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Research Article

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Reclaiming Melancholy by Emotion Tracking? Datafication of Emotions in Health Care and at the Workplace

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Abstract: Since the time between the world wars, the language of emotions has been dominated by the discourse of therapy, starting a style of emotional expression and practice. Somewhat paradoxically, at the same time as a new professional group emerged with authority to pronounce on all matters emotional as part of the unfolding of modern emotional capitalism, the categories of psychic suffering have witnessed a veritable emptying out of *emotions*. Currently, the emphasis is placed, rather, on various kinds of lack of *behaviour*. For instance, “melancholy” as an existential category for strong and energy-intense reactions to all kinds of loss, has been squeezed into the clinical category of “depression,” literally meaning “pressing down.” Negative emotional states have, however, recently appeared in many self-tracking activities, including in the “datafication” of emotions in the form of the Finnish application Emotion Tracker. In this article, I ask whether this introduction of self-tracking into the context of health care and the workplace has written any differences into the current practices of emotional capitalism. My findings suggest that by placing itself in the opaque middle ground between professional psychology and ordinary life, Emotion Tracker creates a new space where the rich tapestry of melancholy is again allowed to figure.

Keywords: emotions, capitalism, self-tracking, datafication, melancholy

Introduction

Recently, the notion of “datafication” has emerged as a concept for understanding the ways in which qualitative aspects of our lifeworld are turned into quantitative data, including the domain of health. According to Minna Ruckenstein and Natasha Dow Schüll (2017), the current literature on the topic can be grouped into three areas: research on datafied power; research on “living with data” or different kinds of data practices; and research on “data-human mediation,” exploring the various kinds of agencies of the non-human. These three takes on datafication offer divergent and sometimes conflicting views on the practices of health and self-care (Ruckenstein and Schüll, 2017). As part of the second thematic take, Ruckenstein (2015) has studied the uses of a food tracking application, MealLogger, designed for photographing meals and visualising eating rhythms to share with healthcare professionals. The results suggest that such practices of self-tracking advance the practices of visually and temporally documenting, retrieving, communicating, and understanding physical and mental processes. They thereby offer a new kind of visual mediation that partly manages to escape the cold and hard “clinical gaze” of traditional health professionals. The results also suggest, however, that healthcare professionals are acutely aware of the barriers to adopting self-tracking practices as part of existing patient care.

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A central outcome of these inquiries into the uses of self-tracking in the context of health care is thus that self-tracking represents a new and ambivalent mode of communication that sits uncomfortably within existing clinical and organisational structures. These inquiries have not, however, delved more deeply into the actual specifics of that new, “other” form of communication. In particular, they have not asked about the origins and implications of this “softer” form of communicating about physical and mental issues. In the case of tracking emotions, however, issues about the origins and implications of this other communicative style afforded by the self-tracking app(s) become hard to avoid. Eva Illouz (2007), for instance, has suggested that the whole new cultural model and “ethos of communication,” now thoroughly permeating corporate culture in the West, is backed up by the “feminine” emotional style of professional psychology: “[c]ommunication’ is thus a technology of self-management relying extensively on language and on the proper management of emotions but with the aim of engineering inter- and intra-emotional coordination” (Illouz 19).

Simultaneously, however, and somewhat paradoxically, the very same development towards the therapeutic communicative ethos has been paralleled by the marginalisation of the formerly very rich repertoire of melancholy, or all kinds of human emotional reactions to loss (Johannissen, 2013; Radden, 2002; Radden, 1987). Previously, melancholy embraced such varied phenomena as hunger, rage and experiences of being fragile like glass. Especially during the latter half of the 20th century, however, this rather encapsulating and multiform notion for human suffering has been squeezed into the category of “depression”—from “deprimere,” to press down—with all its specialist sub-categories. Today, a clinical diagnosis of depression requires that the person shows a *lack* of certain *behavioural* patterns, for instance of the capacity to feel pleasure, energy and so on: “[f]or there is now a strong emphasis on the assorted behavioural symptoms by which a clinician might detect the condition” (Radden, “Melancholy and Melancholia” 240). As for the fate of the thus expelled content, this has spread out over recent centuries across various strongly context-based forms of suffering such as nervousness, ennui, fatigue and, most recently and in relation particularly to work, burn-out (Johannissen 2013). In the light of the work of Illouz, then, identifying and designating “depression” and “burn-out,” and other medicalised categories of psychic suffering is strictly confined to the professional cadre of psychologists and psychiatrists, while the rest is transferred to the sphere of “other problems.” Although not clinical in nature, also these “other” problems are, however, viewed as issues that these experts on “communication” can provide advice and expertise on.

