Leverhulme Trust Grant RPG-2015-348

Knowledge, care and the practices of self-monitoring

Brief Project Summary

The project explored everyday self-monitoring that people undertake for themselves using technologies acquired independently of health professionals. Focusing on the cases of blood pressure and BMI/weight monitoring, the project set out to understand the social implications of these practices. We asked how self-monitoring is shaped by expert and commercial proponents, why and how people self-monitor, what people do with self-monitoring data and how this all relates to knowledge creation, care and responsibilities for health. To address these questions we analysed marketing and policy materials, interviewed people who self-monitor and undertook focus groups with primary care practitioners.

Key findings:

- Commercial companies constitute self-monitoring as a daily lifestyle practice through their design and marketing of devices. These shape devices as aesthetically pleasing and the practice as enjoyable and shared. This contrasts and is sometimes at odds with clinical framing of self-monitoring as individual, medical and time-limited.
- In practice, self-monitoring might be a shared, where partners or friends monitored together, sharing devices and results. Family and friends may encourage monitoring, offering help with acquiring or using devices and keeping records. It can also be a private activity where people wish to avoid the scrutiny of others, or protect them from worry. People trod a fine line between respecting loved one's privacy and autonomy, and showing care or concern for their health, and a shared future.
- Where devices are used and stored can mediate engagements with self-monitoring. Sometimes they are placed near to hand or visibly which acts as a reminder to monitor and may be seen by others as an invitation to 'have a go'. When devices are stored away this may signal an end of engagement, or a wish to preserve one's sense of self, avoid other's scrutiny or protect them from engaging with monitoring.
- People keep records in diverse ways, using paper, computers, device memories, apps, or keep track in their heads. They do not necessarily record all the readings they take, but may be selective, recording only the data they are happy with, or that they feel they need to be reminded of. When people shared their results, this was mostly with limited local or intimate networks.
- Clinicians sometimes invited patients to self-monitor blood pressure, but were concerned about their own and their patients' investments, and tried to direct this to make it more manageable. Our interviewees, however, sometimes had their own reasons for bringing their self-monitoring records to the clinic, hoping to use them to direct discussions about their own concerns.

We have published 1 working paper and 4 peer-reviewed papers in social science journals. One further paper has been accepted for publication and 2 more are in draft. We have also published one paper in a primary care journal and produced an online interactive tool for general audiences.

We held a 2-day project symposium and have given 16 national and international conference/invited presentations, including in US, Canada, Denmark, Germany, Switzerland and Spain.

The strength of the project was in unpacking self-monitoring as a material and shared practice, associated with care in everyday intimate life, suggesting the continued relevance of non-digital, non-networked practices and the limits of data flows. This lends nuance to social science critique of self-monitoring, which has tended to focus on individual responsibilisation, surveillance and the exploitation of data.