

2020-05

Maturo, A. and Moretti, V. Digital Health
and the Gamification of Life, Bingley:
Emerald Publishing 2017. 176pp (pbk)
60.00 (ebk) 43.19 ISBN 9781787543669

TredinnickRowe, J

<http://hdl.handle.net/10026.1/15981>

10.1111/1467-9566.13037

Sociology of Health & Illness

Wiley

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Book Reviews

Maturo, A. and Moretti, V. *Digital Health and the Gamification of Life*, Bingley: Emerald Publishing 2017. 176 pp (pbk) £60.00 (ebk) £43.19 ISBN 978-1-78754-366-9

Maturo and Moretti have produced a largely theoretical work, concerned with the social problems of utilising digital technology in the realms of health and wellbeing. The title is somewhat misleading as the central theme of the work is not digital health but rather health and wellbeing more widely. Digital health (specifically apps) is used as a discursive glue to explain the main themes of the book that is health, wellbeing and medicalisation. Given the work's frequent discussion of health, wellbeing and 'weisure' (a neologism merging work and leisure activities), I would recommend it to scholars with an interest in sports sociology, lifestyle medicine and theoretical perspectives on digital health.

Chapter 1 (Self-tracking and Quantification of Everyday Life) opens with a critique of neoliberalism and the power structures related to standardising data, using a Foucauldian lens. The positive side of this is that if you are not familiar with Foucault and other similar French theorists, this chapter offers a good introduction to some of their theories. However, the chapter does not connect these ideas to digital health straight away, but rather functions as a theoretical baseline for the rest of the publication.

Chapter 2 (Getting Things Done: Gaming and Framing) is a little more balanced, in terms of presenting counter-evidence to the authors' position, regarding the effects of turning health apps into games. It moves more firmly into a discussion about health apps, with some solid use of Lacanian theory, which is more useful and less speculative than the clichéd anticapitalistic approach in Chapter 1. Both Chapters 1 and 2 (as well as other select parts of the text) can veer into strawman arguments in the guise of 'big pharma' and 'neo-liberalism' (conveniently never defined) (pp. 102–3). This is part of a wider issue in the work around the overzealous

application of theory whereby the subject itself (digital health), disappears under layers of speculation. Rather than theory being used to illuminate an issue, it instead overshadows it.

Wrong (1993) warned against portraying thinking agents as mindless beings, without the capacity to make their own independent decisions in his work *the Oversocialized Conception of Man in Modern Sociology*. This is a particular problem that the text has, especially in Chapters 1 and 2. In Chapters 3–5, this problem lessens by covering a wider range of competing theories and perspectives. However, the issue returns in Chapter 6 (The Positive Medicalization: Digital Meditation). For example, the means by which an app highlights the performance of the user was criticised. From an app evaluator's perspective, the feedback given did not seem unusual in terms of usability. However, the authors suggested it represents a society concerned with grades, physical beauty and material gain. The explanation in relation to the data presented seemed somewhat over eager. That being said, the chapter ends on a more reasonable note with the pros and cons of digital health being debated, and the book starting to look less one-sided.

In the same chapter, the authors reject the idea of using semiotics as a lens to analyse their work, citing Umberto Eco to this end. I can't help but feel the semiotics of Umberto Eco, Charles Sanders Peirce, or the multimodal modelling of Gunther Kress would have been a better, more neutral approach to analysing the apps discussed in the book rather than the Foucault ad nauseam which pervades much medical sociology, this work included.

For the pragmatic reader, Chapter 7 is a welcome change from the others. It is data-driven, concise and well-written, offering many more examples of real-world digital health applications. The style appears distinct from the other sections of the text. It reads more like an evidence synthesis. However, once more, in terms of subject matter, it is concerned with physical activity and wellbeing more than digital health.

The book improves as it goes on, with the early chapters being more theoretical and speculative, and the later chapters, more data-rich and empirical. While the improvements are welcome, it presents somewhat of a disjointed narrative. The earlier sections of theory development are not well integrated into the more data-driven chapters towards the end of the book, and rather function as loosely connected parts of the same work.

There are also extensive parts of the book concerned with critiquing neoliberalism, and wider issues that could impact upon digital health. The first 25 pages do not mention digital health in any meaningful sense. It is not until page 33 that the reader encounters the first specifically named digital health product, Runtastik, a gamified jogging app. Rather the concept of a health app is referred to in general and vague terms. The work is theoretically rich, but relating to topics that I did not expect at the outset.

On a more positive note, I appreciated that the authors provide copies of the surveys used in an appendix. Another useful format feature is that each chapter ends with a take-away message, which summarises the section in a useful, more neutral format.

Working in digital health trials and evaluations, I had hoped to find information that might help in the design and evaluation of digital products, in particular, rich qualitative data that can help explain better the users' experience. However, this was not the case except for Chapter 7 and a few select examples of apps given. The work will be more relevant to those with an interest in theories of digital health and care.

John Tredinnick-Rowe
University of Plymouth

Reference

Wrong, D. (1993) *The Oversocialized Conception of Man in Modern Sociology*. London: Irvington Publishers.

Kline, W *Coming home: How midwives changed birth*, New York: Oxford University Press. 2019. 256 pp £22.99 (hbk) £19.66 (ebk) ISBN 019023251X

As is all too common, the stories of the women who fought, risked and endured for change to

occur are often side-lined, marginalised or left out of official histories. Though there have been feminist explorations of post-WWII birth practices such as the Lamaze method, the increased caesarean rate, the father's role and the effects of drugs in childbirth, Wendy Kline strives to re-insert the roles of alternative practitioners of midwifery and the women who sought their services into the history of medicine. These women, she argues, challenged practice and assumptions about birth in the United States (US). They took their battles to the courts, and fought over whether birth is a medical event, a spiritual rite of passage or a personal choice. They also fought over whether childbirth should come under the practice of medicine in order to gain licensure and protection for midwives and improve experiences for women.

Transforming over the decades from a last resort, to a 'hippie thing', to mainstream and middle-class ideal, home birth has had a tempestuous and varied history, along with the role of the midwife. From the 1940s to the present day, Kline charts the history of how midwives supporting childbirth faced prosecution in some states; the oscillating divide between midwifery and medicine; demarcation, alliances and battles for recognition between 'nurse-midwives' and 'lay midwives'; and arguments surrounding whether pregnancy was a disease or not, showing how the stage was set for contemporary issues around abortion and foetal rights.

Through semi-structured interviews with key figures in the home birthing movement and archival research, Kline provides a fascinating read. She chronicles the lived experiences of US midwives and their hard-won victories in improving the birthing experience for women, driven to act by recognition of the general dissatisfaction from mothers that had given birth in hospitals, who often experienced dehumanised, over-medicalised births.

Kline highlights that whenever there was a chance for midwives to gain grounds in recognition or legal rights, differences in individual practitioners' ethical and philosophical concerns always seemed to raise tensions and conflicts, exposing the fragility of such movements and their alliances. An example of such a moment was the controversial move to attend mainstream training (which many midwives viewed as inadequate and lacking in first-hand experience) in order to gain recognition for themselves, midwifery practices and the right to train others, not to mention the ability to