In light of these tensions and tendencies, the recent uptake of the self-tracking app Emotion Tracker, with its explicit invocation of the language of professional psychology in connection with both health care and the workplace in Finland becomes rather intriguing. It is the more interesting to note the producers’ insistence that the app merely serves “improved emotional communication,” and not clinical inference-making, in both contexts. It seems that by placing itself in the blurry middle ground between the seemingly contrasting domains-of professional psychology and ordinary life-Emotion Tracker creates a new space where the rich tapestry of melancholy as a reaction to all kinds of human loss is once again allowed to appear. Given the current divides between professional and other spheres, the categorical flexibility of Emotion Tracker is its strength. On the other hand, however, it is also the source of its most prominent drawback. For, given the withering of the earlier, encompassing cultural category of melancholia as a rich reaction to loss—which would justify its existential rather than clinical use—what, more precisely, is the app good for?

The Emergence of the Therapeutic Communicative Ethos

In her thought-provoking book, *Cold Intimacies: The Making of Modern Capitalism* (2007), sociologist Eva Illouz makes the bold claim that Westerners, and first and foremost Americans, today live their lives within a system of “emotional capitalism”: “[a] culture in which emotional and economic discourses and practices mutually shape each other” (5). This produces “a broad, sweeping movement in which affect is made an essential aspect of emotional behaviour and in which emotional life—especially that of the middle classes—follows the logic of economic realizations and exchange” (Illouz 5). This entanglement of emotion and

economic exchange, Illouz claims, is the end product of a long historical development. It started in the early 19th century with the Freudian take on the self as a complex achievement and ended up—via the uptake of Humanist psychology by the state and the feminist movement during the period 1930-1970 especially—in a cultural ethos emphasizing the capacity to “communicate” empathically and self-reflexively about all things human, with a special emphasis on the context of family intimacy and work relationships.

As compared to earlier times, this capacity to communicate emphatically, and of *teaching* how to communicate so, is something that can be capitalised on, i.e. sold and exchanged as a commodity in a marketplace. Starting in the 1920s, this new “therapeutic emotional style” found its way also into the corporate world via the landmark work of Elton Mayo—in his famous Hawthorne studies conducted from the year 1924 to the year 1927, he emphasised the significance of emotionally attuned, therapeutic listening for work performance (Illouz 13). In so doing, Mayo introduced a “feminine” element of communicating into the domain of the workplace, in effect establishing “a discursive continuity between the family and the workplace and in fact introduced the psychoanalytical imagination at the very heart of the language of economic efficiency” (Illouz 15). Gradually, there emerged a veritable cadre of professional psychologists claiming to be “‘knowledge specialists’ who developed ideas and methods to improve human relations, and who thereby transformed the ‘structure of knowledge’ or consciousness that shaped the thinking of lay persons” (Illouz 17).

Thus emerged, according to Illouz, “the therapeutic idea of ‘communication,’” which came “to designate the emotional, linguistic, and ultimately personal attributes required to be a good manager and a competent member of a corporation” (18). As a technology of self-management based on language and interpretation, communication here is a cultural tool and repertoire used as a way to help coordinate actors *emotionally* (Illouz 19). It is fundamentally based on a dynamic of recognition and rights: those are your emotions, and I, the manager, can see them; and I, the worker, as well as I, the manager, have a right to have my emotions recognised. Illouz thus draws the conclusion that the “economic sphere, far from being devoid of emotions, has been . . . saturated with affect, a kind of affect committed to and commanded by the imperative of cooperation and a mode of settling conflicts based on ‘recognition’” (23).

