experimental outlooks, they might be able to employ digital self-tracking devices not to discover their authentic selves, nor to perfect or fortify their inherently flawed or risky bodies, but to learn about their bodies

as they are eternally (trans)-forming” (pp. 56–57). Sanders proposes a liberating digital body project—purposefully “goal-unoriented” (p. 56)—where a user of digital tracking technologies would “surrender herself to an open-ended and temporally unbound transformative experience” (p. 56). But while Sander’s project explicitly positions itself against Optimization and its pieties, it relies, in its ultimately goal-oriented imprecation to choose mindfulness and awareness, on the cruel optimism Berlant warns against. Self-tracking, “unmoored from goals informed by health and beauty norms,” nevertheless positions its users as “mindful” consumers and producers of data, even if that consumption takes place “in a spirit of openness and non-attachment to outcome” (Sanders 56).

While Mol shares with Sanders a commitment to the idea of bodies as in flux, she more explicitly embraces the realities of fat, ageing, failing, and decline. When Mol writes about patients and diseases, she advocates for a “logic of care” rather than what describes as a “logic of choice.” Although my own analysis is not about patients and diseases, Mol’s logic of care is relevant to my view of optimization. Whereas a logic of choice positions patients as rational consumer-citizens and health-care providers as unflappable professionals dispensing information, the logic of care attends to the messy, mortal, and fleshy aspects of life (and death). Regarding the distinction between a logic of care and a logic of choice, Mol writes:

When it calls patients “customers” the logic of choice opens up splendid panoramic views. From the top of the mountain you see no suffering. The language of the market contains only positive terms. Products for sale are attractive. Tellingly and non-neutrally, they are called “goods.” The logic of care, by contrast, starts out from something negative: you would prefer not to have diabetes. And if you do, you will never be healthy again. But the fact that health is out of reach does not mean that you should give up. The active patient that the logic of care tries to make of us is a flexible, resilient actor who, by caring, strives after as much health as her disease allows. What the result of the joint activities of a joint care team turn out to be is uncertain. Diseases are unpredictable. The art of care, therefore, is to act without seeking control. (Mol, 2008, p. 32)

Sanders would replace anxiogenic self-tracking towards optimal outcomes with self-tracking in the service of mindful and judgment-free awareness. Information about one’s biometrics becomes its own goal, and a state of mindfulness or acceptance does nothing to unsettle the logic of choice positioning people as consumers and participants in the production and consumption of data. Mol’s logic of care does not call for such radical non-attachment. Instead, it “strives for improvement, while simultaneously respecting the erratic character of disease” (Mol *Logic* 31). This logic of care provides a corrective for the cruel optimism of optimization. It suggests acting in the present not to secure the best possible health future for oneself that is, by definition, always out of reach, but rather to strive after as much health as one’s situation allows.

Recently, Donna Haraway (2016) has argued that discussions of life, living well, and living well together, must include at their center, discussions of death. Rather than telescoping into a future, we need to “stick with the trouble” to learn how to live and die well together. Mol and Haraway share a commitment to the darker, messier side of life—one that is rendered invisible through pieties of Optimization.

Declaration of conflicting interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The author received financial support for this research from the Social Sciences and Humanities Research Council of Canada Doctoral Scholarship.