This new cultural model of communication blurs a series of previously perhaps more distinct domains both in the context of the family and in the context of the workplace. On the one hand, it blurs the domains of the emotional and the economic, “making the economic self-emotional and emotions more closely harnessed to instrumental action” (Illouz 23), turning emotions as such into “objects to be thought of, expressed, talked about, argued over, negotiated and justified, both in the corporation and in the family” (Illouz 37). On the other hand, the model blurs the domains of the male and female, androgynising both via its simultaneous demands to enter into genuine dialogue *and* make reference to rights and productivity: “[t]hus, if the sphere of production put affect at the centre of models of sociability, intimate relationships increasingly put at their centre a political and economic model of bargaining and exchange” (Illouz 37). As a linguistic model for structuring human interaction, the model is deeply ambivalent, since the very precondition for entering into “communication” is that one suspends one’s emotional entanglement in a social relationship (Illouz 38).

When combined with the increasingly ubiquitous narrative of self-help, Illouz argues, therapy and recovery in its Humanist version of “self-realisation” became one of the major current identity narratives:

[t]his, in turn, represented an extraordinarily enlarged realm of action for psychologists: not only did psychologists move from severe psychological disorder to the much wider realm of neurotic misery. They now moved to the idea that health and self-realization were one and the same. People who had un-self-realized lives were now in need of care and therapy. (45)

Since there were, however, no explicit criteria for designating selves and lives as thus unfulfilled, the whole realm of ordinary life in practice became a field of potential pathologies: “[f]eminists, psychologists, the state and its armies of social workers, academics working in the field of mental health, insurance companies and pharmaceutical companies ‘translated’ the therapeutic narrative [into their own contexts, author’s clarification], because all, for different reasons, have a strong interest in promoting and expanding

a narrative of disease. For, in order to be better—the main commodity promoted or sold in the new field—one must first be sick.” (61) This created a setting or “emotional field” in which the actors responsible for relieving suffering actually *co-produced* the misery they then purported to address and relieve via specialist therapeutic communication. Here, “all ultimately agree on defining emotional life as in need of management and control and on regulating it under the incessantly expanding ideal of health” (Illouz 63; see also Bauman 2003).

This emotional field, in which emotional health becomes “a new commodity produced, circulated and recycled in social and economic sites” (Illouz 63), should not, however, be viewed as some sort of gigantic, social constructionist conspiracy. Rather, Illouz argues in a pragmatic vein, it creates a doable way of negotiating a credible and liveable narrative of the self in volatile modern times, both in private and public life. Emotional competence, or the capacity to speak the language of therapy in all settings where it is required, and especially as codified in the vogueish term, “emotional intelligence,” thus becomes “not only a form of capital which can be converted into social capital or advancement in the work sphere, but also can be a resource to help ordinary middle-class people reach ordinary happiness in the private sphere” (Illouz 69). Put differently, using the cultural model of communication pays off not only in terms of the internal logic of emotional capitalism itself but also in relation to more universal human strivings toward the moral good of a life well lived.

Whatever Became of the Shadow? Melancholy and the Historicity of Emotional Life

Whereas throughout the centuries the existential category of melancholy has taken many different and thoroughly context-dependent forms, no previous time-period has turned this spectrum of emotional life into such an empty category as the modern one of “depression”: “Whereas melancholy refers to the powerful feelings—evoked by black bile—depression refers to the inhibitors born out of discouragement.” . . . “A no-thing” (Johannissen 71). It almost exclusively depicts a clinical state and lacks the richness of meaning encapsulated in melancholy. Furthermore, and perhaps more seriously, it completely lacks the other side of the historically conjoined sides of melancholy, suffering and creativity (Johannissen 71). Thus, in parallel with—or rather, as part and parcel of—the democratization of psychic suffering and the transformation of recovery into a lucrative business (Illouz 42), the time between the two world wars witnesses the gradual emptying out and/or dilution of the formerly rich concept for capturing human reactions to all kinds of loss or “melancholy” (Johannissen 70; Radden 1987). Yet, as evidenced in the historical analysis of the various “rooms” of melancholy by Johannissen and others and in the theory of psychoanalysis, “an individual can embrace the emotion of melancholy and, through the melancholic state, translate loss and grief into a language that strengthens him in a crisis and helps him to become his former self again” (Johannissen 72). According to Johannissen, this kind of “empowering melancholy” has been the main theme in the work of numerous authors and other creative artists (72).

Thus, while modern science has invented ever new, specialist labels for the most serious symptoms, others have been delegated to more indeterminate categories like “panic disorder” or “fatigue syndrome”; and as for the more historical signs of melancholy, such as hunger, rage and languor, these have been discharged completely from their former context (Johannissen 72). Furthermore, as has been shown by Jennifer Radden (1987), when considering the difficult boundary between the “healthy” and the “sick,” paradoxically no reference is made to *emotions* as such, only to *behaviour*, such as problems with sleeping, eating, concentration, and movement (Johannissen, 73). The so-called “English malady” of melancholy of especially Elizabethan times—the period between the end of the sixteenth century and the middle of the seventeenth—was a univocal in the sense that it did not distinguish between “the more severe conditions on the one hand, and variations of normal, though splenetic character and mood on the other” (Radden, “Melancholy and Melancholia” 244). Furthermore, this “Pre-Classical” understanding of melancholy also remained firmly connected to the Aristotelian tradition, with its “notion that the other side of this mood of sadness and despair was intellectual depth, wisdom and learning, even genius” (Radden, “Melancholy and Melancholia” 244).

Although many literary authors have rebelled against this gradual emptying out of the notion of melancholy, not only has the process marched on, it has been accompanied by a shift in gender ascription. While the Elizabethan, Pre-Classical melancholic was iconically depicted as expressing sensitive creativity and fragility, the modern stereotype is the anonymous, depressed woman (Johannissen 73-74; Radden, “Melancholy and Melancholia” 244-246). In the terms used by Illouz, then, it seems that “the democratization of psychic suffering” not only runs the risk of stratifying sufferers into those able to secure communication-based treatment and those not able to do so but also excludes all potential of an empowering creativity, one that was earlier culturally deemed masculine.

Emotion Tracking in the “Datafication” of Health

In recent years, clinical health care work, as well as work more generally, has been impacted by an upsurge of practices of “self-tracking,” or “the enterprise that involves individuals observing, and in many cases, recording details of their bodies and lives, often for the purposes of achieving self-knowledge, self-reflection and self-improvement” (Lupton, “Lively Data, Social Fitness and Biovalue” 2). Lupton (2015, 2017) argues that these practices themselves fall into one of the five categories of private, pushed, imposed, communal or exploited self-tracking; and Ruckenstein and Schüll (2016) claim that current sociological *research on* such practices of self-tracking falls into three categories—see the beginning of the Introduction. The second of these, i.e. “the ways in which people incorporate and conceptualise the personal data they generate from self-tracking as part of their everyday life,” requires more sustained research, but “the ways in which self-tracking technologies and practices are invented, brought onto the market, advocated and incorporated into organizations and institutions” also demands further investigation (Lupton, “Self-tracking, Health and Medicine” 4).

As part of an attempt to fill this research gap, Ruckenstein (2015) has studied how the self-tracking practice of meal logging has been incorporated into a context of health care. She argues that “a visual food journal opens a window onto everyday life, bypassing customary ways of seeing and treating patients, thereby highlighting how self-tracking practices can aid in helping escape the clinical gaze by promoting a new kind of communication, through visualization and narration” (28). However, she also points out that although health care professionals can see the value of this new form of communication for the patients, the health care system as such is “neither used to, nor comfortable with, personal data that originates outside the system; it is not seen as evidence and its institutional position remains insecure” (Ruckenstein 28). Much current research supports this conclusion about a highly uneasy relationship between health care professionals and the advocates and practitioners of self-tracking (see, e.g. Lupton 2016, 2017).