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Notes

1. For a discussion of the ways that fitness can be implicated in concepts of social fitness, see Brown, 2018; for a discussion of the conflation of thinness and fitness, (see LeBesco, 2010; Wann, 2009; Elliot, 2007; Guthman, 2009).
2. I draw on Rose's (2007) definition of "optimization" as acting in the present to secure a desirable future (p. 6). Lupton (2016) provides an excellent mobilization of this term in her chapter "An Optimal Human Being."
3. This ad directs its user to a website, no longer active, where the site declares "We stand strong with adult smokers who want to learn about potentially less harmful alternatives to smoking".
4. It has been well-established that pharmaceutical corporations produce a large amount of health awareness material. However, the role that non-pharmaceutical corporations play in producing health awareness materials remains undetailed.
5. Certain surveillance technologies, or technologies used as surveillance, also outsource responsibility. If a person is wearing a tracker that reminds her to stand after 20 minutes of sitting—because that is the tracker her employer supplied and required her to wear—personal choice is not necessarily a factor. In fact, there's an employer override of personal choice.
6. There is, of course, much empirical evidence that obesity, diabetes, and heart disease are, in part, related to lifestyle choices (see Coppell et al., 2010; West et al., 2016). As Belling (2012) explains, public health discourse strives to reinforce personal responsibility by informing individuals about risk, which is often understood as active: "We may not feel that we are *at risk* unless we think of ourselves as *taking* a risk, and the volition that this implies brings a sense of responsibility and blameworthiness into individuals' ideas about determining the probability of disease" (p. 164). In other words, if one knows that one is at risk for the above-named conditions, behavior not focused on risk aversion is understood as problematic. As Belling (2012) explains, public health discourse reinforces the expectation that "complacency will end in preventable disaster" (p. 164).
7. For Rose (2007), optimization is the goal of what he terms "technologies of life": "these new technologies. . .do not just seek to cure organic damage or disease, nor to enhance health, as in dietary and fitness regimens, but change what it is to be a biological organism, by making it possible refigure—or hope to refigure—vital processes themselves in order to maximize their functioning and enhance their outcomes" (pp. 17–18). Rose (2007) focuses his analysis on the molecular: genetic testing and selective implantation of embryos (pp. 19–20). Each of these sites requires specialized biomedical technologies, knowledge, and expertise, and as Rose points out, part of the anxiety over these biomedical technologies of life stems from the increasing ease of access (for some people) to these interventions, and the prevalence with

which such practices appear on the market as part of consumer culture. As these developments in biomedicine become more accessible, and as interventions to optimize human life become normative, the very meaning of human life becomes altered by biomedicine and biotechnology (Rose, 2007, p. 20).

8. The piety that time is a resource to be managed is distinct from the concept of “time management.” Whereas “time management” refers to planning how long one spends on specific day-to-day activities, “that time is a resource to be managed” emphasizes time as *resource*, more akin to a “standing reserve,” in the Heideggerian sense. Heidegger (1977) suggests technology as a standing reserve by explaining that is not a “good” in and of itself, but rather, only “good *for*” something. Technology is at hand to be used (see Heidegger, 1977: 319–324). The piety that time is a *resource* to be managed suggests that time is something to be used in the service of securing one’s best future.
9. Several studies document the use of activity trackers by individuals with low mobility, including nursing home residents (Buckinx et al., 2017), and older adults with low mobility (Cochrane et al., 2017). However, as one post to a Fitbit Forum suggests, using a device without mobility can trouble the conventional user-device relationship: “Is there any way to adjust the settings on the Fitbit for someone who is disabled? I’m not going to be going on any runs or doing any major workouts because I am unable to do this anymore. But my Fitbit keeps yelling at me to get up and run. I still want to track my steps and have it monitor my sleep patterns, but I can’t make it happy by going on a jog” (Kuklared, 2017).
10. Fitbit is a commercial enterprise, and commercial advertising is full of cruel optimism in advertisements for everything—cars, beer, cosmetics, and more.
11. Edelman (2004) is careful to distinguish the figure of “The Child” from lived experiences of children (p. 11).
12. This was not the first experiment with fitness trackers targeted at children. For a brief period in 2017, McDonald’s included fitness bands in their Happy Meals. They were forced to recall these bands due to blistering, skin irritation, and burns (CTV News, 2016).
13. In the 1990s, the figure of the Girl emerged as the target of economic intervention. Investing in a girl’s education became understood as an intervention to create more productive workers, reduce future fertility (the problematic assumption in this plan is that an educated girl has more opportunities and will not be married at a young age for the purpose of having babies), lower population growth, and raise GDP per capita (Murphy, 2017, p. 112). This investment strategy is based on the concept of human capital. If commodities are things to be bought and sold, capital refers to the means of production (for example, the machines in a factory). Therefore, human capital is typically defined as the embodied capacities of a person, such as knowledge, skills, health, and abilities that can produce future economic benefits.
14. The Family Account is a special setting in a Fitbit account which allows the creation, management, and surveillance of a child account.
15. As described by, for example, Elizabeth Grosz (1994), Carla Rice (2015), and Annmarie Mol and John Law (2004), these theories share a sense that bodies are malleable, emergent, and relational, rather than static or objective.

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