As Lupton observes: “[d]igital health technologies potentially generate different ways of thinking about, practising and experiencing medicine, healthcare and public health. From a perspective that is informed by critical social and cultural theory, these changes have the potential to challenge entrenched conceptualisations and experiences of illness, health, disease and medical care and practice” (“Digital Health Technologies and Digital Data” 2). This, together with the work of Illouz and Johannissen, provokes the question: what are we to make of the practices of *self-tracking emotions* specifically? Put differently, what happens when the cultural ethos of communication, with its attendant exclusion of many of the historical aspects of melancholy, meets the practices of self-tracking as materialised in the Emotion Tracker app and its varied uses in health care and workplace settings?

From January 2015 to June 2016, I conducted research on Emotion Tracker by 1) analysing web pages and 2) conducting ten interviews. Five interviews pertained to emotion tracking and health and five concerned emotion tracking and work. The interviews were almost completely transcribed, with only two interviews only selectively transcribed. I also 3) analysed ten videos uploaded to YouTube on Emotion Tracker. The interviews relating to health were obtained by means of snowball sampling, while interviews pertaining to emotion tracking and the workplace were obtained via a request for interviews in the context of a management training program. Moreover, 4) I collected and analysed data from a selected number of the anonymous users of the Emotion Tracker app at a Finnish student health organization.

The data obtained from the research material has been examined by means of qualitative methods to address three specific concerns: 1) contexts of emotional tracking and its related practices, whereby “practices” signify a variety of activities, skills, and responses (see: Shove, Pantzar and Watson “The Dynamics of Social Practice”) the relationship between emotion tracking and the current cultural ethos of communication; 3) the possible connection between emotion tracking and the contemporary understanding of depression/melancholia with regard to their historical description and status. As proven by the study, the answers to this tripartite inquiry are interlinked in a way that ultimately necessitate a reassessment of the place and significance of melancholy in modern emotional capitalism.

Emotion Tracking in Health Care and the Workplace

The story of the emotion self-tracking app Emotion Tracker began, in 2012, with a deeply frustrated but highly successful marketing professional and mother-of-three, pondering whether or not to leave her job at a large consultancy firm, conceived as unsatisfactory and inauthentic: “I walked manically to and fro, my husband watched and thought, crazy woman” (interview 1). Eventually, this frustration grew into an emotion of anger approaching rage: “I knew that . . . I’m approaching rock bottom, soon I will make the decision, somewhat through hate, and then it will ease . . . like a dying person’s last burst of life” (interview 1). The first version of the self-tracking app Emotion Tracker grew out of this original base of emotion trapped and released. It evolved after a round of emotion-laden dialogues with funders and future collaborators (“I remember, I drove home from the funding agency who had wanted me to simplify my idea and just yelled, ‘God damn it! Fuck!’ and I cried and screamed,” interview 1). The end result of this process was an app containing 160 words for emotional states and experiences that the user can pick from in order to identify and name their current feelings. By doing so, the argument went, the user can develop a better awareness and understanding of their emotions which can enable a better interpersonal interaction.

In addition to a number of changes and additions to the original emotion word lists, the past five years witnessed the embedding of the app in the contexts of, among others, health care and the workplace. Within health care, the app was taken up in student health care, mental health care, and maternity clinics. Within the context of the workplace, it was taken up in a number of companies as well as in educational programs for managers. As for the words to be included in the app, they were the result of an intensive negotiation between the founder and a professional psychologist partner, who joined the project in 2013. The founder’s original attitude of “if I want the app to contain the expression ‘fucking mad’, because that’s what people feel every once in a while, then that is what will be there” was thereby balanced out by psychological expertise in categorising emotions in a way that professional psychology could defend (interviews 1 and 2).

Beginning in 2013, the app was taken up in two different healthcare contexts in Finland: first, in professional solution-oriented psychotherapy—Action-Commitment Therapy—and then in the context of rolling out a “digital maternity card” as part of renewing Finland’s long-established comprehensive maternity support system. This process of renewal was being implemented in some Finnish municipalities at the time of the interviews (interviews 3 and 4). When the founder pitched the app in front of a group of professional psychotherapists, most reacted positively, but some voiced concerns about the whole business being just that: too much *business*. For very ill people this was not deemed right while tracking negative emotions was suspected of possibly leading to too much attention given to unwanted things—a no-go for solution-oriented psychotherapists. However, the founder managed to convince her audience of her genuine will to help people, rather than just make profit from their misery. She also persuaded them of the possibility that the tracked negative emotions would be open to being reinterpreted more constructively and in a more future-oriented way (interview 3).

When the app was presented to one therapist’s clientele (interview 3), it soon became clear that there were almost as many ways of using the app as there were clients, some choosing not to track at all, i.e. young people, tired of all apps; some tracking sporadically, i.e. older people; some using it for sharpening the aims of therapy, and some using it as a comfort blanket, i.e. people with a tendency to become addicted (interview 3). Some clients noted in a rather exultatory fashion that the app did not contain a specific

emotion word that was important to them; some ridiculed the whole thing; while others used the aggregate visualisations—e.g. the emotions of a specific time-period as represented in coloured circles, blue for negative and yellow for positive, and organized according to domains such as work, family, myself, health etc.—to express emotions and issues that it would be “too scary” to say out loud to the therapist (interview 3). The richness of the emotional vocabulary was experienced by the therapist as opening a space for “free will” as opposed to “automation,” as evidenced for instance in the brief illustration of the use of emotion tracking data by a—non-client—user with a known risk of depression. This user had tracked her emotions over one month, with “angry” as the by far the most dominant: “angry, stressed, tense, irritated, fearful, powerless, frustrated” (interview 3). The therapist’s way of nearing this was to ask: “[h]ow do you think that this might, in fact, *empower* you?” From there on, the therapist would lead the user from the “activity-oriented” sphere of the “fight/flight/freeze” mode to a mode more allowing of less energy-laden emotions such as “grief, worry, burn-out” and eventually over to the more positive emotions of the user as exemplified in the yellow circles in the graph (interview 3).

Within the digital maternity clinic, the idea was that the app would be made available as part of a larger service package, for a cheaper price than that of the market so that mothers and mothers-to-be could identify and name negative emotions in particular at a very early stage of both pregnancy and parenthood, thus ideally preventing the escalation of depressive symptoms especially (interview 4). The idea was that this would complement rather than replace face-to-face contact with maternity clinic nurses. It would also provide a quick and easy avenue for intervention in the form of either direct questions from the nurses, or the independent contacting of professionals via other channels—telephone numbers, chats, e-mails—provided through the digital maternity clinic (interview 4).

Compared with the context of health care, the workplace context offers a somewhat different picture. Of the participants approached in the context of a two one-year educational course for future superiors participating in the management training institute, 12 responded. Five declined participation in the research directly; two replied that they did not find the app helpful at all, and five agreed to be interviewed. Three were women, and two were men. The women all worked in insurance and the men in retail. Two women considered the app to be generally rather nice although perhaps not very necessary, finding it hard to find motivation for tracking. Both also thought that the vocabulary was not “rich enough” and actively added new terms and words under the category of “other” (interviews 8 and 9). All five noted that they tended to track extreme emotions, positive as well as negative with the negative dominating, rather than the more stable goings-on of day-to-day life. Most tracked emotions not only during work time, but also as they emerged in relation to family and hobbies, especially various sports, played by themselves or by their children.

One woman found that having to engage with the self-tracking technology revealed how little time she has beyond a multitude of educational endeavours and a stressful situation at work. One man reported “not really getting it” (interview 6) despite genuine attempts to use it, and the other found it to be deeply revelatory:

[w]ell, I am a typical Finnish man, who does not much care for emotions. And I am also like, I do not find any emotions in me. . . . And then I tried, via the codes. And then I was surprised, that once you consciously start to seek for them, then in some way you begin to note them. (interview 7)

What this man gained more specifically was an insight into the linkage between bodily experiences such as “pressure in the chest” and “headaches at the front and back of the head” as well as of “things that annoy or produce stress” (interview 7) him and his intermittent bouts of insomnia. This contrasts rather heavily with the female respondent above who was in a highly stressful job situation and who realised that she is too stressed even to use this self-tracking app, that it was just “one more thing to remember among others” (interview 10) and who added this to a general insight of there just being too much going on for one person.

Discussion and Conclusion

What, then, does it mean to say that in using the Emotion Tracker in the contexts of health care are the workplace, melancholy is being *reclaimed*—rather than, say, *re-identified*? A proper answer to this question requires a brief summary of the results of the analysis in the previous section. My three guiding analytical concerns were 1) contexts of emotional tracking and its related practices; 2) the relationship between emotion tracking and the current cultural ethos of communication; and 3) the possible connection between emotion tracking and the contemporary understanding of depression/melancholia with regard to their historical description and status. As for the question of contexts and data practices, the answer would be that the contexts of use in emotion tracking are rather *multiform*, both in health care and at the workplace. In the former context, the self-tracking practices are also heavily dependent on the history and specific needs of the user. Much emphasis is placed on the right to self-determination, of the psychotherapist's client as well as of the mother, i.e. neither case involved enforced use.

As the communication ethos, this also seems to be present in many different places: in the founder's experience of the absence of authenticity in work; in the idea of capitalising on emotions in general; in the idea of "distancing" from one's own emotions being the main route to emotional peace and clarity; and in the emphasis on needing to enrol and engage emotion "handling" professionals as part of a whole service package if not part of the product being transacted. Within the context of health care, although it is evident that the self-tracking technology is allowed to be incorporated into a therapeutic setting only provided that it serves the therapeutic aims of the professionals, the ways in which it does this, allow for the emotional words used by the clients themselves to be explicitly included.

At the workplace, however, despite a generally benign attitude towards the app, the respondents found the integration of the practice of tracking emotions into their daily work routines to be challenging. Although all bought into the ethos of communication at a general level, only one—the "typically Finnish" man—seems to have experienced a real and tangible personal gain from the practice of tracking his emotions.

Interestingly, however, from the point of view of my third concern, that of melancholy, there are significant discords at the interface between the technology designers and the emotion professionals. Perhaps reflecting the intense, rather melancholy-like emotional reactions of Emotion Tracker's founder to the threat of loss of a meaningful work life, the vocabulary of the tracker contained a large number of emotion terms known to be used by ordinary people in various emotional states. Many of these terms have remained through subsequent upgrades. When integrated into the practice of psychotherapy, the idea was presented that "hope is in the distinctions" (interview 3), that is; that attending to negative emotions, perhaps specifically those centring around anger, *as experienced and tracked by the users themselves*, is key to empowering and future-oriented action.

Also, a rather sharp contrast emerges between the typically Finnish man experiencing a revelation and the woman not using the app at all. Both the "deep" use and the insights into the causes of *non-use* can, therefore, it seems, lead to the same sorts of conclusions that something constructive should be done quickly. Thus, whereas the primary "room of melancholia" (Johannissen) referred to in the clinical setting was clearly that of "depression," the corresponding "room" in the context of the workplace could be seen to be predominantly one of work-induced "fatigue" or, in the jargon of a hundred years later, "burn-out."

Against the two silhouettes created by theory and empirical analysis as summarized above, the question about reclaiming melancholy can now be specified as follows: by situating itself in this middle ground between authoritative professional definitions of emotional life and actual emotional, linguistic practice by ordinary people, Emotion Tracker makes it possible specifically to reclaim the repressed *creative and empowering* aspect of melancholia as a generalized reaction to loss and as defined by its various "rooms." More specifically, by explicitly blurring the distinction between emotional "professional" and "vernacular," a *new blended, emergent space* is created in which the univocal Elizabethan, Pre-Classical aspects of melancholy are again allowed to appear. As Radden makes clear, this kind of *empowering melancholy* is not even possible in a culture that makes a rigid separation between "ordinary" and "clinical" sadness or depressive illness, the latter understood in terms of behavioural manifestations only: "[a]nd despite the etymology of "depression" . . . most of

these manifestations do not have the symbolic power to reinforce and remind us of the mood underlying them” (“Melancholy and Melancholia” 243).

Thus, gaining access to this richer, hybrid emotional domain by means of emotion tracking is not only a matter of reidentifying what was already always there but rather a matter of actively reclaiming a creative aspect of melancholy that has been culturally lost in the process of ever diversifying professionalisation and medicalisation of sadness and loss. It is also a matter of reclaiming this creative aspect specifically for “depressively ill” women. In the light of the work of Johannissen (2013) and Radden (1987), it is perhaps no coincidence that much of this work of reclaiming melancholy is performed by women: by the founder herself, of course, but also by the female psychotherapist integrating the app in her practice; by the female technology developer integrating the app into the digital maternity clinic; by the female nurses recommending and supervising its use; and by the many female Finnish “celebrity psychologists” actively and publicly supporting the work of the founder.

What difference, then, does it make in the context of emotional capitalism whether we speak of “depression” or “melancholy”? Does the gradual disappearance and, as I argue, re-claiming of melancholy in the practices of emotional self-tracking matter in the broader scheme of things? Space prohibits me to go into detail, but I would argue that the stakes are potentially very high, both in terms of various kinds of gain and of various kinds of risk. The practices of emotion tracking open up questions not only relating to conditions of personal empowerment but also to the limits of legitimate participation in the whole enterprise of capitalising on emotions. At the same time, this question of legitimacy also has a darker side to it, to do with issues of data management practices and data security. Whereas the activities of current emotion professionals are highly monitored even in terms of data security, the rules are more ambiguous in the less regulated field of self-tracking (see, e.g. Piwek et al. 2016). Although the hazard is perhaps not as significant for emotion tracking due to its qualitative nature, i.e., no automatically measured quantitative data, in principle data generated by the Emotion Tracker app involves the same concerns that figure in relation to e.g. health wearables also (Piwek et al. 2016).

There are, of course, caveats to be made as to the solidity of these conclusions. To begin with, it is evident that the sample size is rather small, so the conclusions to be drawn from the material are suggestive rather than final. Also, it is to be remembered that the perspective provided on emotional capitalism by Illouz is just one within a rather substantial body of work addressing “affective” capitalism (see, e.g. the special issue of the journal *Ephemera* from Nov. 2016, <http://www.ephemerajournal.org/issue/affective-capitalism>). These caveats also reflect on the conclusions on the topic of gender, which as we have seen, is visible at several points of my analysis, not least in the focus on potentially depressed or otherwise troubled mothers in the digital maternity clinic.

Despite all these caveats, however, there remains something intriguing about Emotion Tracker’s placement in the context of emotional capitalism as described by Illouz. For one, as we have seen, by making a claim for a self-tracking technology containing rich layers of “lay” descriptions of emotional states and experiences, it challenges the current monopoly of the professional psychological establishment as the “main traders” in the economy of emotions.

Also, any cut corners notwithstanding, I dare at least suggest that given this divide between authoritative professionals and others, the very strength of Emotion Tracker—its deep linguistic layers as well as linguistic and categorical flexibility— is also the source of its most prominent drawback: it remains hard to answer the question, “what exactly is this good *for*?” In times with a less hollow understanding of melancholy, at least part of the answer might have been, “[e]mpowering you with powerful words in all kinds of situations involving any kind of loss or threat thereof.” As things are now, especially with the depressing category of “depression,” we are left mainly with the language of the literary authors. As beautifully exemplified by Johannissen (73): “[f]or instance, in the novel *The Rings of Saturn* by W. G. Sebald, the main character decides not to care about the label ‘depression’ imposed on him by the doctors, but instead embraces his melancholy as a blessed sensitivity, a unique form of remembrance.”

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